

# 2025 Ohio Medicaid Assessment Survey: Methodology Report

**FINAL**

Prepared for

**Ohio Colleges of Medicine  
Government Resource Center**

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## 1. Introduction

### 1.1. Project Overview

The Ohio Department of Medicaid (ODM), the Ohio Colleges of Medicine Government Resource Center (GRC), and The Ohio State University (OSU) partnered with RTI International to conduct the 2025 Ohio Medicaid Assessment Survey (OMAS), the 11th iteration of the OMAS series of surveys, which date back to 1998.<sup>1</sup> Similar to earlier iterations, the 2025 OMAS collected data on health status, health insurance enrollment, health care access and utilization, health risks, and demographics of Ohioans enrolled in Medicaid, potentially Medicaid-eligible, or not enrolled in Medicaid, to help the Ohio Medicaid program and other state programs operate efficiently and effectively in addressing the health needs of the state. Specifically, the 2025 OMAS:

- Provides data comparable with data from earlier versions of the OMAS conducted in 2023, 2021, 2019, 2017, 2015, and 2012<sup>2</sup> to assess changes in Ohio over time,
- Informs policies and programs that serve Ohio's Medicaid and potentially Medicaid-eligible populations,
- Helps policymakers assess the impact of recent changes in Ohio's economic climate, the health care marketplace, and government programs related to health care reform on Ohioans' health status and access to care, and
- Helps policymakers evaluate the health risks of Ohioans.

The 2025 OMAS was fielded from August 15 through December 31, 2025. A dual-frame study, the 2025 OMAS used an address-based sampling (ABS) frame for the main sample and a list sample for the Medicaid sample. This was the second OMAS iteration to use an exclusively ABS frame for the main sample. The 2023 OMAS was the first, reflecting a gradual progression from random-digit dialing (RDD), which was used in combination with ABS in 2019 and 2021.

Representatives from ODM, the Ohio Department of Health, the Ohio Department of Behavioral Health, the Ohio Department of Developmental Disabilities, the Ohio Department of Aging, the Ohio Department of Children and Youth, the Ohio Commission on Minority Health, Ohio University, University of Cincinnati, Kent State University, OSU, GRC, and RTI formed a working group called the OMAS Executive Committee (EC). The goal of the OMAS EC was to enable a highly transparent and representative dynamic among state stakeholders, academic researchers, and RTI. The OMAS EC met in early 2024 to initiate the project and review methodological procedures for implementing the OMAS and continued to meet throughout the OMAS 2025 project duration. This collaboration continued

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<sup>1</sup> For 1998, 2004, 2008, and 2010, iterations of this survey were referred to as the Ohio Family Health Survey (OFHS). The name was changed for the 2012 survey to reflect the primary role of Ohio Medicaid in funding and leading the survey effort.

<sup>2</sup> Because of methodological differences between the two studies, comparing 2012-2025 results from the OMAS with results from the 1998–2010 OFHS is not recommended.

through quarterly meetings, ongoing reporting of results, and co-development of the survey instruments and methodological procedures for data capture, cleaning, and reporting.

The OMAS stakeholders were concerned with maintaining a high standard for quality assurance in project procedures to ensure that high-quality data were collected. This section of the report describes the procedures involved in achieving these objectives.

## 1.2. Design Overview

### 1.2.1. Sample Design

The sample design for the 2025 OMAS was similar to the 2023 survey. The main study exclusively used an ABS (the “ABS sample”). In addition, the 2025 OMAS included a second smaller Medicaid administrative list sample (the “Medicaid administrative sample”). That sample design is explained in detail in [Section 2](#).

### 1.2.2. Questionnaire Content

The 2025 OMAS questionnaire covered several topics regarding the health and health insurance status of Ohioans. Topics included the following:

- Type of health insurance coverage, if any
- General physical, mental, and dental health statuses
- Diagnosis of select health conditions
- Use of tobacco, alcohol, prescription pain relievers, and other substances
- Sources of care, health care utilization, and unmet needs
- Access to health care
- Employment status
- Select determinants of health
- Health-associated demographics
- Household enumeration

The survey consisted of two main sections, one for the randomly selected adult in the household (ABS) or selected Medicaid sample member, and a second for an adult proxy responding for a randomly selected child aged 18 or younger, if one was presently residing in the adult respondent’s household and the respondent had sufficient knowledge of that child’s health. Consistent with prior iterations of the OMAS, household members aged 18 years or younger were considered children for purposes of household enumeration and survey administration. This kept the child age classification in line with the Ohio Medicaid program eligibility rules for children.

Sample members in the ABS and Medicaid frames were administered the same questionnaire; however, sample members in the Medicaid frame were asked slightly different questions about their

health insurance because of their known insured status, and only ABS members were invited to complete the child section. Additional details on the instruments can be found in [Section 3](#).

### 1.2.3. Data Collection

Data collection was conducted using a two-release structure from August 15, 2025, through December 31, 2025. Although sample members in the ABS and the Medicaid sample completed similar questionnaires, the ways in which they were invited to participate differed based on available contact information on each frame, and the modes in which they could complete the survey differed.

Sample members in the ABS were invited to participate by mail, and a combination of web interviewing (computer-assisted web interviewing [CAWI]) and paper surveys (paper-and-pencil interviewing [PAPI]) were used to collect responses. Computer-assisted telephone interviewing (CATI) was available for ABS sample members if required, although it was not offered as a mode of completion in the mailings. The contact protocol consisted of up to five separate mailings, first inviting sample members to complete the survey by web and then offering CAWI or PAPI as a mode of completion. The contact protocol was the same for both sample releases.

Sample members in the smaller Medicaid sample were invited to participate by mail, phone, or text messaging, and a combination of CAWI and CATI was used to collect responses. Like the ABS sample, the contact protocol for the Medicaid sample was the same for both releases.

Details on the data collection protocol, including mailing differences between the ABS and Medicaid frames, are specified in [Section 4](#).

## 1.3. Changes From Prior OMAS Iterations

The 2025 OMAS was conducted similarly to the 2023 OMAS, with a few notable differences. Additional details on these enhancements and experiments can be found in their respective sections in this report.

### 1.3.1. Mailing Protocol

The 2025 OMAS mailing protocol was informed by results of the experiment conducted during the 2023 survey, which sought to determine whether a sequential or concurrent administration of the survey would yield better data quality and cost efficiency for the ABS sample. Under the sequential protocol, the first mailing offered only the CAWI as a mode of completion and the latter mailings offered both CAWI and PAPI; under the concurrent protocol all mailings offered both the CAWI and PAPI as modes of completion. Results of the 2023 experiment showed that the sequential mailing protocol yielded higher response rates, more web responses compared to paper, and lower costs. Therefore, both releases of the ABS sample for the 2025 survey utilized the sequential mailing protocol.

### 1.3.2. Incentive Experiment

The 2025 OMAS implemented an incentive experiment during the first sample release. Various types and amounts of incentives for participation in the OMAS have been offered over time, but no significant

changes have been made to the amount of those incentives since they were first offered.<sup>3</sup> For example, a \$10 post-incentive has been offered to the general population sample (then sampled via RDD) who completed via cell phone since the 2015 OMAS, with an additional \$5 offered for participation in the child portion of the survey since the 2021 OMAS. A \$2 pre-incentive has been offered to the ABS sample since the 2021 OMAS,<sup>4</sup> and to the Medicaid sample since it was added to the survey in 2023. While the 2023 OMAS conducted an experiment to determine the effectiveness of a visible versus nonvisible pre-incentive in the mailing envelope, the amount offered (\$2) was the same for all sample members (ABS and Medicaid).

The 2025 experiment sought to determine whether (1) a higher pre-incentive increased response rates, (2) a higher post-incentive increased response rates, (3) a higher incentive (pre or post) brought in “hard-to-reach populations,” (4) a higher incentive led to faster response times, and (5) any of the experimental combinations of higher pre-/post-incentives could be cost neutral by increasing response rates and therefore decreasing the necessary sample sizes enough to offset the incentive cost. Full results of the 2025 OMAS incentive experiment are detailed in [Appendix D](#).

#### **1.4. Institutional Review Board Determination**

The 2025 OMAS study documents, research protocol, and questionnaires were reviewed by the institutional review board (IRB) at RTI and the Office of Responsible Research Practices (ORRP) at OSU. Both bodies determined that the 2025 OMAS was research in support of governmental agency programs (“work for hire”), which under federal code does not necessarily require IRB oversight. It was agreed that RTI, in collaboration with GRC, would field and respond to respondents’ calls about the survey, including complaints and requests for information, and that GRC and RTI staff taking such calls would report any concerns or adverse events to the OSU ORRP and RTI IRB.

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<sup>3</sup> The 2019 OMAS conducted a Choice+ design experiment during a pilot of the ABS sample, which offered a \$20 post-incentive for completing by CAWI. However, subsequent OMAS surveys have utilized the \$10 post-incentive only for the ABS sample.

<sup>4</sup> The 2019 OMAS Choice+ design experiment for the pilot of the ABS sample also offered a \$2 pre-incentive, but it was not offered to the full ABS sample until 2021.

## 2. Sampling

### 2.1. Introduction

#### 2.1.1. Design Overview

The *target population* for the 2025 OMAS was all noninstitutionalized residents of Ohio. The target population contained several analytic subgroups of interest, some of which included the following:

- People (adults and children) in each county in Ohio
- Non-White adults (included adults who identified as any race or ethnicity other than non-Hispanic White)
- Adults with low income
- Children
- Adults enrolled in Group VIII Medicaid

To help maximize the ability of the design to reach a representative population of Ohioans and each subgroup of interest, the *sampling population* for the 2025 OMAS consisted of a stratified dual-frame design with oversampling of key populations of interest. The two frames were:

- An address-based listing of postal addresses for non-group quarters housing units
- A Medicaid administrative file listing currently enrolled persons aged 19 and older with Medicaid coverage

#### 2.1.2. Sampling Allocation Across Frames

As with the 2023 OMAS, the 2025 OMAS used the samples from the two frames to achieve its analytic goals in the following ways:

- Analyses of the general population: general population analyses utilized a blended sample of respondents from the ABS frame and the Medicaid frame.
- Analyses of Ohio Medicaid programs: Medicaid program analyses utilized the sample from the administrative Medicaid frame because, whereas the ABS frame contained Medicaid members, the administrative frame is the only frame that can identify which program a respondent is enrolled in.

The target total sample size was 35,000 respondents. In past survey iterations, this total sample size was able to achieve the desired precision level at the state level for all subgroups of interest and to allow for estimates of key outcomes (e.g., insurance status) at the county level.

[Table 2-1](#) presents the allocation of the sample across the two sampling frames. To maximize the precision in as many general population subgroups as possible, about three-quarters of the total responses were allocated to the ABS frame.

**Table 2-1. Allocation of the 2025 OMAS Sample, by Sampling Frame**

| Frame Type                    | Target Respondent Sample Size | Respondent Sample Allocation |
|-------------------------------|-------------------------------|------------------------------|
| Address-based sampling frame  | 25,000                        | 71.4%                        |
| Medicaid administrative frame | 10,000                        | 28.6%                        |

The next two sections detail the sample selection from the ABS and Medicaid administrative frames, respectively.

## 2.2. Sample Design: ABS Frame

### 2.2.1. ABS Sampling Frame

The ABS sampling frame consisted of the computerized delivery sequence addresses from U.S. Postal Service (USPS), including city-style addresses, Rural Route Boxes, Highway Contract Boxes, and Only Way to Get Mail (OWGM) PO Boxes (both vendor and RTI identified) in all 88 Ohio counties. The frame excluded:

- Drop points with more than four units at one address
- Non-OWGM PO Boxes
- Addresses flagged as business only, seasonal, or educational

For the 2025 OMAS, the ABS frame based on 2025 second-quarter housing information was used to draw the sample.

### 2.2.2. ABS Stratification

The sample design consisted of primary and secondary strata. The primary strata were the 88 counties in Ohio. The secondary strata were based on personal characteristics of analytic interest—households with children, households with non-White persons, and low-income households.

#### Primary Stratification

The primary stratification consisted of the 88 counties in Ohio.

#### Secondary Stratification

The secondary stratification identified Census block groups (CBGs) in each county that had high concentrations of:

- *Non-White adults*, defined as adults classified by the U.S. Census Bureau in any racial or ethnic group other than non-Hispanic White
- *Low-income adults*, defined as adults living in a household with household income less than \$35,000—the federal poverty level (FPL) in 2025 for a family of four (\$32,150)

- *Children*, defined as people aged 17 years or younger—although Medicaid defines a child as a person aged 18 or younger, the stratification is based on the Census definition of a child, which excludes persons aged 18

Whether a county had a “high concentration” of any of the three characteristics used for stratification was determined at the CBG level. Three factors were used to determine whether a county had a “high concentration” of a characteristic:

1. *The percentage of persons with the characteristic of interest within a Census block group:* A threshold of 40% (or above) was used to identify which CBGs would be included in the high-concentration strata.
2. *The percentage of all CBGs in the county that met the threshold:* If the percentage of block groups that met the threshold was below 10%, then no stratification for the characteristic was made in that county.
3. *The number of CBGs in the county that met the threshold:* If the number of block groups in the county that met the threshold was below 5, then no stratification was made for the characteristic in that county.

[Table 2-2](#) presents the values of each factor used to perform the secondary stratification within county. Variations of these values were evaluated as part of a sensitivity analysis. This analysis showed that the selected values were most optimal in terms of the number of strata created and the expected design effect.

**Table 2-2. Values Used to Define High-Concentration Strata, by Characteristic Group**

| Characteristic Group                                        | Minimum Percentage of People with the Characteristic | Minimum Percentage of All CBGs | Minimum Number of CBGs |
|-------------------------------------------------------------|------------------------------------------------------|--------------------------------|------------------------|
| Percentage of households with persons under 18 years of age | 40                                                   | 10                             | 5                      |
| Percentage of non-White adults                              | 40                                                   | 10                             | 5                      |
| Percentage of households with an income ≤ \$35,000          | 40                                                   | 10                             | 5                      |

CBG = Census block group

Given the three characteristics used for stratification, each county was split into eight potential secondary strata. [Table 2-3](#) presents the definition for each of the eight possible secondary strata in a county.



Table 2-3. Secondary Strata Definition

| Stratum | High Percentage of Children | High Percentage of Non-White Adults | High Percentage of Low-Income Adults |
|---------|-----------------------------|-------------------------------------|--------------------------------------|
| 1       | N                           | N                                   | N                                    |
| 2       | N                           | N                                   | Y                                    |
| 3       | N                           | Y                                   | N                                    |
| 4       | N                           | Y                                   | Y                                    |
| 5       | Y                           | N                                   | N                                    |
| 6       | Y                           | N                                   | Y                                    |
| 7       | Y                           | Y                                   | N                                    |
| 8       | Y                           | Y                                   | Y                                    |

### 2.2.3. Allocation of ABS Sample

The sample allocation of the target number of completed surveys was done in two steps:

1. *Allocation to the primary strata (counties)*: Allocated proportionally based on the population of the county with a minimum target sample allocation of 100 completed surveys.
2. *Allocation to the secondary strata (characteristic groupings)*: Within each county, CBGs with high concentrations of one or more of the populations of interest were oversampled.

#### *Allocation to the Primary Strata (Counties)*

Consistent with prior survey years, the 2025 OMAS was designed to ensure a minimum number of survey responses in each county. This was done to (1) ensure that all counties are represented in the estimates, and (2) allow for small area estimation at the county level. Consistent with the 2023 OMAS design, the minimum number of completes per county was set at 100 for the 2025 design.

Given these parameters, the algorithm for allocating the target number of completed surveys to the primary strata (counties) included the following:

1. Proportionally allocated base number of completed interviews (25,000) to all counties based on the number of occupied housing units, denoting the allocation in each county  $j = 1, 2, \dots, 88$  as  $n_{1,j}$
2. Identified counties with fewer than 100 cases allocated.
3. Identified counties with between 101 and 149 cases allocated. These counties had their allocation fixed to ensure that they did not drop below 100 during the reallocation process.
4. Raised the allocation in counties with initial allocation less than 100 to 100 ( $n_{2,j}$  in each county  $j = 1, 2, \dots, 88$ )

5. Calculated the raking ratio as  

$$rake = [\sum n_{1,j} - \sum(n_{1,j} * I_{n_{1,j} < 150})] / [\sum n_{2,j} - \sum(n_{1,j} * I_{n_{1,j} < 150})]$$
if  $n_{1,j} > 149$ ;  $rake = 1$  otherwise.  
 $I_{n_{1,j} < 150}$  is an indicator of whether the initial allocation in county  $j$  is less than 150 ( $I_{n_{1,j} < 150} = 1$ ) or 150 or more ( $I_{n_{1,j} < 150} = 0$ )
6. Adjust down the allocation of counties with allocation of 150 or more so that  
 $n_{3,j} = rake * n_{2,j}$  for each county  $j = 1, 2, \dots, 88$

**Exhibit G-1** in **Appendix G** presents the allocation of sample by county. “Allocation” represents the allocation of the targeted 25,000 ABS surveys. The number of frame units in a county could be higher than the population of occupied housing units from the U.S. Census Bureau. This was because the frame count included vacant households, because the Census vacancy flag was not always current or accurate.

### Allocation to the Secondary Strata

Once the county-level allocation was determined, the sample was further allocated within county to the secondary strata in each county. This was done using the following algorithm:

1. Proportionally allocated the county-level allocation across the secondary strata based on the number of occupied housing units in each of the  $k = 1, 2, \dots, 8$  secondary stratum, denoting the allocation in each as  $m_{1,k}$ . Recall that each county could have anywhere from one to eight secondary strata where the first stratum,  $k = 1$ , is the reference stratum.
2. For any secondary stratum based on at least one “high concentration” characteristic (i.e., strata 2-8 in **Exhibit G-2**) applied an oversampling factor based on the following rules:
  - a.  $m_{2,2} = 1.5m_{1,2}$  if High % Low Income (Stratum 2)
  - b.  $m_{2,3} = 1.5m_{1,3}$  if High % Non-White (Stratum 3)
  - c.  $m_{2,4} = 1.75m_{1,4}$  if High % Non-White and Low-Income (Stratum 4)
  - d.  $m_{2,5} = 1.5m_{1,5}$  if High % Children (Stratum 5)
  - e.  $m_{2,6} = 1.75m_{1,6}$  if High % Children and Low Income (Stratum 6)
  - f.  $m_{2,7} = 1.75m_{1,7}$  if High % Children and Non-White (Stratum 7)
  - g.  $m_{2,8} = 2m_{1,8}$  if High % Children, Non-White, and Low Income (Stratum 8)
3. If there is at least one secondary stratum based on a “high concentration” characteristic (i.e., there are two or more secondary strata), adjusted the size of the reference stratum ( $m_{2,1}$ ) so that the sum of secondary strata allocation equaled the county allocation (i.e.,  $n_3 = \sum_{k=1}^8 m_{2,k}$ ).
4. Set any sample size that is less than 25 to 25. This was done to help with variance estimation.
5. In counties that had a stratum with sample size less than 25, adjusted sample in strata with sample over 25 to reconcile with total allocation through a similar raking procedure used for county-level allocation.

After this process was implemented, there were 223 strata. **Table 2-4** presents the number of counties that had strata for each “high concentration” group type. **Exhibit G-2** in **Appendix G** shows the specific counties that had each of the high-concentration strata. Ten counties did not have any

additional stratification; 59 counties had one high-concentration stratum; 13 counties had two high-concentration strata; and 6 (Butler, Cuyahoga, Franklin, Lucas, Montgomery, and Stark) had high-concentration strata for all three group types.

**Table 2-4. Number of Counties With a “High-Concentration” Stratum, by Group Type**

| Group Type        | Number of Counties with a High-Concentration Stratum |
|-------------------|------------------------------------------------------|
| Non-White adults  | 16                                                   |
| Low-income adults | 24                                                   |
| Children          | 61                                                   |

[Exhibit G-3](#) in [Appendix G](#) presents the sample allocation by secondary stratum.

## 2.2.4. ABS Starting Sample Size and Sample Release

### ABS Starting Sample Size

The starting sample inflated the allocated sample to account for expected nonresponse and ineligibility. Because stratum-level response rates can be volatile from year to year, the starting sample was inflated to be more than the sample size expected to be released. To ensure that all strata had more than enough available sample, regardless of their response rate, the starting sample size stratum  $h$  ( $n_{sh}$ ) was calculated to be:

$$n_{sh} = \text{round}(n_{Th}/RR_{2023h}, 100) \times 2.5$$

Where  $n_{Th}$  is the target sample size in stratum  $h$  and  $RR_{2023h}$  is the 2023 response rate in the 2023 survey. Note that for 2025 strata that had no equivalent in 2023, the average response rate for a similar stratum type by county type was used (e.g., if “high percentage low-income” strata exists in County A for 2025, but did not in 2023) then the average response rate for “high percentage low-income” strata in the same county type (rural Appalachian, metro, rural non-Appalachian, suburban) as County A was used.

[Exhibit G-4](#) in [Appendix G](#) presents the resulting starting sample sizes in each stratum.

### ABS Sample Release

The 2025 OMAS utilized a two-release design. The two-release design provided two benefits to data collection. First, the initial release (R1) was used to empirically assess the response rates at the stratum level in 2025. To the extent that these response rates are different from 2023, more accurate information was used to tailor the sample size fielded in the second release (R2). Second, the first release was used to incorporate an incentive experiment. The two-release design allowed R1 to be of a size that had the statistical power to evaluate the incentive options while not being too large as to be financially unmanageable.

#### ABS Release 1

R1 incorporated an experiment to assess the impact of an increased incentive on response rates. Three experimental groups (EGs) were formed.

1. Control: \$2 pre-incentive/\$10 post-incentive. This incentive amount is consistent with the amount used in the 2023 OMAS for the ABS frame. (EG1)
2. Treatment 1: \$2 pre-incentive/\$20 post-incentive. (EG2)
3. Treatment 2: \$5 pre-incentive/\$10 post-incentive. (EG3)

An R1 size of 58,500, split equally across the three EGs (i.e., 19,500 per EG), or 45% of the maximum release size of 130,000, provided a minimum detectable difference of 1.2% (assuming an EG1 response rate of 21%) in the response rate among ABS respondents and a minimum detectable difference of 1.0% when combined with the Medicaid frame sample.

The R1 size of 58,500 was allocated across the strata proportionally to the starting sample size (which accounted for the 2023 OMAS stratum-level response rates). Once R1 was selected at the stratum level, the sample was randomly divided into the three EGs.

### **ABS Release 2**

The size of R2 was determined after R1 had been in the field for about 2 months. R2 did not include an experiment. All sampled households received the base incentive: \$2 pre-incentive and \$10 post-incentive. The allocation of R2 was based on the estimated stratum-level response rates using the empirical results of R1, resulting in a final sample release of 57,405.

#### **2.2.5. Selection of Persons**

The ABS sample is a sample of addresses. No information about the specific inhabitants of the household was known. Therefore, the household was asked to randomly select one adult (aged 19 years or older) in the household to participate. The selection method used was the nearest birthday method. During the survey, the adult respondent was asked whether there were any children (aged 18 years or younger) living in the household, and if there were, how many. One child was randomly selected by the nearest birthday method, and the adult respondent was asked to serve as a proxy respondent for that child. If the respondent agreed to serve as a proxy for the selected child, both the adult and child portions of the survey were used in the analysis. However, if the adult respondent declined to provide information about the selected child, only the adult portion of the survey was used in the analysis.

#### **2.2.6. Response Modes**

The ABS sample respondents were allowed to complete the survey via any of the three modes: (1) CAWI, (2) PAPI, or (3) inbound CATI (i.e., if the sample member called the OMAS Help Desk). No outbound calls were made on the ABS sample because phone numbers were not available for any sampled housing units.

### **2.3. Sample Design: Medicaid Administrative Frame**

#### **2.3.1. Medicaid Administrative Sampling Frame**

The sampling frame for the Medicaid administrative sample was the April 2025 Medicaid administrative enrollment file. The Medicaid administrative file contained all full-benefit Medicaid members aged 19 years and older. Medicaid full-benefit members were enrolled through one of the following programs:

1. *Covered families and children (CFC)*, which consists of Ohioans who qualify for Medicaid under the pre-2010 Patient Protection and Affordable Care Act (ACA) expansion rules (i.e., adults or legal guardians of children in the household with income at or below 90% of the FPL).
2. *Full-benefit Aged, Blind, and Disabled (ABD), Medicaid only*, which consists of Ohioans who qualify for Medicaid because of a disability and who are low income, defined as making the same as or less than the maximum payment for Supplemental Security Income, or under 250% FPL for Medicaid buy-in for Workers with Disabilities. Note that this group excluded dually eligible members (i.e., enrolled in Medicaid and Medicare).
3. *Group VIII*, which consists of Ohioans who qualify for Medicaid under the ACA expansion rules, which includes adults aged 19–64 with family income at or below 138% FPL—Ohio implemented Medicaid expansion in January 2014.
4. *Dual eligibility*, which consists of Ohioans who qualify for both dual fee-for-service and dual MyCare. MyCare is a managed care program for dual-eligible members and was available in certain Ohio counties at the time of survey fielding. Note that, as with all other OMAS populations, this group is limited to non-institutionalized Ohioans.

### 2.3.2. Medicaid Administrative Frame Stratification

The Medicaid administrative sample was stratified based on the enrollment type of each member. This was done to help ensure that there was enough sample in each group to meet the OMAS analytic objectives and other analytic objectives of ODM. ODM’s primary analytic objectives were as follows: (1) blending Medicaid list sample responses with ABS responses to make estimates for the entire adult full-benefit Medicaid member population, and (2) making program-specific estimates of Medicaid members, particularly for the Group VIII program. Making estimates specific to other Medicaid eligibility groups was a secondary priority. Furthermore, to assist with analytic goals of the OMAS, the Group VIII strata were further stratified by the four county types.

These design considerations led to seven strata:

1. Group VIII—Rural Appalachian counties
2. Group VIII—Metro counties
3. Group VIII—Rural non-Appalachian counties
4. Group VIII—Suburban counties
5. CFC
6. ABD, Medicaid only
7. Dual eligibility

### 2.3.3. Allocation of Medicaid Administrative Frame Sample

[Table 2-5](#) presents the allocation of the sample to each of the strata. The rationale for the allocation is as follows:

1. All full-benefit Medicaid members need to be included in the sample to produce blended weights for estimates, which combine the ABS and Medicaid list sample. This is because the ABS sample does not contain information about specific Medicaid program participation (many respondents do not know the name of their specific aid category or program and so cannot self-report in a survey).
  - Based on past Group VIII surveys, a sample size of 6,500 achieved the desired level of precision. Because making program-specific estimates of Group VIII members is a key objective, this allocation took precedence over any others.
2. To help ensure that the Group VIII sample was representative of each county type, the sample was proportionally allocated to each county type based on the Medicaid population distribution. A balanced allocation (i.e., equal sample allocated to each county type) was considered but, because it causes a large design effect because of unequal weighting, it was not used.
  - Of the remaining enrollment types, the largest amount of sample (1,500) was allocated to CFC because it is the largest group after Group VIII.
  - To help answer programmatic research questions, ABD and dual-eligible enrollment types were each allocated 1,000 cases.

**Table 2-5. Allocation of the Medicaid Administrative Sample, by Stratum**

| Stratum | Stratum Description               | Population | Target Respondent Sample | Starting Sample |
|---------|-----------------------------------|------------|--------------------------|-----------------|
| --      | Group VIII                        | 718,161    | 6,500                    | 65,000          |
| 1       | App                               | 116,711    | 1,056                    | 10,560          |
| 2       | Metro                             | 457,206    | 4,138                    | 41,380          |
| 3       | Rural                             | 61,013     | 553                      | 5,530           |
| 4       | Suburban                          | 83,231     | 753                      | 7,530           |
| 5       | CFC                               | 428,693    | 1,500                    | 15,000          |
| 6       | ABD/MBIWD only (adult, non-duals) | 146,665    | 1,000                    | 10,000          |
| 7       | Dual                              | 105,428    | 1,000                    | 10,000          |
| Total   | --                                | 1,398,947  | 10,000                   | 100,100         |

#### 2.3.4. Medicaid Administrative Frame Starting Sample and Sample Release

##### Starting Sample

The starting sample of the Medicaid administrative frame needed to account for two issues:

1. Nonresponse and ineligibility
2. Duplication with the ABS frame sample

To account for both issues, the starting sample assumed a 10% participation rate. That is, the starting sample for each stratum equaled the allocated sample divided by 0.1 (rounded to the nearest 100). [Table 2-5](#) (above) shows the starting sample sizes by strata that were used.

Although the Medicaid administrative sample was a sample of persons (rather than addresses, like the ABS), it was not desirable to sample a specific person through both the Medicaid sample and the address through the ABS. Therefore, after both the Medicaid and ABS samples were drawn, the addresses from the Medicaid sample were cross-checked with the addresses sampled in the ABS. If duplicate addresses were identified, the Medicaid sampling unit was removed from the sample file. Because the ABS selected a person from the entire household, we decided to prioritize the ABS over the specific person selected for the Medicaid sample.

### ***Medicaid Administrative Frame Sample Release***

The 2025 OMAS utilized a two-release design, which provided two benefits to data collection. First, the initial release (R1) was used to empirically assess the response rates at the stratum level in 2025. To the extent that these response rates are different from 2023, more accurate information could be used to tailor the sample size to be fielded in the second release (R2). Second, R1 was used to incorporate an incentive experiment. The two-release design allows R1 to be of a size that has the statistical power to evaluate the incentive options while not being too large as to be financially unmanageable.

#### ***Medicaid Administrative Frame Release 1***

R1 incorporated an experiment to assess the impact of an increased incentive on response rates. Three EGs were formed:

1. Control: \$2 pre-incentive/\$20 post-incentive. This incentive amount is consistent with the amount used in the 2023 OMAS for the Medicaid frame. (EG1)
2. Treatment 1: \$2 pre-incentive/\$30 post-incentive. (EG2)
3. Treatment 2: \$5 pre-incentive/\$20 post-incentive. (EG3)

An R1 size of 21,000, split equally across the three EGs (i.e., 7,000 per EG), or 60% of the maximum release size of 35,000, provided a minimum detectable difference of 2% (assuming an EG1 response rate of 23%) in the response rate among ABS respondents and a minimum detectable difference of 1% when combined with the Medicaid frame sample.

The R1 size of 21,000 was allocated across the strata proportionally to the starting sample size (which accounts for the 2023 OMAS stratum-level response rates). Once R1 was selected at the stratum level, the sample was randomly divided into the three EGs.

#### ***Medicaid Administrative Frame Release 2***

The size of R2 was determined after R1 had been in the field for about two months. R2 did not include an experiment. All sampled households received the base incentive: \$2 pre-incentive and \$20 post-incentive. The allocation of R2 was based on the estimated stratum-level response rates using the empirical results of R1, resulting in a final sample release of 20,419.

### **2.3.5. Selection of Persons**

The Medicaid administrative sample is a list sample of individuals. Therefore, only the specific individual selected was eligible to take the survey. No one else in the household (unless independently selected) is eligible.

Because the Medicaid sample selects a specific person, the child survey was not administered to Medicaid administrative sample respondents.

### 2.3.6. Response Modes

The Medicaid sample was allowed to respond to the survey via one of the three modes: (1) CAWI, (2) outbound CATI, or (3) inbound CATI.

No PAPI option was available to Medicaid sample respondents for two reasons. First, former Group VIII surveys did not allow a PAPI option, and it was important to be consistent with those past surveys for trend analysis. Second, because phone numbers are available for the Medicaid sample, the outbound CATI option served as an equal replacement for PAPI because it allowed those with no or poor internet access to respond to the survey.

## 2.4. Survey Respondents

The 2025 OMAS obtained 37,857 survey responses. This included 37,072 fully completed surveys and 785 partially completed surveys that were deemed complete enough to include in the analytic dataset. [Table 2-6](#) details the overall breakdown of the survey respondents by frame type.

**Table 2-6. Number of Interviews Among Adults and Children**

| Frame                  | Fully Complete |       | Partially Complete |       |
|------------------------|----------------|-------|--------------------|-------|
|                        | Adult          | Child | Adult              | Child |
| Address-based sampling | 26,865         | 5,717 | 465                | 5     |
| Medicaid               | 10,207         | --    | 320                | --    |

### 2.4.1. OMAS ABS

[Exhibit G-5](#) in [Appendix G](#), presents the final number of ABS respondents in each county by response mode. In total, there were 27,330 adult respondents—21,675 via web, 5,634 via paper, and 21 by inbound phone—and 5,717 child respondents via web and phone.

### 2.4.2. OMAS Medicaid Sample

The Medicaid administrative frame sample obtained 10,527 surveys—9,725 via web and 802 via phone. Across strata, only the Group VIII Rural Appalachian strata did not achieve or surpass target, finishing with 96% of the targeted number of interviews. [Table 2-7](#) provides the final number of surveys by response mode and stratum.

**Table 2-7. Number of Medicaid Frame Interviews, by Response Mode and Stratum**

| Stratum | Stratum Description               | Web   | Phone | Total |
|---------|-----------------------------------|-------|-------|-------|
| --      | Group VIII                        | 6,226 | 492   | 6,718 |
| 1       | Appalachian                       | 963   | 91    | 1,054 |
| 2       | Metro                             | 3,958 | 292   | 4,250 |
| 3       | Rural                             | 524   | 46    | 570   |
| 4       | Suburban                          | 781   | 63    | 844   |
| 5       | CFC                               | 1,498 | 113   | 1,611 |
| 6       | ABD/MBIWD only (adult, non-duals) | 1,009 | 99    | 1,108 |



| Stratum | Stratum Description | Web   | Phone | Total  |
|---------|---------------------|-------|-------|--------|
| 7       | Dual                | 992   | 98    | 1,090  |
| Total   | --                  | 9,725 | 802   | 10,527 |

#### 2.4.3. Overall Respondents

The 2025 OMAS had two sample target goals: (1) obtain at least 25,000 adult interviews statewide from the ABS frame, with at least 100 per county; and (2) obtain 10,000 adult interviews from the Medicaid frame. The 2025 OMAS met both target goals, excepting the per county goal for Henry ( $n = 97$ ) and Madison ( $n = 97$ ) counties.

### 3. Questionnaire

#### 3.1. Instrument Content

The 2025 OMAS questionnaire consisted of two main sections: an adult section and a child section. Each section contained separate modules focusing on topics such as health insurance coverage, health status, health care utilization, and health care access. [Table 3-1](#) summarizes each questionnaire section. The final version of the instrument specification is presented in [Appendix A](#).

**Table 3-1. Questionnaire Content, by Section**

| Questionnaire Section                                                                                                 | Contents of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Introduction and Screener Questions (for ABS respondents only, to determine the targeted respondent in the household) | <p>This section provided respondents with study information and asked about:</p> <ul style="list-style-type: none"> <li>the age of the respondent,</li> <li>whether they were completing the survey for themselves or on someone else's behalf (proxy respondent),</li> <li>the respondent's county of residence and duration of residency in Ohio,</li> <li>the number of adults and adult family members in the household,</li> <li>the number of children and child family members in the household,</li> <li>whether the respondent was a parent or legal guardian of any children in the household, and</li> <li>the respondent's age and sex.</li> </ul> |
| Adult: Current Insurance Status                                                                                       | <p>Respondents were asked:</p> <ul style="list-style-type: none"> <li>whether they were currently covered by health insurance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Adult: Currently Insured                                                                                              | <p>Respondents who were currently insured were asked:</p> <ul style="list-style-type: none"> <li>type of insurance coverage,</li> <li>source of coverage,</li> <li>length of coverage,</li> <li>whether they had additional health insurance coverage if currently on Medicaid, and</li> <li>previous coverage (or lack of previous coverage) if currently on Medicaid.</li> </ul>                                                                                                                                                                                                                                                                             |
| Adult: Currently Uninsured                                                                                            | <p>Respondents who were currently uninsured were asked:</p> <ul style="list-style-type: none"> <li>the last time they had insurance,</li> <li>reason for the loss of insurance, and</li> <li>type and source of their previous insurance.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                           |
| Adult: Health Status                                                                                                  | <p>Respondents were asked:</p> <ul style="list-style-type: none"> <li>about their general physical, dental, and mental health;</li> <li>about current and past health care conditions;</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| Questionnaire Section                                | Contents of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                      | <ul style="list-style-type: none"> <li>• about functional limitations, use of tobacco products, vaping products, alcohol, marijuana, CBD or hemp products, and prescription pain relievers;</li> <li>• about current or recent pregnancy (female respondents aged 19 to 44 only); and</li> <li>• whether they felt they lacked companionship, felt left out, felt isolated from others, or felt lonely.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Adult: Sources of Care, Utilization, and Unmet Needs | <p>Respondents were asked:</p> <ul style="list-style-type: none"> <li>• whether they have a primary care provider or practice and if so whether they see the same provider each time;</li> <li>• whether they saw a health care provider during the past 12 months;</li> <li>• whether they saw a health care provider when sick with an illness and, if so, where that care was received, and whether the provider of that care was their primary care provider;</li> <li>• whether they had seen a doctor or other health care provider for a physical checkup or routine care and, if so, where that care was received, and whether the provider of that care was their primary care provider;</li> <li>• whether they had received care via telehealth and if so, how many times they had a telehealth visit;</li> <li>• how many times they had to go to the emergency room;</li> <li>• which vaccines they have received (flu or COVID-19) and likelihood of getting them in the next 12 months;</li> <li>• if they needed dental care; <ul style="list-style-type: none"> <li>○ whether they got the dental care needed, and if not, why they were unable to access care;</li> </ul> </li> <li>• if they needed vision care; <ul style="list-style-type: none"> <li>○ whether they were able to get the vision care needed and if not, why they were unable to access care;</li> </ul> </li> <li>• if they needed mental or emotional health care or counseling services; <ul style="list-style-type: none"> <li>○ whether they were able to get the care they needed and if not, why they were unable to access care;</li> </ul> </li> <li>• if they needed treatment for use of alcohol or other drugs; <ul style="list-style-type: none"> <li>○ whether they were able to get the care they needed and if not, why they were unable to access care;</li> </ul> </li> <li>• if there was a time they were not able to fill a prescription and if so, why they were not able to fill it;</li> <li>• if there was a time they needed other health care;</li> </ul> |

| Questionnaire Section                         | Contents of Section                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                               | <ul style="list-style-type: none"> <li>○ whether they were able to get that care and if not, why, and what that other care was.</li> </ul>                                                                                                                                                                                                                                                                |
| Adult: Social Determinants of Health          | <p>Respondents were asked:</p> <ul style="list-style-type: none"> <li>• about economic stressors related to health care, including ability to pay medical bills, rent or mortgage, or food; and</li> <li>• about community-related concerns.</li> </ul>                                                                                                                                                   |
| Adult: Employment                             | <p>Respondents were asked:</p> <ul style="list-style-type: none"> <li>• about their job status and whether they were currently employed;</li> <li>• about health insurance offered by their employer;</li> <li>• the number of hours they worked;</li> <li>• about changes to their job situation and whether they were self-employed; and</li> <li>• if unemployed, reasons for unemployment.</li> </ul> |
| Adult: Demographics and Family Income         | <p>Respondents were asked:</p> <ul style="list-style-type: none"> <li>• marital status,</li> <li>• education,</li> <li>• race and ethnicity,</li> <li>• income,</li> <li>• weight and height,</li> <li>• household composition, and</li> <li>• household income.</li> </ul>                                                                                                                               |
| Child: Screening Questions for Eligible Child | <p>Adult respondents were asked:</p> <ul style="list-style-type: none"> <li>• the selected child's age and sex,</li> <li>• their relationship to the child, and</li> <li>• the selected child's current insurance status.</li> </ul>                                                                                                                                                                      |
| Child: Insurance Coverage                     | <p>If the selected child was insured, adult respondents were asked about:</p> <ul style="list-style-type: none"> <li>• the type of health insurance the child was covered by,</li> <li>• the source of the child's health insurance,</li> <li>• the period of time the child had been covered, and</li> <li>• previous coverage (or lack of previous coverage) if currently on Medicaid.</li> </ul>       |
| Child: Currently Uninsured                    | <p>If the selected child was uninsured, adult respondents were asked:</p> <ul style="list-style-type: none"> <li>• the last time the child had insurance.</li> </ul>                                                                                                                                                                                                                                      |
| Child: Health Status                          | <p>Adult respondents were asked:</p> <ul style="list-style-type: none"> <li>• about the general, physical, and mental health status for the selected child, including ones which may affect behavior, learning, growth, or physical development;</li> <li>• whether the child has a developmental disability;</li> </ul>                                                                                  |

| Questionnaire Section                              | Contents of Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    | <ul style="list-style-type: none"> <li>• whether the child has a physical, mental, or emotional condition which requires medication;</li> <li>• whether the child has a physical, mental, or emotional condition which required special therapy, treatment, or counseling; and</li> <li>• whether the child had a mental health condition or emotional problem which prevented them from participating in school, social relationships, or other usual activities.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Child: Sources of Care and Utilization of Services | <p>Adult respondents were asked:</p> <ul style="list-style-type: none"> <li>• whether the child had a primary care provider or practice and if so, whether they saw the same provider at each visit;</li> <li>• if the child saw a health care provider when they were sick with an illness and if so, what type of health care provider;</li> <li>• whether the child saw a health care provider for a physical checkup or routine care and if so, whether that care was provided by their primary care provider;</li> <li>• how many times the child received care via a telehealth visit with a health care provider;</li> <li>• when the child last saw a dentist, and if so, whether that dental care was received at their school or through a school program;</li> <li>• which vaccines the child has received (flu and COVID-19) and the likelihood of receiving either vaccine in the next 12 months; and</li> <li>• whether the adult was reluctant to get early childhood vaccines for the child.</li> </ul> |
| Child: Unmet Health Needs                          | <p>Adult respondents were asked:</p> <ul style="list-style-type: none"> <li>• If the child needed dental care; <ul style="list-style-type: none"> <li>○ whether they got the dental care needed, and if not, why they were unable to access care;</li> </ul> </li> <li>• if the child needed vision care; <ul style="list-style-type: none"> <li>○ whether they were able to get the vision care needed and if not, why they were unable to access care;</li> </ul> </li> <li>• if the child needed mental or emotional health care or counseling services; <ul style="list-style-type: none"> <li>○ whether they were able to get the care they needed and if not, why they were unable to access care; and</li> </ul> </li> <li>• whether there was someone who could provide childcare if needed unexpectedly and, if so, who that person is.</li> </ul>                                                                                                                                                             |
| Child: Health Risks                                | Adult respondents were asked:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

| Questionnaire Section | Contents of Section                                                                                                                                                                                  |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                       | <ul style="list-style-type: none"> <li>• if the child was school aged, how many days they missed school; and</li> <li>• adverse childhood experiences the child may have been exposed to.</li> </ul> |
| Child: Demographics   | Adult respondents were asked about the child's: <ul style="list-style-type: none"> <li>• race and ethnicity,</li> <li>• parents' employment status, and</li> <li>• weight and height.</li> </ul>     |

### 3.1.1. Instrumentation Differences Between OMAS ABS and OMAS Medicaid

Although the 2025 OMAS used both an ABS and a Medicaid frame, the survey administered to these samples was largely the same, except in

- respondent selection,
- insurance question routing,
- administration of the child survey, and
- post-incentive amounts.

For the ABS, the survey began with respondent selection through a series of screening questions to select the appropriate household member to answer survey questions, whereas the Medicaid survey began by asking for and confirming whether the interviewer was speaking with the listed person. For the Medicaid sample, insurance type was presumed, and follow-up insurance questions were dependent on the respondent's confirmation of that coverage. If a Medicaid respondent confirmed their insurance as being through Medicaid, they were eligible to participate in the OMAS; those in the Medicaid sample who indicated that they were not covered by Medicaid were ineligible to participate. Those in the ABS frame were first asked to specify whether they had insurance coverage, with subsequent questions depending on their response. The most significant difference in survey administration between the two sample frames was that the child survey was offered to only those in the ABS. Incentive amounts also differed by frame, with those in the ABS frame being offered \$10 (or \$20 in EG 2 within Release 1) for participation in the adult survey, plus \$5 for completion of the child survey, and those in the Medicaid frame being offered \$20 (or \$30 in EG 2 within Release 1) for participating in the adult survey. All details regarding survey differences based on sample frame can be found in [Appendix A](#).

## 3.2. Survey Instrument Design and Development

The GRC, in collaboration with ODM, and in consultation with the OMAS EC, oversees and governs the OMAS project content, methodological approach, and analyses. This began with developing the survey questionnaire. The research team initiated the process by reviewing the survey instrument used in the 2023 OMAS iteration with the sponsoring state agency to assess which items would remain, which would be removed, and what new items would be necessary to meet the agency's current needs. Like the 2023 survey instrument, the 2025 instrument was designed from the start with the intent to be developed into a paper survey to reduce skip logic complexity. These needs were incorporated into sections that examined current insurance status, health status and caregiving, utilization of health care

services, sources of care and determinants of health, employment status, and demographic information for adults and children.

After the GRC had developed a working draft of the adult and child instruments into initial general specifications, RTI project staff helped finalize the specifications. RTI staff examined the instruments for ease of administration and response, wording and response categories for new items, transitions, overall survey flow, skip patterns and item-specific logic, and actual survey length versus the budgeted length restrictions.

RTI received a draft version of the questionnaire from the GRC in March 2025, with the goal of creating instrument-specific programming specifications, programming, testing, and finalizing the survey for a pilot test in June followed by fielding in late August. To prepare for fielding, RTI's project team

- reviewed the initial questionnaire item by item to assess question construction, order, and structure;
- discussed each section of the survey instrument and prepared preliminary training materials;
- compiled a comprehensive assessment of recommended revisions to the 2025 OMAS, identifying problems that the project team believed the instrument posed for data collection and presenting strategies for resolving those problems;
- prepared each subsequent version of the questionnaire based on full project team meetings, suggestions, and strategies;
- developed the combined CAWI-PAPI-CATI programming specifications, modifying questions when mode-specific wording or transition was required;
- developed the PAPI instrument template;
- programmed and tested the CAWI, PAPI, and CATI instruments;
  - the CAWI and CATI programs use the same base programs for the survey but are customized to increase usability for a particular mode;
- conducted a CAWI and CATI pilot test;
- updated the specifications and instruments based on the pilot test results and the results of the GRC's cognitive review sessions; and
- conducted Section 508 compliance testing of the CAWI instrument and delivered a Voluntary Product Accessibility Template (VPAT), which provides a comprehensive analysis of the web instrument's conformance to the noted standards and certifies compliance.

A detailed description of these activities follows.

### 3.3. CAWI Instrument Programming and Testing

#### 3.3.1. Instrument Overview and Programming

The OMAS web questionnaire was designed using industry best practices for self-administration. These included:

- using a neutral background color;
- bolding and italicizing key words;
- minimizing vertical and horizontal scrolling;
- providing additional supplemental question-specific instructions;
- displaying a soft-prompt error message if a response was left blank; and
- using question-specific error messages that explicitly identified the error and the actions needed to resolve the error.

These question-specific error messages were necessary to meet digital compliance standards, but they also benefited all respondents by making it easier to understand why they were receiving an error message. For example, if a question asked about the number of days over the past month in which a respondent had one or more drinks (question D46A), and a respondent entered “32,” a message in high-contrast red font would read, “Number of days is missing or invalid. Please enter a number between 0 and 30. If you did not have any drinks over the past 30 days, enter 0. To skip this question, please delete all characters in the text box and select NEXT.” Question-specific error messages such as this one helped the respondent better understand the range constraints and what actions they needed to take to successfully answer or skip the question.

RTI used Voxco CAWI to program and process the web instrument. The Voxco instrument automatically controls skip and fill logic and validation range checks on numeric data, so respondents do not have to navigate skip logic manually, as is the case with paper forms. If a respondent discontinues the survey mid-session and then returns to the survey later, the Voxco instrument automatically picks up at the last question that specific respondent completed. Web responses are securely fed into a main server, where the data can then be downloaded.

This web-hosted software ensures an optimal survey experience on both desktop and mobile devices. If a respondent accesses the survey on a mobile device, Voxco automatically uses a mobile version of the survey, with fonts, spacing, and sizes designed for optimal legibility on a mobile device with a touch-oriented interface.

To further assist data users, [Appendix A](#) provides a comparison of the numbered questions on the paper survey with their source variable names used with CAWI and CATI.

#### 3.3.2. Instrument Testing

After programming the CAWI instrument, RTI performed internal instrument testing. CAWI testing followed an agile iterative process using a multidisciplinary team led by an RTI methodologist. Testers checked for components such as text accuracy, logic functionality, and correct range validations. Different testers performed different scenarios; for example, one tester manually checked the



instrument behavior of each value, whereas another tester completed the survey from the perspective of a hypothetical respondent with demographic/behavioral characteristics similar to those of actual study respondents to ensure that the questions made sense with respect to the hypothetical respondent's situation (e.g., if the hypothetical respondent was a 75-year-old male with diabetes, the tester would verify that they were not asked question D43B, which asked whether their diabetes was only during pregnancy, because question D43B should only be asked of respondents with diabetes who are female and in a defined age range).

Any issues testers found with the survey were documented in a Jira test log. After all testers had updated the log, an RTI methodologist updated the instrument specifications, and the Voxco programmer updated the CAWI program, after which the original testers verified that any previously identified issues were rectified. After all updated items were verified, an additional testing iteration began. This process continued until all issues were resolved.

After RTI completed testing, the updated specifications and the CAWI instrument were delivered to the GRC for testing. The GRC logged any discrepancies in a test log. RTI then made updates based on GRC feedback, updating the instrument specifications and the CAWI program. This full testing process was completed before the pilot test, then repeated after post-pilot test updates were made.

When testing the web survey, there was considerable emphasis on mobile device compatibility because smartphones were the device most frequently used to complete the OMAS web survey in 2023. The instrument was tested on mobile Android and iOS devices of varying screen sizes to ensure that the instrument's visual presentation was accurate and was usable on any mobile device from which a respondent could access the survey. The instrument was also tested on multiple web browsers.

### **3.3.3. Digital Compliance and Accessibility**

To obtain accurate population estimates, it is critical that the OMAS be accessible to all sample members. This included individuals with disabilities who may use assistive technology or adaptive strategies to access web content. In striving to be digitally inclusive, the design, development, and implementation of electronic communication must keep accessibility in mind to allow individuals with disabilities to fully participate in and contribute to society. An individual with a disability should be able to access, navigate, and successfully complete the OMAS web instrument.

To make the survey accessible to individuals with disabilities and to meet OSU's Minimum Digital Accessibility Standards (MDAS) policy, after all programming and testing was performed, RTI performed specialized accessibility testing on the instrument and made corresponding updates so that the web instrument met the standards of the Web Content Accessibility Guidelines (WCAG) 2.0, Level A and AA conformance, which are the technical criteria that form Section 508 and MDAS requirements. Level AA is regarded as ideal and acceptable for most individuals with disabilities. In addition to the instrument itself, the survey landing page and electronic incentive disbursement web page were tested and updated to meet the requirements of WCAG 2.0, Level AA, conformance.

The outcome of this testing was a web survey experience that was compliant and digitally inclusive from start to finish—and one that was easier for all respondents to successfully use. Once this accessibility testing was completed, RTI delivered a VPAT to OSU.

### **3.4. CATI Instrument Programming and Testing**

#### **3.4.1. Instrument Overview and Testing**

RTI used Voxco CATI to program and process the CATI instrument. Voxco CATI is a fully integrated program that provides call management and replicate controls, multilingual interviewing capabilities, monitoring, and incidence tracking. The software automatically controls skip and fill logic and range checking for numeric data. The programming logic directs the questionnaire's flow and prevents an interviewer from entering data in the wrong field. On any given screen of the questionnaire, the program accepts only a predetermined range or type of response. Completed interview responses are securely fed into a main server, from which data can then be downloaded.

#### **3.4.2. CATI Instrument Testing**

After programming the CATI instrument, RTI performed internal instrument testing. The steps used closely followed the methods used for CAWI testing; however, in addition to staff from the CAWI testing team, interviewers and field staff supervisors also tested the CATI instrument. After RTI completed testing, the updated specifications and the CATI instrument were delivered to the GRC for testing. The GRC logged any discrepancies in a test log. RTI then made updates based on the GRC's feedback, updating the instrument specifications and the CATI program.

### **3.5. PAPI Instrument Development, Programming, and Testing**

#### **3.5.1. Special Design Considerations for Paper Administration**

With paper surveys, logic cannot be automated as it is for CAWI and CATI, so there was special emphasis on simplifying the PAPI logic so respondents could successfully follow the survey flow. Effort was made to use many of the formatting cues from the web component, and arrows and "go-to" text were used to guide respondents through skip logic. RTI also endeavored to simplify the skip instructions to avoid the respondent needing to flip through pages of the survey to follow the correct path based on their answers. This required slightly reordering the questions from the CAWI/CATI order of questions. [Appendix A](#) contains the specifications for all three modes, including a CAWI/CATI-PAPI crosswalk.

The paper OMAS, unlike the CAWI and CATI versions, was a modified version of the adult-only form (no child version was administered). A copy of the formatted paper form can be found in [Appendix B](#).

#### **3.5.2. PAPI Instrument Overview and Programming**

RTI used OpenText TeleForm software to program and process the paper instrument. TeleForm is a suite of software programs that automate data capture with optical mark recognition (OMR) and intelligent character recognition (ICR). OMR is capable of reading marks such as checks, Xs, circles, or bubbles, and ICR is capable of reading handwritten numbers or printed text. When a completed paper survey is returned to RTI, it is scanned using a high-capacity, high-resolution scanner, then read by TeleForm, which performs OMR and ICR processing. The data captured by the system are further augmented with human review, then exported into a secure internal database after passing all quality control checks.

#### **3.5.3. PAPI Instrument Testing**

After programming the PAPI instrument in TeleForm, RTI performed internal instrument testing. In addition to verifying that question numbering, text, and responses matched the original specifications, time was spent verifying that the skip arrows and navigational text were accurate and conformed to best design practices. In addition, mock forms were filled out and scanned into the TeleForm system to

verify the accuracy of the machine processing; and the final data processing protocol was defined, tested, verified, and approved. After RTI completed testing, the updated specifications and the PAPI instrument were delivered to the GRC for testing. The GRC logged any discrepancies in a test log. RTI then made updates based on the GRC's feedback, updating the instrument specifications and the PAPI instrument.

### **3.6. Pilot Test**

The objectives of the 2025 OMAS pilot test were to test the accuracy of the CAWI and CATI instruments, test the functionality of the systems used to administer and manage the survey, assess questionnaire flow and burden, measure survey timing for respondents, identify potential fielding issues, and develop an improved understanding of interviewer training needs. In addition, the pilot test allowed production-scale testing of the survey management system that manages all operations of data collection. A paper survey was not piloted because of the time limitations and because piloting the CAWI and CATI instruments was sufficient for achieving the pretesting goals. This section discusses the highlights and outcomes of the pilot test; full pilot test findings are presented in [Appendix C](#).

#### **3.6.1. CAWI ABS and Medicaid Pilot**

The CAWI pilot began on June 4, 2025, and continued through mid-June. For the CAWI pilot test, 500 Ohio residents were randomly selected from the ABS in addition to 248 individuals from the Medicaid sample. Sample members were sent a single survey invitation and a \$2 prepaid cash incentive inviting them to complete the survey by web and were sent an additional incentive upon completing the survey. In total, 65 respondents completed the adult portion of the survey, with 13 of those 65 respondents also completing the child section. For the adult section, the average completion time was approximately 21.9 minutes, with the child section adding another 11.69 minutes. This was slightly longer than anticipated.

#### **3.6.2. CATI Medicaid Pilot**

The CATI pilot began on June 4, 2025, and concluded on June 6, 2025. For the CATI pilot test, 250 sample members were selected from the Medicaid sample for outbound dialing. These sample members did not receive a prepaid incentive but were offered an incentive upon completing the interview. In total, three respondents completed by phone; all of them completed only the adult section (because the child section was not offered to sample members in the Medicaid sample). The average completion time was 42 minutes, which was also slightly longer than anticipated. Full pilot test findings are presented in [Appendix C](#).

### **3.7. Post-Pilot Instrument Updates**

Two minor instrument changes were made after fielding began, one which impacted CAWI and CATI administration for the ABS sample, and one which impacted the PAPI.

#### **3.7.1. ABS CAWI/CATI Questionnaire Update**

Following a review of the pilot test data, a change was made to the logic for the questions related to dental insurance in the child section of the survey.

Initially, question N067 ("Does {the child} currently have any type of insurance that covers dental bills?") was skipped if the response to J96 ("Is {the child}'s health insurance the same as your health insurance?") was "yes." The NEXT logic for J96 was changed such that even if the child had the same

insurance as the parent, a question confirming dental coverage for the child was explicitly asked, rather than skipping to the next section of the child survey.

This change did not impact the PAPI or the questionnaire administered to the Medicaid sample, as neither include the child section of the survey.

### **3.7.2. ABS PAPI Update**

An error in the PAPI skip instructions at Question 79 was identified prior to fielding ABS Release 2. Question 79 (Q79: “Did you get the dental care you needed...” ) has skip-after instructions such that if the respondents answers “yes” they should skip ahead to Question 81 (Q81), and if their answer is “no” they should proceed with Question 80 (Q80). The PAPI’s written instructions were accurate but the graphical arrow was incorrect. It pointed from the “yes” option to Q80, which was the follow-up question for a “no” response on Q79. This was corrected so that the arrow pointed from the “no” response to Q80. All ABS Release 2 cases received the PAPI with the corrected skip-after instructions.

An analysis of the PAPI data collected for Release 1 indicated that there was minimal impact of the conflicting skip-logic instructions on this question. Of 2,435 people who answered “yes” to Q79 and should have skipped to Q81, 177 also provided a response to Q80; of 503 people who answered “no” to Q79 and should have answered Q80, 28 did not. These results are consistent with typical respondent skip-logic error on PAPI, as skip logic is not programmatically enforceable as in CAWI or CATI.

## **4. Data Collection**

### **4.1. Introduction**

The data collection procedures used for the 2025 OMAS were similar to the 2023 OMAS, except for the incentive experiment conducted in Release 1. This section considers the implementation protocols used for the ABS and Medicaid sample separately and discusses response rates and mid-fielding changes to the instruments.

### **4.2. OMAS ABS Data Collection Procedures**

#### **4.2.1. OMAS ABS Implementation Protocol Overview**

The data collection protocol for the 2025 ABS used mailed invitations to invite sample members to complete the survey by web or by paper, with the option of calling the study team to complete the survey by phone. During Release 1, an incentive experiment was conducted in which the ABS sample was divided into three groups and offered differing pre- or post-incentive amounts: EG1, EG2, and EG3. EG1 (“control”) offered a visible \$2 pre-incentive and a \$10 post-incentive; EG2 offered a visible \$5 pre-incentive and a \$10 post-incentive; EG3 offered a visible \$2 pre-incentive and \$20 post-incentive. Release 2 mailings offered a visible \$2 pre-incentive and \$10 post-incentive.

#### **4.2.2. OMAS ABS Data Collection Materials**

The GRC and RTI collaborated throughout the mailing material development process. For the 2025 OMAS, the mailing materials were designed to have a visual and design similarity to the format

developed for the 2023 OMAS, although the text was updated to better emphasize the push-to-web methodology.

Both sample releases deployed a sequential “push-to-web” data collection protocol. In the first two mailings, sample members were encouraged to complete the survey by web, and the invitation letter and the postcard reminder contained CAWI login credentials (a link to the [OSU Survey landing page](#) and a Survey Access Code [PIN]). The initial invitation letter also contained a \$2 (or \$5 in Release 1) visible cash incentive. Respondents were further incentivized with a promised incentive of \$10 (or \$20 in Release 1) if they completed the survey. The third mailing included the PAPI packet, which allowed respondents who could not or did not want to complete by web an alternative mode. The fourth mailing was an additional postcard reminder, and the fifth and final mailing was a second PAPI packet. The final formatted mailing materials can be found in [Appendix E](#).

The following describes the five mailings for the ABS sample:

- **Mailing 1: Invitation Letter:** This letter was mailed in a 6 x 9 inch OSU-branded envelope; inside was the invitation letter and a \$2 (or \$5 in Release 1) bill, which was visible through the address window. The letter explained the purpose of the study; invited the respondent to participate; and provided a URL ([www.OSUsurvey.com](http://www.OSUsurvey.com)) for the respondent to go to, a PIN, and a QR code that they could scan to be instantly taken to the website without having to type in the URL manually. The sample member was informed about the \$10 (or \$20 in Release 1) incentive upon completion. In addition, toll-free phone and email contact information was provided should the sample member have any questions about the study or wish to call the study team to complete the survey by phone.
- **Mailing 2: Reminder Postcard:** This fold-over postcard was sent several days after the invitation letter. It included the same URL, PIN, QR code, and contact information. It thanked respondents who had already completed the survey and reminded respondents to complete the survey if they had not done so already.
- **Mailing 3: PAPI-CAWI Packet:** This 9 x 12 inch OSU-branded envelope contained an invitation letter, a paper survey with a cover, and a postage-paid business return envelope. The invitation letter thanked respondents if they had already completed the survey and requested that respondents who had not done so complete the survey. The letter explained the two options—either completing survey by web or using the provided URL, PIN, and QR code, or completing the paper survey and returning it at no charge in the envelope. The post-incentive amount was prominently displayed, along with the toll-free phone and email contact information.
- **Mailing 4: Second Reminder Postcard:** This mailing was an additional fold-over postcard like that of Mailing 2, reminding respondents again about the study, requesting their participation, and providing the information needed to complete the survey.
- **Mailing 5: Second PAPI-CAWI Packet:** This final mailing was an additional PAPI packet, like that of Mailing 3.

#### 4.2.3. OMAS ABS Data Collection Schedule

The data collection schedule for the ABS is in [Table 4-1](#), showing the differences in materials and dates among the Release 1 groups for the design experiment and Release 2.

**Table 4-1. OMAS Address-Based Sampling Data Collection Schedule**

| Sequence                             | Release 1  | Release 2  |
|--------------------------------------|------------|------------|
|                                      | Date       | Date       |
| A. Mailing 1: Invitation Letter      | 8/15/2025  | 10/16/2025 |
| B. Mailing 2: Reminder Self-mailer   | 8/19/2025  | 10/20/2025 |
| C. Mailing 3: PAPI-CAWI packet       | 9/8/2025   | 11/7/2025  |
| D. Mailing 4: Reminder self-mailer 2 | 9/26/2025  | 11/21/2025 |
| E. Mailing 5: PAPI-CAWI packet 2     | 10/20/2025 | 12/15/2025 |

CAWI = computer-assisted web interviewing; EG = experimental group; PAPI = paper-and-pencil interviewing

#### 4.2.4. Logging Undeliverable Mail

For the OMAS, the return address on all mailing materials was an Ohio PO Box. When undeliverable mail arrived at this PO Box, it was forwarded biweekly to RTI's Research Operations Center (ROC) in Raleigh, North Carolina. Upon arriving at RTI's ROC, this undeliverable mail was scanned into RTI's internal system, logging the respondent's address as invalid and removing them from future mailings. Then, the undeliverable item was stored securely until it was destroyed.

#### 4.2.5. OMAS ABS Household and Respondent Selection

Consistent with prior OMAS iterations, the 2025 OMAS defined eligible households as any residential housing unit, such as an apartment, a house, or a mobile home. Ineligible households included dormitories, hospital rooms, nursing homes, group homes, sororities and fraternities, halfway houses, shelters, prisons or barracks, and businesses. These types of addresses were not included in the OMAS sample.

After a household was determined to be eligible, household members were asked to self-select the eligible respondent using text that was printed on the mailing materials. The CAWI instrument included a question that verified age and residency and would not allow the respondent to complete the survey if they did not meet age and residency requirements. The PAPI instrument contained the following message: "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."

#### 4.2.6. OMAS ABS Proxy Interviews

##### Adult Proxies

The 2025 OMAS allowed for the use of proxy interviews in instances where the targeted sample member wished to participate but could not complete the survey without help. The instruments contained a question that asked respondents at the beginning of the survey if they were completing the survey for themselves or for someone else in their household ("Are you completing this survey for yourself or for someone else in your household?").

If a CAWI respondent selected "for someone else in my household," they were asked to provide the first name or initials of the individual for whom they were completing the survey, asked a question

about their relationship to this individual, and shown a conditional message that said, “As we continue the survey, please remember to answer all remaining questions on behalf of <Name of the Individual>.” This message was then displayed as a banner at the top of the screen for every question throughout the full duration of the survey session.

If a PAPI respondent selected “for someone else in my household,” arrows directed to a message that said, “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.”

If a CATI respondent indicated that they were completing the survey “for someone else in my household,” the interviewer first asked for the name or initials of the person the proxy was completing the survey for, then asked their relationship to the selected respondent, and finally reminded to answer all remaining questions on behalf of the selected respondent. For interviews that were suspended and resumed, the CATI program prompted interviewers to continue the survey with the person who started the interview.

### **Child Proxies**

Proxy interviews were the only method used for collection of the OMAS Child Survey (children were not directly interviewed). The child interview was offered only to ABS respondents completing by web or phone who met the eligibility criteria.

If the respondent was eligible to complete the child component, upon finishing the adult section, they were given the following prompt: “Thank you for answering these questions about your own health. These next questions focus on the health insurance coverage and health status of one child in your home. You will receive an additional \$5 for participating in this portion of the survey.” They were then asked which child aged 18 or younger had the most recent birthday and the first name of that child. If the respondent could not or would not disclose this information, they were then asked to complete the survey on behalf of the youngest child in the home.

Upon establishing which child for whom the child component of the survey would apply, the adult proxy was then shown the following message: “All remaining questions will be about <Name of the Child>. 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.” Respondents who then selected “Continue” began the child section of the survey.

#### **4.2.7. OMAS ABS Incentives**

In Release 1, sample members were sent a \$2 or \$5 cash pre-incentive with the first mailing and a \$10 or \$20 incentive upon completing the survey. In Release 2, all sample members were sent a \$2 cash pre-incentive with the first mailing and a \$10 incentive upon completing the survey. Mailing materials informed sample members of the \$10 or \$20 post-incentive.

Respondents who completed the web survey were sent the post-incentive through their choice of Tango Rewards or a check by mail. If a respondent chose the Tango Rewards incentive, they provided their email address and were sent a Tango Rewards Link. From this Rewards Link, they could then access the Tango Rewards Card Mall, which allowed them to choose an electronic gift card from many common retailers or an electronic Mastercard debit card. After the respondent selected how to redeem their incentive, their chosen incentive was delivered by email. Respondents who completed the child portion



of the survey were sent an additional \$5. Checks were mailed to respondents weekly. Respondents who called the study team and completed by phone were also offered these two incentive options.

Respondents who completed the paper survey were offered the choice of a physical gift card or a check by mail, sent to the mailing address from the sampling frame unless the respondent provided an updated mailing address. The selected incentive type was mailed to respondents weekly.

#### 4.2.8. OMAS ABS Inbound

To maximize accessibility, the 2025 OMAS allowed respondents on the ABS frame to call RTI and complete the survey by phone. Although 97.4% of respondents completed by web or by paper, 695 ABS members called the study team and completed by phone. When a respondent called the study team, they were connected to an interviewer in RTI's Research Operations Center, who administered the survey to the respondent using the CATI instrument.

### 4.3. OMAS Medicaid Data Collection Procedures

#### 4.3.1. OMAS Medicaid Implementation Protocol Overview

The 2025 data collection protocol for the Medicaid subsample was the same as for 2023, where a combination of mail, text messages, and phone calls were used to invite respondents to complete the survey by web or by phone. Because the protocol used three modes of outreach and two modes of data collection, there was still considerable operational complexity to its design that led to special planning considerations.

#### 4.3.2. OMAS Medicaid Data Collection Materials

As was the case with the ABS, mailed data collection materials derived their visual design from materials used for the 2023 OMAS. Sample members were originally invited to complete the survey through a mailed invitation letter. This invitation letter contained similar content to the letter mailed to the ABS sample—an explanation of the study, CAWI login credentials, and a note on the incentive upon completion. The initial invitation letter also contained a \$2 (or \$5 in Release 1) cash incentive that was visible through the outer mailing envelope. The second mailing was a postcard reminder with web completion credentials, reminding respondents to complete by web, and the third and final mailing was an additional postcard reminder. See [Appendix E](#) for a copy of these mailing materials.

The following describes the three mailings:

- **Mailing 1: Invitation Letter:** This letter was mailed in a 6 x 9 inch OSU-branded envelope; inside was the invitation letter and a visible \$2 (or \$5 in Release 1) bill. The letter explained the purpose of the study, invited the respondent to participate, provided a URL ([www.OSUsurvey.com](http://www.OSUsurvey.com) ) for the respondent to go to, a Survey Access Code (PIN), and a QR code that they could scan to be instantly taken to the website without having to type in the URL manually. The sample member was also informed about the \$20 (or \$30 in Release 1) incentive upon completion. In addition, contact information was provided should the sample member have any questions about the study.
- **Mailing 2: Reminder Postcard:** This fold-over postcard was sent several days after the invitation letter. It included the same URL, PIN, QR code, and contact information and reminded respondents to complete the survey if they had not done so already.



- **Mailing 3: Second Reminder Postcard:** This mailing was an additional fold-over postcard like that of Mailing 2, reminding respondents of the study a final time, requesting their participation, and providing the information needed to complete the survey.

#### 4.3.3. OMAS Medicaid Text Messaging

Text messages to Ohio Medicaid members were approved because members consent to electronic messaging during their enrollment, per ODM. RTI sent up to three text messages to sample members during the data collection period. These messages were sent in Multimedia Messaging Service format, which allowed the OMAS study logo to be sent with a message of up to 640 characters. The service RTI employs for messaging uses peer-to-peer texting and does not employ auto-texting. Messages provided a brief overview of the study, emphasized the importance of completing, included study team contact details, and mentioned the incentive upon completion. In addition, an individual hyperlink was included with the PIN embedded in the link, so the sample member did not have to manually enter the PIN to access the survey upon tapping or clicking the hyperlink. If the sample member replied “stop,” future contact was discontinued. If the sample member had a question, they were able to reply to the text message, and RTI responded via text message. Text message content can be found in [Appendix F](#).

#### 4.3.4. OMAS Medicaid Data Collection Schedule

The data collection schedule for the Medicaid sample is shown in [Table 4-2](#). RTI timed the text messages to arrive in close proximity to other contact attempts. For example, text messages 1 and 2 were sent in close proximity to the first invitation letter and emphasize the importance of the letter and drive respondents to complete by CAWI. Similarly, text message 3 was sent between the two reminder postcards.

**Table 4-2. OMAS Medicaid Sample Data Collection Schedule**

| Activity                          | Release 1 | Release 2  |
|-----------------------------------|-----------|------------|
| A. Mailing 1: Invitation letter   | 8/18/2025 | 10/21/2025 |
| B. Text message 1                 | 8/21/2025 | 10/27/2025 |
| C. Text message 2                 | 8/28/2025 | 11/4/2025  |
| D. Outbound CATI dialing          | 9/19/2025 | 11/7/2025  |
| E. Mailing 2: Reminder Postcard 1 | 9/15/2025 | 11/20/2025 |
| F. Text message 3                 | 9/18/2025 | 11/24/2025 |
| G. Mailing 3: Reminder Postcard 2 | 10/6/2025 | 12/11/2025 |

CATI = computer-assisted telephone interviewing.

#### **4.3.5. OMAS Medicaid CATI Implementation (Outbound and Inbound)**

The 2025 OMAS CATI effort was headed by the OMAS project supervisor, who maintained regular contact with the project director and GRC. Shift supervisors oversaw data collection shifts, and quality experts directly supervised interviewers.

##### **Call Scheduling**

In line with prior iterations of the survey, to encourage younger and more diverse population participation, RTI scheduled most interviewing session hours for weekday evenings, Saturdays during the day, and Sunday evenings. The target interviewing period was between 5 p.m. and 9 p.m. respondent time on weekdays, between 10 a.m. and 9 p.m. on Saturday, and between 1 p.m. and 9 p.m. on Sunday. RTI's ROC also scheduled shifts between 9 a.m. and 5 p.m. on weekdays for up to a maximum of 20% of total session hours, primarily to dispose of business numbers and to reach respondents who were working or otherwise unavailable in the evenings.

##### **Number of Attempts**

Interviewers made a maximum of three attempts to reach a listed respondent. Each call attempt was given a minimum of five rings. The attempts were rotated through weekday day, weekday evening, Saturday day, and Sunday evening shifts to maximize coverage of the residential population.

##### **Callbacks**

The CATI system allowed two types of callbacks depending on whether the respondent could offer a specific time and date to be contacted again. A system-scheduled callback was assigned to a record that could not be given a specific date and time, and a scheduled callback was for respondents who provided a definite appointment for recontact.

Callbacks to specific respondents were entered into the computer by interviewers and handled automatically by the program. RTI's system accommodated general and specific callbacks. For a specific appointment, the record waited until the designated time to be released. At this time, the system found the next available interviewer and delivered the record as the next call. The call history screen that accompanied each record informed the interviewer that the call was a definite appointment and described the circumstances of the original contact. General callbacks, where respondents requested that the interviewer try to reach them at a generally specified time of day, were sorted and allotted automatically by the system. They were held out of the sample until the appointed hour, when they

were sent to a station with an open slot for that call. They had a higher system priority than returning no-answer and busy records but a lower priority than specific callbacks.

RTI's system also accommodated restarting interrupted interviews by using a definite callback strategy. If a cooperative respondent had to terminate an interview but wanted to finish later, it was possible to set a definite callback for that exact time and restart the interview where it left off. If the interviewer who began the survey was available at the prescribed time, the system sent the call back to that station.

The Voxco system automatically handled callbacks for “no answer,” “busy,” and “answering machine” outcomes. Repeated no-answers were retried at different times of day and days of the week as follows:

- If a call between 5 p.m. and 6 p.m. resulted in no answer, the record was put in the queue to be retried between 8 p.m. and 9 p.m. of the same shift.
- If a call resulted in a busy signal, it was automatically recycled within the same shift according to a preset schedule.
- As with no-answers, if a shift closed before an automatically rescheduled “busy” was attempted, the number was cycled to the next available calling time.

### **Refusal Conversion**

All interviewers conducting the 2025 OMAS were trained to avoid refusals (i.e., no “dead-time” for delivering calls to interviewers, interviewers’ fluid use of FAQs, callback scheduling at respondents’ convenience, offer of post-incentive). When respondents declined to participate but were not hostile, the interviewer left a note detailing the interaction. When the respondent was not hostile, threatening, or adamant, RTI’s refusal conversion specialists reviewed the note and made at least one more contact. Refusal conversion specialists attempted to engage with respondents but did not harass respondents. If respondents request to be placed on a “do-not-call” list, or the household refused to transfer the call to the selected respondent and stated that they would never allow the call to be passed to the selected respondent, the case was coded as a final refusal and future calls were terminated.

Interviewers informed their supervisor if the respondent was verbally abusive or threatened litigation so they could review the interaction with the interviewer and, if appropriate, mark the case for project supervisor review.

### **Methods Used to Increase Response Rates**

As has been done for prior iterations of the OMAS, RTI implemented a variety of methods to maximize response rates for the 2025 OMAS, such as leaving messages on answering machines and privacy managers, as well as these:

- Providing verification numbers for RTI and the survey sponsors
- Employing special refusal conversion efforts
- Reattempting phone numbers on different days and at different times of day to maximize efforts to reach individuals

- Conducting interviews in Spanish and English
- Using an incentive for all respondents

Each of these methods is described in detail as follows.

### *Leaving Messages on Answering Machines*

RTI interviewers announced themselves when prompted by privacy managers, and left messages on answering machines on the first and third attempts. The answering machine message was as follows:

“Hello, I’m calling on behalf of The Ohio State University regarding an important study about health care issues affecting state residents. Please call us at 1-833-947-2577 at your convenience. Your participation will help the State of Ohio make better health care policy decisions for residents, such as yourself. My name is \_\_\_\_ (First name) and we look forward to speaking with you. Thank you.”

If an answering machine was reached, the Voxco system automatically scheduled the case for a callback for a different time on the following day.

RTI’s call center supervisors fielded incoming calls and completed interviews from call-ins and answering machine call-backs.

### *Respondent Inquiries*

RTI’s ROC dedicated a toll-free phone number and email address to receive respondent inquiries, some for the purpose of requesting a telephone interview, and others to verify survey legitimacy. RTI interviewers attempted to address all respondent questions but made contact information for ODH and the GRC available to respondents who wished to contact the survey sponsors directly. Survey sponsors took responsibility for responding to these callers about the survey effort and contacted the GRC and RTI for pertinent follow-up, if any. Inquiries that required follow-up by RTI or the GRC were entered into a log and assigned to the relevant staff.

### *Interviewer Training*

RTI conducted several interviewer training sessions for the 2025 OMAS. The first session preceded the pilot test in June 2025, and other sessions were held before fielding the Medicaid study in mid-September 2025. All training was conducted virtually by RTI staff. The quality of data collection depends largely on the performance of the interviewing staff. Interviewers for this study were specifically recruited for health care research and call center experience.

Interviewers who were newly hired to work on OMAS were required to complete RTI’s standard interviewer training, which includes RTI’s iLearning and introductory training on CATI systems prior to project-specific training. RTI’s iLearning training covers the fundamentals of survey interviewing, how to obtain high-quality data, and human subjects protocols intended to protect the health and privacy of survey respondents. All interviewers were required to sign confidentiality agreements.

iLearning content included specific guidelines for interviewing designed to ensure high-quality data collection, such as:

- reading the questionnaire verbatim,

- not skipping questions,
- accurately recording responses,
- providing neutral feedback,
- non-biased probes and clarifications for unclear survey responses, and
- accurately recording outcomes of calls.

OMAS-specific training included distressed respondent protocols, which covered:

- interviewer responsibilities when distress occurs, including
  - how to recognize and identify the level of distress, and
  - how to acknowledge observations of distress with the respondent;
- how to provide resources to respondents (when appropriate);
- reporting requirements and interviewer responsibilities if instances of distress occurred; and
- things interviewers should not do when distress was encountered.

RTI developed an intensive training curriculum delivered over two days for the 2025 OMAS, integrating project-specific background discussion with hands-on practice interviewing, review of general and project-specific protocols, and quizzes to reinforce learning. Topics covered during training focused on the survey's background and structure, study-specific protocols and procedures, pronunciation, and answers to frequently asked questions. Interviewers participated in two round-robin mock interviews and two paired-practice mocks, in addition to individual survey practice activities. Certification for the OMAS involved two oral quizzes and participation during training sessions and exercises. Interviewers needed to achieve 100% correct on both oral quizzes to become certified and begin calling. In total, 19 interviewers were trained and certified to work on the 2025 OMAS. Interviewers were required to complete training and certification before beginning work on the survey.

Content specific to the 2025 OMAS included:

- goals of the 2025 survey;
- key terms (i.e., definition of adult vs. child for survey purposes);
- survey content, including hands-on practice with survey administration;
- incentive types and amounts;
- the data collection schedule; and
- frequently asked questions the interviewers should anticipate and scripted responses they could provide.

The 2025 OMAS training agenda is noted in [Table 4-3](#) below.

**Table 4-3. Training Agenda (Pilot and Main Survey Data Collection)**

| Time,<br>Minutes | Topic                                               | Time,<br>Minutes | Topic                                    |
|------------------|-----------------------------------------------------|------------------|------------------------------------------|
| <b>Evening 1</b> |                                                     | <b>Evening 2</b> |                                          |
| 15               | Welcome and introduction                            | 10               | Q&A/review                               |
| 25               | Survey background, purpose, and structure           | 30               | Emotional distress and sensitivity       |
| 10               | Roles and responsibilities                          | 30               | Refusal avoidance                        |
| 10               | General contact procedures                          | 55               | Paired practice                          |
| 15               | Respondent rights and importance of confidentiality | 15               | BREAK                                    |
| 45               | Review of FAQ                                       | 15               | Review FAQ and pronunciation             |
| 15               | BREAK                                               | 40               | Individual read-through of questionnaire |
| 20               | Pronunciation practice                              | 35               | Certification                            |
| 75               | Round robin                                         | 10               | Q&A/final review                         |
| 10               | Q&A sessions                                        | --               | --                                       |

Interviewers were required to complete training and certification before beginning work on the survey. Topics covered during training focused on the survey's background and structure, study-specific protocols and procedures, pronunciation, and answers to frequently asked questions.

RTI conducted follow-up refresher trainings and distributed project bulletins with FAQs and issues encountered during fielding. These trainings reemphasized survey protocols, provided strategies for handling refusals, and reviewed any survey items the interviewers had difficulty administering.

#### ***Interviewer Issues, Retraining, Debriefing, and Feedback***

During the OMAS data collection period, there were two types of primary interviewer retraining: (1) regular "check-in" and feedback sessions throughout the day for interviewers who had no completes over the past 2 hours (e.g., 0 completes as of 11 a.m., 1 p.m., and 3 p.m.); and (2) ongoing, individual training based on observations from monitoring sessions (live and recorded).

During individual training with monitors or supervisors, phone interviewers were provided specific instances and examples of where they could improve. These sessions included onsite monitoring and monitoring that the client team conducted.

Monitoring was conducted live and by recording and was made available to OMAS EC members, the project PI, and co-investigators. When observations from monitoring were identified as a trend rather than as an individual occurrence, feedback was provided to all interviewing staff during quality circle meetings to make sure there was no widespread misunderstanding.

#### **4.3.6. OMAS Medicaid Respondent Selection**

Only the named individual in the list sample was eligible to participate. When mailing or calling, materials specifically listed the target individual, and the instrument confirmed that this was the individual completing the survey (or that the survey was being completed on behalf of this individual by an authorized proxy).

#### **4.3.7. OMAS Medicaid Proxy Interviews**

Sample members from the OMAS Medicaid sample were also allowed to complete the survey by proxy using the same format as outlined for the OMAS ABS, in which all respondents were asked whether they were completing the survey for someone else. If so, interviewers recorded the relationship to the respondent and reminded them to answer all questions on the target respondent's behalf.

If the interview was completed by phone, the interviewer first established that the proxy was someone aged 19 or older who was able to answer questions about the selected respondent's health insurance. For interviews that were suspended and resumed, the CATI program prompted interviewers to continue the survey with only the person who started the interview.

#### **4.3.8. OMAS Medicaid Incentives**

In Release 1, sample members for whom an address was available were sent a \$2 or \$5 visible cash incentive with the first mailing and a \$20 or \$30 incentive upon completing the survey, consistent with the Incentive Experiment. In Release 2, all sample members were sent a \$2 cash pre-incentive with the first mailing and a \$20 incentive upon completing the survey. Mailing materials informed sample members of the \$20 or \$30 post-incentive, as did phone calls, voicemails, and text messages. All respondents were offered the incentive electronically through Tango Rewards or through a check sent by mail.

### **4.4. Spanish Language Option**

RTI conducted the 2025 OMAS in English and Spanish. ABS and Medicaid respondents who wanted to complete the survey in Spanish could use the Spanish call-in option to speak with a Spanish-speaking interviewer. Of the 37,857 completed records in the final dataset, 4 were collected in Spanish.

The procedure for conducting interviews in Spanish was straightforward: When a bilingual interviewer reached a Spanish-speaking respondent, the interviewer explained the survey in Spanish and continued directly into the interview without interruption. When a non-Spanish-speaking interviewer contacted a Spanish-speaking household, the record was coded for Spanish interviewing, and the system automatically routed the record to a bilingual interviewer for subsequent attempts.

### **4.5. Determining a Completed Interview**

An interview was considered complete when a selected respondent or knowledgeable proxy answered the adult section of the questionnaire through the questions related to demographics and family income. Additionally, a child proxy survey was considered complete if a proxy answered all child-related questions through the section on child health risks.

The 2025 OMAS final dataset included variables indicating the status of the adult and child sections of each case. Included in the final dataset were 785 interviews (2% of cases) that completed all

questions through the adult demographics and family income sections but terminated before completing the full instrument—these were classified as partial complete interviews.<sup>5</sup>

Adult interviews with all the adult modules completed were considered fully completed interviews. Because both partial and fully completed interviews provided critical analytic data, these records were included in the final dataset. Similarly, the final dataset included five (0.01% of cases) surveys with all child-related questions completed in the child proxy survey through the child health risks questions.

#### **4.6. Changes to the CAWI and CATI Instruments During the Fielding Period**

##### **4.6.1. CAWI/CATI**

One change was made to the CAWI/CATI programming after fielding began. Following feedback from respondents who expressed confusion or concern over the timeline of the arrival of their electronic post-incentive, the incentive section of the survey was updated to more clearly communicate this information. Survey participants were informed that certain email domains frequently flagged incentives as spam and were advised to use an alternate email if feasible, or to opt for the check incentive. They were also informed that the email could take up to 24 hours to arrive in their inbox.

##### **4.6.2. PAPI**

One change was made to the PAPI instrument after fielding began. An error of the visual skip instruction for Q79 into Q80 was found during Release 1, which was corrected for Release 2. Skip-logic instructions for Q79 tell respondents who indicate they were able to get the dental care they needed to skip to Q81 on page 13 of the PAPI. However, the arrow on Q79 used to visually demonstrate the skip pointed a “yes” response to Q80. This visual instruction should have instead pointed a “no” response to Q80, which asked the reasons someone was unable to get the dental care they needed. Cross-tab frequencies on this question indicated that most respondents followed the written skip instruction rather than the skip arrow.

#### **4.7. Response Rates**

To affirm the representation of the target population in a study, researchers look to response rates as indicators of performance. There is no one agreed-upon standard response rate formula because each project lends itself to different measures of performance. Several of these performance measures are discussed as follows.

All response rates were affected by the procedure of assigning final status dispositions. The results of each call attempt were assigned a disposition according to guidelines published by the American Association for Public Opinion Research (AAPOR). These final dispositions can be summarized as follows:

##### **4.7.1. OMAS Response Rates**

###### ***Eligible***

- Completes and partial interviews (if applicable)

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<sup>5</sup> For the partial completed interviews included in the analysis dataset, imputation was used to ensure that a usable response existed for all key variables (see [Section 5](#) for details).



- Refusals and noncontacts (after confirming eligible household or nonresponse on ABS)

### Ineligible

- Survey ineligible = no eligible respondents in household
- Undeliverable = ABS frame addresses returned with a USPS message stating that the addresses were undeliverable

### Unknown

- Unknown eligible (Medicaid frame only) = listed member cannot have their eligibility confirmed (e.g., verify they still live in Ohio)

Each address's history of mailings was analyzed to determine the record's final status. Priority was given to outcomes that gathered the most information. For more information, see [Table 4-4](#).

**Table 4-4. Distribution of Disposition Codes, by AAPOR Response Category and Frame**

| AAPOR Group | Label                                | Count  |          |             |
|-------------|--------------------------------------|--------|----------|-------------|
|             |                                      | ABS    | Medicaid | All Records |
| 1.1         | Completes (full interviews only)     | 26,865 | 10,207   | 37,072      |
| 1.2         | Partial completes                    | 465    | 320      | 785         |
| 2.0         | Refusals and break-offs              | 82,215 | 16,424   | 98,639      |
| 3.0         | Unknown                              | --     | 13,599   | 13,599      |
| 4.0         | No eligible respondent/undeliverable | 6,360  | 869      | 7,229       |

AAPOR = American Association for Public Opinion Research; ABS = address-based sampling.

Full details on the response rates can be found in [Appendix H](#).

### Lower-Bound Response Rate

The lower-bound response rate provides the lowest possible response rate figure. Also known as AAPOR Response Rate #1, it is obtained by dividing the number of completed interviews by the maximum number of potentially qualified households:

$$RR1 = \frac{\text{Completes}}{\text{Eligible} + \text{Unknown}}$$

For the 2025 OMAS, the lower-bound response rates were 24.5% for the ABS, 25.4% for the Medicaid frame sample, and 24.7% overall.

### Response Rates Adjusted for Eligibility

Some response rates consider the ability to definitively establish the eligibility of households. For ABS frame samples, eligibility can be determined in all cases. Because only residential households in Ohio were sampled, addresses were defaulted to be eligible, but, if information from USPS indicated that the household was not eligible (e.g., an undeliverable mailing), or the respondent indicated that they had lived in Ohio for less than 1 month, then the household was designated as ineligible. For the

Medicaid frame sample, because a specific person was being sampled, there could be uncertainty about the person's eligibility. In cases where there could be uncertainty in the eligibility of all sampled cases, response rates generally used an estimate of the rate at which a sampling unit was eligible to classify a fraction of these cases of unknown disposition as eligible. Compared with the lower-bound rate, these response rates increased the response rate calculation by not assuming that all nonresponding people belong to qualifying households. In addition, some "adjusted" response rates assigned cases to the denominator where the respondent was eligible but unable to complete the interview because of impairment or language difficulties. One adjusted response rate, defined by the Council of American Survey Research Organizations and equivalent to AAPOR's Response Rate #3, calculates the eligible households by taking a proportion of the unresolved numbers and classifying them as eligible:

$$RR3 = \frac{Completes}{Eligible + e_u \times Unknown}, \text{ where } e_u = \left( \frac{Eligible}{Eligible + Ineligible} \right)$$

For this study, this calculation produced AAPOR Response Rate #3 response rates of 24.5% for the ABS frame sample, 25.4% for the Medicaid frame sample, and 24.8% overall.

At the end of data collection, this study treated some partial completes in the same manner as total completed interviews and included them in the final analysis file. For this reason, AAPOR's Response Rate #4 was produced, which includes partial completes in the numerator of the response rate equation:

$$RR4 = \frac{Completes + Partial}{Eligible + e_u \times Unknown}, \text{ where } e_u = \left( \frac{Eligible}{Eligible + Ineligible} \right)$$

For this study, this calculation produced AAPOR Response Rate #4 response rates of 24.9% for the ABS frame sample, 26.2% for the Medicaid frame sample, and 25.3% overall.

### Upper-Bound Response Rate

The upper-bound response rate provides the most optimistic percentage of generally recognized response rates. The upper bound, also known as AAPOR's Response Rate #5, is a measure of interviewer performance and does not take into account sample quality (e.g., numbers that ring but are never answered) or household behavior that prevents contact (e.g., privacy manager technology, screening calls using an answering machine).

$$RR5 = \frac{Completes}{Eligible}$$

The upper-bound response rates for this study were 24.5% for the ABS frame sample, 37.9% for the Medicaid frame sample, and 27.2% overall.

## 5. Data Processing and Analysis

### 5.1. Dataset

The Voxco survey management system stored 2025 OMAS disposition data, sample data, survey response data, and data that the survey management system created into a centralized database. Paper survey responses were processed via TeleForm and stored separately from Voxco in the Federal Information Processing Standards (FIPS)-moderate environment. The final dataset was created in the SAS statistical program combining the metadata and survey data collected in Voxco and TeleForm. The final dataset contains sample information and survey responses but does not include personally identifiable information to preserve respondent confidentiality.

### 5.2. Data Processing

#### 5.2.1. Data Cleaning

##### *Inconsistent Responses*

The Voxco program prevents most data inconsistencies with built-in variable range and skip-logic checks. However, with PAPI, the following inconsistencies in the data are corrected after data collection:

- **Inconsistencies resulting from incorrect open-end recoding:** In a few cases, the open-ended response did not match the question. These inconsistencies were resolved and fixed in the open-end recoding process in consultation with the OMAS Research Team.
- **Inconsistencies because of respondents providing contradictory responses:** In some cases, the Voxco program could not force consistent data responses, or the respondent did not follow the skip rules on the PAPI form. For example, if a respondent stated that there were more adults in the family than members in the household, the Voxco script was programmed to verify this information. If the respondent stated that their response was correct, the inconsistency remained. These inconsistencies remained in the final dataset. However, PAPI cases that did not follow skip logic were cleaned, in which the gate response (initial question from which the skip-logic stems) is treated as the truth.
- **Inconsistencies because respondents changed responses:** In some cases, a respondent may choose to go back and change responses on the web survey. Depending on the questions that the respondent changed, skip patterns in the survey may differ, resulting in previously answered questions being no longer applicable but still having responses from the initial survey response. In these scenarios, case histories were reviewed and the not-applicable questions were changed to “missing.”
- **Inconsistencies introduced during postprocessing:** Occasionally, respondents provided contradictory responses, and the steps to correct the inconsistency yielded further complications. For example, respondents who indicated that they were insured through a current job were automatically coded as being employed. The next question asked these respondents to indicate their place of employment. Some respondents answered that they did not work or that they had lost their job. This inconsistency remained.

### ***Outliers—Out-of-Range Responses***

The Voxco program developed for the 2025 OMAS was designed to minimize inconsistent responses throughout the questionnaire, and range checks were set to appropriate limits on responses. For example, if a question asked, “How many days in the last 30 did you drink alcohol?”, the answer should fall between 0 and 30, where 30 represents a total month. All range checks were “hard” in the sense that the computer would not allow entry of an out-of-range response. Consistency checks verified that responses matched one another across questions. For instance, if a respondent said that there were more adults in their central family unit than lived in the household, a consistency check prompted the interviewer to reconcile the responses between the two questions. However, in the PAPI form, these rules could not be enforced, and in some cases, variables were cleaned to remove out-of-range responses.

### ***Missing Values***

After working with the OMAS EC to identify candidate variables for imputation at the household and individual levels, RTI conducted data imputation rather than accepting medium to high levels of nonresponse resulting from “don’t know” or “refused” responses or from questions not asked.

[Section 5.3](#) contains additional information about the OMAS imputation procedures.

Both “don’t know” and “refused” were consistently coded throughout the questionnaire as 98 and 99 or 998 and 999.

#### **5.2.2. Coding Open-Ended Responses**

The 2025 OMAS included several open-ended response questions (questions that allow for a response not provided). All open-ended responses from the data were output into files that were subsequently imported into a customized Microsoft Excel spreadsheet for verbatim coding. These spreadsheets were shared with GRC with the delivery of interim datasets during fielding to allow them to review and provide the recoded responses for the dataset. Codes were added if there were a large number of common responses that were not listed as a response option in the original questionnaire.

Final coded verbatim data were merged back into the SAS dataset for final data delivery. Data variables not containing recoded verbatim text have the appendage `_RAW` on the variable name in the final dataset.

#### **5.2.3. Recoded, Derived, and Auto-Coded Variables**

In the 2025 OMAS, several variables were created to make data analysis easier. These variables come in one of three forms:

- Recoded variable
- Derived variable
- Auto-coded variable

These variables are identifiable in the dataset based on their names. For example, variables that end with `_RAW` are the original non-recoded variables. Also, variables that do not have a survey item in their name are derived variables.

### **Recoded Variables**

Recoded variables are exact replicates of a survey item, renamed to something that is more intuitive to the user. When applicable, recoded variables include open-ended responses that have been assigned to (1) an existing category, (2) a newly created category because of a large propensity of open-ended responses with a response not provided to respondents, or (3) an “other” category. These variables were created for the items of analytic importance that can be directly linked to only one survey question.

### **Derived Variables**

Derived variables are created from two or more survey items. These items often involve the skip logic in the survey to ensure that the levels of the derived variable are properly categorized. Furthermore, certain characteristics can be ascertained from several questions in the survey (e.g., Does the person have insurance?). Derived variables look at these items when categorizing an individual to have a particular characteristic.

### **Auto-Coded Variables**

Auto-coded variables created by the Voxco program during the interview based on respondent-answered questions. These variables are created during the interview process so that they can be used during the interview, with the research team and RTI determining the response categories.

#### **5.2.4. Quality Review**

RTI conducted extensive tests of the integrity of the final data. RTI programmers developed SAS scripts that tested the integrity of all survey responses against the CATI logic and against the recoded, derived, and auto-coded variables. These scripts attempted to flag cases that violated any logic rules. Inconsistencies were logged in an output file and checked by data processing staff to see whether any of the data processing programs needed to be corrected.

After the final set of variables was recoded and created and analytic weights were produced, the data were reviewed for quality assurance. A set of checks was implemented to verify the key components of the data:

- Frequencies of derived variables with their source survey variables to ensure appropriate assignments
- Verification of universe totals (i.e., those eligible for an item) for each survey and derived variable
- Comparison of key estimates with prior-year survey data to ensure that the change in estimates was reasonable or expected
- Verification that all imputed variables had no item nonresponse after imputation
- Verification that the imputed variables had expected distributions
- Verification that all survey weights were positive and greater than 1
- Verification that survey weight totals summed to expected control totals

#### **5.2.5. Data Formatting**

The final SAS dataset has an associated SAS format library that contains variable labels to help users understand the source and content of the variable. A SAS program with the format values is provided.

This SAS dataset was used to create additional formatted datasets in the Stata/MP and R-System format for EC data users.

### 5.3. Imputation

Key survey variables for which a respondent did not provide an answer were imputed to allow for a complete analysis data file. These variables were identified for one of two reasons: (1) their necessity in the weighting process, and (2) the need to be part of a complete data file to ensure that records with a missing value in one of these variables could still be included in analyses using these variables. Such variables are identified in the final dataset with the *\_imp* suffix in the variable name. All variables were imputed with a weighted sequential hot-deck (WSHD) approach that uses variable correlates for the formation of imputation cells and the sorting of donor and recipient cases within those cells. This approach also used the unit nonresponse-adjusted sampling weight to ensure that the sampling design is accounted for when matching donors with item nonrespondents.

#### 5.3.1. Amount of Item Nonresponse

Across all the variables imputed, the level of missing data ranged from 0.02% (child deaf) to 12.1% (last year's income). In general, of the 87 items imputed, all but 3 (last month's income, last year's income, child insurance status) had fewer than 3.5% of responses missing. [Tables 5-1](#) and [5-2](#) show the number and percentage of missing data for each item imputed.

#### 5.3.2. WSHD Imputation

WSHD imputed missing values by pairing item nonrespondents with donors who have similar values for auxiliary variables related to the variable being imputed (Iannacchione, 1982). The matching of item nonrespondents with donors occurred in two ways:

- Sets of item respondents and nonrespondents were grouped based on the values of one or more variables that were important predictors of the variable in question; this cross-classification of predictors defined the "imputation cell."
- Within imputation cells, respondents and nonrespondents were sorted identically, which makes it more likely (but not guaranteed) that nonrespondents will be paired with respondents who have similar values of the sorting variables.

The actual pairing of records within cells occurs randomly, with pairing probabilities determined by the amount of overlap between cases' scaled weight sums. Scaled weight sums are calculated by separately and cumulatively<sup>6</sup> summing respondents' and nonrespondents' nonresponse-adjusted weights and dividing each record's cumulative weight sum by the overall sum (among respondents or nonrespondents) for the cell. These scaled weight sums are greater than 0 and less than or equal to 1. These scaled weight sums can also be used to define scaled weight ranges, which are defined as the range between the previous case's scaled weight sum<sup>7</sup> and that of the case in question.

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<sup>6</sup> Because the weight sums are calculated cumulatively, the way in which the cells are sorted largely determines which records can be paired.

<sup>7</sup> The previous case refers to the ordering of the sorting criteria imposed. The left endpoint on the scaled weight range for the first case in a cell is zero.

For example, consider the case where the first nonrespondent in an imputation cell has a scaled weight sum value of 0.3. This record therefore has a scaled weight range from 0.0 to 0.3. If the first two respondents in this cell have scaled weight sum values of 0.2 and 0.5, they are the only potential donors for the nonrespondent in question (they are the only ones with weight ranges overlapping that of the nonrespondent in question, having ranges from 0.0 to 0.2 and from 0.2 to 0.5, respectively). Although the second respondent has a wider weight range ( $0.5 - 0.2 = 0.3$ ) relative to the first ( $0.2 - 0.0 = 0.2$ ), it is less probable that it will be the donor record for the first nonrespondent because the entire range of the first respondent overlaps with that of the nonrespondent, covering two-thirds of the nonrespondent's range. The remaining one-third of the nonrespondent's range is covered by the second respondent. Therefore, in this example, the first respondent will be selected as the donor with twice the probability of the second, despite having a smaller weight.

[Tables 5-1](#) and [5-2](#) present the imputation cells and sorting criteria used for imputation of variables from the adult interview and the child interview, respectively; the cell variables and sorting variables are denoted with a C for a variable included in formation of the imputation cells and an S for a variable used for sorting. Imputation proceeded in the order in which the variables are presented in the tables.

Table 5-1. Classification and Sorting Order for Imputation Variables: Adult Interview

| Imputation Variables                                    | Number Missing | Percent Missing | Classification and Sorting Order |             |       |      |                      |                |             |               |                       |                    |                  |       |                |
|---------------------------------------------------------|----------------|-----------------|----------------------------------|-------------|-------|------|----------------------|----------------|-------------|---------------|-----------------------|--------------------|------------------|-------|----------------|
|                                                         |                |                 | Mode                             | County Type | Adult |      |                      |                |             |               | Number of             |                    |                  | Frame | Poverty Status |
|                                                         |                |                 |                                  |             | Sex   | Race | Education Attainment | Age            | Ins. Status | Health Status | Children in Household | Children in Family | Adults in Family |       |                |
| County                                                  | 26             | 0.1             | C                                | --          | --    | --   | --                   | --             | --          | --            | --                    | --                 | --               | C     | --             |
| Sex                                                     | 218            | 0.6             | C                                | C           | --    | --   | --                   | --             | --          | --            | --                    | --                 | --               | C     | --             |
| Ethnicity – Hispanic, Latino, Spanish                   | 474            | 1.3             | C                                | S           | S     | --   | --                   | --             | --          | --            | --                    | --                 | --               | C     | --             |
| Race                                                    | 377            | 1.0             | C                                | C           | C     | --   | --                   | --             | --          | --            | --                    | --                 | --               | C     | --             |
| Highest level of education                              | 474            | 1.3             | C                                | S           | S     | S    | --                   | --             | --          | --            | --                    | --                 | --               | C     | --             |
| Current marital status                                  | 270            | 0.7             | C                                | S           | C     | C    | S                    | S              | --          | --            | --                    | S                  | S                | C     | --             |
| Age                                                     | 307            | 0.8             | C                                | C           | C     | C    | --                   | C <sup>a</sup> | --          | --            | --                    | --                 | --               | C     | --             |
| Number of adults in household                           | 247            | 0.7             | C                                | S           | --    | S    | S                    | S              | --          | --            | C <sup>b</sup>        | v                  | C <sup>b</sup>   | C     | --             |
| Number of adult family members in household             | 308            | 0.8             | C                                | S           | --    | C    | S                    | S              | --          | --            | --                    | C <sup>b</sup>     | --               | C     | --             |
| Number of children family members in household          | 64             | 0.2             | C                                | S           | --    | C    | S                    | S              | --          | --            | C                     | --                 | --               | C     | --             |
| Number of children in household                         | 324            | 0.9             | C                                | S           | --    | C    | C                    | S              | --          | --            | --                    | --                 | --               | C     | --             |
| Number of persons in family supported by income         | 1348           | 3.6             | C                                | S           | --    | S    | S                    | S              | --          | --            | --                    | C <sup>b</sup>     | S                | C     | --             |
| Insurance status                                        | 328            | 0.9             | C                                | C           | S     | C    | S                    | S              | --          | --            | --                    | --                 | --               | C     | --             |
| Length of time covered by Medicaid, Medicaid Frame only | 21             | 0.2             | C                                | S           | --    | C    | S                    | S              | --          | --            | --                    | --                 | --               | C     | --             |



Table 5-1. Classification and Sorting Order for Imputation Variables: Adult Interview

| Imputation Variables                                                           | Number Missing | Percent Missing | Classification and Sorting Order |             |       |      |                      |     |             |               |                       |                    |                  |       |                |
|--------------------------------------------------------------------------------|----------------|-----------------|----------------------------------|-------------|-------|------|----------------------|-----|-------------|---------------|-----------------------|--------------------|------------------|-------|----------------|
|                                                                                |                |                 | Mode                             | County Type | Adult |      |                      |     |             |               | Number of             |                    |                  | Frame | Poverty Status |
|                                                                                |                |                 |                                  |             | Sex   | Race | Education Attainment | Age | Ins. Status | Health Status | Children in Household | Children in Family | Adults in Family |       |                |
| Length of time covered by employer health insurance/plan                       | 243            | 2.1             | C                                | S           | --    | C    | S                    | S   | --          | --            | --                    | --                 | --               | C     | --             |
| Length of time covered by Ohio Medicaid insurance/plan                         | 178            | 2.7             | C                                | S           | --    | C    | S                    | S   | --          | --            | --                    | --                 | --               | C     | --             |
| Adult health status                                                            | 185            | 0.5             | C                                | S           | --    | C    | S                    | S   | --          | --            | --                    | --                 | --               | C     | C              |
| Rate mental health status                                                      | 223            | 0.6             | C                                | S           | --    | C    | S                    | S   | --          | C             | --                    | --                 | --               | C     | C              |
| Past 30 days, mental health prevented work/activities                          | 889            | 2.3             | C                                | S           | --    | C    | S                    | S   | --          | --            | --                    | --                 | --               | C     | C              |
| Developmental disability                                                       | 312            | 0.8             | C                                | S           | --    | C    | S                    | S   | C           | C             | --                    | --                 | --               | C     | C              |
| Have serious difficulty hearing                                                | 180            | 0.5             | C                                | S           | C     | S    | --                   | S   | S           | C             | --                    | --                 | --               | C     | --             |
| Difficulty seeing, even when wearing glasses                                   | 177            | 0.5             | C                                | S           | C     | S    | --                   | S   | S           | C             | --                    | --                 | --               | C     | --             |
| Difficulty walking or climbing stairs                                          | 199            | 0.5             | C                                | S           | C     | S    | --                   | S   | S           | C             | --                    | --                 | --               | C     | --             |
| Difficulty dressing or bathing                                                 | 177            | 0.5             | C                                | S           | C     | S    | --                   | S   | S           | C             | --                    | --                 | --               | C     | --             |
| Difficulty concentrating, remembering or making decisions                      | 240            | 0.6             | C                                | S           | C     | S    | --                   | S   | S           | C             | --                    | --                 | --               | C     | --             |
| Difficulty doing errands alone, such as visiting a doctor's office or shopping | 226            | 0.6             | C                                | S           | C     | S    | --                   | S   | S           | C             | --                    | --                 | --               | C     | --             |
| Last week job status                                                           | 594            | 1.6             | C                                | S           | C     | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |

**Table 5-1. Classification and Sorting Order for Imputation Variables: Adult Interview**

| Imputation Variables                                           | Number Missing | Percent Missing | Classification and Sorting Order |             |       |      |                      |     |             |               |                       |                    |                  |       |                |
|----------------------------------------------------------------|----------------|-----------------|----------------------------------|-------------|-------|------|----------------------|-----|-------------|---------------|-----------------------|--------------------|------------------|-------|----------------|
|                                                                |                |                 | Mode                             | County Type | Adult |      |                      |     |             |               | Number of             |                    |                  | Frame | Poverty Status |
|                                                                |                |                 |                                  |             | Sex   | Race | Education Attainment | Age | Ins. Status | Health Status | Children in Household | Children in Family | Adults in Family |       |                |
| How long have you had your current job                         | 467            | 2.6             | C                                | S           | C     | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Last 30 days, looked for work                                  | 678            | 3.4             | C                                | S           | C     | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| See a doctor or other HCP                                      | 119            | 0.3             | C                                | S           | C     | C    | S                    | S   | S           | --            | --                    | --                 | --               | C     | S              |
| Number of telehealth visits with a doctor, nurse, or other HCP | 205            | 0.6             | C                                | S           | C     | C    | S                    | S   | S           | --            | --                    | --                 | --               | C     | S              |
| Needed dental care                                             | 152            | 0.4             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Able to get needed dental care                                 | 141            | 0.7             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Needed vision care                                             | 135            | 0.4             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Able to get needed vision care                                 | 148            | 0.7             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Needed mental health care/counseling                           | 164            | 0.4             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Able to get needed mental health care/counseling               | 75             | 0.8             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Needed treatment for alcohol/drug use ever                     | 270            | 0.7             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Needed treatment for alcohol/drug use                          | 29             | 1.1             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Able to get needed treatment for alcohol/drug use              | 16             | 1.3             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Unable to fill prescription                                    | 173            | 0.5             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |

**Table 5-1. Classification and Sorting Order for Imputation Variables: Adult Interview**

| Imputation Variables                                   | Number Missing | Percent Missing | Classification and Sorting Order |             |       |      |                      |     |             |               |                       |                    |                  |       |                |
|--------------------------------------------------------|----------------|-----------------|----------------------------------|-------------|-------|------|----------------------|-----|-------------|---------------|-----------------------|--------------------|------------------|-------|----------------|
|                                                        |                |                 | Mode                             | County Type | Adult |      |                      |     |             |               | Number of             |                    |                  | Frame | Poverty Status |
|                                                        |                |                 |                                  |             | Sex   | Race | Education Attainment | Age | Ins. Status | Health Status | Children in Household | Children in Family | Adults in Family |       |                |
| Needed any other health care                           | 154            | 0.4             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| Able to get the needed other health care               | 103            | 1.0             | C                                | S           | --    | C    | S                    | S   | C           | --            | --                    | --                 | --               | C     | C              |
| PCP or practice                                        | 134            | 0.4             | C                                | S           | C     | C    | S                    | S   | S           | --            | --                    | --                 | --               | C     | S              |
| Sees same PCP/provider                                 | 564            | 1.8             | C                                | S           | C     | C    | S                    | S   | S           | --            | --                    | --                 | --               | C     | S              |
| Saw doctor/HCP when sick                               | 258            | 0.8             | C                                | S           | C     | C    | S                    | S   | S           | --            | --                    | --                 | --               | C     | S              |
| Saw doctor/HCP for a physical check-up                 | 208            | 0.7             | C                                | S           | C     | C    | S                    | S   | S           | --            | --                    | --                 | --               | C     | S              |
| When last covered by any type of health insurance plan | 4              | 0.2             | C                                | S           | --    | S    | S                    | S   | C           | --            | --                    | --                 | --               | C     | --             |
| Difficulty communicating                               | 201            | 0.5             | C                                | S           | --    | S    | S                    | S   | C           | C             | --                    | --                 | --               | C     | --             |

C = Variable used in formation of imputation cells; S = Variable used for sorting within imputation cells. HCP = Health care provider; Ins. = Insurance; PCP = Primary care provider

<sup>a</sup> Categorical age, reported.

<sup>b</sup> Collapsed.

Table 5-2. Classification and Sorting Order for Imputation Variables: Child Interview

| Imputation Variables                                                                            | Number Missing | % Missing | Classification and Sorting Order |             |       |      |             |                |             |       |     |             |                 |               |      |       |           |                |
|-------------------------------------------------------------------------------------------------|----------------|-----------|----------------------------------|-------------|-------|------|-------------|----------------|-------------|-------|-----|-------------|-----------------|---------------|------|-------|-----------|----------------|
|                                                                                                 |                |           | Mode                             | County Type | Adult |      |             |                |             | Child |     |             |                 |               |      |       |           | Poverty Status |
|                                                                                                 |                |           |                                  |             | Sex   | Race | Ed. Attain. | Age            | Ins. Status | Race  | Age | Ins. Status | Medicaid Status | Health Status | Deaf | Blind | Dev. Dis. |                |
| Ethnicity – Hispanic, Latino, Spanish                                                           | 19             | 0.3%      | S                                | C           | --    | C    | --          | --             | --          | --    | --  | --          | --              | --            | --   | --    | --        | --             |
| Race                                                                                            | 18             | 0.3%      | S                                | C           | --    | C    | --          | --             | --          | --    | --  | --          | --              | --            | --   | --    | --        | --             |
| Age                                                                                             | 0              | 0.0%      | S                                | C           | --    | --   | S           | S <sup>a</sup> | --          | --    | --  | --          | --              | --            | --   | --    | --        | --             |
| Insurance Status                                                                                | 417            | 7.3%      | S                                | S           | --    | --   | C           | S              | C           | C     | --  | --          | --              | --            | --   | --    | --        | --             |
| Child ever experienced treated or judged unfairly because of race or ethnic group               | 79             | 1.4%      | S                                | S           | --    | --   | S           | S              | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |
| Child ever experienced lived with anyone who had a problem with alcohol or drugs                | 40             | 0.7%      | S                                | S           | --    | --   | S           | S              | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |
| Child ever experienced living with anyone who was mentally ill, suicidal, or severely depressed | 69             | 1.2%      | S                                | S           | --    | --   | S           | S              | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |

**Table 5-2. Classification and Sorting Order for Imputation Variables: Child Interview**

| Imputation Variables                                                                                 | Number Missing | % Missing | Classification and Sorting Order |             |       |      |             |     |             |       |     |             |                 |               |      |       |           |                |
|------------------------------------------------------------------------------------------------------|----------------|-----------|----------------------------------|-------------|-------|------|-------------|-----|-------------|-------|-----|-------------|-----------------|---------------|------|-------|-----------|----------------|
|                                                                                                      |                |           | Mode                             | County Type | Adult |      |             |     |             | Child |     |             |                 |               |      |       |           | Poverty Status |
|                                                                                                      |                |           |                                  |             | Sex   | Race | Ed. Attain. | Age | Ins. Status | Race  | Age | Ins. Status | Medicaid Status | Health Status | Deaf | Blind | Dev. Dis. |                |
| Child ever experienced being a victim of violence or witnessed violence in the neighborhood          | 78             | 1.4%      | S                                | S           | --    | --   | S           | S   | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |
| Child ever experienced saw or heard parents or adults slap, hit, kick, punch one another in the home | 79             | 1.4%      | S                                | S           | --    | --   | S           | S   | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |
| Child ever experienced parent or guardian served time in jail after child was born                   | 94             | 1.6%      | S                                | S           | --    | --   | S           | S   | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |
| Child ever experienced parent or guardian died                                                       | 72             | 1.3%      | S                                | S           | --    | --   | S           | S   | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |
| Child ever experienced parent or guardian divorced or separated                                      | 72             | 1.3%      | S                                | S           | --    | --   | S           | S   | --          | C     | --  | C           | C               | --            | --   | --    | --        | --             |
| Rate child health status                                                                             | 3              | 0.1%      | S                                | S           | --    | --   | --          | --  | --          | C     | S   | C           | C               | --            | --   | --    | --        | C              |

**Table 5-2. Classification and Sorting Order for Imputation Variables: Child Interview**

| Imputation Variables                                                            | Number Missing | % Missing | Classification and Sorting Order |             |       |      |             |     |             |       |     |             |                 |               |      |       |           |                |
|---------------------------------------------------------------------------------|----------------|-----------|----------------------------------|-------------|-------|------|-------------|-----|-------------|-------|-----|-------------|-----------------|---------------|------|-------|-----------|----------------|
|                                                                                 |                |           | Mode                             | County Type | Adult |      |             |     |             | Child |     |             |                 |               |      |       |           | Poverty Status |
|                                                                                 |                |           |                                  |             | Sex   | Race | Ed. Attain. | Age | Ins. Status | Race  | Age | Ins. Status | Medicaid Status | Health Status | Deaf | Blind | Dev. Dis. |                |
| Rate child's dental health                                                      | 5              | 0.1%      | S                                | S           | --    | --   | --          | --  | --          | C     | S   | C           | C               | S             | --   | --    | --        | C              |
| Deaf or hard of hearing                                                         | 1              | 0.0%      | S                                | S           | --    | --   | --          | --  | --          | C     | --  | C           | C               | --            | --   | --    | --        | C              |
| Blind or has serious difficulty seeing, even with glasses                       | 1              | 0.0%      | S                                | S           | --    | --   | --          | --  | --          | C     | --  | C           | C               | --            | --   | --    | --        | C              |
| Difficulty speaking, communicating, or being understood                         | 2              | 0.0%      | S                                | S           | --    | --   | --          | --  | --          | C     | --  | C           | C               | S             | S    | S     | --        | C              |
| Developmental disability                                                        | 2              | 0.0%      | S                                | S           | --    | --   | --          | --  | --          | C     | --  | C           | C               | S             | S    | S     | --        | C              |
| Needs/uses prescription medication for condition lasting over 12 months         | 6              | 0.1%      | S                                | S           | --    | --   | --          | --  | --          | S     | --  | C           | C               | S             | --   | --    | S         | C              |
| Needs special therapy for condition lasting over 12 months                      | 6              | 0.1%      | S                                | S           | --    | --   | --          | --  | --          | S     | --  | C           | C               | S             | --   | --    | S         | C              |
| Needs treatment/ counseling for emotional, developmental, or behavioral problem | 9              | 0.2%      | S                                | S           | --    | --   | --          | --  | --          | S     | --  | C           | C               | S             | --   | --    | S         | C              |

**Table 5-2. Classification and Sorting Order for Imputation Variables: Child Interview**

| Imputation Variables                                    | Number Missing | % Missing | Classification and Sorting Order |             |       |      |             |     |             |       |                |             |                 |               |      |       |           |                |
|---------------------------------------------------------|----------------|-----------|----------------------------------|-------------|-------|------|-------------|-----|-------------|-------|----------------|-------------|-----------------|---------------|------|-------|-----------|----------------|
|                                                         |                |           | Mode                             | County Type | Adult |      |             |     |             | Child |                |             |                 |               |      |       |           | Poverty Status |
|                                                         |                |           |                                  |             | Sex   | Race | Ed. Attain. | Age | Ins. Status | Race  | Age            | Ins. Status | Medicaid Status | Health Status | Deaf | Blind | Dev. Dis. |                |
| Number of days child missed school/usual activities     | 26             | 0.7%      | S                                | S           | --    | --   | --          | --  | --          | S     | C <sup>a</sup> | C           | C               | S             | --   | --    | S         | C              |
| Saw doctor or other health care provider                | 7              | 0.1%      | S                                | S           | --    | --   | --          | --  | --          | S     | --             | C           | C               | S             | --   | --    | S         | C              |
| Saw doctor/health care provider when sick               | 6              | 0.1%      | S                                | S           | --    | --   | --          | --  | --          | S     | C <sup>a</sup> | C           | C               | S             | --   | --    | S         | C              |
| Saw doctor/health care provider for a physical check-up | 10             | 0.2%      | S                                | S           | --    | --   | --          | --  | --          | S     | C <sup>a</sup> | C           | C               | S             | --   | --    | S         | C              |
| Someone who is able to provide care                     | 9              | 0.3%      | S                                | S           | --    | --   | --          | --  | --          | S     | C <sup>a</sup> | C           | C               | --            | --   | --    | S         | C              |
| How many days missed school                             | 18             | 0.5%      | S                                | S           | --    | --   | --          | --  | --          | S     | C <sup>a</sup> | C           | C               | --            | --   | --    | S         | C              |
| Relationship to child                                   | 3              | 0.1%      | S                                | S           | --    | --   | --          | --  | --          | S     | --             | C           | C               | --            | --   | --    | --        | C              |

C = Variable used in formation of imputation cells; S = Variable used for sorting within imputation cells; Dev. Dis. = Developmental Disability; Ed. Attain. = Education Attainment; Ins. = Insurance

<sup>a</sup> Adult age was collapsed into six levels (19–24, 25–34, 35–44, 45–54, 55–64, 65 and 65+).

### 5.3.3. Imputation of Insurance Type

Insurance type (I\_TYPE\_A and I\_TYPE\_C) was imputed based on the imputed values of the underlying ways a person could obtain insurance. The underlying means by which insurance can be obtained are as follows:

1. Medicaid
2. Medicare (adult only)
3. Employer-sponsored insurance
4. Other

To impute insurance type, each of the underlying insurance types needs to be imputed. Because a person's response to one insurance type is correlated with the remaining types, a block imputation approach was used. Block imputation is a type of hot-deck imputation that imputes a set of variables simultaneously to ensure that they are internally consistent. For insurance type, the block imputation was performed separately for adults and children and proceeded as follows:

1. *Partition sample based on imputed insurance status.* Cases were split by those that were identified as having insurance (i.e., INSRD\_A\_IMP=1) and those that did not have insurance (i.e., INSRD\_A\_IMP=2). For those identified as not having insurance, any missing insurance types are imputed to "no."
2. *Impute cases with only one missing insurance type.* Cases with a single missing value (e.g., only missing whether the person had Medicaid) were imputed first. Cases were imputed in order shown above based on the type of insurance missing (e.g., Medicaid imputed first, Medicare second).
3. *Identify imputation donor.* Donors were identified as those with the same response pattern for the remaining types of insurance that were not missing. A random donor was selected to impute the missing insurance type.
4. *Impute cases with two missing insurance types.* Cases missing two insurance types were imputed after all cases with one missing value were imputed. Cases imputed with only one missing value were included as potential donors because they were now completed cases.
5. *Identify imputation donors.* Imputation donors were identified based on those with the same response pattern for the remaining non-missing insurance types. A single donor was used to replace all missing values from the recipient. This was done to maintain the internal consistency of the case.
6. *Impute cases with three or more missing.* The imputation processes continued by imputing those with three missing values, followed by those missing four values. This iterative process continues until the last step, which includes individuals missing all the insurance type variables (i.e., child interviews missing three values or adult interviews missing four values). In each instance, missing values in a recipient's record were replaced with values from a single donor.



7. *Create imputed insurance type.* Based on the imputed insurance type values, the imputed insurance type variable (I\_TYPE\_A\_IMP and I\_TYPE\_C\_IMP) was created.

For the adult insurance questions, missingness was between 1.1% and 1.5% and for the children insurance questions, missingness was between 0.1% and 0.2%.

#### 5.3.4. Imputation for Disability

The 2025 OMAS includes questions on the six disabilities asked in the ACS:

- Person is deaf
- Person is blind
- Person has difficulty walking or climbing stairs
- Person has difficulty dressing
- Person has serious difficulty concentrating, remembering, or making decisions due to a physical, mental, or emotional condition
- Person has difficulty doing errands alone, such as seeing a doctor, because of a physical, mental, or emotional condition

As with insurance type, the value of a particular disability is correlated with the value of the other five disabilities. Because of this similarity, the same method described for imputing insurance type was used to impute disability.

A similar process was also used for the variables related to whether a child is deaf or hard of hearing (CDC\_1\_CH) and whether a child is blind or has serious difficulty seeing (CDC\_2\_CH).

#### 5.3.5. Imputation for Last Month's and Last Year's Household Income

Income is an extremely important variable that is also subject to relatively high rates of missingness. The income questions were also complex because there was a last month's and a last year's version (asked separately) and because each version could be reported as a specific dollar value or as a categorical value (when the specific value is not reported). This all resulted in an intricate, multistep imputation process. The income imputation strategy employed is detailed in the following steps:

1. Classified missing income cases (based on the instrument, a case falls into only one category listed)
  - a. Reported continuous last year's income, missing last month's income entirely
  - b. Reported continuous last year's income, reported categorical last month's income
  - c. Reported continuous last year's income, reported continuous last month's income
  - d. Reported categorical last year's income, missing last month's income entirely
  - e. Reported categorical last year's income, reported categorical last month's income
  - f. Reported categorical last year's income, reported continuous last month's income

- g. Missing last year's income entirely, missing last month's income entirely
  - h. Missing last year's income entirely, reported categorical last month's income
  - i. Missing last year's income entirely, reported continuous last month's income
2. Used percentile-constrained lognormal interpolation (Couzens et al., 2016) for cases reporting last year's income categories ( $d-f$ ), where possible (i.e., when there were enough cases with same number of people in the household to estimate lognormal parameters)
  3. Used WSHD for  $d-f$  cases where there were not enough cases with the same number of people in the household to estimate lognormal parameters, but where there was at least one additional case with the same cross-classification of number in household and income category number (1–9); formed imputation cells by number in household, income category number, and adult Medicaid status
  4. Used linear interpolation (uniformly select a value between category boundaries) for  $d-f$  cases not accounted for by Steps 2 or 3
  5. Used cases in group  $c$  to determine which factors were most important in predicting the ratio of last year's to last month's income (random forest variable importance, for example)
  6. For cases in  $i$ , used the median ratio between last year's and last month's income to impute last year's income within the cross-classification of variables identified in Step 5 (again, using cases from group  $c$  to determine the median value)
  7. Used WSHD for cases in group  $h$ , with imputation cells defined by the cross-classification of number of people in the household, last month's income category number (1–9), adult Medicaid status, and frame status (ABS or Medicaid)
  8. Used WSHD for cases in group  $g$  (imputing last year's and last month's income simultaneously from the same donor), with imputation cells defined by the cross-classification of adult Medicaid status, adult race, adult sex, and frame status (ABS or Medicaid)
  9. For cases in  $b$ ,  $e$ , and  $h$  with a reported categorical last month's income value, used a three-step interpolation/imputation approach equivalent to what was applied to last year's income in Steps 2–4, which ensured that the imputed continuous income value was bound by the range of the reported income category
  10. For cases in  $a$  and  $d$  with no reported last month's income information, used WSHD with imputation cells defined by the cross-classification of number of people in the household, categorized last year's income, adult Medicaid status, and frame status (ABS or Medicaid)

#### 5.4. Weighting Strategy

The purpose of the OMAS 2025 analytic weights is to allow for the production of

- representative estimates of residents of Ohio at the state, county type, and county levels; and

- representative estimates of the Medicaid population in aggregate and by enrollment type (G-VIII, ABD, CFC).

To achieve this purpose, the weighting strategy consisted of the following broad steps:

- Develop weights for the ABS frame respondents.
- Develop weights for the Medicaid frame respondents.
- Develop blended weights combining the ABS frame and Medicaid frame respondents.

These steps are detailed in the next three sections.

### 5.5. Weighting the ABS Sample

The ABS weighting plan consisted of five steps:

1. Base weight
2. Eligibility adjustment
3. Nonresponse adjustment
4. Person-level design weight
5. Poststratification

In this section, each step in the weighting process is described.

#### 5.5.1. Design-Based Weight

The OMAS ABS sample used a stratified simple random sample to select housing units within each stratum ( $h$ ). As such, the base (design) weight ( $WT_{HH}$ ) is computed as follows:

$$WT_{HH} = \frac{N_h}{n_h},$$

where  $N_h$  is the number of housing units within stratum  $h$ , and  $n_h$  is the number of housing units sampled within stratum  $h$ .

#### 5.5.2. Eligibility Adjustment

The OMAS ABS sample included five mailings to each sampled household. After each mailing, a subset of the cases were identified as “undeliverable address.” Cases with one or more undeliverable address mailings were coded as “out of scope” for the study. This resulted in 6,561 cases (5.7%). As such, these sampling units were ineligible for the study. However, any other housing unit where no residency was confirmed was considered eligible. Therefore, an eligibility-adjusted weight ( $WT_{HH\_E}$ ) was defined as follows:

$$WT_{HH\_E} = \begin{cases} 0 & \text{if undeliverable} \\ WT_{HH} & \text{otherwise} \end{cases}$$

### 5.5.3. Nonresponse Adjustment

To correct for nonresponse, the eligibility-adjusted weight for responding households was adjusted to account for the weight of eligible nonresponding households. The nonresponse adjustment was conducted within each stratum ( $h$ ). As such, the nonresponse-adjusted weight ( $WT\_HH\_NR$ ) will be calculated for record  $i$  as follows

$$WT\_HH\_NR_i = WT\_HH\_E_i \times \frac{\sum_{ih} WT\_HH\_E_i}{\sum_{ih} (WT\_HH\_E_i \times I_{ih})} \times I_{ih}$$

where  $I_{ih}$  is an indicator of response for stratum  $h$  for record  $i$  (i.e.,  $I_{ih} = 1$  indicates a responding household, and  $I_{ih} = 0$  indicates a nonresponding household).

### 5.5.4. Person-Level Design Weight

Under the ABS sample protocol, one adult and one child (when present) were randomly selected to participate in the OMAS. Responding adults indicate the number of adults in the household ( $n_{ia}$ ) and, when present, the number of children ( $n_{ic}$ ). Because the nonresponse-adjusted weight is a household-level weight, the purpose of the person-level design weight is to adjust the weight so that it represents the number of persons within each stratum rather than households. As such, the person-level design weight consisted of two weights: (1) an adult weight ( $WT\_A1$ ) and (2) a child weight ( $WT\_C1$ ). These two weights are defined as follows:

$$WT\_A1 = WT\_HH\_NR_h \times n_{ia}$$

and

$$WT\_C1 = WT\_HH\_NR_h \times n_{ic}.$$

### 5.5.5. Poststratification

The final weight adjustment is to correct the person-level design weight for any coverage deficiencies through a poststratification adjustment. In this step, calibration models were created to rake the person-level design weights to the desired population totals. These models post-stratify respondents based on population totals from the 2024 5-year ACS. To make this adjustment, a generalized exponential model (Folsom & Singh, 2002), which is a raking procedure that simultaneously controls the marginal totals, was used. Separate models were fit for the adult respondents and the child interviews. The 2025 OMAS controlled for the following characteristics for the adult respondents (see [Appendix J](#) for detailed description of levels and population totals):

- Total Population
- Imputed Sex (2 levels)
- Age (6 levels)
- Race (3 levels)
- Education (4 levels)
- County Type (4 levels)
- Medicaid (3 levels)
- Imputed Sex (2 levels) × County Type (4 levels)
- Age (3 levels) × County Type (4 levels)
- Imputed Sex (2 levels) × Age (3 levels) × Medicaid (3 levels)
- Imputed Sex (2 levels) × County Type (4 levels) × Medicaid (2 levels)

- Imputed Sex (2 levels) × Age (3 levels)
- Race (3 levels) × Age (2 levels) × Medicaid (3 levels)
- Imputed Sex (2 levels) × Age (3 levels) × Race (2 Levels)

The child weights were post-stratified to the following characteristics:

- Total Population
- Age (4 levels)
- Imputed Sex (2 levels)
- Race (2 levels)
- County Type (4 levels)
- Medicaid (2 levels)
- Imputed Sex (2 levels) × Age (4 levels)
- Race (2 levels) × Age (4 levels)
- County Type (4 levels) × Medicaid (2 levels)
- Imputed Sex (2 levels) × Medicaid (2 levels)
- Race (2 levels) × Medicaid (2 levels)
- Imputed Sex (2 levels) × Race (2 levels) × Age (4 levels)

#### 5.5.6. ABS Weight Trimming

After the ABS adult poststratification, the resulting weights had larger variation than desired, with a maximum weight of 34,145.1. The ABS sample of adults had a UWE of 2.96 before trimming. This led to higher than desired standard errors. After trimming the UWE was cut to 1.87. The trimming set the following minimum and maximum values:

- Weight minimum: 1
- Weight maximum: 975.4

The resulting weights from the poststratification model are WT\_A\_ABS and WT\_C for adults and children, respectively.

### 5.6. Weighting the Medicaid Frame Sample

The weights used to represent the Medicaid frame population were constructed in three steps:

1. Design-based weight
2. Eligibility adjustment
3. Nonresponse adjustment
4. Poststratification adjustment

Note, for estimation, as detailed in [Section 5.8](#), the nonresponse-adjusted weight should be used when analyzing only the Medicaid administrative frame respondents. The poststratification adjusted weight is used to create the blended weight with the ABS frame (see [Section 5.7](#)).

### 5.6.1. Design Weight

The design weights equaled the inverse probability of selection. That is,

$$w_1 = \frac{N_h}{n_h},$$

where  $N_h$  is the population size of stratum (i.e., population group)  $h$ , and  $n_h$  is the released sample within stratum  $h$ .

### 5.6.2. Eligibility Adjustment

Although the sample came from a current list of Medicaid members, there are some cases in the administrative records that have not been properly updated. As such, there is a small chance of selecting a person who will be deemed ineligible for the survey. A person is ineligible for the survey if they

- live outside Ohio,
- are incarcerated in prison or jail,
- are not currently covered by Medicaid, or
- are younger than age 19 or older than age 64.

Furthermore, there is a portion of the sample for which the sampled person's eligibility status cannot be determined with certainty. This occurred when the person could not be contacted. A person was not contacted if they did not respond to the survey invitation in any way or if the contact information on the frame is bad.

In this step, the design weights for those whose final disposition was unknown were adjusted for the chance they may be ineligible. That is,

$$w_2 = \begin{cases} w_1 & \text{if known eligible} \\ w_1 \times \frac{n_{eh}}{n_{eh} + n_{ih}} & \text{if unknown eligible,} \\ 0 & \text{if known ineligible} \end{cases}$$

where  $n_{eh}$  is the number of known eligible persons in stratum  $h$  of the released sample, and  $n_{ih}$  is the number of known ineligible persons in stratum  $h$  of the released sample.

### 5.6.3. Nonresponse Adjustment

In this step, the eligibility-adjusted weights among respondents were adjusted to account for the weights of the eligible nonrespondents. The resulting weight from this step controlled for Medicaid program allowing for program-specific analyses.

The nonresponse adjustment consisted of an iterative raking model—the generalized exponential model (Folsom & Singh, 2002)—using frame characteristics, which are known for respondents and nonrespondents. The source for the frame characteristics was the administrative information known at the time of sampling from the July 2025 administrative file. For the 2025 OMAS, the following frame characteristics were available from Medicaid administrative data for the nonresponse adjustment models:

- Race/ethnicity (non-Hispanic White, non-Hispanic Black, all other)
- County type (rural Appalachian, metro, suburban, rural non-Appalachian)
- Gender (male, female)
- Age group (19–34, 35–49, 50–64)
- Medicaid program (CFC, ABD, Expansion, MyCare, other)
- Asthma diagnoses (yes, no)
- Any type of diabetes diagnoses (yes, no)
- Hypertension diagnoses (yes, no)
- Any infection diagnoses (yes, no)
- Any mental health or behavioral health diagnoses (yes, no)
- Dental diagnoses (yes, no)
- Ear-related diagnoses (yes, no)
- Muscular-skeletal diagnoses (yes, no)
- Blood disorder diagnoses (yes, no)
- Heart disease diagnoses (yes, no)
- COPD diagnoses (yes, no)

The weight after the nonresponse adjustment is denoted as WT\_MED. This weight will be used for analysis of the Medicaid list sample.

#### **5.6.4. Poststratification**

To ensure the Medicaid population totals from respondents in the ABS sample and the Medicaid sample match, a poststratification step using the average population of the Medicaid enrollment file from August to December 2025 (the data collection period) was conducted. The administrative information used for this step were known totals for both ABS respondents and Medicaid administrative frame respondents. As such, characteristics like Medicaid program were not controlled for. This allowed the two samples to have the same weighted population totals prior to blending the two sample weights.

For adults, the following population totals were used:

- Total Population
- Age (2 levels)
- Imputed Sex (2 levels)

- Race (3 levels)
- Dual Enrollment Status (2 levels)
- County Type (2 levels)
- Imputed Sex (2 levels) x Age (2 levels)
- Race (2 levels) x Age (2 levels)

The resulting weights from the poststratification model are  $WT\_A\_POST$ . This weight will be used to blend with the ABS sample weight.

## 5.7. Combining the ABS Sample and Medicaid Sample Weights

The final 2025 OMAS dataset consists of a combined set of ABS frame and Medicaid frame respondents.

### 5.7.1. Blending of Final ABS and Medicaid Weights

The final ABS sample and Medicaid sample weights were blended to ensure that the combined sample did not overrepresent the Medicaid population in Ohio. The ABS sample and Medicaid sample weights are each representative of the Ohio Medicaid population. Therefore, an adjustment is needed to ensure that the combined file does not double-represent people in the state.

The blending methodology used a dual-frame adjustment method (Hartley, 1962). Under Hartley's method, a blending parameter ( $\lambda$ ) is applied to cases that appear on the two frames. In this case, all persons in the Medicaid sample overlap with those who identify as having Medicaid in the ABS frame sample.

The inputs for the blended weights were the post-stratified weighted Medicaid cases and weighted ABS cases. The dual-frame adjusted weight was defined for adults as follows:

$$WT\_A\_BLEND = WT\_A\_ABS \times I(MED) \times \lambda_A + WT\_A\_POST \times (1 - \lambda_A),$$

where  $I(MED)$  is an indicator for whether the ABS respondent is identified as having Medicaid.

For children, because the Medicaid sample consists of only adults, the blended weight is the ABS weight:

$$WT\_C\_BLEND = WT\_C\_ABS.$$

To determine the most appropriate blending option, multiple blending parameters were considered. The ABS and Medicaid samples had the largest sample disparities by county type and age category. Therefore, a blending parameter that controlled for these two factors was used. [Table 5-3](#) presents the final blending parameters.



**Table 5-3. Blending Parameters**

| Blending Level                                 | ABS Sample  | Medicaid Sample |
|------------------------------------------------|-------------|-----------------|
| County Type = Rural Appalachian, Age 19–44     | 0.177427106 | 0.822572894     |
| County Type = Rural Appalachian, Age 45–64     | 0.195324695 | 0.804675305     |
| County Type = Rural Appalachian, Age 65+       | 0.894784935 | 0.105215065     |
| County Type = Metro, Age 19–44                 | 0.172127328 | 0.827872672     |
| County Type = Metro, Age 45–64                 | 0.183136686 | 0.816863314     |
| County Type = Metro, Age 65+                   | 0.808527313 | 0.191472687     |
| County Type = Rural Non-Appalachian, Age 19–44 | 0.19568428  | 0.80431572      |
| County Type = Rural Non-Appalachian, Age 45–64 | 0.172172102 | 0.827827898     |
| County Type = Rural Non-Appalachian, Age 65+   | 0.840226724 | 0.159773276     |
| County Type = Suburban, Age 19–44              | 0.3032      | 0.6968          |
| County Type = Suburban, Age 45–64              | 0.28564     | 0.71436         |
| County Type = Suburban, Age 65+                | 0.85882     | 0.14118         |

### 5.7.2. Poststratification

Because the two Medicaid samples were post-stratified to a slightly different set of population parameters (see [Sections 5.5.5](#) and [5.6.4](#)), a final poststratification model was fit. Because only respondents with Medicaid had their weights blended together, this model included only respondents who indicated having Medicaid from the ABS sample or respondents from the Medicaid frame. As such, the model included only Medicaid-related population totals. These population totals included these:

- Total population
- Imputed Sex (2 levels)
- Age (3 levels)
- Race (3 levels)
- County Type (4 levels)
- Dual Enrollment Status (2 levels)
- Sample Frame (2 levels)
- Imputed Sex (2 levels) × Dual Enrollment Status (2 levels)
- Imputed Sex (2 levels) × County Type (4 levels)
- Age (3 levels) × Dual Enrollment Status (2 levels)
- Race (3 levels) × Dual Enrollment Status (2 levels)

The final population parameters for characteristics included in the final models (i.e., the weight-trimmed, post-stratified ABS sample for adults who do not have Medicaid and all children and the post-stratified blended sample for adults with Medicaid) are detailed in [Appendix J](#).

## 5.8. Estimation

The 2025 OMAS used a complex survey design. As such, special procedures are required to calculate the standard error of estimates properly. This section details the approach for proper estimation. Examples of how to use existing software (e.g., Stata, SUDAAN, SAS, R) are presented in [Appendix I](#).

### 5.8.1. Estimation Approach

Estimates in the 2025 OMAS can be produced through Taylor series linearization (TSL). TSL is a computational procedure that uses the sampling design, including strata and clusters, to estimate standard errors. For stratified designs, such as that used for the OMAS, standard errors are estimated within each stratum. Estimates of standard errors of means are available through formula; more complex estimates are then functions of means so that derivatives are used to linearize the variance. More information about Taylor series variance estimation for sample survey data is available in Woodruff (1971), Fuller (1975), Wolter (1985), Lee et al. (1989), Särndal et al. (1992), Levy and Lemeshow (2008), and Lohr (2010).

Because the 2025 OMAS had multiple analytic objectives (overall population of Ohio and Medicaid population in Ohio), multiple analytic weights have been included in the file. The additional weights will allow for representative analysis of the following populations:

- Overall adult population of Ohio residents based on the combined ABS frame and Medicaid frame samples
- Overall adult population of Ohio residents based on the ABS frame sample only
- Overall Medicaid population of Ohio based on the combined ABS frame and Medicaid frame samples
- Medicaid population by Medicaid enrollment type based on the Medicaid frame sample only
- Overall child population (aged 18 or younger) of Ohio residents based on the ABS frame sample

### 5.8.2. Estimation Variables

To calculate the TSL standard errors, the analyst needs the stratum identifiers and analysis weights. The required variables for the 2025 OMAS are the following:

- **WT\_A:** Analysis weight for adults and Medicaid population based on combined ABS and Medicaid frame samples
- **WT\_A\_ABS:** Analysis weight for adults based on ABS frame sample<sup>8</sup>

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<sup>8</sup> WT\_A\_ABS should only be used for analyses where the Medicaid administrative respondents need to be excluded. Otherwise, WT\_A should be used for all analyses.

- **WT\_MED:** Analysis weight for Medicaid population by Medicaid enrollment type based on Medicaid frame sample
- **WT\_C:** Analysis weight for children
- **STRATUM:** Stratification indicator<sup>9</sup>

### 5.9. Public-Use and Restricted-Use Files

The 2025 OMAS is available to the public in two forms: (1) a public-use file (PUF) and (2) a restricted-use file (RUF). The PUF is available for download without any restriction. The RUF is available to the public after they apply to and get permission from the GRC and ODM.

In addition to the PUF and RUF, additional documentation related to the OMAS is available, including related reports. All data files and documentation can be obtained on the OMAS website at [Ohio Medicaid Assessment Survey \(OMAS\) | Ohio Colleges of Medicine Government Resource Center](#). 

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<sup>9</sup> To restrict to the ABS sample, strata should be restricted to strata 1–223. To restrict to the Medicaid frame sample, stratum should be restricted to 224–2230. The strata are listed in **Table H-4** in **Appendix H**.

## References

- Couzens, G. L., Berzofsky, M. E., & Peterson, K. C. (2016). Income interpolation from categories using a percentile-constrained inverse-CDF approach. In *Proceedings of the 70th Annual American Association of Public Opinion Research Conference*.
- Czajka, J. L., & Beyler, A. (2016, June). *Background paper: Declining response rates in federal surveys: Trends and implications*. Mathematica Policy Research.  
<https://aspe.hhs.gov/sites/default/files/private/pdf/255531/Decliningresponserates.pdf>
- Folsom, R. E., Jr., & Singh, A. C. (2002). The generalized exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification. In *Proceedings of the American Statistical Association, Survey Research Methods Section* (pp. 598–603). American Statistical Association.
- Fuller, W. A. (1975). Regression analysis for sample surveys. *Sankhyā Series C*, 37, 117–132.
- Hartley, H. O. (1962). Multiple frame surveys. In *American Statistical Association Proceedings of the Social Statistics Section, 1961* (pp. 203–206). American Statistical Association.
- Iannacchione, V. G. (1982). *Weighted sequential hot deck imputation macros* [Paper]. Presented at the Seventh Annual SAS User's Group International Conference, San Francisco, CA.
- Lee, E. S., Forthofer, R. N., & Lorimor, R. J. (1989). *Analyzing complex survey data*. Sage.
- Levy, P. S., & Lemeshow, S. (2008). *Sampling of populations: Methods and applications* (4th ed.). Wiley.
- Lohr, S. L. (2010). *Sampling: Design and analysis* (2nd ed.). Brooks/Cole.
- Särndal, C. E., Swensson, B., & Wretman, J. (1992). *Model assisted survey sampling*. Springer-Verlag.
- Wolter, K. M. (1985). *Introduction to variance estimation*. Springer-Verlag.
- Woodruff, R. S. (1971). A simple method for approximating the variance of a complicated estimate. *Journal of the American Statistical Association*, 66, 411–414.

## **Appendix A: Final CAWI-PAPI-CATI Programming Specifications**

**Spec Version: August 26, 2025**  
**Question Version from GRC: April 23, 2025**

# 2025 Ohio Medicaid Assessment Survey (OMAS)

Adult and Child CATI/CAWI English  
CATI Spanish  
Instrument Specifications

Final for Fielding  
Accessibility Testing Completed

Prepared for

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OMAS Adult and Child CATI/CAWI Instrument Specifications  
HH=01 indicates ABS sample  
HH=02 indicates Medicaid-list sample

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HH=01 indicates ABS sample

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OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



## INTRODUCTION AND SCREENER

### Screening and Proxy Questions

|                 |                                                                                                                                                                                                                                                                                                      |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>LEAD_IN1</b> |                                                                                                                                                                                                                                                                                                      |
| ASK             | If HH = 01                                                                                                                                                                                                                                                                                           |
| CATI            | <p>Hello, I'm calling on behalf of The Ohio State University regarding an important study about health care issues affecting Ohioans. My name is {INTERVIEWER NAME} and I am part of the research team.</p> <p>01 CONTINUE<br/>04 BUSINESS NUMBER<br/>05 WOULD LIKE TO BE CALLED ON A NEW NUMBER</p> |
| CATI<br>Spanish | <p>Hola, llamo en nombre de la Universidad Estatal de Ohio en relación con un estudio importante sobre asuntos de atención médica que afectan a los habitantes de Ohio. Mi nombre es {INTERVIEWER NAME}, y formo parte del equipo de investigación científica.</p>                                   |
| CAWI            | [Not in CAWI]                                                                                                                                                                                                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                         |
| FILLS           |                                                                                                                                                                                                                                                                                                      |
| NOTES           |                                                                                                                                                                                                                                                                                                      |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                      |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                          |
| NEXT            | <p>If LEAD_IN1 = 04: BUSINESS_NUM,<br/>Else if LEAD_IN1 = 05: TEL06,<br/>Else: CF1A</p>                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| BUSINESS_NUM    |                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If LEAD_IN1 = 04                                                                                                                                       |
| CATI            | <p>We are conducting a study of households in Ohio. For survey purposes can you confirm if anyone lives at these premises?</p> <p>01 YES<br/>02 NO</p> |
| CATI<br>Spanish | Estamos realizando un estudio de hogares en Ohio. A efectos de la encuesta, ¿podría confirmar si alguien vive en este lugar?                           |
| CAWI            | [Not in CAWI]                                                                                                                                          |
| QUESTION TYPE   | Radio button                                                                                                                                           |
| FILLS           |                                                                                                                                                        |
| NOTES           |                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                        |
| PAPER QNUM      | Not on PAPI                                                                                                                                            |
| NEXT            | If BUSINESS_NUM = 02: INT05,<br>Else: CF1A                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| INT05         |                                                                                                                      |
|---------------|----------------------------------------------------------------------------------------------------------------------|
| ASK           | If BUSINESS_NUM=02                                                                                                   |
| CATI          | I'm sorry, but we are interviewing only private residences. Thank you, have a nice (day/evening).<br><br>IB BUSINESS |
| CATI Spanish  | Lo siento, pero solo estamos llamando a residencias privadas. Gracias, que tenga un buen día/una buena tarde.        |
| CAWI          | [Not in CAWI]                                                                                                        |
| QUESTION TYPE | Radio button                                                                                                         |
| FILLS         |                                                                                                                      |
| NOTES         |                                                                                                                      |
| HARD CHECK    |                                                                                                                      |
| SOFT CHECK    |                                                                                                                      |
| CATI NOTES    |                                                                                                                      |
| CAWI NOTES    |                                                                                                                      |
| PAPER QNUM    | Not on PAPI                                                                                                          |
| NEXT          | INELIGIBLE                                                                                                           |

| TEL06         |                                                                                                                         |
|---------------|-------------------------------------------------------------------------------------------------------------------------|
| ASK           | If LEAD_IN1 = 05                                                                                                        |
| CATI          | What is the number you would like to be contacted at?<br><br>(ENTER NUMBER WITH NO DASHES, SPACES OR OTHER PUNCTUATION) |
| CATI Spanish  | ¿Cuál es el número de teléfono al que le gustaría que le contactaran?                                                   |
| CAWI          | [Not in CAWI]                                                                                                           |
| QUESTION TYPE | Radio button                                                                                                            |
| FILLS         |                                                                                                                         |
| NOTES         |                                                                                                                         |
| HARD CHECK    |                                                                                                                         |
| SOFT CHECK    |                                                                                                                         |
| CATI NOTES    |                                                                                                                         |
| CAWI NOTES    |                                                                                                                         |
| PAPER QNUM    | Not on PAPI                                                                                                             |
| NEXT          | REDIAL                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CF1A            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If LEAD_IN1 = 01 or BUSINESS_NUM = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CATI            | <p>Your address was chosen randomly, and all information will be kept strictly confidential.</p> <p>This study hopes to gain information about health care. I need to speak with an adult 19 years or older. Are you 19 years old or older?</p> <p>(INTERVIEWER: IF NEEDED: Are there any adults aged 19 years old or older living at this residence?)</p> <p>(INTERVIEWER: IF NEEDED: My name is {InterviewerName} from RTI International. We are conducting a survey on health insurance coverage and access to health care on behalf of The Ohio State University. Your address has been selected at random to be included in the study.)</p> <p>01 ADULT ON PHONE<br/> 02 ADULT UNAVAILABLE: SCHEDULE CALL BACK<br/> 03 LANGUAGE BARRIER<br/> 04 NO ADULTS IN HOUSEHOLD: INELIGIBLE<br/> 05 REFUSED</p> |
| CATI<br>Spanish | <p>Su dirección se eligió al azar y toda la información será estrictamente confidencial.</p> <p>Este estudio busca obtener información sobre la atención médica. Necesito hablar con un adulto de 19 años o mayor. ¿Tiene usted 19 años o más?</p> <p>(INTERVIEWER: IF NEEDED: ¿Hay algún adulto de 19 años o mayor que viva en esta residencia?)</p> <p>(INTERVIEWER: IF NEEDED: Mi nombre es {InterviewerName}, y llamo de parte de RTI International. Estamos realizando una encuesta sobre la cobertura del seguro médico y el acceso a la atención médica en nombre de la Universidad Estatal de Ohio. Su dirección ha sido seleccionada al azar para ser incluida en el estudio).</p>                                                                                                                 |
| CAWI            | [Not in CAWI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | <p>If CF1A = 02: INT06 (SCHEDULE CALL BACK)</p> <p>Else if CF1A = 03: LANGBARRIER</p> <p>Else if CF1A = 04: INT09</p> <p>Else if CF1A = 05: WHO_REF</p> <p>Else: CELL_RESP</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| INTRODUCTION  |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CATI          | [NOT IN CATI]                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CATI Spanish  | [NOT IN CATI]                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CAWI          | <p>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.</p> <p>{INTROFILL}</p> <p>Click 'Next' to continue.</p> <p>01 Next</p> |
| QUESTION TYPE | Informational                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FILLS         | <p>If HH = 01, then INTROFILL: "To ensure the representativeness of the survey, please have the adult age 19 or older in the household with the most recent birthday complete the survey."</p> <p>Else, INTROFILL: ""</p>                                                                                                                                                                                                                          |
| NOTES         |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NEXT          | <p>If HH = 02: MED_SCREEN1,</p> <p>Else: AGE_CONSENT</p>                                                                                                                                                                                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Medicaid Screener

| MED_SCREEN1     |                                                                                                                                                                    |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 02                                                                                                                                                         |
| CATI            | <p>To confirm, are you {FULLNAME}?</p> <p>01    YES</p> <p>02    NO</p>                                                                                            |
| CATI<br>Spanish | Para confirmar, ¿es usted {FULLNAME}?                                                                                                                              |
| CAWI            | <p>To confirm, are you {FULLNAME}?*</p> <p>01    Yes</p> <p>02    No</p>                                                                                           |
| QUESTION TYPE   | Radio button                                                                                                                                                       |
| FILLS           | {FULLNAME}=Full name                                                                                                                                               |
| NOTES           |                                                                                                                                                                    |
| HARD CHECK      | <p>REQUIRED; IF MISSING:</p> <p>"Missing Response: This question is required. You did not select a response. Please select at least one response to continue."</p> |
| SOFT CHECK      |                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                    |
| PAPER QNUM      | Not on PAPI                                                                                                                                                        |
| NEXT            | <p>CATI:</p> <p>If MED_SCREEN1 = 01: CELL_RESP,</p> <p>Else: MED_SCREEN1B</p> <p>CAWI:</p> <p>If MED_SCREEN1 = 01: MED_SCREEN2,</p> <p>Else: MED_SCREEN1B</p>      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MED_SCREEN1B    |                                                                                                                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If MED_SCREEN1 = 02                                                                                                                                                                                                                                           |
| CATI            | <p>May I speak with {FULLNAME}?</p> <p>01 YES</p> <p>02 NOT AVAILABLE, SCHEDULE CALLBACK</p> <p>03 PERSON ON THE PHONE WILL FILL OUT SURVEY FOR {FULLNAME}</p> <p>04 {FULLNAME} IS NOT LIVING AT RESIDENCE</p>                                                |
| CATI<br>Spanish | ¿Puedo hablar con {FULLNAME}?                                                                                                                                                                                                                                 |
| CAWI            | <p>Are you completing this survey for {FULLNAME}?*</p> <p>03 Yes, I am completing this survey for {FULLNAME}</p> <p>04 No</p>                                                                                                                                 |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                  |
| FILLS           | {FULLNAME}=Full name                                                                                                                                                                                                                                          |
| NOTES           |                                                                                                                                                                                                                                                               |
| HARD CHECK      | <p>REQUIRED; IF MISSING:</p> <p>"Missing Response: This question is required. You did not select a response. Please select at least one response to continue."</p>                                                                                            |
| SOFT CHECK      |                                                                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                                                                               |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                   |
| NEXT            | <p>CATI:</p> <p>If MED_SCREEN1B = 01: MED_SCREEN1C,</p> <p>Else if MED_SCREEN1B = 02: SCHEDULE CALLBACK</p> <p>Else if MED_SCREEN1B = 03: CELL_RESP</p> <p>Else: MED_INELIG</p> <p>CAWI:</p> <p>If MED_SCREEN1B = 03: MED_SCREEN2</p> <p>Else: MED_INELIG</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MED_SCREEN1C    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If MED_SCREEN1B = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI            | <p>Hello, my name is (NAME) and I am calling on behalf of The Ohio State University and the State of Ohio regarding an important study about health care issues affecting state residents. This call may be monitored or recorded for quality assurance.</p> <p>(IF NECESSARY: We are conducting a survey on health insurance coverage, use of medical services, and problems getting health care. The survey's sponsor is the State of Ohio. We are not selling anything.)</p> <p>01 CONTINUE<br/>02 NOT AVAILABLE AT THIS TIME<br/>03 REFUSED</p>                   |
| CATI<br>Spanish | <p>Hola, mi nombre es (NAME) y estoy llamando en nombre de la Universidad Estatal de Ohio y el estado de Ohio en relación con un estudio importante sobre asuntos de atención médica que afectan a los residentes del estado. Esta llamada puede ser grabada o monitoreada para garantizar la calidad.</p> <p>(IF NECESSARY: Estamos realizando una encuesta sobre la cobertura del seguro médico, el uso de los servicios médicos y los problemas para obtener atención médica. El patrocinador de la encuesta es el estado de Ohio. No estamos vendiendo nada).</p> |
| CAWI            | [Not in CAWI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FILLS           | {FULLNAME}=Full name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NEXT            | <p>If MED_SCREEN1C = 01: CELL_RESP,<br/>If MED_SCREEN1C = 02: SCHEDULE CALL BACK,<br/>Else: CODE AS REFUSAL</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| CELL_RESP       |                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF CATI                                                                                                                                                                                                                                         |
| CATI            | <p>Is this a landline or a cell phone?</p> <p>(INTERVIEWER NOTE: IF R SAYS "cable, VOIP (voice over) or satellite phone" CODE AS A LANDLINE PHONE)</p> <p>01 LANDLINE PHONE<br/>02 CELL PHONE<br/>08 SCHEDULE A CALLBACK<br/>09 OTHER CODES</p> |
| CATI<br>Spanish | ¿Este es un teléfono fijo o celular?                                                                                                                                                                                                            |
| CAWI            | [Not in CAWI]                                                                                                                                                                                                                                   |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                 |
| NOTES           |                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                 |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                     |
| NEXT            | <p>If CELL_RESP = 02: CELL1<br/>Else if CELL_RESP = 08: INT06 (SCHEDULE CALLBACK)<br/>Else if CELL_RESP = 09: ALTB (BREAKOFF OPTIONS)<br/>Else if HH=02: MED_SCREEN2Else: AGE_CONSENT</p>                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                 |                                                                                                                                                                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ALTB</b>     |                                                                                                                                                                                                                                             |
| ASK             | If CELL_RESP = 09                                                                                                                                                                                                                           |
| CATI            | BREAKOFF OPTIONS<br><br>01 SET CALLBACK<br>02 PERSON REFUSED TO CONTINUE/HUNG UP<br>03 LANGUAGE BARRIER<br>04 DOES NOT LIVE IN OHIO<br>05 NO RESIDENT OVER 18<br>06 PENDING MINOR<br>07 OTHER CODES<br>08 DISTRESSED<br>10 RETURN TO SURVEY |
| CATI<br>Spanish |                                                                                                                                                                                                                                             |
| CAWI            | [Not in CAWI]                                                                                                                                                                                                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                             |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                 |
| NEXT            | BREAKOFF                                                                                                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

|                 |                                                                                                                                                                     |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CELL1</b>    |                                                                                                                                                                     |
| ASK             | If CELL_RESP = 02                                                                                                                                                   |
| CATI            | <p>Before we continue, are you driving or doing anything that requires your full attention right now?</p> <p>01 YES (R IS DRIVING/DOING SOMETHING)</p> <p>02 NO</p> |
| CATI<br>Spanish | Antes de continuar, ¿está conduciendo o haciendo algo que requiera toda su atención en este momento?                                                                |
| CAWI            | [Not in CAWI]                                                                                                                                                       |
| QUESTION TYPE   | Radio button                                                                                                                                                        |
| FILLS           |                                                                                                                                                                     |
| NOTES           |                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                     |
| PAPER QNUM      | Not on PAPI                                                                                                                                                         |
| NEXT            | <p>If CELL1 = 01: CELL2,</p> <p>Else if HH=02: MED_SCREEN2,</p> <p>Else: AGE_CONSENT</p>                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CELL2           |                                                                                                                                                                                                                                                                              |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CELL1 = 01                                                                                                                                                                                                                                                                |
| CATI            | <p>When would be a better time to call you?</p> <p>(IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW: I'm sorry, but for your safety we're not able to do the interview while you're driving. When would be a better time to call you?)</p> <p>01 SET CALL BACK</p> |
| CATI<br>Spanish | <p>¿Cuándo sería un mejor momento para llamarlo(a)?</p> <p>(IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW: Lo siento, pero por su seguridad no podemos hacer la entrevista mientras conduce. ¿Cuándo sería un mejor momento para llamarlo(a)?)</p>               |
| CAWI            | [Not in CAWI]                                                                                                                                                                                                                                                                |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                 |
| FILLS           |                                                                                                                                                                                                                                                                              |
| NOTES           |                                                                                                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                                                                              |
| SOFT CHECK      |                                                                                                                                                                                                                                                                              |
| CATI NOTES      |                                                                                                                                                                                                                                                                              |
| CAWI NOTES      |                                                                                                                                                                                                                                                                              |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                  |
| NEXT            |                                                                                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MED_SCREEN2     |                                                                                                                                                                                                                                  |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 02                                                                                                                                                                                                                       |
| CATI            | <p>{fillPRXYSCR1} <b>currently</b> covered by Ohio <b>Medicaid</b>, the State of Ohio health insurance for those with lower incomes?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 REFUSED</p>                             |
| CATI<br>Spanish | {fillPRXYSCR1} <b>actualmente</b> tiene cobertura de Ohio <b>Medicaid</b> , el seguro médico del estado de Ohio para las personas con ingresos más bajos?                                                                        |
| CAWI            | <p>{fillPRXYSCR1} <b>currently</b> covered by Ohio <b>Medicaid</b>, the State of Ohio health insurance for those with lower incomes?</p> <p>01 YES<br/>02 NO</p>                                                                 |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                     |
| FILLS           | <p><i>English:</i><br/>If MED_SCREEN1B = 03: fillPRXYSCR1 = "Is {FULLNAME}"<br/>Else: fillPRXYSCR1 = "Are you"</p> <p><i>Spanish:</i><br/>If MED_SCREEN1B = 03: fillPRXYSCR1 = "{FULLNAME}"<br/>Else: fillPRXYSCR1 = "Usted"</p> |
| NOTES           |                                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                                  |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                      |
| NEXT            | If MED_SCREEN2 = 01: MDLST_LNG,<br>Else: MED_INELIG                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MDLST_LNG       |                                                                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If MED_SCREEN2 = 01                                                                                                                                                                                                                    |
| CATI            | <p>How long {fillPRXYSCR2} been covered by Medicaid? Would you say...</p> <p>01 Less than 3 months<br/> 02 3 months to 1 year<br/> 03 1 to 2 years<br/> 04 More than 2 years</p> <p>98 DON'T KNOW<br/> 99 REFUSED</p>                  |
| CATI<br>Spanish | <p>¿Por cuánto tiempo ha tenido {fillPRXYSCR2} cobertura de Medicaid? ¿Diría que...</p> <p>01 Menos de 3 meses<br/> 02 Entre 3 meses y 1 año<br/> 03 1-2 años<br/> 04 Más de 2 años</p>                                                |
| CAWI            | <p>How long {fillPRXYSCR2} been covered by Medicaid?</p> <p>01 Less than 3 months<br/> 02 3 months to 1 year<br/> 03 1 to 2 years<br/> 04 More than 2 years</p>                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                           |
| FILLS           | <p><i>English:</i><br/> If MED_SCREEN1B = 03: fillPRXYSCR2 = "has {FULLNAME}"<br/> Else: fillPRXYSCR2 = "have you"</p> <p><i>Spanish:</i><br/> If MED_SCREEN1B = 03: fillPRXYSCR2 = "{FULLNAME}"<br/> Else: fillPRXYSCR2 = "usted"</p> |
| NOTES           |                                                                                                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                                                        |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                            |
| NEXT            | NUM_ADULTS                                                                                                                                                                                                                             |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MED_INELIG    |                                                                                                                                                                                                                                                                                                                                    |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If MED_SCREEN2 = 02 or MED_SCREEN1B = 04                                                                                                                                                                                                                                                                                           |
| CATI          | Thank you for your willingness to participate. However, we are only interested in {fill_MEDINEL}. Thank you.                                                                                                                                                                                                                       |
| CATI Spanish  | Gracias por su disposición a participar. Sin embargo, solo nos interesa {fill_MEDINEL}. Gracias.                                                                                                                                                                                                                                   |
| CAWI          | Thank you for your willingness to participate. However, we are only interested in {fill_MEDINEL} at this time. If you believe you have received this message in error, please contact RTI International at 1-833-947-2577. Thank you.                                                                                              |
| QUESTION TYPE | Informational                                                                                                                                                                                                                                                                                                                      |
| FILLS         | <p><i>English:</i><br/>IF MED_SCREEN1B = 04: fill_MEDINEL= "hearing from {FULLNAME}"<br/>ELSE: fill_MEDINEL = "those currently covered by Ohio Medicaid"</p> <p><i>Spanish:</i><br/>IF MED_SCREEN1B = 04: fill_MEDINEL= "saber de {FULLNAME}"<br/>ELSE: fill_MEDINEL = "los que están cubiertos actualmente por Ohio Medicaid"</p> |
| NOTES         |                                                                                                                                                                                                                                                                                                                                    |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                    |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                    |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                    |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                    |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                        |
| NEXT          | CODE AS INELIGIBLE                                                                                                                                                                                                                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## ABS Age Screener

| AGE_CONSENT   |                                                                                                                                                         |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | HH = 01                                                                                                                                                 |
| CATI          | Are you 19 years old or older?<br>01 YES<br>02 NO                                                                                                       |
| CATI Spanish  | ¿Usted tiene 19 años o más?                                                                                                                             |
| CAWI          | Are you 19 years old or older? *<br>01 YES<br>02 NO                                                                                                     |
| QUESTION TYPE | Radio button                                                                                                                                            |
| FILLS         |                                                                                                                                                         |
| NOTES         |                                                                                                                                                         |
| HARD CHECK    | REQUIRED; IF MISSING:<br>"Missing Response: This question is required. You did not select a response. Please select at least one response to continue." |
| SOFT CHECK    |                                                                                                                                                         |
| CATI NOTES    |                                                                                                                                                         |
| CAWI NOTES    |                                                                                                                                                         |
| PAPER QNUM    | Not on PAPI (in instructions)                                                                                                                           |
| NEXT          | If AGE_Consent = 02: INT09,<br>Else: NUM_ADULTS                                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| INT09         |                                                                                                                                                                                                                        |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If AGE_Consent = (02, missing)                                                                                                                                                                                         |
| CATI          | Thank you for your willingness to participate. However, we need to have an adult, 19 years old or older, complete the survey.                                                                                          |
| CATI Spanish  | Gracias por su disposición a participar. Sin embargo, necesitamos que un adulto mayor de 19 años responda la encuesta.                                                                                                 |
| CAWI          | Thank you for your willingness to participate. However, we need to have an adult, 19 years old or older, complete the survey. Please have an adult in your household who is 19 years old or older complete the survey. |
| QUESTION TYPE |                                                                                                                                                                                                                        |
| FILLS         |                                                                                                                                                                                                                        |
| NOTES         | CAWI: Allow respondent to backup to previous question. If respondent selects 'next' on this screen, end survey and code as ineligible.                                                                                 |
| HARD CHECK    |                                                                                                                                                                                                                        |
| SOFT CHECK    |                                                                                                                                                                                                                        |
| CATI NOTES    |                                                                                                                                                                                                                        |
| CAWI NOTES    |                                                                                                                                                                                                                        |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                            |
| NEXT          | CODE AS INELIGIBLE                                                                                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Adults in Household

| NUM_ADULTS      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI            | <p>How many members of your household, <b>including yourself</b>, are 19 years of age or older?</p> <p>ENTER NUMBER OF ADULTS</p> <p>(INTERVIEWER: IF THERE ARE MORE THAN 20 ADULTS IN THE HOUSEHOLD, PLEASE ENTER 20.)</p> <p>(INTERVIEWER, IF RESPONDENT REFUSES, SAY: "For the purposes of this survey, we will need to know the total number of adults, ages 19 years and older, who are members of your household. Please know that your responses will be kept strictly confidential. How many members of your household, including yourself, are 19 years of age or older?")</p> <p>(INTERVIEWER: IF RESPONDENT SAYS 0 ADULTS, ENTER 1 AND SAY: Just to confirm, you said that there are no adults, 19 years of age or older in your household, other than you?)</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuántos miembros de su hogar, <b>incluido usted</b>, tienen 19 años o más?</p> <p>(INTERVIEWER: IF THERE ARE MORE THAN 20 ADULTS IN THE HOUSEHOLD, PLEASE ENTER 20.)</p> <p>(INTERVIEWER, IF RESPONDENT REFUSES, SAY: "A efectos de esta encuesta, necesitaremos saber el número total de adultos de 19 años o mayores de 19 años que son miembros de su hogar. Recuerde que sus respuestas serán estrictamente confidenciales. ¿Cuántos miembros de su hogar, incluido usted, tienen 19 años o más?")</p> <p>(INTERVIEWER: IF RESPONDENT SAYS 0 ADULTS, ENTER 1 AND SAY: Solo para confirmar, ¿dijo que no hay adultos de 19 años o mayores en su hogar, aparte de usted?)</p>                                                                                                                                                 |
| CAWI            | <p>How many members of your household, <b>including yourself</b>, are 19 years of age or older?</p> <p>_____ Adults (1-20)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NOTES           | Range: 1-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE, DISPLAY: "Number of household adults is missing or invalid. Please enter a number between 1 and 20. Include yourself when counting. If there are more than 20 adults in your household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CAWI NOTES      | Short text: "Enter Number of Adults in Household, including yourself (1-20)"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PAPER QNUM      | Q132<br>Note that this question is placed in the demographics section on the PAPI.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|             |                                                                                                                                                                                                                                      |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>NEXT</i> | CATI:<br>If HH = 01: RES_NAME,<br>Else if HH = 02 and MED_SCREEN1B = 03: S2c,<br>Else: S5<br><br>CAWI:<br>If NUM_ADULTS = missing: NUM_ADULTS1,<br>Else if HH=01: RES_NAME<br>Else if HH = 02 and MED_SCREEN1B = 03: S2c<br>Else: S8 |
|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| NUM_ADULTS1   |                                                                                                                                                                                                                                                                                                                                           |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | CAWI: If NUM_ADULTS = missing                                                                                                                                                                                                                                                                                                             |
| CATI          | [NOT IN CATI]                                                                                                                                                                                                                                                                                                                             |
| CATI Spanish  | [NOT IN CATI]                                                                                                                                                                                                                                                                                                                             |
| CAWI          | <p>For the purposes of this survey, we will need to know the total number of adults, ages 19 years and older, who are members of your household. Please know that your responses will be kept strictly confidential. How many members of your household, including yourself, are 19 years of age or older?</p> <p>_____ Adults (1-20)</p> |
| QUESTION TYPE | Numeric                                                                                                                                                                                                                                                                                                                                   |
| FILLS         |                                                                                                                                                                                                                                                                                                                                           |
| NOTES         | RECODE NUM_ADULTS TO THIS NEW NUMBER<br>Range: 1-20                                                                                                                                                                                                                                                                                       |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                           |
| SOFT CHECK    | IF CAWI AND OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of household adults is missing or invalid. Please enter a number between 1 and 20. Include yourself when counting. If there are more than 20 adults in your household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."   |
| CATI NOTES    | Not in CATI; this variable recodes NUM_ADULTS and uses same range                                                                                                                                                                                                                                                                         |
| CAWI NOTES    | Short text: "Enter Number of Adults in Household, including yourself (1-20)"                                                                                                                                                                                                                                                              |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                               |
| <i>NEXT</i>   | If HH=01: RES_NAME<br>Else if HH = 02 and MED_SCREEN1B = 03: S2c<br>Else: S8                                                                                                                                                                                                                                                              |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| RES_NAME        |                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF HH = 01                                                                                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>What is <b>your</b> first name or initials?</p> <p>(IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also work.)</p> <p>(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS.)</p> <p>_____</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuál es <b>su</b> nombre o iniciales?</p> <p>(IF NECESSARY: Los nombres no se informarán con ninguno de los datos o resultados. No es necesario que proporcione un nombre si no lo desea, un apodo o las iniciales también servirán).</p>                                                                                                                                           |
| CAWI            | <p>What is <b>your</b> first name or initials?</p> <p>_____</p>                                                                                                                                                                                                                                                                                                                         |
| QUESTION TYPE   | Text entry [30 character limit]                                                                                                                                                                                                                                                                                                                                                         |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                         |
| NOTES           | 30 characters                                                                                                                                                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                         |
| SOFT CHECK      | IF CAWI AND MISSING, DISPLAY: "Missing response: You did not enter your name or initials. Please enter your first name or initials. To skip the question, please select NEXT a second time."                                                                                                                                                                                            |
| CATI NOTES      | Not in CATI                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      | Short Text: Enter your first name or initials.                                                                                                                                                                                                                                                                                                                                          |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                             |
| NEXT            | <p>CATI:<br/>If NUM_ADULTS != (0, 1, 98,99): PROXY1<br/>Else: S5</p> <p>CAWI:<br/>If NUM_ADULTS != (0, 1, missing): PROXY1<br/>Else: S8</p>                                                                                                                                                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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## Proxy Respondent

| PROXY1          |                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 and NUM_ADULTS != (0, 1, 98, 99)                                                                                                                                                                                                                                                                                                                                                                 |
| CATI            | <p>To ensure the representativeness of the survey, the person in your household I need to interview is the adult aged 19 or older currently living in your household who had the most recent birthday.</p> <p>Are you completing this survey for yourself or for someone else in your household?</p> <p>01    RESPONDENT WILL ANSWER ABOUT THEMSELF<br/>02    RESPONDENT WILL ANSWER ABOUT SOMEONE ELSE</p> |
| CATI<br>Spanish | <p>Para garantizar la representatividad de la encuesta, la persona de su hogar a la que tengo que entrevistar es el adulto de 19 años o mayor que viva actualmente en su hogar y que haya cumplido años más recientemente.</p> <p>¿Está respondiendo esta encuesta para usted o para otra persona de su hogar?</p>                                                                                          |
| CAWI            | <p>To ensure the representativeness of the survey, please have the adult age 19 or older in the household with the most recent birthday complete the survey.</p> <p>Are you completing this survey for yourself or for someone else in your household?*</p> <p>01    For myself<br/>02    For someone else on their behalf</p>                                                                              |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      | REQUIRED; IF MISSING:<br>"Missing Response: This question is required. You did not select a response. Please select at least one response to continue."                                                                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      | Do not display DK/REF on this screen.                                                                                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Q1                                                                                                                                                                                                                                                                                                                                                                                                          |
| NEXT            | <p>CATI:<br/>If PROXY1 = 02: SCR_NAME,<br/>Else: S5</p> <p>CAWI:<br/>If PROXY1 = 02: SCR_N_NAME,<br/>Else: S8</p>                                                                                                                                                                                                                                                                                           |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

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| SCR_NAME        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If PROXY1 = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI            | <p>What is the first name or initials of the person you are completing this survey for?</p> <p>(IF NECESSARY: Names will not be reported with any of the data or results. You do not need to provide a name if you feel uncomfortable, a nickname or initials would also work.)</p> <p>(INTERVIEWER: BE SURE TO RECORD THE PERSON'S NAME, NICKNAME, OR INITIALS NOT JUST RELATIONSHIP. IF THEY REFUSE TO PROVIDE SOMETHING ENTER "99".)</p> <p>RECORD NAME OR INITIALS: _____</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuál es el nombre o las iniciales de la persona para la que responde esta encuesta?</p> <p>(IF NECESSARY: Los nombres no se informarán con ninguno de los datos o resultados. No es necesario que proporcione un nombre si no lo desea, un apodo o las iniciales también servirán).</p>                                                                                                                                                                                                                                     |
| CAWI            | <p>What is the first name or initials of the person you are completing this survey for?</p> <p>_____</p>                                                                                                                                                                                                                                                                                                                                                                                                                        |
| QUESTION TYPE   | Text entry [25 character limit]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NOTES           | 25 characters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK      | IF CAWI AND MISSING, DISPLAY: "Missing response: You did not enter the first name or initials of the person you are completing this survey for. Please enter the first name or initials of the individual you are completing this survey for. To skip the question, please press NEXT a second time."                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      | Short text: Enter first name or initials of person you are completing the survey for.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NEXT            | S2c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

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| S2c             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If PROXY1 = 02 or MED_SCREEN1B = 03                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI            | <p>What is your relationship to {NAME_FILL1}?</p> <p>(INTERVIEWER: SELECT THE RESPONSE THAT COMPLETES THIS SENTENCE: THE RESPONDENT IS {NAME_FILL2}'S _____.</p> <ul style="list-style-type: none"> <li>01 WIFE / FEMALE PARTNER</li> <li>02 HUSBAND / MALE PARTNER</li> <li>03 MOTHER</li> <li>04 FATHER</li> <li>05 DAUGHTER</li> <li>06 SON</li> <li>07 GRANDMOTHER</li> <li>08 GRANDFATHER</li> <li>09 AUNT</li> <li>10 UNCLE</li> <li>11 SISTER</li> <li>12 BROTHER</li> <li>13 OTHER FEMALE RELATIVE</li> <li>14 OTHER MALE RELATIVE</li> <li>15 FEMALE LEGAL GUARDIAN</li> <li>16 MALE LEGAL GUARDIAN</li> <li>17 FOSTER MOTHER</li> <li>18 FOSTER FATHER</li> <li>19 OTHER FEMALE NON-RELATIVE</li> <li>20 OTHER MALE NON-RELATIVE</li> </ul>                |
| CATI<br>Spanish | <p>¿Cuál es su relación con {NAME_FILL1}?</p> <p>(INTERVIEWER: SELECT THE RESPONSE THAT COMPLETES THIS SENTENCE: THE RESPONDENT IS {NAME_FILL2}'S _____.</p> <ul style="list-style-type: none"> <li>01 ESPOSA/PAREJA FEMENINA</li> <li>02 ESPOSO/PAREJA MASCULINA</li> <li>03 MADRE</li> <li>04 PADRE</li> <li>05 HIJA</li> <li>06 HIJO</li> <li>07 ABUELA</li> <li>08 ABUELO</li> <li>09 TÍA</li> <li>10 TÍO</li> <li>11 HERMANA</li> <li>12 HERMANO</li> <li>13 OTRO FAMILIAR FEMENINO</li> <li>14 OTRO FAMILIAR MASCULINO</li> <li>15 TUTORA LEGAL FEMENINA</li> <li>16 TUTOR LEGAL MASCULINO</li> <li>17 MADRE DE ACOGIDA TEMPORAL</li> <li>18 PADRE DE ACOGIDA TEMPORAL</li> <li>19 OTRA MUJER SIN PARENTESCO</li> <li>20 OTRO HOMBRE SIN PARENTESCO</li> </ul> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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|               |                                            |                                                                                                                                                                                                                              |
|---------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | What is your relationship to {NAME_FILL1}? |                                                                                                                                                                                                                              |
|               | 01                                         | I am {NAME_FILL1}'s wife / female partner                                                                                                                                                                                    |
|               | 02                                         | I am {NAME_FILL1}'s husband / male partner                                                                                                                                                                                   |
|               | 03                                         | I am {NAME_FILL1}'s mother                                                                                                                                                                                                   |
|               | 04                                         | I am {NAME_FILL1}'s father                                                                                                                                                                                                   |
|               | 05                                         | I am {NAME_FILL1}'s daughter                                                                                                                                                                                                 |
|               | 06                                         | I am {NAME_FILL1}'s son                                                                                                                                                                                                      |
|               | 07                                         | I am {NAME_FILL1}'s grandmother                                                                                                                                                                                              |
|               | 08                                         | I am {NAME_FILL1}'s grandfather                                                                                                                                                                                              |
|               | 09                                         | I am {NAME_FILL1}'s aunt                                                                                                                                                                                                     |
|               | 10                                         | I am {NAME_FILL1}'s uncle                                                                                                                                                                                                    |
|               | 11                                         | I am {NAME_FILL1}'s sister                                                                                                                                                                                                   |
|               | 12                                         | I am {NAME_FILL1}'s brother                                                                                                                                                                                                  |
|               | 13                                         | I am {NAME_FILL1}'s other female relative                                                                                                                                                                                    |
|               | 14                                         | I am {NAME_FILL1}'s other male relative                                                                                                                                                                                      |
|               | 15                                         | I am {NAME_FILL1}'s female legal guardian                                                                                                                                                                                    |
|               | 16                                         | I am {NAME_FILL1}'s male legal guardian                                                                                                                                                                                      |
|               | 17                                         | I am {NAME_FILL1}'s foster mother                                                                                                                                                                                            |
|               | 18                                         | I am {NAME_FILL1}'s foster father                                                                                                                                                                                            |
|               | 19                                         | I am {NAME_FILL1}'s other female non-relative                                                                                                                                                                                |
|               | 20                                         | I am {NAME_FILL1}'s other male non-relative                                                                                                                                                                                  |
| QUESTION TYPE |                                            | Radio button                                                                                                                                                                                                                 |
| FILLS         |                                            | If HH = 02: NAME_FILL1 = FULLNAME<br>Else if SCR_NAME = missing or "99", NAME_FILL1: "this person" (English) or "esta persona" (Spanish),<br>Else: NAME_FILL1 = response to SCR_NAME<br><br>NAME_FILL2 = toupper(NAME_FILL1) |
| NOTES         |                                            |                                                                                                                                                                                                                              |
| HARD CHECK    |                                            |                                                                                                                                                                                                                              |
| SOFT CHECK    |                                            |                                                                                                                                                                                                                              |
| CATI NOTES    |                                            |                                                                                                                                                                                                                              |
| CAWI NOTES    |                                            |                                                                                                                                                                                                                              |
| PAPER QNUM    |                                            | Q137<br>Note that the location of this question is placed before the contact section on PAPI.                                                                                                                                |
| NEXT          |                                            | PROXYREMIND                                                                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| PROXYREMIND     |                                                                                                                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If PROXY1 = 02 or MED_SCREEN1B = 03                                                                                                                                                                                                                                                                                                      |
| CATI            | As we continue the survey, please remember to answer all remaining questions on behalf of {NAME_FILL1}.<br>01 CONTINUE                                                                                                                                                                                                                   |
| CATI<br>Spanish | Mientras continuamos con la encuesta, recuerde responder todas las preguntas restantes en nombre de {NAME_FILL1}.                                                                                                                                                                                                                        |
| CAWI            | <b>As you continue the survey, please remember to answer all remaining questions on behalf of {NAME_FILL1}.</b><br><br>01 I understand—Continue the survey                                                                                                                                                                               |
| QUESTION TYPE   | Informational                                                                                                                                                                                                                                                                                                                            |
| FILLS           | <p><i>English:</i><br/>If HH = 02: NAME_FILL1 = FULLNAME<br/>Else if SCR_NAME = missing, NAME_FILL1: “this person”,<br/>Else: NAME_FILL1 = response to SCR_NAME</p> <p><i>Spanish:</i><br/>If HH = 02: NAME_FILL1 = FULLNAME<br/>Else if SCR_NAME = missing, NAME_FILL1: “esta persona”,<br/>Else: NAME_FILL1 = response to SCR_NAME</p> |
| NOTES           | If PROXY1 = 02 or MED_SCREEN1B = 03: Display proxy banner throughout the rest of the survey for all questions: <i>As you continue the survey, please remember to answer all remaining questions on behalf of {NAME_FILL1}.</i>                                                                                                           |
| HARD CHECK      | IF CAWI AND MISSING: “Missing Response: You did not select a response. Please confirm that you understand.”                                                                                                                                                                                                                              |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                          |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                              |
| NEXT            | CATI: S5<br>CAWI: S8                                                                                                                                                                                                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| S5            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CATI          | <p>Before we begin, The Ohio State University would like me to tell you that the interview will last about 20 minutes, your participation is voluntary, you do not have to answer any question you do not want to, and everything you say will be kept confidential. The responses provided to this survey are used to help local and state agencies improve health services across Ohio. You will receive \${INCENTIVE} for participating. This call may be recorded for quality control. If you have questions, concerns, or complaints about the study, please call Ohio State/RTI International at 1-833-947-2577.</p> <p>01 AVAILABLE<br/>02 NOT ABLE TO PARTICIPATE AT THIS TIME</p> |
| CATI Spanish  | <p>Antes de empezar, la Universidad Estatal de Ohio desea informarle que la entrevista durará unos 20 minutos, que su participación es voluntaria, que no tiene que responder ninguna pregunta que no desee y que todo lo que diga será confidencial. Las respuestas proporcionadas a esta encuesta se utilizan para ayudar a las agencias locales y estatales a mejorar los servicios de salud en todo Ohio. Recibirá \${INCENTIVE} por participar. Esta llamada puede ser grabada para control de calidad. Si tiene preguntas, dudas o quejas sobre el estudio, llame a la Universidad Estatal de Ohio o a RTI International al 1-833-947-2577.</p>                                      |
| CAWI          | [Not in CAWI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FILLS         | <p>If HH = 01: INCENTIVE = 10<br/>Else: INCENTIVE = 20</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NOTES         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NEXT          | <p>If S5 = 02: SCHEDULE CALLBACK<br/>Else: S8</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Ohio Resident Screener

|                      |                                                                                                                                                                                                                                      |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>S8</b>            |                                                                                                                                                                                                                                      |
| <i>ASK</i>           | ASK ALL                                                                                                                                                                                                                              |
| <i>CATI</i>          | <p>How long have you lived in Ohio? Would you say...</p> <p>01    Less than one month or<br/> 02    One month or more<br/> 03    RESPONDENT DOES NOT CURRENTLY LIVE IN OHIO</p> <p>98    DON'T KNOW<br/> 99    PREFER NOT TO SAY</p> |
| <i>CATI Spanish</i>  | <p>¿Hace cuánto tiempo que vive en Ohio? ¿Diría que...</p> <p>01    Menos de un mes o<br/> 02    Un mes o más</p>                                                                                                                    |
| <i>CAWI</i>          | <p>How long have you lived in Ohio?</p> <p>01    Less than one month<br/> 02    One month or more<br/> 03    I do not currently live in Ohio</p>                                                                                     |
| <i>QUESTION TYPE</i> | Radio button                                                                                                                                                                                                                         |
| <i>FILLS</i>         |                                                                                                                                                                                                                                      |
| <i>NOTES</i>         |                                                                                                                                                                                                                                      |
| <i>HARD CHECK</i>    |                                                                                                                                                                                                                                      |
| <i>SOFT CHECK</i>    |                                                                                                                                                                                                                                      |
| <i>CATI NOTES</i>    |                                                                                                                                                                                                                                      |
| <i>CAWI NOTES</i>    |                                                                                                                                                                                                                                      |
| <i>PAPER QNUM</i>    | Not on PAPI (in Instructions)                                                                                                                                                                                                        |
| <i>NEXT</i>          | If S8 = (01, 03, missing): INT18,<br>Else: S9                                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

| <b>INT18</b>         |                                                                                                                                         |
|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| <i>ASK</i>           | If S8 = (01, 03, missing)                                                                                                               |
| <i>CATI</i>          | Thank you for your willingness to participate. However, we can only interview individuals who have lived in Ohio for one month or more. |
| <i>CATI Spanish</i>  | Gracias por su disposición a participar. Sin embargo, solo podemos entrevistar a personas que lleven viviendo en Ohio un mes o más.     |
| <i>CAWI</i>          | Thank you for your willingness to participate. However, we can only interview individuals who have lived in Ohio for one month or more. |
| <i>QUESTION TYPE</i> | Informational                                                                                                                           |
| <i>FILLS</i>         |                                                                                                                                         |
| <i>NOTES</i>         | CAWI: Allow respondent to backup to previous question. If respondent selects 'next' on this screen, end survey and code as ineligible.  |
| <i>HARD CHECK</i>    |                                                                                                                                         |
| <i>SOFT CHECK</i>    |                                                                                                                                         |
| <i>CATI NOTES</i>    |                                                                                                                                         |
| <i>CAWI NOTES</i>    |                                                                                                                                         |
| <i>PAPER QNUM</i>    | Not on PAPI                                                                                                                             |
| <i>NEXT</i>          | CATI: END SURVEY AND CODE AS INELIGIBLE<br>CAWI: END SURVEY                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

## Introduction Questions

| S9                                                   |                 |                                                   |                   |            |     |            |
|------------------------------------------------------|-----------------|---------------------------------------------------|-------------------|------------|-----|------------|
| ASK                                                  |                 | ASK ALL                                           |                   |            |     |            |
| In what county in Ohio do you <b>currently</b> live? |                 |                                                   |                   |            |     |            |
| CATI                                                 | 001             | ADAMS                                             | 061               | HAMILTON   | 121 | NOBLE      |
|                                                      | 003             | ALLEN                                             | 063               | HANCOCK    | 123 | OTTAWA     |
|                                                      | 005             | ASHLAND                                           | 065               | HARDIN     | 125 | PAULDING   |
|                                                      | 007             | ASHTABULA                                         | 067               | HARRISON   | 127 | PERRY      |
|                                                      | 009             | ATHENS                                            | 069               | HENRY      | 129 | PICKAWAY   |
|                                                      | 011             | AUGLAIZE                                          | 071               | HIGHLAND   | 131 | PIKE       |
|                                                      | 013             | BELMONT                                           | 073               | HOCKING    | 133 | PORTAGE    |
|                                                      | 015             | BROWN                                             | 075               | HOLMES     | 135 | PREBLE     |
|                                                      | 017             | BUTLER                                            | 077               | HURON      | 137 | PUTNAM     |
|                                                      | 019             | CARROLL                                           | 079               | JACKSON    | 139 | RICHLAND   |
|                                                      | 021             | CHAMPAIGN                                         | 081               | JEFFERSON  | 141 | ROSS       |
|                                                      | 023             | CLARK                                             | 083               | KNOX       | 143 | SANDUSKY   |
|                                                      | 025             | CLERMONT                                          | 085               | LAKE       | 145 | SCIOTO     |
|                                                      | 027             | CLINTON                                           | 087               | LAWRENCE   | 147 | SENECA     |
|                                                      | 029             | COLUMBIANA                                        | 089               | LICKING    | 149 | SHELBY     |
|                                                      | 031             | COSHOCTON                                         | 091               | LOGAN      | 151 | STARK      |
|                                                      | 033             | CRAWFORD                                          | 093               | LORAIN     | 153 | SUMMIT     |
|                                                      | 035             | CUYAHOGA                                          | 095               | LUCAS      | 155 | TRUMBULL   |
|                                                      | 037             | DARKE                                             | 097               | MADISON    | 157 | TUSCARAWAS |
|                                                      | 039             | DEFIANCE                                          | 099               | MAHONING   | 159 | UNION      |
|                                                      | 041             | DELAWARE                                          | 101               | MARION     | 161 | VAN WERT   |
|                                                      | 043             | ERIE                                              | 103               | MEDINA     | 163 | VINTON     |
|                                                      | 045             | FAIRFIELD                                         | 105               | MEIGS      | 165 | WARREN     |
|                                                      | 047             | FAYETTE                                           | 107               | MERCER     | 167 | WASHINGTON |
|                                                      | 049             | FRANKLIN                                          | 109               | MIAMI      | 169 | WAYNE      |
|                                                      | 051             | FULTON                                            | 111               | MONROE     | 171 | WILLIAMS   |
|                                                      | 053             | GALLIA                                            | 113               | MONTGOMERY | 173 | WOOD       |
|                                                      | 055             | GEAUGA                                            | 115               | MORGAN     | 175 | WYANDOT    |
|                                                      | 057             | GREENE                                            | 117               | MORROW     |     |            |
|                                                      | 059             | GUERNSEY                                          | 119               | MUSKINGUM  |     |            |
|                                                      |                 | 998                                               | DON'T KNOW        |            |     |            |
|                                                      |                 | 999                                               | PREFER NOT TO SAY |            |     |            |
|                                                      | CATI<br>Spanish | ¿En qué condado de Ohio vive <b>actualmente</b> ? |                   |            |     |            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|            |                                                      |                                                                     |                                                                                  |            |     |            |
|------------|------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------|------------|-----|------------|
| CAWI       | In what county in Ohio do you <b>currently</b> live? |                                                                     |                                                                                  |            |     |            |
|            | 001                                                  | ADAMS                                                               | 061                                                                              | HAMILTON   | 121 | NOBLE      |
|            | 003                                                  | ALLEN                                                               | 063                                                                              | HANCOCK    | 123 | OTTAWA     |
|            | 005                                                  | ASHLAND                                                             | 065                                                                              | HARDIN     | 125 | PAULDING   |
|            | 007                                                  | ASHTABULA                                                           | 067                                                                              | HARRISON   | 127 | PERRY      |
|            | 009                                                  | ATHENS                                                              | 069                                                                              | HENRY      | 129 | PICKAWAY   |
|            | 011                                                  | AUGLAIZE                                                            | 071                                                                              | HIGHLAND   | 131 | PIKE       |
|            | 013                                                  | BELMONT                                                             | 073                                                                              | HOCKING    | 133 | PORTAGE    |
|            | 015                                                  | BROWN                                                               | 075                                                                              | HOLMES     | 135 | PREBLE     |
|            | 017                                                  | BUTLER                                                              | 077                                                                              | HURON      | 137 | PUTNAM     |
|            | 019                                                  | CARROLL                                                             | 079                                                                              | JACKSON    | 139 | RICHLAND   |
|            | 021                                                  | CHAMPAIGN                                                           | 081                                                                              | JEFFERSON  | 141 | ROSS       |
|            | 023                                                  | CLARK                                                               | 083                                                                              | KNOX       | 143 | SANDUSKY   |
|            | 025                                                  | CLERMONT                                                            | 085                                                                              | LAKE       | 145 | SCIOTO     |
|            | 027                                                  | CLINTON                                                             | 087                                                                              | LAWRENCE   | 147 | SENECA     |
|            | 029                                                  | COLUMBIANA                                                          | 089                                                                              | LICKING    | 149 | SHELBY     |
|            | 031                                                  | COSHOCTON                                                           | 091                                                                              | LOGAN      | 151 | STARK      |
|            | 033                                                  | CRAWFORD                                                            | 093                                                                              | LORAIN     | 153 | SUMMIT     |
|            | 035                                                  | CUYAHOGA                                                            | 095                                                                              | LUCAS      | 155 | TRUMBULL   |
|            | 037                                                  | DARKE                                                               | 097                                                                              | MADISON    | 157 | TUSCARAWAS |
|            | 039                                                  | DEFIANCE                                                            | 099                                                                              | MAHONING   | 159 | UNION      |
|            | 041                                                  | DELAWARE                                                            | 101                                                                              | MARION     | 161 | VAN WERT   |
|            | 043                                                  | ERIE                                                                | 103                                                                              | MEDINA     | 163 | VINTON     |
|            | 045                                                  | FAIRFIELD                                                           | 105                                                                              | MEIGS      | 165 | WARREN     |
|            | 047                                                  | FAYETTE                                                             | 107                                                                              | MERCER     | 167 | WASHINGTON |
|            | 049                                                  | FRANKLIN                                                            | 109                                                                              | MIAMI      | 169 | WAYNE      |
|            | 051                                                  | FULTON                                                              | 111                                                                              | MONROE     | 171 | WILLIAMS   |
|            | 053                                                  | GALLIA                                                              | 113                                                                              | MONTGOMERY | 173 | WOOD       |
|            | 055                                                  | GEAUGA                                                              | 115                                                                              | MORGAN     | 175 | WYANDOT    |
|            | 057                                                  | GREENE                                                              | 117                                                                              | MORROW     |     |            |
|            | 059                                                  | GUERNSEY                                                            | 119                                                                              | MUSKINGUM  |     |            |
|            | QUESTION TYPE                                        |                                                                     | Dropdown                                                                         |            |     |            |
|            | FILLS                                                |                                                                     |                                                                                  |            |     |            |
|            | NOTES                                                |                                                                     | Analysis Note: Reminder that DK/REF are 998/999 here as 98/99 are legit answers. |            |     |            |
| HARD CHECK |                                                      |                                                                     |                                                                                  |            |     |            |
| SOFT CHECK |                                                      |                                                                     |                                                                                  |            |     |            |
| CATI NOTES |                                                      |                                                                     |                                                                                  |            |     |            |
| CAWI NOTES |                                                      | Short text: "Select the county in Ohio in which you currently live" |                                                                                  |            |     |            |
| PAPER QNUM |                                                      | Not on PAPI                                                         |                                                                                  |            |     |            |
| NEXT       |                                                      | IF NUM_ADULTS = (2-20): S11,<br>Else: S12                           |                                                                                  |            |     |            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Adult Family members in Household

| S11           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If NUM_ADULTS = (2-20)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CATI          | <p><b>Including</b> yourself, how many adult members of your <b>family</b>, 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.</p> <p>INTERVIEWER: IF THERE ARE MORE THAN 20 ADULTS IN THE RESPONDENT'S FAMILY WHO LIVE IN THIS HOUSEHOLD, PLEASE ENTER 20.</p> <p>_____ ADULTS</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI Spanish  | <p><b>Incluyéndose</b>, ¿cuántos miembros adultos de su <b>familia</b> de 19 años o mayores viven en este hogar? Por familia se entiende dos o más personas que viven juntas y que están emparentadas por nacimiento, matrimonio, pareja, adopción o tutela legal.</p>                                                                                                                                                                                                   |
| CAWI          | <p><b>Including</b> yourself, how many adult members of your <b>family</b>, 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.</p> <p>_____ Adults (1-20)</p>                                                                                                                                                                                  |
| QUESTION TYPE | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NOTES         | If NUM_ADULTS = 1 then autocode S11 = 1<br>Range: 1-20                                                                                                                                                                                                                                                                                                                                                                                                                   |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK    | IF CAWI AND OUTSIDE OF RANGE, DISPLAY: "Number of adults in your family household is missing or invalid. Please enter a number between 1 and 20. Include yourself when counting. If there are more than 20 adults in your family who live in this household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                      |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES    | Short text: Enter the number of adults in your family that live in your household, including yourself (1-20)                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM    | Q133                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NEXT          | If (S11 > NUM_ADULTS and NUM_ADULTS = (2-20) and S11>=1 and S11<=20): S11b_1,<br>Else: S12                                                                                                                                                                                                                                                                                                                                                                               |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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| S11b_1          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If (S11 > NUM_ADULTS and NUM_ADULTS = (2-20) and S11>=1 and S11<=20)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CATI            | <p>The number of adult family members living in your household is greater than the total number of adults living in your household. You said there were: at least {NUM_ADULTS_FILL} adults living in your household, but at least {S11_FILL} adult family members living in your household.</p> <p>Which of these would you like to update?</p> <p>01 The total number of adults in your household,<br/>           02 The number of adult family members living in your household,<br/>           03 Both, or<br/>           04 Do you not want to make any updates?</p> <p>98 DON'T KNOW<br/>           99 REFUSED</p> |
| CATI<br>Spanish | <p>El número de miembros familiares adultos que viven en su hogar es mayor al número total de adultos que viven en su hogar. Dijo que había: al menos {NUM_ADULTS_FILL} adultos que viven en su hogar y al menos {S11_FILL} familiares adultos que viven en su hogar.</p> <p>¿Cuál de ellos le gustaría actualizar?</p> <p>01 El número total de adultos en su hogar<br/>           02 El número de miembros familiares adultos que viven en su hogar<br/>           03 Ambos o<br/>           04 ¿No quiere hacer ninguna actualización?</p>                                                                           |
| CAWI            | <p>The number of adult family members living in your household is greater than the total number of adults living in your household. You said there were: at least {NUM_ADULTS_FILL} adults living in your household, but at least {S11_FILL} adult family members living in your household.</p> <p>Which of these would you like to update?</p> <p>01 Update the total number of adults in my household<br/>           02 Update the number of adult family members living in my household<br/>           03 I want to update both<br/>           04 I do not want to make any updates</p>                              |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FILLS           | NUM_ADULTS_FILL = response to NUM_ADULTS<br>S11_FILL = response to S11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NEXT            | If S11b_1 = (01, 03): NUM_ADULTS_R,<br>Else if S11b_1 = 02: S11_RE,<br>Else: S12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample



| NUM_ADULTS_R  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If S11b_1 = (01, 03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CATI          | <p>How many members of your household, <b>including yourself</b>, are 19 years of age or older?</p> <p>(INTERVIEWER: IF THERE ARE MORE THAN 20 ADULTS IN THE HOUSEHOLD, PLEASE ENTER 20.)</p> <p>(INTERVIEWER, IF RESPONDENT REFUSES, SAY: "For the purposes of this survey, we will need to know the total number of adults, ages 19 years and older, who are members of your household. Please know that your responses will be kept strictly confidential. How many members of your household, including yourself, are 19 years of age or older?")</p> <p>(INTERVIEWER: IF RESPONDENT SAYS 0 ADULTS, ENTER 1 AND SAY: Just to confirm, you said that there are no adults, 19 years of age or older in your household, other than you?)</p> <p>_____ ADULTS</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> |
| CATI Spanish  | <p>¿Cuántos miembros de su hogar, <b>incluido usted</b>, tienen 19 años o más?</p> <p>(INTERVIEWER: IF THERE ARE MORE THAN 20 ADULTS IN THE HOUSEHOLD, PLEASE ENTER 20.)</p> <p>(INTERVIEWER, IF RESPONDENT REFUSES, SAY: "A efectos de esta encuesta, necesitaremos saber el número total de adultos mayores de 19 años que son miembros de su hogar. Recuerde que sus respuestas serán estrictamente confidenciales. ¿Cuántos miembros de su hogar, incluido usted, tienen 19 años o más?")</p> <p>(INTERVIEWER: IF RESPONDENT SAYS 0 ADULTS, ENTER 1 AND SAY: Solo para confirmar, ¿dijo que no hay adultos de 19 años o mayores en su hogar, aparte de usted?)</p>                                                                                                                                   |
| CAWI          | <p>How many members of your household, <b>including yourself</b>, are 19 years of age or older?</p> <p>_____ Adults (1-20)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| QUESTION TYPE | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NOTES         | <p>Range: 1-20</p> <p>Recode NUM_ADULTS to this new number</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK    | IF CAWI AND OUTSIDE OF RANGE, DISPLAY: "Number of adults in your family household is missing or invalid. Please enter a number between 1 and 20. Include yourself when counting. If there are more than 20 adults in your household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES    | Short text: Enter the number of adults in your household, including yourself (1-20)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NEXT          | <p>If S11b_1 = 03: S11_RE,</p> <p>Else: S12</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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| S11_RE        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | CAWI: If S11b_1 = (02, 03)                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CATI          | <p><b>Including</b> yourself, how many adult members of your <b>family</b>, age 19 and over, live in this household?<br/> <i>Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.</i></p> <p>INTERVIEWER: IF THERE ARE MORE THAN 20 ADULTS IN THE RESPONDENT'S FAMILY WHO LIVE IN THIS HOUSEHOLD, PLEASE ENTER 20.</p> <p>_____ADULTS</p> <p>98    DON'T KNOW<br/> 99    REFUSED</p> |
| CATI Spanish  | <p><b>Incluyéndose</b>, ¿cuántos miembros adultos de su <b>familia</b> de 19 años o mayores viven en este hogar? <i>Por familia se entiende dos o más personas que viven juntas y que están emparentadas por nacimiento, matrimonio, pareja, adopción o tutela legal.</i></p>                                                                                                                                                                                       |
| CAWI          | <p><b>Including</b> yourself, how many adult members of your <b>family</b>, age 19 and over, live in this household?<br/> <i>Family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.</i></p> <p>_____Adults (1-20)</p>                                                                                                                                                                  |
| QUESTION TYPE | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NOTES         | Range: 1-20<br>Answer layout – Boxes for 2-digit number<br>Recode S11 to this new number                                                                                                                                                                                                                                                                                                                                                                            |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| SOFT CHECK    | IF CAWI AND OUTSIDE OF RANGE, DISPLAY THE SOFT CHECK MESSAGE OF: "Please enter a number between 1 and 20. Include yourself when counting. If there are more than 20 adults in your family who live in this household, please enter 20."                                                                                                                                                                                                                             |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CAWI NOTES    | Short text: Enter the number of adults in your family that live in your household, including yourself (1-20)                                                                                                                                                                                                                                                                                                                                                        |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NEXT          | CAWI: S12                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Children in Household

| <b>S12</b>      |                                                                                                                                                                                                                                                                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                   |
| CATI            | <p>How many children <b>18 years of age or younger</b> live in your household, whether they are family members or not?</p> <p>INTERVIEWER: IF THERE ARE MORE THAN 20 CHILDREN WHO LIVE IN THIS HOUSEHOLD, PLEASE ENTER 20.</p> <p>_____ CHILDREN</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p>                              |
| CATI<br>Spanish | ¿Cuántos niños de <b>18 años o menores</b> viven en su hogar, sean o no miembros de la familia?                                                                                                                                                                                                                                           |
| CAWI            | <p>How many children <b>18 years of age or younger</b> live in your household, whether they are family members or not?</p> <p>_____ Children (0-20)</p>                                                                                                                                                                                   |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                   |
| FILLS           |                                                                                                                                                                                                                                                                                                                                           |
| NOTES           | Range: 0-20                                                                                                                                                                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                           |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE, DISPLAY: "Number of children age 18 years or younger in your household is missing or invalid. Please enter a number between 0 and 20. If there are more than 20 children who live in this household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT." |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                           |
| CAWI NOTES      | Short text: Enter number of children 18 years of age or younger living in your household (0-20)                                                                                                                                                                                                                                           |
| PAPER QNUM      | Q134<br>Note that this question is placed in the demographics section on the PAPI.                                                                                                                                                                                                                                                        |
| NEXT            | If S12 > 0: S13b,<br>Else: AGE_A                                                                                                                                                                                                                                                                                                          |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| S13b            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK IF S12 > 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI            | <p>How many of the {S12FILL} children living in your household are members of your family?</p> <p>Please only count individuals 18 years of age or younger. As a reminder, family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.</p> <p>(INTERVIEWER: IF THERE ARE MORE THAN 20 CHILDREN IN YOUR FAMILY WHO LIVE IN THIS HOUSEHOLD, PLEASE ENTER 20.)</p> <p>_____ CHILDREN</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuántos de los {S12FILL} niños que viven en su hogar son miembros de su familia?</p> <p>Cuenta solamente las personas de 18 años o menores. Recuerde que por familia se entiende dos o más personas que viven juntas y que están emparentadas por nacimiento, matrimonio, pareja, adopción o tutela legal.</p>                                                                                                                                                                                                       |
| CAWI            | <p>How many of the {S12FILL} children living in your household are members of your family?</p> <p><b>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.</b></p> <p>_____ Children (1-20)</p>                                                                                                                                                                                  |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FILLS           | If S12 = (1,98,99,Missing), S12FILL = "",<br>Else: S12FILL = "{S12}"                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NOTES           | IF S12=0, AUTOCODE S13b=0<br>Range: 0-20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE, DISPLAY: "Number of children age 18 years or younger in your family household is missing or invalid. Please enter a number between 0 and 20. If there are more than 20 children in your family who live in this household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      | Short Text: "Enter number of children in your family 18 years of age or younger that live in your household (1-20)"                                                                                                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM      | Q135<br>Note that this question is placed in the demographics section on the PAPI.                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|             |                                                                                                                               |
|-------------|-------------------------------------------------------------------------------------------------------------------------------|
| <i>NEXT</i> | If (S13B > S12 and S13B>=1 and S13B<=20 and S12>1 and S12<=20): NOCHILD_CK_1,<br>Else, if S13b = (1-20): S13a,<br>Else: AGE_A |
|-------------|-------------------------------------------------------------------------------------------------------------------------------|

| NOCHILD_CK_1    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If (S13B > S12 and S13B>=1 and S13B<=20 and S12>1 and S12<=20)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>The number of child family members living in your household is greater than the total number of children living in your household. You said there were: at least {S12_FILL} total children in the household, but at least {S13b_FILL} children in the household who are family members.</p> <p>Which of these would you like to update?</p> <p>01 The total number of children in your household,<br/>           02 The number of children in the household who are family members,<br/>           03 Both, or<br/>           04 Do you not want to make any updates?</p> <p>98 DON'T KNOW<br/>           99 REFUSED</p> |
| CATI<br>Spanish | <p>El número de miembros familiares niños que viven en su hogar es mayor al número total de niños que viven en su hogar. Dijo que había: al menos {S12_FILL} niños en total en su hogar y al menos {S13b_FILL} niños en el hogar que son familiares.</p> <p>¿Cuál de ellos le gustaría actualizar?</p> <p>01 El número total de niños en su hogar<br/>           02 El número de niños en el hogar que son familiares<br/>           03 Ambos o<br/>           04 ¿No quiere hacer ninguna actualización?</p>                                                                                                               |
| CAWI            | <p>The number of child family members living in your household is greater than the total number of children living in your household. You said there were: at least {S12_FILL} total children in the household, but at least {S13b_FILL} children in the household who are family members. Which of these would you like to update?</p> <p>01 Update the total number of children in my household<br/>           02 Update the number of children in the household who are family members<br/>           03 I want to update both<br/>           04 I do not want to make any updates</p>                                   |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FILLS           | S12_FILL = response to S12<br>S13b_FILL = response to S13b                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      | New variable for 2021                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | If NOCHILD_CK_1 = (01, 03): S12_RE,<br>Else, if NOCHILD_CK_1 = 02: S13B_RE,<br>Else, if S13b = (1-20): S13a,<br>Else: AGE_A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| S12_RE          |                                                                                                                                                                                                                                                                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If NOCHILD_CK_1 = (01, 03)                                                                                                                                                                                                                                                                                                                  |
| CATI            | <p>How many children <b>18 years of age or younger</b> live in your household, whether they are family members or not?</p> <p>(INTERVIEWER: IF THERE ARE MORE THAN 20 CHILDREN WHO LIVE IN THIS HOUSEHOLD, PLEASE ENTER 20.)</p> <p>_____ CHILDREN</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p>                              |
| CATI<br>Spanish | ¿Cuántos niños de <b>18 años o menores</b> viven en su hogar, sean o no miembros de la familia?                                                                                                                                                                                                                                             |
| CAWI            | <p>How many children <b>18 years of age or younger</b> live in your household, whether they are family members or not?</p> <p>_____ Children (0-20)</p>                                                                                                                                                                                     |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                                                                             |
| NOTES           | Range: 0-20<br>Recode S12 to this new number<br>If S12_RE=0, recode S13b=0                                                                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      | IF OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of children age 18 years or younger in your household is missing or invalid. Please enter a number between 0 and 20. If there are more than 20 children who live in this household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT." |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      | Short text: Enter number of children 18 years of age or younger that live in your household (0-20)                                                                                                                                                                                                                                          |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | If S12_RE = 0: AGE_A,<br>Else if NOCHILD_CK_1 = (02, 03): S13B_RE,<br>Else, if S13b = (1-20): S13a,<br>Else: AGE_A                                                                                                                                                                                                                          |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| S13b_RE       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If NOCHLID_CK_1 = (02, 03)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI          | <p>How many of the {S12FILL} children living in your household are members of your family?</p> <p>Please only count individuals 18 years of age or younger. As a reminder, family means two or more persons residing together who are related by birth, marriage, partnership, adoption or legal guardianship.</p> <p>(INTERVIEWER: IF THERE ARE MORE THAN 20 CHILDREN IN YOUR FAMILY WHO LIVE IN THIS HOUSEHOLD, PLEASE ENTER 20.)</p> <p>_____ CHILDREN</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | <p>¿Cuántos de los {S12FILL} niños que viven en su hogar son miembros de su familia?</p> <p>Cuenta solamente las personas de 18 años o menores. Recuerde que por familia se entiende dos o más personas que viven juntas y que están emparentadas por nacimiento, matrimonio, pareja, adopción o tutela legal.</p>                                                                                                                                                                                          |
| CAWI          | <p>How many of the {S12FILL} children living in your household are members of your family?</p> <p><b>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.</b></p> <p>_____ Children (0-20)</p>                                                                                                                                                                     |
| QUESTION TYPE | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FILLS         | If S12 = 1, S12FILL = "",<br>Else: S12FILL = Response to S12                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NOTES         | Range: 0-20<br>Recode S13b to this new number                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK    | IF OUTSIDE OF RANGE OR MISSING, DISPLAY THE SOFT CHECK MESSAGE OF: "Number of children age 18 years or younger in your family household is missing or invalid. Please enter a number between 0 and 20. If there are more than 20 children in your family who live in this household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                 |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES    | Short Text: "Enter number of children in your family 18 years of age or younger that live in your household (0-20)"                                                                                                                                                                                                                                                                                                                                                                                         |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NEXT          | If S13b = (1-20): S13a,<br>Else: AGE_A                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| S13a            |                                                                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If S13B = (1-20)                                                                                                                                                                                                            |
| CATI            | <p>Are you a parent of {FILL_CHILD} living in your household? A parent includes stepparents, foster parents, and legal guardians.</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p>                 |
| CATI<br>Spanish | ¿Es usted el padre o la madre de {FILL_CHILD} que vive(n) en su hogar? Esto incluye padrastro, madrastra, padres de acogida temporal y tutores legales.                                                                     |
| CAWI            | <p>Are you a parent of {FILL_CHILD} living in your household? A parent includes stepparents, foster parents, and legal guardians.</p> <p>01 Yes<br/>02 No</p>                                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                |
| FILLS           | <p><i>English:</i><br/>If S13b=1, FILL_CHILD = "the child"<br/>Else: FILL_CHILD = "any of the children"</p> <p><i>Spanish:</i><br/>If S13b=1, FILL_CHILD = "el/la niño(a)"<br/>Else: FILL_CHILD = "alguno de los niños"</p> |
| NOTES           |                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                             |
| PAPER QNUM      | Q136<br>Note that this question is placed in the demographics section on the PAPI.                                                                                                                                          |
| NEXT            | AGE_A                                                                                                                                                                                                                       |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Age &amp; Sex

| AGE_A           |                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                     |
| CATI            | <p>How old are you today?</p> <p>(INTERVIEWER: ENTER A NUMBER BETWEEN 19 AND 125.)</p> <p>_____ YEARS</p> <p>998 DON'T KNOW</p> <p>999 PREFER NOT TO SAY</p>                                                |
| CATI<br>Spanish | ¿Qué edad tiene hoy?                                                                                                                                                                                        |
| CAWI            | <p>How old are you today?</p> <p>_____ Years (19-125)</p>                                                                                                                                                   |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                             |
| NOTES           | For 2025: Question stem updated; Variable name change<br>Range: 19-125                                                                                                                                      |
| HARD CHECK      |                                                                                                                                                                                                             |
| SOFT CHECK      | IF OUTSIDE OF RANGE AND CAWI, DISPLAY: "Age is missing or invalid response: Please enter a number between 19 and 125. To skip this question, please delete all characters in the text box and select NEXT." |
| CATI NOTES      |                                                                                                                                                                                                             |
| CAWI NOTES      | Short Text: Enter how old you were on your last birthday (19-125).                                                                                                                                          |
| PAPER QNUM      | Q116<br>Note that this item is placed in the demographics section on PAPI.                                                                                                                                  |
| NEXT            | If AGE_A = missing: AGE_A_CAT,<br>Else: SEX_A                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| AGE_A_CAT       |                                                                                                                                                                                                                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_A = missing                                                                                                                                                                                                                                                                                                     |
| CATI            | <p>On your last birthday would you say that you were...</p> <p>01 19 to 24 years old,<br/> 02 25 to 34 years old,<br/> 03 35 to 44 years old,<br/> 04 45 to 54 years old,<br/> 05 55 to 64 years old,<br/> 06 65 to 74 years old, or<br/> 07 75 years old or older?</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>En su último cumpleaños, diría que tenía...</p> <p>01 De 19 a 24 años<br/> 02 De 25 a 34 años<br/> 03 De 35 a 44 años<br/> 04 De 45 a 54 años<br/> 05 De 55 a 64 años<br/> 06 De 65 a 74 años o<br/> 07 75 años o más</p>                                                                                           |
| CAWI            | <p>On your last birthday would you say that you were...</p> <p>01 19-24 years old<br/> 02 25-34 years old<br/> 03 35-44 years old<br/> 04 45-54 years old<br/> 05 55-64 years old<br/> 06 65-74 years old<br/> 07 75 years old or older</p>                                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                                                                                                                        |
| NOTES           | For 2025: Variable name changed to be more descriptive                                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                        |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                            |
| NEXT            | SEX_A                                                                                                                                                                                                                                                                                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| SEX_A           |                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                               |
| CATI            | <p>What is your sex?</p> <p>(INTERVIEWER: IF NEEDED: We ask this question of all respondents.)</p> <p>01      Male</p> <p>02      Female</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p>                               |
| CATI<br>Spanish | <p>¿Cuál es su sexo? [S15]</p> <p>01      Masculino</p> <p>02      Femenino</p> <p>(INTERVIEWER: IF NEEDED: Le hacemos esta pregunta a todos los encuestados.)</p>                                                                    |
| CAWI            | <p>What is your sex?</p> <p>01      Male</p> <p>02      Female</p>                                                                                                                                                                    |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                          |
| FILLS           |                                                                                                                                                                                                                                       |
| NOTES           | Variable renamed for 2025; optional CATI instruction added, updated question stem to measure sex instead of gender, and removed "I use a different term, please specify" answer option from 2023 to match ACS for weighting purposes. |
| HARD CHECK      |                                                                                                                                                                                                                                       |
| SOFT CHECK      |                                                                                                                                                                                                                                       |
| CATI NOTES      |                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                       |
| PAPER QNUM      | <p>Q33</p> <p>Note that the placement of this question on PAPI is different from CATI/CAWI to help with skip patterns.</p>                                                                                                            |
| NEXT            | <p>If HH = 01: A1,</p> <p>Else: A1_MEDICAID</p>                                                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## SECTION A: INSURANCE

| A1              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CATI            | <p><b>CURRENT INSURANCE STATUS</b></p> <p>The next questions ask about what kind of health insurance coverage you may have.</p> <p>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 through <a href="https://www.healthcare.gov">healthcare.gov</a>. It can also be obtained through government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE, or Champ-VA.</p> <p>Are <b>you</b> personally covered by any health insurance?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren al tipo de seguro médico que pueda tener.</p> <p>El seguro médico puede obtenerse de muchas maneras. Puede obtenerse a través de su empleo actual o anterior o del de su cónyuge o pareja. Puede adquirirse directamente como un plan privado de las compañías de seguros o a través de sitios web de mercados, por ejemplo, a través de <a href="https://www.healthcare.gov">healthcare.gov</a>. También puede obtenerse a través de programas gubernamentales y militares como Medicare, Medicaid, Healthy Families, TRICARE o Champ-VA.</p> <p>¿Está <b>personalmente</b> cubierto(a) por algún seguro médico?</p>                                                                                                    |
| CAWI            | <p>The next questions ask about what kind of health insurance coverage you may have.</p> <p>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 through <a href="https://www.healthcare.gov">healthcare.gov</a>. It can also be obtained through government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE, or Champ-VA.</p> <p>Are <b>you</b> personally covered by any health insurance?</p> <p>01      Yes<br/>02      No</p>                                                                                              |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                                                   |
|-------------------|-----------------------------------------------------------------------------------|
| <i>FILLS</i>      |                                                                                   |
| <i>NOTES</i>      | For 2025: updated question stem; continued to skip A1 = missing out of C1_NEW-C4. |
| <i>HARD CHECK</i> |                                                                                   |
| <i>SOFT CHECK</i> |                                                                                   |
| <i>CATI NOTES</i> |                                                                                   |
| <i>CAWI NOTES</i> |                                                                                   |
| <i>PAPER QNUM</i> | Q2                                                                                |
| <i>NEXT</i>       | If A1 = missing: D30,<br>Else, if A1 = 01: B4A,<br>Else: C1_NEW                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| A1_MEDICAID     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CATI            | <p><b>CURRENT INSURANCE</b></p> <p>Earlier you told us that you have Medicaid insurance. Now we'd like to ask you about any other kind of health insurance coverage you may <b>also</b> have.</p> <p>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 through healthcare.gov. It can also be obtained through government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE, or Champ-VA.</p> <p>01 NEXT</p> |
| CATI<br>Spanish | <p>Anteriormente nos dijo que tiene seguro de Medicaid. Ahora nos gustaría preguntarle sobre cualquier otro tipo de cobertura de seguro médico que <b>también</b> pueda tener.</p> <p>El seguro médico puede obtenerse de muchas maneras. Puede obtenerse a través de su empleo actual o anterior o del de su cónyuge o pareja. Puede adquirirse directamente como un plan privado de las compañías de seguros o a través de sitios web de mercados, por ejemplo, a través de healthcare.gov. También puede obtenerse a través de programas gubernamentales y militares como Medicare, Medicaid, Healthy Families, TRICARE o Champ-VA.</p>   |
| CAWI            | <p>Earlier you told us that you have Medicaid insurance. Now we'd like to ask you about any other kind of health insurance coverage you may <b>also</b> have.</p> <p>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 through healthcare.gov. It can also be obtained through government and military programs such as Medicare, Medicaid, Healthy Families, TRICARE, or Champ-VA.</p> <p>01 Next</p>                               |
| QUESTION TYPE   | Informational                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NOTES           | For 2025: updated text to remind Medicaid list sample that we know they have Medicaid.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NEXT            | B4A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION B: INSURED**

## Insured

|                 |                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>B4A</b>      |                                                                                                                                                                                                                  |
| ASK             | If A1 = 01 or HH = 02                                                                                                                                                                                            |
| CATI            | <p>Are you <b>currently</b> covered by health insurance through a current or former employer or labor union?</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Está cubierto(a) <b>actualmente</b> por un seguro médico a través de un empleador o sindicato actual o anterior?                                                                                                |
| CAWI            | <p>Are you <b>currently</b> covered by health insurance through a current or former employer or labor union?</p> <p>01      Yes</p> <p>02      No</p>                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                  |
| PAPER QNUM      | Q7                                                                                                                                                                                                               |
| NEXT            | If B4A = 01: ESI_LNG,<br>Else: B4B                                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| ESI_LNG         |                                                                                                                                                                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If B4A = 01                                                                                                                                                                                                                                                                                                   |
| CATI            | <p>How long have you been covered by your <b>current</b> health insurance through a current or former employer or labor union? Would you say...</p> <p>01 Less than 3 months<br/> 02 3 months to 1 year<br/> 03 1 to 2 years, or<br/> 04 More than 2 years</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Durante cuánto tiempo ha estado cubierto(a) por su seguro médico <b>actual</b> a través de un empleador o sindicato actual o anterior? ¿Diría que...</p> <p>01 Menos de 3 meses<br/> 02 Entre 3 meses y 1 año<br/> 03 1-2 años o<br/> 04 Más de 2 años</p>                                                |
| CAWI            | <p>How long have you been covered by your <b>current</b> health insurance through a current or former employer or labor union?</p> <p>01 Less than 3 months<br/> 02 3 months to 1 year<br/> 03 1 to 2 years<br/> 04 More than 2 years</p>                                                                     |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                                                                                                                               |
| NOTES           |                                                                                                                                                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                               |
| PAPER QNUM      | Q8                                                                                                                                                                                                                                                                                                            |
| NEXT            | B4AA                                                                                                                                                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| B4AA            |                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If B4A = 01                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI            | <p>Is your insurance through <b>your work</b> or are you receiving insurance as a dependent through someone else's work? This includes current or past work.</p> <p>(IF NEEDED READ RESPONSE OPTIONS)</p> <p>01 THROUGH YOUR OWN WORK<br/>           02 THROUGH SOMEONE ELSE'S WORK<br/>           03 BOTH THROUGH YOUR OWN WORK AND SOMEONE ELSE'S WORK</p> <p>98 DON'T KNOW<br/>           99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Su seguro es a través de <b>su trabajo</b> o recibe un seguro como dependiente a través del trabajo de otra persona? Incluye el trabajo actual o anterior.</p> <p>(IF NEEDED READ RESPONSE OPTIONS)</p> <p>01 A TRAVÉS DE SU PROPIO TRABAJO<br/>           02 A TRAVÉS DEL TRABAJO DE OTRA PERSONA<br/>           03 A TRAVÉS DE SU PROPIO TRABAJO Y EL DE OTRA PERSONA</p>                                       |
| CAWI            | <p>Is your insurance through <b>your work</b> or are you receiving insurance as a dependent through someone else's work? This includes current or past work.</p> <p>01 Through my own work<br/>           02 Through someone else's work<br/>           03 Both through my own work and someone else's work</p>                                                                                                       |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                          |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PAPER QNUM      | Q9                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NEXT            | B4B                                                                                                                                                                                                                                                                                                                                                                                                                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| B4B             |                                                                                                                                                                                                                                                     |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If A1 = 01 or HH = 02                                                                                                                                                                                                                               |
| CATI            | <p>Are you <b>currently</b> covered by <b>Medicare</b>, the <b>Federal</b> government-funded health insurance for people 65 years and older or with certain disabilities?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Actualmente</b> está cubierto(a) por <b>Medicare</b> , el seguro médico financiado por el Gobierno <b>federal</b> para personas mayores de 65 años o con determinadas discapacidades?                                                          |
| CAWI            | <p>Are you <b>currently</b> covered by <b>Medicare</b>, the <b>Federal</b> government-funded health insurance for people 65 years and older or with certain disabilities?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                                                                     |
| NOTES           |                                                                                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                                                                     |
| PAPER QNUM      | Q10                                                                                                                                                                                                                                                 |
| NEXT            | If A1 = 01: MD CD,<br>Else, if HH = 02: OTH_INS_MD<br>Else: D30                                                                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MDCD            |                                                                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If A1 = 01                                                                                                                                                                                             |
| CATI            | <p>Are you <b>currently</b> covered by Ohio <b>Medicaid</b>, the State of Ohio health insurance for those with lower income?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Actualmente</b> está cubierto(a) por Ohio <b>Medicaid</b> , el seguro médico del estado de Ohio para las personas con ingresos más bajos?                                                         |
| CAWI            | <p>Are you <b>currently</b> covered by Ohio <b>Medicaid</b>, the State of Ohio health insurance for those with lower income?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                        |
| NOTES           |                                                                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                        |
| PAPER QNUM      | Q11                                                                                                                                                                                                    |
| NEXT            | If MDCD = 01: MDCD_LNG,<br>Else: OTH_INS                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MDCD_LNG        |                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If MDCD = 01                                                                                                                                                                                                                          |
| CATI            | <p>How long have you been covered by Medicaid? Would you say...</p> <p>01 Less than 3 months</p> <p>02 3 months to 1 year</p> <p>03 1 to 2 years, or</p> <p>04 More than 2 years</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Por cuánto tiempo ha tenido la cobertura de Medicaid? ¿Diría que...</p> <p>01 Menos de 3 meses</p> <p>02 Entre 3 meses y 1 año</p> <p>03 1-2 años</p> <p>04 Más de 2 años</p>                                                     |
| CAWI            | <p>How long have you been covered by Medicaid?</p> <p>01 Less than 3 months</p> <p>02 3 months to 1 year</p> <p>03 1 to 2 years</p> <p>04 More than 2 years</p>                                                                       |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                          |
| FILLS           |                                                                                                                                                                                                                                       |
| NOTES           |                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                       |
| SOFT CHECK      |                                                                                                                                                                                                                                       |
| CATI NOTES      |                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                       |
| PAPER QNUM      | Q15                                                                                                                                                                                                                                   |
| NEXT            | OTH_INS                                                                                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| OTH_INS         |                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If A1=01                                                                                                                                                                                                                                       |
| CATI            | <p>Are you <b>currently</b> covered by any other type of health insurance not mentioned previously?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                            |
| CATI<br>Spanish | ¿ <b>Actualmente</b> está cubierto(a) por algún otro tipo de seguro médico que no se haya mencionado antes?                                                                                                                                    |
| CAWI            | <p>Are you <b>currently</b> covered by any other type of health insurance not mentioned previously?</p> <p>01 Yes</p> <p>02 No</p>                                                                                                             |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                   |
| FILLS           |                                                                                                                                                                                                                                                |
| NOTES           | For 2025: this is intended to catch responses from EXCHNG, B4E, B4G, but is only asked for the ABS sample. It is the same wording as B4G but we are relabeling since the skip pattern has changed with the new addition of OTH_INS_MD as well. |
| HARD CHECK      |                                                                                                                                                                                                                                                |
| SOFT CHECK      |                                                                                                                                                                                                                                                |
| CATI NOTES      |                                                                                                                                                                                                                                                |
| CAWI NOTES      |                                                                                                                                                                                                                                                |
| PAPER QNUM      | Q12                                                                                                                                                                                                                                            |
| NEXT            | IF OTH_INS = 01: OTH_INS_OE<br>ELSE: B4_DENTAL                                                                                                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| OTH_INS_MD      |                                                                                                                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | HH = 02                                                                                                                                                                                                                                       |
| CATI            | <p>Earlier you told us you are currently covered by Medicaid. Are you <b>also currently</b> covered by any other type of health insurance not mentioned previously?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Anteriormente nos dijo que está actualmente cubierto(a) por Medicaid. ¿Está usted cubierto(a) <b>actualmente también</b> por algún otro tipo de seguro médico no mencionado antes?</p>                                                     |
| CAWI            | <p>Earlier you told us you are currently covered by Medicaid. Are you <b>also currently</b> covered by any other type of health insurance not mentioned previously?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                                                               |
| NOTES           | For 2025: New item, tailored for Medicaid list sample                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                                                               |
| PAPER QNUM      | NOT ON PAPI                                                                                                                                                                                                                                   |
| NEXT            | IF OTH_INS_MD = 01: OTH_INS_OE<br>Else if MD_CD_LNG = (01, 02) or MD_LST_LNG = (01, 02): MD_PRV<br>Else: D30                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| OTH_INS_OE      |                                                                                                                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF OTH_INS = 01 OR OTH_INS_MD = 01                                                                                                                                                                    |
| CATI            | <p>What other type of health insurance are you currently covered by?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                                             |
| CATI<br>Spanish | ¿Por cuál otro tipo de seguro médico está usted cubierto(a) actualmente?                                                                                                                              |
| CAWI            | What other type of health insurance are you currently covered by?                                                                                                                                     |
| QUESTION TYPE   | Text box [500 character limit]                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                       |
| NOTES           | For 2025: new item. Do not plan to recode, but will use responses for future instrumentation to understand comprehension of "other insurance coverage."                                               |
| HARD CHECK      |                                                                                                                                                                                                       |
| SOFT CHECK      | IF CAWI AND MISSING: "Missing Response: You did not enter a response. Please enter a response into the text box. To skip the question, please delete all characters in the text box and select NEXT." |
| CATI NOTES      |                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                       |
| PAPER QNUM      | Q13                                                                                                                                                                                                   |
| NEXT            | <p>If A1=01: B4_DENTAL</p> <p>Else if A1=02: C1_NEW</p> <p>Else if MD_CD_LNG = (01, 02) or MD_LST_LNG = (01, 02): MD_PRV</p> <p>Else: D30</p>                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| B4_Dental       |                                                                                                                                                                 |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If A1=01                                                                                                                                                        |
| CATI            | <p>Do you <b>currently</b> have any type of insurance that covers dental bills?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Actualmente</b> tiene algún tipo de seguro que cubra las facturas por servicios dentales?                                                                  |
| CAWI            | <p>Do you <b>currently</b> have any type of insurance that covers dental bills?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                    |
| FILLS           |                                                                                                                                                                 |
| NOTES           | <p>IF HH = 02, AUTOCODE B4_DENTAL = 01</p> <p>For 2025: updated skip pattern to not ask of Medicaid list sample.</p>                                            |
| HARD CHECK      |                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                 |
| PAPER QNUM      | Q14                                                                                                                                                             |
| NEXT            | <p>If MD_CD_LNG = (01, 02) or MD_LST_LNG = (01, 02): MD_PRV</p> <p>Else: D30</p>                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Previous Coverage (Medicaid)

| MD_PRV          |                                                                                                                                                                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If MDCD_LNG = (01, 02) or MDLST_LNG = (01, 02)                                                                                                                                                                                            |
| CATI            | <p><b>COVERAGE BEFORE MEDICAID</b></p> <p><b>During the past 12 months, but before you were covered by Medicaid, were you covered by other insurance?</b></p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, pero antes de tener la cobertura de Medicaid, ¿estaba cubierto(a) por otro seguro?</b></p>                                                                                                            |
| CAWI            | <p><b>During the past 12 months, but before you were covered by Medicaid, were you covered by other insurance?</b></p> <p>01 Yes</p> <p>02 No</p>                                                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                           |
| NOTES           |                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                                           |
| PAPER QNUM      | Q16                                                                                                                                                                                                                                       |
| NEXT            | <p>If MD_PRV = 01: MD_PRV_ESI,</p> <p>Else, if A1 = 02: C1_NEW,</p> <p>Else: D30</p>                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MD_PRV_ESI    |                                                                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If MD_PRV = 01                                                                                                                                           |
| CATI          | <p>Was that prior insurance obtained through an employer or labor union?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | ¿Ese seguro anterior lo obtuvo a través de un empleador o sindicato?                                                                                     |
| CAWI          | <p>Was that prior insurance obtained through an employer or labor union?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE | Radio button                                                                                                                                             |
| FILLS         |                                                                                                                                                          |
| NOTES         |                                                                                                                                                          |
| HARD CHECK    |                                                                                                                                                          |
| SOFT CHECK    |                                                                                                                                                          |
| CATI NOTES    |                                                                                                                                                          |
| CAWI NOTES    |                                                                                                                                                          |
| PAPER QNUM    | Q17                                                                                                                                                      |
| NEXT          | If A1 = 02: C1_NEW,<br>Else: D30                                                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION C: UNINSURED**

NOTE: MEDICAID LIST SAMPLE (HH=02) IS EXCLUDED FROM THIS SECTION

| C1_NEW          |                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If A1 = 02                                                                                                                                                                                                                                                                                                                                                                               |
| CATI            | <p><b>CURRENTLY UNINSURED</b></p> <p>When were you last covered by <b>any</b> type of health insurance? Would you say...</p> <p>01 Less than 3 months ago</p> <p>02 3 months to 1 year ago</p> <p>03 1 to 2 years ago</p> <p>04 2 to 3 years ago</p> <p>05 More than 3 years ago, or</p> <p>06 Have you never had health insurance?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuándo fue la última vez que tuvo cobertura de <b>algún</b> tipo de seguro médico? ¿Diría que...</p> <p>01 Hace menos de 3 meses</p> <p>02 Hace entre 3 meses y 1 año</p> <p>03 Hace de 1 a 2 años</p> <p>04 Hace de 2 a 3 años</p> <p>05 Hace más de 3 años o</p> <p>06 ¿Nunca ha tenido seguro médico?</p>                                                                         |
| CAWI            | <p>When were you last covered by <b>any</b> type of health insurance?</p> <p>01 Less than 3 months ago</p> <p>02 3 months to 1 year ago</p> <p>03 1 to 2 years ago</p> <p>04 2 to 3 years ago</p> <p>05 More than 3 years ago</p> <p>06 <i>I have never had health insurance</i></p>                                                                                                     |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                          |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                          |
| PAPER QNUM      | Q3                                                                                                                                                                                                                                                                                                                                                                                       |
| NEXT            | If C1_NEW = (01, 02, 03): C2B,<br>Else: D30                                                                                                                                                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| C2B           |                                                                                                                                                                                         |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If C1_NEW = (01, 02, 03)                                                                                                                                                                |
| CATI          | <p>Did you lose your insurance because of a job loss or layoff that you or a family member experienced?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | ¿Se quedó sin seguro debido a la pérdida de empleo o despido propio o de un miembro de su familia?                                                                                      |
| CAWI          | <p>Did you lose your insurance because of a job loss or layoff that you or a family member experienced?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE | Radio button                                                                                                                                                                            |
| FILLS         |                                                                                                                                                                                         |
| NOTES         |                                                                                                                                                                                         |
| HARD CHECK    |                                                                                                                                                                                         |
| SOFT CHECK    |                                                                                                                                                                                         |
| CATI NOTES    |                                                                                                                                                                                         |
| CAWI NOTES    |                                                                                                                                                                                         |
| PAPER QNUM    | Q4                                                                                                                                                                                      |
| NEXT          | C3                                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| C3              |                                                                                                                                                                                                                           |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If C1_NEW = (01, 02, 03)                                                                                                                                                                                                  |
| CATI            | <p>The last time you had health insurance, were you covered by <b>Medicaid</b>, the State of Ohio health insurance for those with lower income?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | La última vez que tuvo seguro médico, ¿estaba cubierto(a) por <b>Medicaid</b> , el seguro médico del estado de Ohio para las personas con ingresos más bajos?                                                             |
| CAWI            | <p>The last time you had health insurance, were you covered by <b>Medicaid</b>, the State of Ohio health insurance for those with lower income?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                           |
| NOTES           |                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                           |
| PAPER QNUM      | Q5                                                                                                                                                                                                                        |
| NEXT            | If C3 = 02: C4,<br>Else: D30                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| C4              |                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If C3 = 02                                                                                                                                                                                                       |
| CATI            | <p>The last time you had health insurance, were you covered by insurance obtained through a current or former employer or labor union?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | La última vez que tuvo seguro médico, ¿estaba cubierto(a) por un seguro obtenido a través de un empleador o sindicato actual o anterior?                                                                         |
| CAWI            | <p>The last time you had health insurance, were you covered by insurance obtained through a current or former employer or labor union?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                  |
| PAPER QNUM      | Q6                                                                                                                                                                                                               |
| NEXT            | D30                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION D: HEALTH STATUS****General Health**

| <b>D30</b>          |                                                                                                                                                                                                                                                                                                                                                     |
|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ASK</b>          | <b>ASK ALL</b>                                                                                                                                                                                                                                                                                                                                      |
| <b>CATI</b>         | <p><b>GENERAL HEALTH</b></p> <p>These next questions ask about your health.</p> <p>In general, would you say your health is excellent, very good, good, fair, or poor?</p> <p>01      EXCELLENT</p> <p>02      VERY GOOD</p> <p>03      GOOD</p> <p>04      FAIR</p> <p>05      POOR</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| <b>CATI Spanish</b> | <p>Las siguientes preguntas se refieren a su salud.</p> <p>En general, ¿diría que su salud es excelente, muy buena, buena, regular o deficiente?</p> <p>01      EXCELENTE</p> <p>02      MUY BUENA</p> <p>03      BUENA</p> <p>04      REGULAR</p> <p>05      DEFICIENTE</p>                                                                        |
| <b>CAWI</b>         | <p>These next questions ask about your health.</p> <p>In general, would you say your health is excellent, very good, good, fair, or poor?</p> <p>01      Excellent</p> <p>02      Very good</p> <p>03      Good</p> <p>04      Fair</p> <p>05      Poor</p>                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| QUESTION TYPE | Radio button |
|---------------|--------------|
| FILLS         |              |
| NOTES         |              |
| HARD CHECK    |              |
| SOFT CHECK    |              |
| CATI NOTES    |              |
| CAWI NOTES    |              |
| PAPER QNUM    | Q18          |
| NEXT          | HLTH_DY      |

OMAS Adult and Child CATI/CAWI Instrument Specifications  
HH=01 indicates ABS sample  
HH=02 indicates Medicaid-list sample

| HLTH_DY         |                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                     |
| CATI            | <p>For the next question, please think about your <b>physical health</b>, which includes physical illness and injury. <b>During the past 30 days</b>, on how many days did a <b>physical health</b> condition keep you from doing your work or other usual activities?</p> <p>(INTERVIEWER: ENTER A NUMBER BETWEEN 0 AND 30.)</p> <p>_____ DAYS</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>En la siguiente pregunta, piense en su <b>salud física</b>, lo que incluye enfermedades y lesiones físicas. <b>Durante los últimos 30 días</b>, ¿por cuántos días un problema de <b>salud física</b> le impidió realizar su trabajo u otras actividades habituales?</p>                                                                                                                                  |
| CAWI            | <p>For the next question, please think about your <b>physical health</b>, which includes physical illness and injury. <b>During the past 30 days</b>, on how many days did a <b>physical health</b> condition keep you from doing your work or other usual activities?</p> <p>_____ Days (0-30)</p>                                                                                                         |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           | Range: 0-30                                                                                                                                                                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of days is missing or invalid. Please enter a number between 0 and 30. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      | Short Text: Enter the number of days a physical health condition kept you from doing your work or other usual activities (0-30).                                                                                                                                                                                                                                                                            |
| PAPER QNUM      | Q19                                                                                                                                                                                                                                                                                                                                                                                                         |
| NEXT            | D30_d                                                                                                                                                                                                                                                                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D30_d           |                                                                                                                                                                                                                                                  |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                          |
| CATI            | <p>Thinking about your teeth and gums, would you say your dental health is excellent, very good, good, fair, or poor?</p> <p>01 EXCELLENT<br/>02 VERY GOOD<br/>03 GOOD<br/>04 FAIR<br/>05 POOR</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Pensando en sus dientes y encías, ¿diría que su salud dental es excelente, muy buena, buena, regular o deficiente?</p> <p>01 EXCELENTE<br/>02 MUY BUENA<br/>03 BUENA<br/>04 REGULAR<br/>05 DEFICIENTE</p>                                     |
| CAWI            | <p>Thinking about your teeth and gums, would you say your dental health is excellent, very good, good, fair, or poor?</p> <p>01 Excellent<br/>02 Very good<br/>03 Good<br/>04 Fair<br/>05 Poor</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                                                  |
| PAPER QNUM      | Q20                                                                                                                                                                                                                                              |
| NEXT            | CDC_1                                                                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Disability

|                 |                                                                                                                                                                                                                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CDC_1</b>    |                                                                                                                                                                                                                                                                                                          |
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                  |
| CATI            | <p>The next questions are about any physical, mental, or emotional conditions that cause serious difficulties with daily activities.</p> <p>Are you deaf, or do you have serious difficulty hearing?</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a cualquier afección física, mental o emocional que cause dificultades graves para realizar las actividades cotidianas.</p> <p>¿Es sordo(a) o tiene dificultades graves para oír?</p>                                                                            |
| CAWI            | <p>The next questions are about any physical, mental, or emotional conditions that cause serious difficulties with daily activities.</p> <p>Are you deaf, or do you have serious difficulty hearing?</p> <p>01      Yes</p> <p>02      No</p>                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                                                                                          |
| NOTES           |                                                                                                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                          |
| PAPER QNUM      | Q21                                                                                                                                                                                                                                                                                                      |
| NEXT            | CDC_2                                                                                                                                                                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                 |                                                                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CDC_2</b>    |                                                                                                                                                                        |
| ASK             | ASK ALL                                                                                                                                                                |
| CATI            | <p>Are you blind, or do you have serious difficulty seeing, even when wearing glasses?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Es ciego(a) o tiene dificultades graves para ver, incluso con anteojos?                                                                                               |
| CAWI            | <p>Are you blind, or do you have serious difficulty seeing, even when wearing glasses?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                           |
| FILLS           |                                                                                                                                                                        |
| NOTES           |                                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                        |
| PAPER QNUM      | Q22                                                                                                                                                                    |
| NEXT            | CDC_3                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CDC_3         |                                                                                                                                |
|---------------|--------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                        |
| CATI          | Do you have serious difficulty walking or climbing stairs?<br><br>01 YES<br>02 NO<br><br>98 DON'T KNOW<br>99 PREFER NOT TO SAY |
| CATI Spanish  | ¿Tiene dificultades graves para caminar o subir escaleras?                                                                     |
| CAWI          | Do you have serious difficulty walking or climbing stairs?<br><br>01 Yes<br>02 No                                              |
| QUESTION TYPE | Radio button                                                                                                                   |
| FILLS         |                                                                                                                                |
| NOTES         |                                                                                                                                |
| HARD CHECK    |                                                                                                                                |
| SOFT CHECK    |                                                                                                                                |
| CATI NOTES    |                                                                                                                                |
| CAWI NOTES    |                                                                                                                                |
| PAPER QNUM    | Q23                                                                                                                            |
| NEXT          | If CDC_3 = 01 and (AGE_A >= 22 or AGE_A = missing): AG_ONST_3,<br>Else: CDC_4                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| AG_ONST_3       |                                                                                                                                                                            |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CDC_3 = 01 and (AGE_A >= 22 or AGE_A = missing)                                                                                                                         |
| CATI            | <p>Did this serious difficulty with walking or climbing stairs begin <b>before</b> age 22?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Esta dificultad grave para caminar o subir escaleras comenzó <b>antes</b> de los 22 años?                                                                                 |
| CAWI            | <p>Did this serious difficulty with walking or climbing stairs begin <b>before</b> age 22?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                               |
| FILLS           |                                                                                                                                                                            |
| NOTES           |                                                                                                                                                                            |
| HARD CHECK      |                                                                                                                                                                            |
| SOFT CHECK      |                                                                                                                                                                            |
| CATI NOTES      |                                                                                                                                                                            |
| CAWI NOTES      |                                                                                                                                                                            |
| PAPER QNUM      | <p>Q24</p> <p>Note that PAPI does not include the age ask logic, as this would be too difficult to implement.</p>                                                          |
| NEXT            | CDC_4                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CDC_4         |                                                                                                                 |
|---------------|-----------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                         |
| CATI          | Do you have difficulty dressing or bathing?<br><br>01 YES<br>02 NO<br><br>98 DON'T KNOW<br>99 PREFER NOT TO SAY |
| CATI Spanish  | ¿Tiene dificultades para vestirse o bañarse?                                                                    |
| CAWI          | Do you have difficulty dressing or bathing?<br><br>01 Yes<br>02 No                                              |
| QUESTION TYPE | Radio button                                                                                                    |
| FILLS         |                                                                                                                 |
| NOTES         |                                                                                                                 |
| HARD CHECK    |                                                                                                                 |
| SOFT CHECK    |                                                                                                                 |
| CATI NOTES    |                                                                                                                 |
| CAWI NOTES    |                                                                                                                 |
| PAPER QNUM    | Q25                                                                                                             |
| NEXT          | If CDC_4 = 01 and (AGE_A >= 22 or AGE_A = missing): AG_ONST_4,<br>Else: CDC_5                                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| AG_ONST_4       |                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CDC_4 = 01 and (AGE_A >= 22 or AGE_A = missing)                                                                                                          |
| CATI            | <p>Did this difficulty with dressing or bathing begin <b>before</b> age 22?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Esta dificultad para vestirse o bañarse comenzó <b>antes</b> de los 22 años?                                                                               |
| CAWI            | <p>Did this difficulty with dressing or bathing begin <b>before</b> age 22?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                |
| FILLS           |                                                                                                                                                             |
| NOTES           |                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                             |
| PAPER QNUM      | <p>Q26</p> <p>Note that PAPI does not include the age ask logic, as this would be too difficult to implement.</p>                                           |
| NEXT            | CDC_5                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CDC_5           |                                                                                                                                                                                                                     |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                             |
| CATI            | <p>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | Debido a una afección física, mental o emocional, ¿tiene dificultades graves para concentrarse, recordar o tomar decisiones?                                                                                        |
| CAWI            | <p>Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                                     |
| NOTES           |                                                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                                     |
| PAPER QNUM      | Q27                                                                                                                                                                                                                 |
| NEXT            | CDC_6                                                                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CDC_6           |                                                                                                                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                         |
| CATI            | <p>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | Debido a una afección física, mental o emocional, ¿tiene dificultades para hacer recados solo(a), como ir al médico o de compras?                                                                                               |
| CAWI            | <p>Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                 |
| NOTES           |                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                 |
| PAPER QNUM      | Q28                                                                                                                                                                                                                             |
| NEXT            | If CDC_6 = 01 and (AGE_A >= 22 or AGE_A = missing): AG_ONST_6,<br>Else: COM_SS                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| AG_ONST_6       |                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CDC_6 = 01 and (AGE_A >= 22 or AGE_A = missing)                                                                                                     |
| CATI            | <p>Did this difficulty doing errands alone begin <b>before</b> age 22?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Esta dificultad para hacer recados solo(a) comenzó <b>antes</b> de los 22 años?                                                                       |
| CAWI            | <p>Did this difficulty doing errands alone begin <b>before</b> age 22?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                           |
| FILLS           |                                                                                                                                                        |
| NOTES           |                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                        |
| PAPER QNUM      | <p>Q29</p> <p>Note that PAPI does not include the age ask logic, as this would be too difficult to implement.</p>                                      |
| NEXT            | COM_SS                                                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| COM_SS        |                                                                                                                                                                                                                                                                                                 |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                                                                         |
| CATI          | <p>Using your usual language, do you have difficulty communicating, for example understanding or being understood? Would you say...</p> <p>01 No difficulty<br/> 02 Some difficulty<br/> 03 A lot of difficulty, or<br/> 04 Cannot do at all</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI Spanish  | <p>Utilizando su idioma habitual, ¿tiene dificultades para comunicarse, por ejemplo para entender o hacerse entender? ¿Diría que...</p> <p>01 No tiene dificultades<br/> 02 Algunas dificultades<br/> 03 Muchas dificultades, o<br/> 04 No puede hacerlo en absoluto</p>                        |
| CAWI          | <p>Using your usual language, do you have difficulty communicating, for example understanding or being understood?</p> <p>01 No difficulty<br/> 02 Some difficulty<br/> 03 A lot of difficulty<br/> 04 Cannot do at all</p>                                                                     |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                    |
| FILLS         |                                                                                                                                                                                                                                                                                                 |
| NOTES         |                                                                                                                                                                                                                                                                                                 |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                 |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM    | Q30                                                                                                                                                                                                                                                                                             |
| NEXT          | If COMM_SS = (02, 03, 04) and (AGE_A >= 22 or AGE_A = missing): AG_ONST_CM<br>Else: ADULT_DD                                                                                                                                                                                                    |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| AG_ONST_CM    |                                                                                                                                                  |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If COM_SS = (02, 03, 04) and (AGE_A >= 22 or AGE_A = missing)                                                                                    |
| CATI          | <p>Did this difficulty communicating begin <b>before</b> age 22?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | ¿Esta dificultad para comunicarse comenzó <b>antes</b> de los 22 años?                                                                           |
| CAWI          | <p>Did this difficulty communicating begin <b>before</b> age 22?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE | Radio button                                                                                                                                     |
| FILLS         |                                                                                                                                                  |
| NOTES         |                                                                                                                                                  |
| HARD CHECK    |                                                                                                                                                  |
| SOFT CHECK    |                                                                                                                                                  |
| CATI NOTES    |                                                                                                                                                  |
| CAWI NOTES    |                                                                                                                                                  |
| PAPER QNUM    | <p>Q31</p> <p>Note that PAPI does not include the age ask logic, as this would be too difficult to implement.</p>                                |
| NEXT          | ADULT_DD                                                                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ADULT_DD        |                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                     |
| CATI            | Do you have a developmental disability?<br><br>01 YES<br>02 NO<br><br>98 DON'T KNOW<br>99 PREFER NOT TO SAY |
| CATI<br>Spanish | ¿Tiene alguna discapacidad del desarrollo?                                                                  |
| CAWI            | Do you have a developmental disability?<br><br>01 Yes<br>02 No                                              |
| QUESTION TYPE   | Radio button                                                                                                |
| FILLS           |                                                                                                             |
| NOTES           |                                                                                                             |
| HARD CHECK      |                                                                                                             |
| SOFT CHECK      |                                                                                                             |
| CATI NOTES      |                                                                                                             |
| CAWI NOTES      |                                                                                                             |
| PAPER QNUM      | Q32                                                                                                         |
| NEXT            | If SEX_A = 02 and (AGE_A < 45 or AGE_A_CAT = (01, 02, 03)): E65,<br>Else: D42                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Pregnancy Status

|                 |                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E65</b>      |                                                                                                                                                 |
| ASK             | If SEX_A = 02 and (AGE_A < 45 or AGE_A_CAT = (01, 02, 03))                                                                                      |
| CATI            | <p><b>During the past 12 months, were you pregnant at any time?</b></p> <p>01 YES<br/>02 NO<br/><br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <b>Durante los últimos 12 meses, ¿estuvo embarazada en algún momento?</b>                                                                       |
| CAWI            | <p><b>During the past 12 months, were you pregnant at any time?</b></p> <p>01 Yes<br/>02 No</p>                                                 |
| QUESTION TYPE   | Radio button                                                                                                                                    |
| FILLS           |                                                                                                                                                 |
| NOTES           |                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                 |
| PAPER QNUM      | Q34<br>Note that the PAPI does not include the age ask logic, as this is too difficult to implement.                                            |
| NEXT            | If E65 = 01: E65A,<br>Else: D42                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| E65A            |                                                                                                        |              |
|-----------------|--------------------------------------------------------------------------------------------------------|--------------|
| ASK             |                                                                                                        | If E65 = 01  |
| CATI            | Are you <b>currently</b> pregnant?<br><br>01 YES<br>02 NO<br><br>98 DON'T KNOW<br>99 PREFER NOT TO SAY |              |
| CATI<br>Spanish | ¿ <b>Actualmente</b> está embarazada?                                                                  |              |
| CAWI            | Are you <b>currently</b> pregnant?<br><br>01 Yes<br>02 No                                              |              |
| QUESTION TYPE   |                                                                                                        | Radio button |
| FILLS           |                                                                                                        |              |
| NOTES           |                                                                                                        |              |
| HARD CHECK      |                                                                                                        |              |
| SOFT CHECK      |                                                                                                        |              |
| CATI NOTES      |                                                                                                        |              |
| CAWI NOTES      |                                                                                                        |              |
| PAPER QNUM      |                                                                                                        | Q35          |
| NEXT            |                                                                                                        | D42          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Chronic Conditions

| D42             |                                                                                                                                                                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                  |
| CATI            | <p>These next questions are about medical conditions you may have.</p> <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>high cholesterol</b>?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a las afecciones médicas que pueda tener.</p> <p>¿<b>Alguna vez</b> un médico u otro profesional médico le ha dicho que tiene el <b>colesterol alto</b>?</p>                                                     |
| CAWI            | <p>These next questions are about medical conditions you may have.</p> <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>high cholesterol</b>?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                                          |
| NOTES           |                                                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                                          |
| PAPER QNUM      | Q36                                                                                                                                                                                                                                                      |
| NEXT            | D43                                                                                                                                                                                                                                                      |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D43             |                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                         |
| CATI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>diabetes</b>? Would you say...</p> <p>01 Yes, diabetes<br/> 03 Yes, borderline diabetes, or<br/> 02 No<br/> <br/> 98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿<b>Alguna vez</b> un médico u otro profesional médico le ha dicho que tiene <b>diabetes</b>? ¿Diría que...</p> <p>01 Sí, diabetes<br/> 03 Sí, prediabetes o<br/> 02 No</p>                                                                  |
| CAWI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>diabetes</b>?</p> <p>01 Yes<br/> 02 No<br/> 03 Borderline</p>                                                                                                 |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                 |
| NOTES           |                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                 |
| PAPER QNUM      | Q37                                                                                                                                                                                                                                             |
| NEXT            | If D43 = (01, 03) and SEX_A = 02 and (AGE_A < 45 or AGE_A_CAT = (01, 02, 03)): D43B,<br>Else: COPD                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D43B            |                                                                                                                                                                                                                                                                                |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If D43 = (01, 03) and SEX_A = 02 and (AGE_A < 45 or AGE_A_CAT = (01, 02, 03))                                                                                                                                                                                                  |
| CATI            | <p>Was your {FILL_DIABETES} only during a time associated with a pregnancy?</p> <p>01 YES<br/>02 NO<br/><br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p>                                                                                                                        |
| CATI<br>Spanish | ¿Su {FILL_DIABETES} se le diagnosticó solo durante el embarazo?                                                                                                                                                                                                                |
| CAWI            | <p>Was your {FILL_DIABETES} only during a time associated with a pregnancy?</p> <p>01 Yes<br/>02 No</p>                                                                                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                   |
| FILLS           | <p><i>English:</i><br/>IF D43 = 03: FILL_DIABETES = "borderline diabetes"<br/>ELSE: FILL_DIABETES = "diabetes"</p> <p><i>Spanish:</i><br/>IF D43 = 03: FILL_DIABETES = "prediabetes"<br/>ELSE: FILL_DIABETES = "diabetes"</p>                                                  |
| NOTES           |                                                                                                                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                                                                                |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                |
| CATI NOTES      |                                                                                                                                                                                                                                                                                |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                |
| PAPER QNUM      | <p>Q38<br/>Note that the PAPI skip logic only includes if Q37=Yes or Borderline; it does not include the sex or age skip logic. Because of this, the PAPI includes different response options:<br/>Yes, only when pregnant<br/>No<br/>Does not apply (Never been pregnant)</p> |
| NEXT            | COPD                                                                                                                                                                                                                                                                           |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| COPD            |                                                                                                                                                                                                                          |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                  |
| CATI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>chronic obstructive pulmonary disease</b>, also called COPD?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> un médico u otro profesional médico le ha dicho que tiene <b>enfermedad pulmonar obstructiva crónica</b> , también llamada EPOC?                                                                     |
| CAWI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>chronic obstructive pulmonary disease</b>, also called COPD?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                          |
| NOTES           |                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                          |
| PAPER QNUM      | Q39                                                                                                                                                                                                                      |
| NEXT            | ASTH                                                                                                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ASTH            |                                                                                                                                                                               |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                       |
| CATI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>asthma</b>?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> un médico u otro profesional médico le ha dicho que tiene <b>asma</b> ?                                                                                   |
| CAWI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>asthma</b>?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                               |
| NOTES           | For 2025: Updated variable name to be more descriptive                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                               |
| PAPER QNUM      | Q40                                                                                                                                                                           |
| NEXT            | If ASTH = 01: ASTH_NW<br>ELSE: CNCR                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ASTH_NW         |                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------|
| ASK             | IF ASTH = 01                                                                                  |
| CATI            | Do you still have asthma?<br><br>01 YES<br>02 NO<br><br>98 DON'T KNOW<br>99 PREFER NOT TO SAY |
| CATI<br>Spanish | ¿Aún tiene asma?                                                                              |
| CAWI            | Do you still have asthma?<br><br>01 Yes<br>02 No                                              |
| QUESTION TYPE   | Radio button                                                                                  |
| FILLS           |                                                                                               |
| NOTES           | For 2025: new item                                                                            |
| HARD CHECK      |                                                                                               |
| SOFT CHECK      |                                                                                               |
| CATI NOTES      |                                                                                               |
| CAWI NOTES      |                                                                                               |
| PAPER QNUM      | Q41                                                                                           |
| NEXT            | CNCR                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CNCR            |                                                                                                                                                                               |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                       |
| CATI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>cancer</b>?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> un médico u otro profesional médico le ha dicho que tiene <b>cáncer</b> ?                                                                                 |
| CAWI            | <p>Has a doctor or other health professional <b>ever</b> told you that you had <b>cancer</b>?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                               |
| NOTES           |                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                               |
| PAPER QNUM      | Q42                                                                                                                                                                           |
| NEXT            | MTL_HLTH                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



## Mental Health

| MTL_HLTH        |                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                    |
| CATI            | <p><b>MENTAL HEALTH</b></p> <p>The next questions are about your mental or emotional health. You do not have to answer any questions that make you uncomfortable.</p> <p>In general, would you say that your <b>mental health</b> is excellent, very good, good, fair, or poor?</p> <p>01 EXCELLENT<br/>02 VERY GOOD<br/>03 GOOD<br/>04 FAIR<br/>05 POOR</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a su salud mental o emocional. No tiene que responder ninguna pregunta que le incomode.</p> <p>En general, ¿diría que su <b>salud mental</b> es excelente, muy buena, buena, regular o deficiente?</p> <p>06 EXCELENTE<br/>07 MUY BUENA<br/>08 BUENA<br/>09 REGULAR<br/>10 DEFICIENTE</p>                                                                          |
| CAWI            | <p>The next questions are about your mental or emotional health. You do not have to answer any questions that make you uncomfortable.</p> <p>In general, would you say that your <b>mental health</b> is excellent, very good, good, fair, or poor?</p> <p>01 Excellent<br/>02 Very good<br/>03 Good<br/>04 Fair<br/>05 Poor</p>                                                                           |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                               |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                            |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |      |
|-------------------|------|
| <i>HARD CHECK</i> |      |
| <i>SOFT CHECK</i> |      |
| <i>CATI NOTES</i> |      |
| <i>CAWI NOTES</i> |      |
| <i>PAPER QNUM</i> | Q43  |
| <i>NEXT</i>       | D30I |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D30I            |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>Thinking about your <b>mental health</b>, which may include stress, depression, problems with emotions, or substance abuse, for how many days, <b>during the past 30 days</b> did a mental health condition or emotional problem keep you from doing your work or other usual activities?</p> <p>(INTERVIEWER: ENTER A NUMBER BETWEEN 0 AND 30.)</p> <p>_____ DAYS</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Pensando en su <b>salud mental</b>, lo que puede incluir estrés, depresión, problemas emocionales o consumo de sustancias, ¿por cuántos días, <b>durante los últimos 30 días</b>, una afección de salud mental o un problema emocional le impidió realizar su trabajo u otras actividades habituales?</p>                                                                                                                         |
| CAWI            | <p>Thinking about your <b>mental health</b>, which may include stress, depression, problems with emotions, or substance abuse, for how many days, <b>during the past 30 days</b> did a mental health condition or emotional problem keep you from doing your work or other usual activities?</p> <p>_____ Days (0-30)</p>                                                                                                            |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| NOTES           | Range: 0-30                                                                                                                                                                                                                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of days is missing or invalid. Please enter a number between 0 and 30. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CAWI NOTES      | Short Text: Enter the number of days a mental health condition kept you from doing your work or other usual activities (0-30).                                                                                                                                                                                                                                                                                                       |
| PAPER QNUM      | Q44                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NEXT            | IS_UCLA1                                                                                                                                                                                                                                                                                                                                                                                                                             |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Loneliness

| IS_UCLA1        |                                                                                                                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                          |
| CATI            | <p>How often do you feel that you lack companionship? Would you say...</p> <p>(INTERVIEWER: IF THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Hardly ever<br/> 02      Some of the time, or<br/> 03      Often</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Con qué frecuencia siente que le falta compañía? ¿Diría que...</p> <p>(INTERVIEWER: IF THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Casi nunca<br/> 02      Algunas veces o<br/> 03      A menudo</p>                                                                 |
| CAWI            | <p>How often do you feel that you lack companionship?</p> <p>01      Hardly ever<br/> 02      Some of the time<br/> 03      Often</p>                                                                                                                                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                  |
| PAPER QNUM      | Q45                                                                                                                                                                                                                                                                                                              |
| NEXT            | IS_UCLA2                                                                                                                                                                                                                                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| IS_UCLA2        |                                                                                                                                                                                                                                                                                    |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                            |
| CATI            | <p>How often do you feel left out? Would you say...</p> <p>THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Hardly ever</p> <p>02      Some of the time, or</p> <p>03      Often</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Con qué frecuencia se siente excluido(a)? ¿Diría que...</p> <p>THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Casi nunca</p> <p>02      Algunas veces o</p> <p>03      A menudo</p>                                                       |
| CAWI            | <p>How often do you feel left out?</p> <p>01      Hardly ever</p> <p>02      Some of the time</p> <p>03      Often</p>                                                                                                                                                             |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                                                                                                    |
| NOTES           |                                                                                                                                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                    |
| PAPER QNUM      | Q46                                                                                                                                                                                                                                                                                |
| NEXT            | IS_UCLA3                                                                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| IS_UCLA3        |                                                                                                                                                                                                                                                                                                           |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                   |
| CATI            | <p>How often do you feel isolated from others? Would you say...</p> <p>(INTERVIEWER: IF THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Hardly ever<br/> 02      Some of the time, or<br/> 03      Often</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Con qué frecuencia se siente aislado(a) de los demás? ¿Diría que...</p> <p>(INTERVIEWER: IF THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Casi nunca<br/> 02      Algunas veces o<br/> 03      A menudo</p>                                                     |
| CAWI            | <p>How often do you feel isolated from others?</p> <p>01      Hardly ever<br/> 02      Some of the time<br/> 03      Often</p>                                                                                                                                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                                                                           |
| NOTES           |                                                                                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                           |
| PAPER QNUM      | Q47                                                                                                                                                                                                                                                                                                       |
| NEXT            | LNLY                                                                                                                                                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| LNLY            |                                                                                                                                                                                                                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                     |
| CATI            | <p>How often do you feel lonely? Would you say...</p> <p>(INTERVIEWER: IF THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Hardly ever<br/> 02      Some of the time, or<br/> 03      Often</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Con qué frecuencia se siente solo(a)? ¿Diría que...</p> <p>(INTERVIEWER: IF THE RESPONDENT SAYS "NONE OF THE TIME," THEN ENTER: 01 HARDLY EVER.)</p> <p>01      Casi nunca<br/> 02      Algunas veces o<br/> 03      A menudo</p>                                                       |
| CAWI            | <p>How often do you feel lonely?</p> <p>01      Hardly ever<br/> 02      Some of the time<br/> 03      Often</p>                                                                                                                                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                             |
| NOTES           | For 2025: new item                                                                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Q48                                                                                                                                                                                                                                                                                         |
| NEXT            | D45                                                                                                                                                                                                                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Substance Use

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>D45</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ASK                  | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>CATI</b>          | <p><b>SUBSTANCE USE</b></p> <p>The next few questions are about your experiences with tobacco, alcohol, and other substances. The answers that you provide 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.</p> <p>Have you smoked at least 100 cigarettes in your entire life?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| <b>CATI Spanish</b>  | <p>Las siguientes preguntas se refieren a sus experiencias con el tabaco, el alcohol y otras sustancias. Las respuestas que proporcione son importantes para el éxito de este estudio, y solo se informarán las respuestas combinadas de todos los participantes de la encuesta, no individuales.</p> <p>¿Ha fumado al menos 100 cigarrillos en toda su vida?</p>                                                                                             |
| <b>CAWI</b>          | <p>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.</p> <p>Have you smoked at least 100 cigarettes in your entire life?</p> <p>01 Yes<br/>02 No</p>                                                                           |
| <b>QUESTION TYPE</b> | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>FILLS</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>NOTES</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>HARD CHECK</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>SOFT CHECK</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>CATI NOTES</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>CAWI NOTES</b>    |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>PAPER QNUM</b>    | Q49                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>NEXT</b>          | If D45 = 01: D45a,<br>Else: D45e                                                                                                                                                                                                                                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| D45a            |                                                                                                                                                                                     |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If D45 = 01                                                                                                                                                                         |
| CATI            | <p>Do you <b>now</b> smoke cigarettes every day, some days, or not at all?</p> <p>01 EVERY DAY<br/>02 SOME DAYS<br/>03 NOT AT ALL</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿<b>Ahora</b> fuma cigarrillos todos los días, algunos días o no fuma en absoluto?</p> <p>01 TODOS LOS DÍAS<br/>02 ALGUNOS DÍAS<br/>03 EN ABSOLUTO</p>                           |
| CAWI            | <p>Do you <b>now</b> smoke cigarettes every day, some days, or not at all?</p> <p>01 Every day<br/>02 Some days<br/>03 Not at all</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                     |
| NOTES           |                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                     |
| PAPER QNUM      | Q50                                                                                                                                                                                 |
| NEXT            | D45e                                                                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D45e          |                                                                                                                                                                        |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                |
| CATI          | <p>Have you <b>ever</b> used an electronic cigarette or vaping product, even one time?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | ¿ <b>Alguna vez</b> ha utilizado un cigarrillo electrónico o un producto de vapeo, aunque solo fuera una vez?                                                          |
| CAWI          | <p>Have you <b>ever</b> used an electronic cigarette or vaping product, even one time?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE | Radio button                                                                                                                                                           |
| FILLS         |                                                                                                                                                                        |
| NOTES         |                                                                                                                                                                        |
| HARD CHECK    |                                                                                                                                                                        |
| SOFT CHECK    |                                                                                                                                                                        |
| CATI NOTES    |                                                                                                                                                                        |
| CAWI NOTES    |                                                                                                                                                                        |
| PAPER QNUM    | Q51                                                                                                                                                                    |
| NEXT          | If D45e = 01: D45F,<br>Else: D46                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D45f            |                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If D45e = 01                                                                                                                                                                                                                          |
| CATI            | <p>Do you <b>now</b> use electronic cigarettes or vaping products every day, some days, rarely, or not at all?</p> <p>01 EVERY DAY<br/>02 SOME DAYS<br/>03 RARELY<br/>04 NOT AT ALL</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿<b>Ahora</b> usa cigarrillos electrónicos o productos de vapeo todos los días, algunos días, pocas veces o en absoluto?</p> <p>01 TODOS LOS DÍAS<br/>02 ALGUNOS DÍAS<br/>03 POCAS VECES<br/>04 EN ABSOLUTO</p>                    |
| CAWI            | <p>Do you <b>now</b> use electronic cigarettes or vaping products every day, some days, rarely, or not at all?</p> <p>01 Every day<br/>02 Some days<br/>03 Rarely<br/>04 Not at all</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                          |
| FILLS           |                                                                                                                                                                                                                                       |
| NOTES           |                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                       |
| SOFT CHECK      |                                                                                                                                                                                                                                       |
| CATI NOTES      |                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                       |
| PAPER QNUM      | Q52                                                                                                                                                                                                                                   |
| NEXT            | D46                                                                                                                                                                                                                                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D46             |                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                       |
| CATI            | <p><b>During the past 30 days</b>, on how many days did you have <b>at least one</b> drink of an alcoholic beverage such as beer, wine, a malt beverage or liquor?</p> <p>(INTERVIEWER: ENTER A NUMBER BETWEEN 0 AND 30. IF RESPONDENT DID NOT HAVE ANY DRINKS OVER THE PAST 30 DAYS, ENTER 0.)</p> <p>_____ DAYS</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 30 días</b>, ¿cuántos días tomó <b>al menos una</b> bebida alcohólica como cerveza, vino, bebida de malta o licor?</p>                                                                                                                                                                                                                              |
| CAWI            | <p><b>During the past 30 days</b>, on how many days did you have <b>at least one</b> drink of an alcoholic beverage such as beer, wine, a malt beverage or liquor?</p> <p>_____ Days (0-30)</p>                                                                                                                                                                               |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                               |
| NOTES           | Range: 0-30                                                                                                                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                               |
| SOFT CHECK      | IF CAWI OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of days is missing or invalid. Please enter a number between 0 and 30. If you did not have any drinks over the past 30 days, enter 0. To skip this question, please delete all characters in the text box and select NEXT."                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                               |
| CAWI NOTES      | Short Text: Enter the number of days on which you had at least one alcoholic beverage in the past 30 days (0-30).                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Q53                                                                                                                                                                                                                                                                                                                                                                           |
| NEXT            | If D46 = (1-30): D46A,<br>Else: CBD_EV                                                                                                                                                                                                                                                                                                                                        |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| D46A            |                                                                                                                                                                                                                                                                                                           |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If D46 = (1-30)                                                                                                                                                                                                                                                                                           |
| CATI            | <p><b>During the past 30 days</b>, considering all types of alcoholic beverages, on how many days, if any, did you have {D46AFILL} or more drinks on an occasion?</p> <p>(INTERVIEWER: ENTER A NUMBER BETWEEN 0 AND 30.)</p> <p>_____ DAYS</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 30 días</b>, considerando todos los tipos de bebidas alcohólicas, ¿cuántos días, si es que hubo alguno, tomó {D46AFILL} o más bebidas en una ocasión?</p>                                                                                                                       |
| CAWI            | <p><b>During the past 30 days</b>, considering all types of alcoholic beverages, on how many days, if any, did you have {D46AFILL} or more drinks on an occasion?</p> <p>_____ Days (0-30)</p>                                                                                                            |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                   |
| FILLS           | If SEX_A = 01: D46AFILL = "5",<br>Else: D46AFILL = "4"                                                                                                                                                                                                                                                    |
| NOTES           | Range: 0-30<br>For 2025: Updated next logic                                                                                                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                           |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of days is missing or invalid. Please enter a number between 0 and 30. To skip this question, please delete all characters in the text box and select NEXT."                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                           |
| CAWI NOTES      | Short Text: Enter the number of days on which you had {D46AFILL} or more drinks on an occasion (0-30).                                                                                                                                                                                                    |
| PAPER QNUM      | Q54/Q55<br>Note that instead of a fill, the PAPI includes separate questions for females (Q55) and males (Q55).                                                                                                                                                                                           |
| NEXT            | CBD_EV                                                                                                                                                                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CBD_EV          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CATI            | <p>The next questions are about <b>CBD or hemp products</b> made from hemp plants. CBD and hemp products have no or small amounts of THC and are <b>not intended to cause a "high."</b> They come in many forms including oils, lotions, edibles, and isolate.</p> <p>Have you <b>ever</b>, even once, used any <b>CBD or hemp products</b>?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p>                                  |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a <b>productos de cannabidiol (CBD) o de cáñamo</b> hecho de plantas de cáñamo. Los productos de CBD y cáñamo no contienen tetrahidrocannabinidiol (THC) o contienen pequeñas cantidades de THC y que <b>no están destinados a drogarse</b>. Vienen en diversas formas incluyendo aceites, lociones, comestibles y aislados.</p> <p><b>Alguna vez</b>, aunque sea una vez, ¿ha consumido algún <b>producto de CBD o cáñamo</b>?</p> |
| CAWI            | <p>The next questions are about <b>CBD or hemp products</b> made from hemp plants. CBD and hemp products have no or small amounts of THC and are <b>not intended to cause a "high."</b> They come in many forms including oils, lotions, edibles, and isolate.</p> <p>Have you <b>ever</b>, even once, used any <b>CBD or hemp products</b>?</p> <p>01      Yes<br/>02      No<br/>98      Don't know</p>                                                                   |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           | For 2025: New item, source 2022 NSDUH                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Q56                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NEXT            | If CBD_EV = 1: CBD_FRQ<br>Else: THC_EV                                                                                                                                                                                                                                                                                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CBD_FRQ         |                                                                                                                                                                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CBD_EV = 01                                                                                                                                                                                                                                           |
| CATI            | <p><b>During the past 30 days</b>, have you used any <b>CBD or hemp products</b> every day, some days, rarely, or not at all?</p> <p>01 EVERY DAY<br/> 02 SOME DAYS<br/> 03 RARELY<br/> 04 NOT AT ALL</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 30 días</b>, ¿ha consumido algún <b>producto de CBD o cáñamo</b> todos días, algunos días, pocas veces o en absoluto?</p> <p>01 TODOS LOS DÍAS<br/> 02 ALGUNOS DÍAS<br/> 03 POCAS VECES<br/> 04 EN ABSOLUTO</p>                |
| CAWI            | <p><b>During the past 30 days</b>, have you used any <b>CBD or hemp products</b> every day, some days, rarely, or not at all?</p> <p>01 Every day<br/> 02 Some days<br/> 03 Rarely<br/> 04 Not at all</p>                                                |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                                          |
| NOTES           | For 2025: New item                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                                          |
| PAPER QNUM      | Q57                                                                                                                                                                                                                                                      |
| NEXT            | THC_EV                                                                                                                                                                                                                                                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| THC_EV          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>The next questions are about <b>marijuana and cannabis products</b>, 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.</p> <p>Please do not include products that <b>only</b> contain CBD or hemp when answering these questions.</p> <p>Have you <b>ever</b>, even once, used <b>marijuana or any cannabis product</b>?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a la <b>marihuana y los productos derivados del cannabis</b>, a veces llamados hierba, monte, hachís o concentrados. Alguna de las formas en que estos productos pueden ser usados incluyen fumar, vapear, “dabbear”, ingerir, beber o aplicar como loción.</p> <p>No incluya productos que <b>solo</b> contengan CBD o cáñamo al responder estas preguntas.</p> <p>¿<b>Alguna vez</b>, aunque sea una vez, ha consumido <b>marihuana o algún producto derivado del cannabis</b>?</p>                        |
| CAWI            | <p>The next questions are about <b>marijuana and cannabis products</b>, 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.</p> <p>Please do not include products that <b>only</b> contain CBD or hemp when answering these questions.</p> <p>Have you <b>ever</b>, even once, used <b>marijuana or any cannabis product</b>?</p> <p>01      Yes<br/>02      No<br/>98      Don't know</p>                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| NOTES           | For 2025: New variable name to reflect update in question stem and skip pattern. Changes break trending.                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM      | Q58                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



NEXT

If THC\_EV = 01: THC\_FRQ,  
Else if CBD\_FRQ = 01,02, OR 03: MRJ\_RS  
Else: PRESC\_1

| THC_FRQ         |                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If THC_EV = 01                                                                                                                                                                                                                                                    |
| CATI            | <p><b>During the past 30 days</b>, have you used <b>marijuana or any cannabis product</b> every day, some days, rarely, or not at all?</p> <p>01 EVERY DAY<br/> 02 SOME DAYS<br/> 03 RARELY<br/> 04 NOT AT ALL</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 30 días</b>, ¿ha consumido <b>marihuana o algún producto de cannabis</b> todos los días, algunos días, pocas veces o en absoluto?</p> <p>01 TODOS LOS DÍAS<br/> 02 ALGUNOS DÍAS<br/> 03 POCAS VECES<br/> 04 EN ABSOLUTO</p>             |
| CAWI            | <p><b>During the past 30 days</b>, have you used <b>marijuana or any cannabis product</b> every day, some days, rarely, or not at all?</p> <p>01 Every day<br/> 02 Some days<br/> 03 Rarely<br/> 04 Not at all</p>                                                |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                      |
| FILLS           |                                                                                                                                                                                                                                                                   |
| NOTES           | For 2025: Update in variable name to reflect change in the series of questions and update to question stem                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                   |
| PAPER QNUM      | Q59                                                                                                                                                                                                                                                               |
| NEXT            | IF (CBD_FRQ = 01, 02, OR 03) OR (THC_FRQ = 01,02, OR 03): MRJ_RS<br>ELSE: PRESC_1                                                                                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MRJ_RS          |                                                                                                                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF (CBD_FRQ=01,02,03) OR (THC_FRQ=01,02,03)                                                                                                                                                              |
| CATI            | <p>What are the main reasons why you have used <b>CBD/hemp products</b> or <b>marijuana/cannabis products</b> in the <b>past 30 days</b>?</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Cuáles son las razones principales por las que usó <b>productos de CBD/cáñamo</b> o <b>productos de marihuana/cannabis</b> en los <b>últimos 30 días</b> ?                                              |
| CAWI            | What are the main reasons why you have used <b>CBD/hemp products</b> or <b>marijuana/cannabis products</b> in the <b>past 30 days</b> ?                                                                  |
| QUESTION TYPE   | Text box [500 character limit]                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                          |
| NOTES           | For 2025: new variable                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                          |
| SOFT CHECK      | IF CAWI AND MISSING: "Missing Response: You did not enter a response. Please enter a response into the text box. To skip the question, please delete all characters in the text box and select NEXT."    |
| CATI NOTES      |                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                          |
| PAPER QNUM      | Q60                                                                                                                                                                                                      |
| NEXT            | PRESC_1                                                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| PRESC_1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CATI          | <p>The next questions ask about using prescription pain relievers, such as Oxycontin also known as oxycodone, Vicodin also known as hydrocodone, and Opana also known as oxymorphone. When answering these questions, please <b>do not include</b> pain relievers such as aspirin, Tylenol, Aleve, and Advil, or other ibuprofens.</p> <p><b>During the past 12 months</b>, have you been prescribed a pain reliever by a doctor?</p> <p>01 YES<br/>02 NO<br/><br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | <p>Las siguientes preguntas se refieren al uso de analgésicos recetados, como Oxycontin, también conocido como oxicodona, Vicodin, también conocido como hidrocodona, y Opana, también conocido como oximorfona. Al responder estas preguntas, <b>no incluya</b> analgésicos como aspirina, Tylenol, Aleve y Advil u otros ibuprofenos.</p> <p><b>Durante los últimos 12 meses</b>, ¿algún médico le ha recetado un analgésico?</p>                                                                           |
| CAWI          | <p>The next questions ask about using prescription pain relievers, such as Oxycontin (oxycodone), Vicodin (hydrocodone), and Opana (oxymorphone). When answering these questions, please <b>do not include</b> pain relievers such as aspirin, Tylenol, Aleve, and Advil, or other ibuprofens.</p> <p><b>During the past 12 months</b>, have you been prescribed a pain reliever by a doctor?</p> <p>01 Yes<br/>02 No<br/>98 Don't know</p>                                                                   |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NOTES         | PRESC_1-4 requested by OhioMHAS                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PAPER QNUM    | Q61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NEXT          | PRESC_4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| PRESC_4         |                                                                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                       |
| CATI            | <p><b>During the past 12 months</b>, have you used a prescription pain reliever that was <b>not prescribed for you</b> by a doctor?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿ha tomado algún analgésico recetado que <b>no le haya recetado</b> un médico?</p>                                                                                    |
| CAWI            | <p><b>During the past 12 months</b>, have you used a prescription pain reliever that was <b>not prescribed for you</b> by a doctor?</p> <p>01 Yes<br/>02 No<br/>98 Don't know</p>                             |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                               |
| NOTES           | PRESC_1-4 requested by OhioMHAS                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                               |
| PAPER QNUM      | Q62                                                                                                                                                                                                           |
| NEXT            | PCP                                                                                                                                                                                                           |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION E: HEALTH CARE UTILIZATION AND UNMET NEEDS****Primary Care Provider**

| PCP           |                                                                                                                                                                                                                                                                                                                                                      |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                                                                                                                              |
| CATI          | <p>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.</p> <p>Do you have a primary care provider or practice, or a PCP?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p>                    |
| CATI Spanish  | <p>Un proveedor o consultorio de atención primaria, a veces denominado PCP (primary care provider, por sus siglas en inglés), es alguien con quien usted hablaría si necesita un chequeo, quiere asesoramiento sobre un problema de salud o se enferma o lesiona.</p> <p>¿Tiene usted un proveedor o consultorio de atención primaria, o un PCP?</p> |
| CAWI          | <p>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.</p> <p>Do you have a primary care provider or practice (PCP)?</p> <p>01 Yes<br/>02 No</p>                                                                      |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                                                                         |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                      |
| NOTES         | For 2025: New item; modified from CAHPS question. Proxy for having a usual source of care.                                                                                                                                                                                                                                                           |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                      |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                      |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM    | Q63                                                                                                                                                                                                                                                                                                                                                  |
| NEXT          | IF PCP = 01: PCP_SM<br>ELSE: CARE                                                                                                                                                                                                                                                                                                                    |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| PCP_SM          |                                                                                                                                                                               |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF PCP = 01                                                                                                                                                                   |
| CATI            | <p>When you go to your primary care provider or practice, do you see the same provider each time?</p> <p>01 YES<br/>02 NO<br/><br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | Cuando usted va a su proveedor o consultorio de atención primaria, ¿ve al mismo proveedor cada vez?                                                                           |
| CAWI            | <p>When you go to your primary care provider or practice, do you see the same provider each time?</p> <p>01 Yes<br/>02 No</p>                                                 |
| QUESTION TYPE   | Radio button                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                               |
| NOTES           | For 2025: New item.                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                               |
| PAPER QNUM      | Q64                                                                                                                                                                           |
| NEXT            | CARE                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Utilization

|                 |                                                                                                                                                                                                                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CARE</b>     |                                                                                                                                                                                                                                                                                                                                 |
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                         |
| CATI            | <p>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.</p> <p><b>During the past 12 months, did you see a doctor or other healthcare provider?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>La siguiente serie preguntas se refieren a visitar a un médico u otro proveedor de atención médica. Incluya visitas en persona, por internet y por teléfono.</p> <p><b>Durante los últimos 12 meses, ¿visitó a un médico u otro proveedor de atención médica?</b></p>                                                        |
| CAWI            | <p>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.</p> <p><b>During the past 12 months, did you see a doctor or other healthcare provider?</b></p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                                                 |
| NOTES           | For 2025: New item.                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM      | Q65                                                                                                                                                                                                                                                                                                                             |
| NEXT            | IF CARE = 01: SICK<br>ELSE: E62                                                                                                                                                                                                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| SICK            |                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK IF CARE = 01                                                                                                                                                                                            |
| CATI            | <p><b>During the past 12 months</b>, did you see a doctor or other healthcare provider when you were <b>sick with an illness</b>?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿visitó a un médico u otro proveedor de atención médica cuando estuvo <b>enfermo(a)</b>?</p>                                                                        |
| CAWI            | <p><b>During the past 12 months</b>, did you see a doctor or other healthcare provider when you were <b>sick with an illness</b>?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                             |
| NOTES           | For 2025: New item, modified from CAHPS.                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                             |
| PAPER QNUM      | Q66                                                                                                                                                                                                         |
| NEXT            | IF SICK = 01: SICK_LOC<br>ELSE: WELL                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_SICK_LOC                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SICK_LOC_1 / SICK_LOC_2 / SICK_LOC_3 / SICK_LOC_4 / SICK_LOC_5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ASK                                                            | If SICK = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI                                                           | <p><b>During the past 12 months</b>, where did you receive care from a doctor or other healthcare provider when you were <b>sick with an illness</b>?</p> <p>(IF NEEDED: When you were sick with an illness, did you receive care from...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. A doctor's office or health center, including by phone or video call? [SICK_LOC_1]<br/>b. An emergency room? [SICK_LOC_2]<br/>c. An urgent care center, including by phone or video call? [SICK_LOC_3]<br/>d. A walk-in clinic in a pharmacy or grocery store? [SICK_LOC_4]<br/>e. Some other place? [SICK_LOC_5]</p> |
| CATI<br>Spanish                                                | <p><b>Durante los últimos 12 meses</b>, ¿en dónde recibió atención de un médico u otro proveedor de atención médica cuando estuvo <b>enfermo(a)</b>?</p> <p>(IF NEEDED: ¿Cuándo estaba enfermo(a), recibió atención en...)</p> <p>ROW ITEMS:</p> <p>a. Un consultorio médico o centro de salud, incluso por teléfono o videollamada?<br/>b. Una sala de emergencias?<br/>c. Un centro de atención urgente, incluso por teléfono o videollamada?<br/>d. Una clínica sin cita previa en una farmacia o tienda comestible?<br/>e. Algún otro lugar?</p>                                                                                                                                   |
| CAWI                                                           | <p><b>During the past 12 months</b>, where did you receive care from a doctor or other healthcare provider when you were <b>sick with an illness</b>? Please select "yes" or "no" for each option.</p> <p>COLUMN HEADERS:</p> <p>01 Yes<br/>02 No</p> <p>ROW ITEMS:</p> <p>a. A doctor's office or health center, including by phone or video call [SICK_LOC_1]<br/>b. An emergency room [SICK_LOC_2]<br/>c. An urgent care center, including by phone or video call [SICK_LOC_3]<br/>d. A walk-in clinic in a pharmacy or grocery store [SICK_LOC_4]<br/>e. Some other place [SICK_LOC_5]</p>                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                      |                                                                                                                                                                              |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>QUESTION TYPE</i> | Radio button grid                                                                                                                                                            |
| <i>FILLS</i>         |                                                                                                                                                                              |
| <i>NOTES</i>         | For 2025: New item                                                                                                                                                           |
| <i>HARD CHECK</i>    |                                                                                                                                                                              |
| <i>SOFT CHECK</i>    | If CAWI and Missing, Display: "Missing Response: You did not select a response. Please select at least one response. To skip the question, please press NEXT a second time." |
| <i>CATI NOTES</i>    |                                                                                                                                                                              |
| <i>CAWI NOTES</i>    | Short Text: Select yes or no for each place you received care.                                                                                                               |
| <i>PAPER QNUM</i>    | Q67                                                                                                                                                                          |
| <i>NEXT</i>          | IF SICK_LOC_1 = 01 AND PCP = 01: SICK_PCP<br>ELSE, WELL                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| SICK_PCP        |                                                                                                                                                                                                                                                                |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | SICK_LOC_1 = 01 AND PCP = 01                                                                                                                                                                                                                                   |
| CATI            | <p><b>During the past 12 months</b>, did you receive care from your <b>primary care provider or practice, or PCP</b>, when you were <b>sick with an illness</b>?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿recibió atención de su proveedor o consultorio de atención primaria, o PCP cuando estuvo <b>enfermo(a)</b>?</p>                                                                                                       |
| CAWI            | <p><b>During the past 12 months</b>, did you receive care from your <b>primary care provider or practice (PCP)</b> when you were <b>sick with an illness</b>?</p> <p>01      Yes<br/>02      No</p>                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                   |
| FILLS           |                                                                                                                                                                                                                                                                |
| NOTES           | For 2025: New item, modified from CAHPS.                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                |
| SOFT CHECK      |                                                                                                                                                                                                                                                                |
| CATI NOTES      |                                                                                                                                                                                                                                                                |
| CAWI NOTES      |                                                                                                                                                                                                                                                                |
| PAPER QNUM      | <p>Q68</p> <p>Note that the PAPI does not include the skip logic of PCP = 01 but instead includes a response option "Not applicable—I do not have a primary care provider or practice (PCP)"</p>                                                               |
| NEXT            | WELL                                                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| WELL            |                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK IF CARE = 01                                                                                                                                                                                                 |
| CATI            | <p><b>During the past 12 months, did you see a doctor or other healthcare provider for a <b>physical check-up</b> or routine care?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, ¿visitó a un médico u otro proveedor de atención médica para un chequeo físico o atención de rutina?</b></p>                                                                 |
| CAWI            | <p><b>During the past 12 months, did you see a doctor or other healthcare provider for a <b>physical check-up</b> or routine care?</b></p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                  |
| NOTES           | For 2025: New item, modified from CAHPS.                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                  |
| PAPER QNUM      | Q69                                                                                                                                                                                                              |
| NEXT            | IF WELL = 01: WELL_LOC<br>ELSE: TLH_NUM_A                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_WELL_LOC                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WELL_LOC_1 / WELL_LOC_2 / WELL_LOC_3 / WELL_LOC_4 / WELL_LOC_5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| ASK                                                            | If WELL = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI                                                           | <p><b>During the past 12 months, where did you receive care from a doctor or other healthcare provider for a <b>physical check-up or routine care</b>?</b></p> <p>(IF NEEDED: Did you receive a physical check-up or routine care from...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. A doctor's office or health center, including by phone or video call? [WELL_LOC_1]<br/>b. An emergency room? [WELL_LOC_2]<br/>c. An urgent care center, including by phone or video call? [WELL_LOC_3]<br/>d. A walk-in clinic in a pharmacy or grocery store? [WELL_LOC_4]<br/>e. Some other place? [WELL_LOC_5]</p> |
| CATI<br>Spanish                                                | <p><b>Durante los últimos 12 meses, ¿en dónde recibió atención de un médico u otro proveedor de atención médica para un <b>chequeo físico o atención de rutina</b>?</b></p> <p>(IF NEEDED: Recibió un chequeo físico o atención de rutina de...)</p> <p>ROW ITEMS:</p> <p>a. Un consultorio médico o centro de salud, incluso por teléfono o videollamada?<br/>b. Una sala de emergencias?<br/>c. Un centro de atención urgente, incluso por teléfono o videollamada?<br/>d. Una clínica sin cita previa en una farmacia o tienda comestible?<br/>e. Algún otro lugar?</p>                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p><b>During the past 12 months, where did you receive care from a doctor or other healthcare provider for a <b>physical check-up or routine care</b>? Please select “yes” or “no” for each option.</b></p> <p>COLUMN HEADERS:</p> <p>01      Yes<br/>02      No</p> <p>ROW ITEMS:</p> <p>a.      A doctor’s office or health center, including by phone or video call [WELL_LOC_1]<br/>b.      An emergency room [WELL_LOC_2]<br/>c.      An urgent care center, including by phone or video call [WELL_LOC_3]<br/>d.      A walk-in clinic in a pharmacy or grocery store [WELL_LOC_4]<br/>e.      Some other place [WELL_LOC_5]</p> |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NOTES         | For 2025: New item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SOFT CHECK    | If CAWI and Missing, Display: “Missing Response: You did not select a response. Please select at least one response. To skip the question, please press NEXT a second time.”                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CAWI NOTES    | Short Text: Select yes or no for each place you received care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PAPER QNUM    | Q70                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NEXT          | IF WELL_LOC_1 = 01 AND PCP = 01: WELL_PCP<br>ELSE, TLH_NUM_A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| WELL_PCP        |                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | WELL_LOC_1 = 01 AND PCP = 01                                                                                                                                                                                                                    |
| CATI            | <p><b>During the past 12 months, did you receive care from your <b>primary care provider or practice, or PCP,</b> for a <b>physical check-up or routine care?</b></b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, ¿recibió atención de su <b>proveedor o consultorio de atención primaria, o PCP</b> para un <b>chequeo físico o atención de rutina?</b></b></p>                                                              |
| CAWI            | <p><b>During the past 12 months, did you receive care from your <b>primary care provider or practice (PCP)</b> for a <b>physical check-up or routine care?</b></b></p> <p>01 Yes<br/>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                 |
| NOTES           | For 2025: New item, modified from CAHPS.                                                                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                 |
| PAPER QNUM      | <p>Q71</p> <p>Note that the PAPI does not include the skip logic of PCP = 01 but instead includes a response option "Not applicable—I do not have a primary care provider or practice (PCP)"</p>                                                |
| NEXT            | TLH_NUM_A                                                                                                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



## Telehealth

| TLH_NUM_A       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF CARE = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CATI            | <p>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.</p> <p><b>During the past 12 months</b>, how many times have you had a <b>telehealth</b> visit with a doctor, nurse, or other healthcare provider? Would you say...</p> <p>01      0 times<br/> 02      1-2 times<br/> 03      3-6 times, or<br/> 04      7 or more times</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>La siguiente pregunta se refiere a la telesalud. La telesalud permite a un médico, enfermero u otro profesional médico atenderle sin necesidad de acudir personalmente al consultorio. Las citas de telesalud suelen hacerse en línea, con una computadora, tableta o teléfono inteligente o por teléfono.</p> <p><b>Durante los últimos 12 meses</b>, ¿cuántas veces ha tenido una visita de <b>telesalud</b> con un médico, enfermero u otro profesional médico? ¿Diría que...</p> <p>01      0 veces<br/> 02      1-2 veces<br/> 03      3-6 veces o<br/> 04      7 o más veces</p>                    |
| CAWI            | <p>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.</p> <p><b>During the past 12 months</b>, how many times have you had a <b>telehealth</b> visit with a doctor, nurse, or other healthcare provider?</p> <p>01      0 times<br/> 02      1-2 times<br/> 03      3-6 times<br/> 04      7 or more times</p>                                                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NOTES           | For 2025: updated variable name, updated skip pattern.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |     |
|-------------------|-----|
| <i>CATI NOTES</i> |     |
| <i>CAWI NOTES</i> |     |
| <i>PAPER QNUM</i> | Q72 |
| <i>NEXT</i>       | E62 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## ER Visits

|                 |                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>E62</b>      |                                                                                                                                                                                                                                                                                                                                                                                       |
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                               |
| CATI            | <p><b>During the past 12 months</b>, how many times were you a patient in a hospital <b>emergency room</b>?</p> <p>(INTERVIEWER: IF RESPONSE IS GREATER THAN 15, CONFIRM RESPONSE: To confirm, you were a patient in the hospital emergency room [#] times in the past 12 months. Is that correct?)</p> <p>_____ TIMES</p> <p>998 DON'T KNOW<br/>999 PREFER NOT TO SAY</p>            |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿cuántas veces fue paciente de la <b>sala de emergencias</b> de un hospital?</p> <p>(INTERVIEWER: IF RESPONSE IS GREATER THAN 15, CONFIRM RESPONSE: Para confirmar, usted fue paciente de la sala de emergencias [#] veces en los últimos 12 meses. ¿Es eso correcto?)</p> <p>_____ VECES</p> <p>998 DON'T KNOW<br/>999 PREFER NOT TO SAY</p> |
| CAWI            | <p><b>During the past 12 months</b>, how many times were you a patient in a hospital <b>emergency room</b>?</p> <p>_____ Times (0-365)</p>                                                                                                                                                                                                                                            |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                               |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                       |
| NOTES           | Range: 0-365<br>For 2025: Changed back to 2021 numeric write-in format.                                                                                                                                                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                       |
| SOFT CHECK      | <p>IF CAWI AND OUTSIDE OF RANGE, DISPLAY: "Number of times in the emergency room is missing or invalid. Please enter a number between 0 and 365. To skip this question, please delete all characters in the text box and select NEXT."</p> <p>Short text: Enter the number of times you were a patient in a hospital emergency room (0-365).</p>                                      |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                       |
| PAPER QNUM      | Q73                                                                                                                                                                                                                                                                                                                                                                                   |
| NEXT            | IF MODE = CAWI AND E62 > 15 AND E62 <= 365: E62_C<br>ELSE, VAC_RC_FLU or VAC_RC_CVD (depending on randomization)                                                                                                                                                                                                                                                                      |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| E62_C           |                                                                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF MODE = CAWI AND E62 > 15 AND E62 <= 365                                                                                                                           |
| CATI            | Not on CATI                                                                                                                                                          |
| CATI<br>Spanish | Not on CATI                                                                                                                                                          |
| CAWI            | <p>Just to confirm, you were a patient in the hospital emergency room {E62_FILL} times in the past 12 months. Is that correct?</p> <p>01      Yes<br/>02      No</p> |
| QUESTION TYPE   | Radio Button                                                                                                                                                         |
| FILLS           | Create fill E62_FILL = fill response from E62                                                                                                                        |
| NOTES           | For 2025: New item only on CAWI                                                                                                                                      |
| HARD CHECK      |                                                                                                                                                                      |
| SOFT CHECK      |                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                      |
| CAWI NOTES      |                                                                                                                                                                      |
| PAPER QNUM      | NOT ON PAPI                                                                                                                                                          |
| NEXT            | <p>If E62_C = 02, E62</p> <p>Else, VAC_RC_FLU or VAC_RC_CVD (depending on randomization)</p>                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Vaccines

| VAC_RC_FLU      |                                                                                                                                                                                                                                                                                                   |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                           |
| CATI            | <p>{INTRO_FILL}</p> <p><b>During the past 12 months</b>, have you had a <b>flu</b> vaccine? This may be given as a shot or nose spray.</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                                            |
| CATI<br>Spanish | <p>{INTRO_FILL}</p> <p><b>Durante los últimos 12 meses</b>, ¿se vacunó contra la <b>gripe o flu</b>? Esta puede administrarse mediante una inyección o un aerosol nasal.</p>                                                                                                                      |
| CAWI            | <p>{INTRO_FILL}</p> <p><b>During the past 12 months</b>, have you had a <b>flu</b> vaccine? This may be given as a shot or nose spray.</p> <p>01 Yes</p> <p>02 No</p> <p>03 Don't know</p>                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                      |
| FILLS           | <p>Display INTRO_FILL on first vaccine screen that respondent sees (depending on randomization).</p> <p><i>English:</i> INTRO_FILL: "We would now like to ask you a couple of questions about vaccines."</p> <p><i>Spanish:</i> Ahora nos gustaría hacerle un par de preguntas sobre vacunas.</p> |
| NOTES           | <p>For 2025: Updated variable name and question stem.</p> <p>RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI</p> <p>Randomize order of block A and B where:</p> <p>A) VAC_RC_FLU &amp; VAC_LIK_FLU</p> <p>B) VAC_RC_CVD &amp; VAC_LIK_CVD</p>                            |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM      | <p>Q74</p> <p>Note that these items on PAPI are not randomized.</p>                                                                                                                                                                                                                               |
| NEXT            | VAC_LIK_FLU                                                                                                                                                                                                                                                                                       |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| VAC_LIK_FLU     |                                                                                                                                                                                                                                                                                                  |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                          |
| CATI            | <p><b>In the next 12 months</b>, how likely are you to get a <b>flu</b> vaccine? This may be given as a shot or nose spray. Would you say...</p> <p>01 Very likely,<br/>02 Somewhat likely,<br/>03 Not too likely, or<br/>04 Not likely at all</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>En los próximos 12 meses</b>, ¿qué probabilidades hay de que se vacune contra la <b>gripe o flu</b>? Esta puede administrarse mediante una inyección o un aerosol nasal. ¿Diría que...</p> <p>01 Muy probable,<br/>02 Algo probable,<br/>03 Poco probable, o<br/>04 Para nada probable</p> |
| CAWI            | <p><b>In the next 12 months</b>, how likely are you to get a <b>flu</b> vaccine? This may be given as a shot or nose spray.</p> <p>01 Very likely<br/>02 Somewhat likely<br/>03 Not too likely<br/>04 Not likely at all</p>                                                                      |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                                  |
| NOTES           | <p>For 2025: New item. Measures likelihood instead of hesitancy.<br/>RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI<br/>Randomize order of block A and B where:<br/>A) VAC_RC_FLU &amp; VAC_LIK_FLU<br/>B) VAC_RC_CVD &amp; VAC_LIK_CVD</p>                            |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                  |
| PAPER QNUM      | <p>Q75<br/>Note that these items on PAPI are not randomized.</p>                                                                                                                                                                                                                                 |
| NEXT            | <p>IF RECEIVED BLOCK A (FLU) FIRST:<br/>VAC_RC_CVD</p> <p>IF RECEIVED BLOCK B (CVD) FIRST:<br/>ND_DTL</p>                                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| VAC_RC_CVD      |                                                                                                                                                                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                     |
| CATI            | <p>{INTRO_FILL}</p> <p><b>During the past 12 months, have you had a COVID-19 vaccine?</b></p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                                   |
| CATI<br>Spanish | <p>{INTRO_FILL}</p> <p><b>Durante los últimos 12 meses, ¿se vacunó contra el COVID-19?</b></p>                                                                                                                                              |
| CAWI            | <p>{INTRO_FILL}</p> <p><b>During the past 12 months, have you had a COVID-19 vaccine?</b></p> <p>01 Yes</p> <p>02 No</p> <p>03 Don't know</p>                                                                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                |
| FILLS           | <p>Display INTRO_FILL on first vaccine screen that respondent sees (depending on randomization).</p> <p>English: INTRO_FILL: "We would now like to ask you a couple of questions about vaccines."</p>                                       |
| NOTES           | <p>For 2025: New variable.</p> <p>RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI</p> <p>Randomize order of block A and B where:</p> <p>A) VAC_RC_FLU &amp; VAC_LIK_FLU</p> <p>B) VAC_RC_CVD &amp; VAC_LIK_CVD</p> |
| HARD CHECK      |                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                             |
| PAPER QNUM      | <p>Q76</p> <p>Note that these items on PAPI are not randomized.</p>                                                                                                                                                                         |
| NEXT            | VAC_LIK_CVD                                                                                                                                                                                                                                 |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| VAC_LIK_CVD     |                                                                                                                                                                                                                                                                           |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                   |
| CATI            | <p><b>In the next 12 months</b>, how likely are you to get a <b>COVID-19</b> vaccine? Would you say...</p> <p>01 Very likely,<br/> 02 Somewhat likely,<br/> 03 Not too likely, or<br/> 04 Not likely at all</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p>            |
| CATI<br>Spanish | <p><b>En los próximos 12 meses</b>, ¿qué probabilidades hay de que se vacune contra el <b>COVID-19</b>? ¿Diría que...</p> <p>01 Muy probable,<br/> 02 Algo probable,<br/> 03 Poco probable, o<br/> 04 Para nada probable</p>                                              |
| CAWI            | <p><b>In the next 12 months</b>, how likely are you to get a <b>COVID-19</b> vaccine?</p> <p>01 Very likely<br/> 02 Somewhat likely<br/> 03 Not too likely<br/> 04 Not likely at all</p>                                                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                                           |
| NOTES           | <p>For 2025: New item. Measures likelihood instead of hesitancy.<br/> RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI<br/> Randomize order of block A and B where:<br/> A) VAC_RC_FLU &amp; VAC_LIK_FLU<br/> B) VAC_RC_CVD &amp; VAC_LIK_CVD</p> |
| HARD CHECK      |                                                                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                                                                           |
| PAPER QNUM      | <p>Q77<br/> Note that these items on PAPI are not randomized.</p>                                                                                                                                                                                                         |
| NEXT            | <p>IF RECEIVED BLOCK A (FLU) FIRST:<br/> VAC_RC_FLU</p> <p>IF RECEIVED BLOCK B (CVD) FIRST:<br/> ND_DTL</p>                                                                                                                                                               |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



## Unmet Care Needs

| ND_DTL          |                                                                                                                                                                                                                                                                                                                     |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                             |
| CATI            | <p>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.</p> <p><b>During the past 12 months, was there a time when you <b>needed</b> any dental care?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a los distintos tipos de atención que puede haber necesitado y si pudo obtenerla o no.</p> <p><b>Durante los últimos 12 meses, ¿hubo algún momento en el que <b>necesitara</b> alguna atención dental?</b></p>                                                              |
| CAWI            | <p>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.</p> <p><b>During the past 12 months, was there a time when you <b>needed</b> any dental care?</b></p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                                                                                                                                     |
| NOTES           | 2025: Variable name changed to ease interpretation for analyses.                                                                                                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                     |
| PAPER QNUM      | Q78                                                                                                                                                                                                                                                                                                                 |
| NEXT            | If ND_DTL = 01: UM_DTL,<br>Else: ND_VS                                                                                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_DTL          |                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ND_DTL = 01                                                                                                                                  |
| CATI            | <p>Were you able to <b>get</b> the dental care that you needed?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Pudo <b>recibir</b> la atención dental que necesitaba?                                                                                         |
| CAWI            | <p>Were you able to <b>get</b> the dental care that you needed?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                    |
| FILLS           |                                                                                                                                                 |
| NOTES           |                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                 |
| PAPER QNUM      | Q79                                                                                                                                             |
| NEXT            | If UM_DTL = 02: f_UM_DTL_RS,<br>Else: ND_VS                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_UM_DTL_RS<br>UM_DTL_RS1 / UM_DTL_RS2 / UM_DTL_RS3 / UM_DTL_RS4 / UM_DTL_RS5 / UM_DTL_RS6 / UM_DTL_RS7 /<br>UM_DTL_RS8 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                                                                                                                     | If UM_DTL = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CATI                                                                                                                    | <p>Why did you <b>not get</b> the dental care you needed <b>during the past 12 months</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Did you <b>not get</b> the dental care you needed during the past 12 months because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. You did not have any dental insurance? [UM_DTL_RS1]<br/>b. Your insurance would not cover the care? [UM_DTL_RS2]<br/>c. You could not find a provider who would accept your insurance? [UM_DTL_RS3]<br/>d. A provider was not available? [UM_DTL_RS4]<br/>e. You did not have transportation to or from appointments? [UM_DTL_RS5]<br/>f. You thought it would cost too much? [UM_DTL_RS6]<br/>g. You are afraid of dental work? [UM_DTL_RS7]<br/>h. Some other reason? [UM_DTL_RS8]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CATI<br>Spanish | <p>¿Por qué <b>no recibió</b> la atención dental que necesitaba <b>durante los 12 últimos meses</b>? Por cada afirmación que le lea, responda sí o no.</p> <p>(IF NEEDED: <b>No recibió</b> la atención dental que necesitaba durante los 12 últimos meses porque...</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. ¿No tenía seguro dental? [UM_DTL_RS1]<br/>b. ¿Su seguro no la cubría? [UM_DTL_RS2]<br/>c. ¿No pudo encontrar un proveedor que aceptara su seguro? [UM_DTL_RS3]<br/>d. ¿Un proveedor no estaba disponible? [UM_DTL_RS4]<br/>e. ¿No tenía transporte para ir o volver de las citas? [UM_DTL_RS5]<br/>f. ¿Pensó que sería demasiado costosa? [UM_DTL_RS6]<br/>g. ¿Le tiene miedo al trabajo dental? [UM_DTL_RS7]<br/>h. ¿Tenía alguna otra razón? [UM_DTL_RS8]</p> |
| CAWI            | <p>Why did you <b>not get</b> the dental care you needed <b>during the past 12 months</b>? Please select “yes” or “no” for each reason.</p> <p>COLUMN HEADERS:</p> <p>01 Yes<br/>02 No</p> <p>ROW ITEMS:</p> <p>a. I did not have any dental insurance [UM_DTL_RS1]<br/>b. My insurance would not cover the care [UM_DTL_RS2]<br/>c. I could not find a provider who would accept my insurance [UM_DTL_RS3]<br/>d. A provider was not available [UM_DTL_RS4]<br/>e. I did not have transportation to or from appointments [UM_DTL_RS5]<br/>f. I thought it would cost too much [UM_DTL_RS6]<br/>g. I am afraid of dental work [UM_DTL_RS7]<br/>h. Some other reason [UM_DTL_RS8]</p>                                                                                                                                                                       |
| QUESTION TYPE   | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NOTES           | For 2025: New variable names, reordered response options to reduce cognitive burden, RS1, RS2, and RS7 are new items, RS4 and RS8 have updated wording. Removed open-ended response option.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                                           |
|-------------------|---------------------------------------------------------------------------|
| <i>SOFT CHECK</i> |                                                                           |
| <i>CATI NOTES</i> |                                                                           |
| <i>CAWI NOTES</i> | Short Text: Select yes or no for each reason you did not get dental care. |
| <i>PAPER QNUM</i> | Q80                                                                       |
| <i>NEXT</i>       | ND_VS                                                                     |

| ND_VS           |                                                                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                |
| CATI            | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any vision care, eyeglasses, or contact lenses?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿hubo algún momento en el que <b>necesitara</b> alguna atención oftalmológica, anteojos o lentes de contacto?</p>                                              |
| CAWI            | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any vision care, eyeglasses, or contact lenses?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                        |
| NOTES           |                                                                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                        |
| PAPER QNUM      | Q81                                                                                                                                                                                                    |
| NEXT            | If ND_VS = 01: UM_VS,<br>Else: ND_MTL                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_VS           |                                                                                                                                                                                |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ND_VS = 01                                                                                                                                                                  |
| CATI            | <p>Were you able to <b>get</b> the vision care, eyeglasses, or contact lenses that you needed?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Pudo <b>recibir</b> la atención oftalmológica, los anteojos o los lentes de contacto que necesitaba?                                                                          |
| CAWI            | <p>Were you able to <b>get</b> the vision care, eyeglasses, or contact lenses that you needed?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                   |
| FILLS           |                                                                                                                                                                                |
| NOTES           |                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                |
| SOFT CHECK      |                                                                                                                                                                                |
| CATI NOTES      |                                                                                                                                                                                |
| CAWI NOTES      |                                                                                                                                                                                |
| PAPER QNUM      | Q82                                                                                                                                                                            |
| NEXT            | If UM_VS = 02: f_UM_VS_RS,<br>Else: ND_MTL                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_UM_VS_RS                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UM_VS_RS1 / UM_VS_RS2 / UM_VS_RS3 / UM_VS_RS4 / UM_VS_RS5 / UM_VS_RS6 / UM_VS_RS7 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ASK                                                                               | If UM_VS = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CATI                                                                              | <p>Why did you <b>not get</b> the vision care, eyeglasses, or contact lenses you <b>needed during the past 12 months</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Did you <b>not get</b> the vision care you needed during the past 12 months because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. You did not have vision insurance? [UM_VS_RS1]<br/>b. Your insurance would not cover the care? [UM_VS_RS2]<br/>c. You could not find a provider who would accept your insurance? [UM_VS_RS3]<br/>d. A provider was not available? [UM_VS_RS4]<br/>e. You did not have transportation to or from appointments? [UM_VS_RS5]<br/>f. You thought it would cost too much? [UM_VS_RS6]<br/>g. Some other reason? [UM_VS_RS7]</p>               |
| CATI<br>Spanish                                                                   | <p>¿Por qué <b>no recibió</b> la atención oftalmológica, los anteojos o los lentes de contacto <b>que necesitaba durante los últimos 12 meses</b>? Por cada afirmación que le lea, responda sí o no.</p> <p>(IF NEEDED: ¿<b>No recibió</b> la atención oftalmológica que necesitaba durante los últimos 12 meses porque...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. ¿No tenía seguro de la vista? [UM_VS_RS1]<br/>b. ¿Su seguro no la cubría? [UM_VS_RS2]<br/>c. ¿No pudo encontrar un proveedor que aceptara su seguro? [UM_VS_RS3]<br/>d. ¿Un proveedor no estaba disponible? [UM_VS_RS4]<br/>e. ¿No tenía transporte para ir o volver de las citas? [UM_VS_RS5]<br/>f. ¿Pensó que sería demasiado costosa? [UM_VS_RS6]<br/>g. ¿Tenía alguna otra razón? [UM_VS_RS7]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p>Why did you <b>not get</b> the vision care, eyeglasses, or contact lenses you <b>needed during the past 12 months</b>? Please select “yes” or “no” for each reason.</p> <p>COLUMN HEADERS:<br/> 01      Yes<br/> 02      No</p> <p>ROW ITEMS:</p> <p>a.      I did not have vision insurance [UM_VS_RS1]<br/> b.      My insurance would not cover the care [UM_VS_RS2]<br/> c.      I could not find a provider who would accept my insurance [UM_VS_RS3]<br/> d.      A provider was not available [UM_VS_RS4]<br/> e.      I did not have transportation to or from appointments [UM_VS_RS5]<br/> f.      I thought it would cost too much [UM_VS_RS6]<br/> g.      Some other reason [UM_VS_RS7]</p> |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES         | For 2025: New variable names, reordered response options to reduce cognitive burden, RS1 and RS2 are new items, RS4 and RS7 have updated wording. Removed open-ended response option.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES    | Short Text: Select yes or no for each reason you did not get vision care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM    | Q83                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NEXT          | ND_MTL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| ND_MTL          |                                                                                                                                                                                                                    |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                            |
| CATI            | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any mental or emotional health care or counseling services?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿hubo algún momento en el que <b>necesitara</b> alguna atención de salud mental o emocional o servicios de asesoría?</p>                                                   |
| CAWI            | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any mental or emotional health care or counseling services?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                                    |
| NOTES           |                                                                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                                                                    |
| PAPER QNUM      | Q84                                                                                                                                                                                                                |
| NEXT            | If ND_MTL = 01: UM_MTL,<br>Else: ND_DRG_EVR                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_MTL          |                                                                                                                                                                                      |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ND_MTL = 01                                                                                                                                                                       |
| CATI            | <p>Were you able to <b>get</b> the mental or emotional health care or counseling services that you needed?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Pudo <b>recibir</b> la atención de salud mental o emocional o los servicios de asesoría que necesitaba?                                                                             |
| CAWI            | <p>Were you able to <b>get</b> the mental or emotional health care or counseling services that you needed?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                         |
| FILLS           |                                                                                                                                                                                      |
| NOTES           | Variable name changed to ease interpretation for analyses.                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                      |
| SOFT CHECK      |                                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                                      |
| CAWI NOTES      |                                                                                                                                                                                      |
| PAPER QNUM      | Q85                                                                                                                                                                                  |
| NEXT            | If UM_MTL = 02: f_UM_MTL_RS,<br>Else: ND_DRG_EVR                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_UM_MTL_RS<br>UM_MTL_RS1 / UM_MTL_RS2 / UM_MTL_RS3 / UM_MTL_RS4 / UM_MTL_RS5 / UM_MTL_RS6 /<br>UM_MTL_RS7 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                                                                                                        | If UM_MTL = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CATI                                                                                                       | <p>Why did you <b>not get</b> the mental or emotional health care or counseling services you needed <b>during the past 12 months</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Did you <b>not get</b> the mental or emotional health care or counseling services you needed during the past 12 months because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. You could not find a provider who would accept your insurance? [UM_MTL_RS1]<br/>b. A provider was not available? [UM_MTL_RS2]<br/>c. You did not have transportation to or from appointments? [UM_MTL_RS3]<br/>d. You thought it would cost too much? [UM_MTL_RS4]<br/>e. Some other reason? [UM_MTL_RS5]</p>                          |
| CATI<br>Spanish                                                                                            | <p>¿Por qué <b>no recibió</b> la atención de salud mental o emocional o los servicios de asesoría que necesitaba <b>durante los últimos 12 meses</b>? Por cada afirmación que le lea, responda sí o no.</p> <p>(IF NEEDED: ¿<b>No recibió</b> la atención de salud mental o emocional o los servicios de asesoría que necesitaba durante los últimos 12 meses porque...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. ¿No pudo encontrar un proveedor que aceptara su seguro? [UM_MTL_RS1]<br/>b. ¿Un proveedor no estaba disponible? [UM_MTL_RS2]<br/>c. ¿No tenía transporte para ir o volver de las citas? [UM_MTL_RS3]<br/>d. ¿Pensó que sería demasiado costosa? [UM_MTL_RS4]<br/>e. ¿Tenía alguna otra razón? [UM_MTL_RS5]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p>Why <b>did</b> you <b>not</b> get the mental or emotional health care or counseling services you needed <b>during the past 12 months</b>? Please select “yes” or “no” for each reason.</p> <p>COLUMN HEADERS:<br/> 01      Yes<br/> 02      No</p> <p>ROW ITEMS:</p> <ul style="list-style-type: none"> <li>a. I could not find a provider who would accept my insurance [UM_MTL_RS1]</li> <li>b. A provider was not available [UM_MTL_RS2]</li> <li>c. I did not have transportation to or from appointments [UM_MTL_RS3]</li> <li>d. I thought it would cost too much [UM_MTL_RS4]</li> <li>e. Some other reason [UM_MTL_RS5]</li> </ul> |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| NOTES         | For 2025: New variable names, reordered response options to reduce cognitive burden, RS2 and RS5 have updated wording. Removed open-ended response option.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CAWI NOTES    | Short Text: Select yes or no for each reason you did not get mental health care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PAPER QNUM    | Q86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NEXT          | ND_DRG_EVR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ND_DRG_EVR      |                                                                                                                                                                                                                                                                                  |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                          |
| CATI            | <p>Have you <b>ever</b> needed any treatment for your use of alcohol or other drugs, not including nicotine products? Would you say...</p> <p>01 Yes</p> <p>02 No, or</p> <p>03 Have you never used alcohol or other drugs?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿<b>Alguna vez</b> ha necesitado algún tratamiento por su consumo de alcohol u otras drogas, sin incluir los productos de nicotina? ¿Diría que...</p> <p>01 Sí</p> <p>02 No o</p> <p>03 Nunca ha consumido alcohol u otras drogas?</p>                                        |
| CAWI            | <p>Have you <b>ever</b> needed any treatment for your use of alcohol or other drugs, not including nicotine products?</p> <p>01 Yes</p> <p>02 No</p> <p>03 I have never used alcohol or other drugs</p>                                                                          |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                  |
| PAPER QNUM      | Q87                                                                                                                                                                                                                                                                              |
| NEXT            | If ND_DRG_EVR = 01: ND_DRG,<br>Else: UM_PRS                                                                                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ND_DRG          |                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ND_DRG_EVR = 01                                                                                                                                                                                                                                                |
| CATI            | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any treatment for your use of alcohol or other drugs, not including nicotine products?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿hubo algún momento en el que <b>necesitara</b> algún tratamiento por su consumo de alcohol u otras drogas, sin incluir los productos de nicotina?</p>                                                                    |
| CAWI            | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any treatment for your use of alcohol or other drugs, not including nicotine products?</p> <p>01      Yes<br/>02      No</p>                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                      |
| FILLS           |                                                                                                                                                                                                                                                                   |
| NOTES           |                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                   |
| PAPER QNUM      | Q88                                                                                                                                                                                                                                                               |
| NEXT            | If ND_DRG = 01: UM_DRG,<br>Else: UM_PRS                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_DRG          |                                                                                                                                                                                                            |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ND_DRG = 01                                                                                                                                                                                             |
| CATI            | <p>Were you able to <b>get</b> the treatment you needed for your use of alcohol or other drugs, not including nicotine products?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Pudo <b>recibir</b> el tratamiento que necesitaba por su consumo de alcohol u otras drogas, sin incluir los productos de nicotina?                                                                        |
| CAWI            | <p>Were you able to <b>get</b> the treatment you needed for your use of alcohol or other drugs, not including nicotine products?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                               |
| FILLS           |                                                                                                                                                                                                            |
| NOTES           | Variable name changed to ease interpretation for analyses.                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                            |
| SOFT CHECK      |                                                                                                                                                                                                            |
| CATI NOTES      |                                                                                                                                                                                                            |
| CAWI NOTES      |                                                                                                                                                                                                            |
| PAPER QNUM      | Q89                                                                                                                                                                                                        |
| NEXT            | If UM_DRG = 02: f_UM_DRG_RS,<br>Else: UM_PRS                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_UM_DRG_RS                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UM_DRG_RS1 / UM_DRG_RS2 / UM_DRG_RS3 / UM_DRG_RS4 / UM_DRG_RS5 / UM_DRG_RS6 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| ASK                                                                         | If UM_DRG = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI                                                                        | <p>Why did you <b>not get</b> the treatment you needed for your use of alcohol or other drugs, not including nicotine products, <b>during the past 12 months</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Did you <b>not get</b> the treatment you needed for your use of alcohol or other drugs, not including nicotine products, during the past 12 months because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. You could not find a provider who would accept your insurance? [UM_DRG_RS1]<br/>b. A provider was not available? [UM_DRG_RS2]<br/>c. You did not have transportation to or from appointments? [UM_DRG_RS3]<br/>d. You thought it would cost too much? [UM_DRG_RS4]<br/>e. You did not want to get the treatment? [UM_DRG_RS5]<br/>f. Some other reason? [UM_DRG_RS6]</p>     |
| CATI<br>Spanish                                                             | <p>¿Por qué <b>no recibió</b> el tratamiento que necesitaba por su consumo de alcohol u otras drogas, sin incluir los productos de nicotina, <b>durante los últimos 12 meses</b>? Por cada afirmación que le lea, responda sí o no.</p> <p>(IF NEEDED: ¿<b>No recibió</b> el tratamiento que necesitaba por su consumo de alcohol u otras drogas, sin incluir los productos de nicotina, durante los últimos 12 meses porque...)</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. ¿No pudo encontrar un proveedor que aceptara su seguro? [UM_DRG_RS01]<br/>b. ¿Un proveedor no estaba disponible? [UM_DRG_RS02]<br/>c. ¿No tenía transporte para ir o volver de las citas? [UM_DRG_RS03]<br/>d. ¿Pensó que sería demasiado costosa? [UM_DRG_RS04]<br/>e. ¿No quería recibir el tratamiento? [UM_DRG_RS05]<br/>f. ¿Tenía alguna otra razón? [UM_DRG_RS06]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI | <p>Why did you <b>not get</b> the treatment you needed for your use of alcohol or other drugs, not including nicotine products, <b>during the past 12 months?</b> Please select “yes” or “no” for each reason.</p> <p>COLUMN HEADERS:<br/> 01      Yes<br/> 02      No</p> <p>ROW ITEMS:</p> <p>a.      I could not find a provider who would accept my insurance [UM_DRG_RS1]<br/> b.      A provider was not available [UM_DRG_RS2]<br/> c.      I did not have transportation to or from appointments [UM_DRG_RS3]<br/> d.      I thought it would cost too much [UM_DRG_RS4]<br/> e.      I did not want to get the treatment [UM_DRG_RS5]<br/> f.      Some other reason [UM_DRG_RS6]</p> |                                                                                                                                                                                 |
|      | QUESTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Radio button grid                                                                                                                                                               |
|      | FILLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |
|      | NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | For 2025: New variable names, reordered response options to reduce cognitive burden, RS5 is a new response option, RS6 has updated wording. Removed open-ended response option. |
|      | HARD CHECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                 |
|      | SOFT CHECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                 |
|      | CATI NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                 |
|      | CAWI NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Short Text: Select yes or no for each reason you did not get the treatment you needed.                                                                                          |
|      | PAPER QNUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Q90                                                                                                                                                                             |
|      | NEXT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | UM_PR5                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_PRS          |                                                                                                                                                                                                                                                                                                                     |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                             |
| CATI            | <p><b>During the past 12 months</b>, was there a time when you were <b>not</b> able to fill a prescription? Would you say...</p> <p>01 Yes</p> <p>02 No, or</p> <p>03 Did you not have any prescriptions in the past 12 months?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿hubo algún momento en el que <b>no</b> pudo obtener un medicamento con receta? ¿Diría que...</p> <p>01 Sí</p> <p>02 No o</p> <p>03 No le han recetado nada durante los últimos 12 meses?</p>                                                                               |
| CAWI            | <p><b>During the past 12 months</b>, was there a time when you were <b>not</b> able to fill a prescription?</p> <p>01 Yes, there was a time I was <b>not able to fill</b> a prescription</p> <p>02 No, I was able to fill all my prescriptions</p> <p>03 I did not have any prescriptions in the past 12 months</p> |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                                                                                                                                     |
| NOTES           |                                                                                                                                                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                     |
| PAPER QNUM      | Q91                                                                                                                                                                                                                                                                                                                 |
| NEXT            | If UM_PRS = 01: f_UM_PRS_RS,<br>Else: ND_OTH                                                                                                                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| f_UM_PRS_RS                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| UM_PRS_RS1 / UM_PRS_RS2 / UM_PRS_RS3 / UM_PRS_RS4 / UM_PRS_RS5 / UM_PRS_RS6 / UM_PRS_RS7 / UM_PRS_RS8 / UM_PRS_RS9 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ASK                                                                                                                | If UM_PRS = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI                                                                                                               | <p><b>Thinking about the most recent time</b> you were <b>not</b> able to fill a prescription, why were you not able to fill it? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Were you <b>not</b> able to fill the prescription because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. You did not have prescription insurance [UM_PRS_RS1]<br/>b. You could not find a pharmacy that would accept your insurance [UM_PRS_RS2]<br/>c. The pharmacy was not open when you could go [UM_PRS_RS3]<br/>d. You did not have transportation to or from the pharmacy [UM_PRS_RS4]<br/>e. Your insurance would not cover any of the prescription [UM_PRS_RS5]<br/>f. You could not afford the co-pay [UM_PRS_RS6]<br/>g. The prescription was out of stock [UM_PRS_RS7]<br/>h. You ran out of refills [UM_PRS_RS8]<br/>i. Some other reason [UM_PRS_RS9]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CATI<br>Spanish | <p><b>Pensando en la última vez que no pudo abastecer un medicamento con receta, ¿por qué no pudo hacerlo? Por cada afirmación que le lea, responda sí o no.</b></p> <p>(IF NEEDED: ¿No pudo abastecer el medicamento con receta porque...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. ¿No tenía seguro de medicamentos? [UNMT_PRS_RS01]<br/>b. ¿No pudo encontrar una farmacia que aceptara su seguro? [UNMT_PRS_RS02]<br/>c. ¿La farmacia estaba cerrada cuando usted podía ir? [UNMT_PRS_RS03]<br/>d. ¿No tenía transporte para ir o volver de la farmacia? [UNMT_PRS_RS04]<br/>e. ¿Su seguro no la cubría? [UNMT_PRS_RS05]<br/>f. ¿No podía pagar el copago? [UNMT_PRS_RS06]<br/>g. ¿El medicamento estaba agotado? [UNMT_PRS_RS07]<br/>h. ¿Se le acabaron los resurtidos? [UNMT_PRS_RS08]<br/>i. ¿Tenía alguna otra razón? [UNMT_PRS_RS09]</p> |
| CAWI            | <p><b>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.</b></p> <p>COLUMN HEADERS:</p> <p>01 Yes<br/>02 No</p> <p>ROW ITEMS:</p> <p>a. I did not have prescription insurance [UM_PRS_RS1]<br/>b. I could not find a pharmacy that would accept my insurance [UM_PRS_RS2]<br/>c. The pharmacy was not open when I could go [UM_PRS_RS3]<br/>d. I did not have transportation to or from the pharmacy [UM_PRS_RS4]<br/>e. My insurance would not cover any of the prescription [UM_PRS_RS5]<br/>f. I could not afford the co-pay [UM_PRS_RS6]<br/>g. The prescription was out of stock [UM_PRS_RS7]<br/>h. I ran out of refills [UM_PRS_RS8]<br/>i. Some other reason [UM_PRS_RS9]</p>                                                                                                                                |
| QUESTION TYPE   | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NOTES           | For 2025: New variable names, reordered response options to reduce cognitive burden, RS1 and RS7 are new response options, RS3, RS5, RS6, and RS9 have updated wording. Removed open-ended response option.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                                                            |
|-------------------|--------------------------------------------------------------------------------------------|
| <i>HARD CHECK</i> |                                                                                            |
| <i>SOFT CHECK</i> |                                                                                            |
| <i>CATI NOTES</i> |                                                                                            |
| <i>CAWI NOTES</i> | Short Text: Select yes or no for each reason you did were not able to fill a prescription. |
| <i>PAPER QNUM</i> | Q92                                                                                        |
| <i>NEXT</i>       | ND_OTH                                                                                     |

| ND_OTH        |                                                                                                                                                                                                                                                  |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                          |
| CATI          | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any other health care, such as a medical exam or medical supplies, devices, or equipment?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | <p><b>Durante los últimos 12 meses</b>, ¿hubo algún momento en el que <b>necesitó</b> algún otro tipo de atención médica, como un examen médico o suministros, dispositivos o equipos médicos?</p>                                               |
| CAWI          | <p><b>During the past 12 months</b>, was there a time when you <b>needed</b> any other health care, such as a medical exam or medical supplies, devices, or equipment?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                     |
| FILLS         |                                                                                                                                                                                                                                                  |
| NOTES         |                                                                                                                                                                                                                                                  |
| HARD CHECK    | For 2025: New item                                                                                                                                                                                                                               |
| SOFT CHECK    |                                                                                                                                                                                                                                                  |
| CATI NOTES    |                                                                                                                                                                                                                                                  |
| CAWI NOTES    |                                                                                                                                                                                                                                                  |
| PAPER QNUM    | Q93                                                                                                                                                                                                                                              |
| NEXT          | If ND_OTH = 01: UM_OTH,<br>Else: Q1_NEW                                                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_OTH          |                                                                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF ND_OTH =01                                                                                                                                         |
| CATI            | <p>Were you able to <b>get</b> the other health care that you needed?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Pudo <b>recibir</b> la otra atención médica que necesitaba?                                                                                          |
| CAWI            | <p>Were you able to <b>get</b> the other health care that you needed?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                          |
| FILLS           |                                                                                                                                                       |
| NOTES           |                                                                                                                                                       |
| HARD CHECK      | For 2025: New item                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                       |
| CATI NOTES      |                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                       |
| PAPER QNUM      | Q94                                                                                                                                                   |
| NEXT            | <p>If UM_OTH = 02, UM_OTH_RS</p> <p>Else: Q1_NEW</p>                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_OTH_RS       |                                                                                                                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF UM_OTH =02                                                                                                                                                                                         |
| CATI            | <p>Why did you <b>not get</b> the other health care you needed <b>during the past 12 months</b>?</p> <p>_____</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p>                          |
| CATI<br>Spanish | ¿Por qué <b>no recibió</b> la otra atención médica que necesitaba <b>durante los 12 últimos meses</b> ?                                                                                               |
| CAWI            | <p>Why did you <b>not get</b> the other health care you needed <b>during the past 12 months</b>?</p> <p>_____</p>                                                                                     |
| QUESTION TYPE   | Text box [500 character limit]                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                       |
| NOTES           | <p>500 characters</p> <p>For 2025: New item to capture any information about unmet “other” needed care and specifically about durable medical equipment or assistive devices.</p>                     |
| HARD CHECK      |                                                                                                                                                                                                       |
| SOFT CHECK      | IF CAWI AND MISSING: “Missing Response: You did not enter a response. Please enter a response into the text box. To skip the question, please delete all characters in the text box and select NEXT.” |
| CATI NOTES      |                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                       |
| PAPER QNUM      | Q95                                                                                                                                                                                                   |
| NEXT            | UM_OTH_OE                                                                                                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_OTH_OE       |                                                                                                                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF UM_OTH =02                                                                                                                                                                                         |
| CATI            | <p>What was the other health care that you needed but did not get <b>in the past 12 months?</b></p> <p>_____</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p>                              |
| CATI<br>Spanish | ¿Cuál fue la otra atención médica que necesitaba pero no recibió <b>durante los últimos 12 meses?</b>                                                                                                 |
| CAWI            | <p>What was the other health care that you needed but did not get <b>in the past 12 months?</b></p> <p>_____</p>                                                                                      |
| QUESTION TYPE   | Text box [500 character limit]                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                       |
| NOTES           | <p>500 character limit</p> <p>For 2025: New item to capture any information about unmet “other” needed care and specifically about durable medical equipment or assistive devices.</p>                |
| HARD CHECK      |                                                                                                                                                                                                       |
| SOFT CHECK      | IF CAWI AND MISSING: “Missing Response: You did not enter a response. Please enter a response into the text box. To skip the question, please delete all characters in the text box and select NEXT.” |
| CATI NOTES      |                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                       |
| PAPER QNUM      | Q96                                                                                                                                                                                                   |
| NEXT            | Q1_NEW                                                                                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



## Social Determinants of Health

## Finances

| Q1_NEW          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CATI            | <p><b>FINANCIAL SITUATION</b></p> <p>These next questions are about your financial situation.</p> <p><b>During the past 12 months</b>, 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? Would you say...</p> <p>01 Not at all difficult<br/> 02 A little difficult<br/> 03 Somewhat difficult, or<br/> 04 Very difficult</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a su situación financiera.</p> <p><b>Durante los últimos 12 meses</b>, ¿qué tan difícil ha sido para su hogar pagar los gastos domésticos habituales, como la comida, el alquiler o la hipoteca, los gastos médicos, etc.? ¿Diría que...</p> <p>01 En absoluto difícil<br/> 02 Un poco difícil<br/> 03 Algo difícil o<br/> 04 Muy difícil</p>                                                                                     |
| CAWI            | <p>These next questions are about your financial situation.</p> <p><b>During the past 12 months</b>, 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?</p> <p>01 Not at all difficult<br/> 02 A little difficult<br/> 03 Somewhat difficult<br/> 04 Very difficult</p>                                                                                                       |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|            |     |
|------------|-----|
| PAPER QNUM | Q97 |
| NEXT       | F70 |

| F70             |                                                                                                                                                                                                                                                                                                                                     |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                             |
| CATI            | <p><b>During the past 12 months</b>, at any point did you have difficulty paying medical bills for yourself or anyone else in the family or household? Would you say...</p> <p>01 Yes</p> <p>02 No, or</p> <p>03 Did you not have any medical bills during the past 12 months?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿tuvo en algún momento dificultades para pagar las facturas médicas suyas o de algún otro miembro de la familia o del hogar? ¿Diría que...</p> <p>01 Sí</p> <p>02 No o</p> <p>03 No ha tenido facturas médicas durante los últimos 12 meses?</p>                                            |
| CAWI            | <p><b>During the past 12 months</b>, at any point did you have difficulty paying medical bills for yourself or anyone else in the family or household?</p> <p>01 Yes</p> <p>02 No</p> <p>03 I did not have any medical bills during the past 12 months</p>                                                                          |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                                                                                                                                                     |
| NOTES           | For 2025: modified placement in survey                                                                                                                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                     |
| PAPER QNUM      | Q98                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | PY_DBT                                                                                                                                                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| PY_DBT          |                                                                                                                                                                                                                                                                              |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                      |
| CATI            | <p><b>During the past 12 months</b>, at any point did you have difficulty paying any debt that you have? Would you say...</p> <p>01 Yes</p> <p>02 No, or</p> <p>03 Did you not have any debt during the past 12 months?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿tuvo en algún momento dificultades para pagar alguna deuda que tenía? ¿Diría que...</p> <p>01 Sí</p> <p>02 No o</p> <p>03 No ha tenido ninguna deuda durante los últimos 12 meses?</p>                                              |
| CAWI            | <p><b>During the past 12 months</b>, at any point did you have difficulty paying any debt that you have?</p> <p>01 Yes</p> <p>02 No</p> <p>03 I did not have any debt during the past 12 months</p>                                                                          |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                 |
| FILLS           |                                                                                                                                                                                                                                                                              |
| NOTES           | For 2025: Modified placement in survey, updated next logic.                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                                                                              |
| SOFT CHECK      |                                                                                                                                                                                                                                                                              |
| CATI NOTES      |                                                                                                                                                                                                                                                                              |
| CAWI NOTES      |                                                                                                                                                                                                                                                                              |
| PAPER QNUM      | Q99                                                                                                                                                                                                                                                                          |
| NEXT            | PY_RNT                                                                                                                                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Housing

| PY_RNT          |                                                                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                               |
| CATI            | <p><b>During the past 12 months</b>, at any point did you have difficulty paying your rent or mortgage? Would you say...</p> <p>01 Yes</p> <p>02 No, or</p> <p>03 Did you not have rent or a mortgage during the past 12 months?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿tuvo en algún momento dificultades para pagar el alquiler o la hipoteca? ¿Diría que...</p> <p>01 Sí</p> <p>02 No o</p> <p>03 No tuvo alquiler ni hipoteca durante los últimos 12 meses?</p>                                                  |
| CAWI            | <p><b>During the past 12 months</b>, at any point did you have difficulty paying your rent or mortgage?</p> <p>01 Yes</p> <p>02 No</p> <p>03 I did not have rent or a mortgage during the past 12 months</p>                                                                          |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                          |
| FILLS           |                                                                                                                                                                                                                                                                                       |
| NOTES           | For 2025: Updated next logic.                                                                                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                                                                       |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                       |
| CATI NOTES      |                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                       |
| PAPER QNUM      | Q100                                                                                                                                                                                                                                                                                  |
| NEXT            | FOOD_QUAL                                                                                                                                                                                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Food Security

| FOOD_QUAL       |                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                         |
| CATI            | <p><b>During the past 12 months</b>, 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? Would you say...</p> <p>01 Often<br/>02 Sometimes<br/>03 Rarely, or<br/>04 Never</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿con qué frecuencia usted o algún miembro de su hogar no pudo comer alimentos saludables y nutritivos (como frutas y verduras) por falta de dinero u otros recursos?</p> <p>01 A menudo<br/>02 A veces<br/>03 Rara vez, o<br/>04 Nunca</p>                                                              |
| CAWI            | <p><b>During the past 12 months</b>, 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?</p> <p>01 Often<br/>02 Sometimes<br/>03 Rarely<br/>04 Never</p>                                                                    |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                 |
| NOTES           | For 2025: New item modified from the Food Insecurity and Experience Scale (FIES) and measures quality of food.                                                                                                                                                                                                                                  |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM      | Q101                                                                                                                                                                                                                                                                                                                                            |
| NEXT            | FOOD_QUAN                                                                                                                                                                                                                                                                                                                                       |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| FOOD_QUAN       |                                                                                                                                                                                                                                                                                                                 |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                         |
| CATI            | <p><b>During the past 12 months</b>, 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? Would you say...</p> <p>01 Often<br/>02 Sometimes<br/>03 Rarely, or<br/>04 Never</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿con qué frecuencia usted o algún miembro de su hogar redujo el tamaño de sus comidas o se saltó comidas porque no había suficiente dinero para comprar comida? ¿Diría que...</p> <p>01 A menudo<br/>02 A veces<br/>03 Rara vez, o<br/>04 Nunca</p>                     |
| CAWI            | <p><b>During the past 12 months</b>, 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?</p> <p>01 Often<br/>02 Sometimes<br/>03 Rarely<br/>04 Never</p>                                                                    |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                                 |
| NOTES           |                                                                                                                                                                                                                                                                                                                 |
| HARD CHECK      | For 2025: New item modified from the USDA's Household Food Security Survey Module (HFSSM) and measures quantity of food.                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM      | Q102                                                                                                                                                                                                                                                                                                            |
| NEXT            | FOOD_RNOUT                                                                                                                                                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| FOOD_RNOUT      |                                                                                                                                                                                                                                                                         |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                 |
| CATI            | <p><b>During the past 12 months</b>, how often did you or anyone in your household run out of food before you got money to buy more? Would you say...</p> <p>01 Often<br/>02 Sometimes<br/>03 Rarely, or<br/>04 Never</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿con qué frecuencia usted o algún miembro de su hogar se quedó sin comida antes de tener dinero para comprar más? ¿Diría que...</p> <p>01 A menudo<br/>02 A veces<br/>03 Rara vez, o<br/>04 Nunca</p>                           |
| CAWI            | <p><b>During the past 12 months</b>, how often did you or anyone in your household run out of food before you got money to buy more?</p> <p>01 Often<br/>02 Sometimes<br/>03 Rarely<br/>04 Never</p>                                                                    |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                            |
| FILLS           |                                                                                                                                                                                                                                                                         |
| NOTES           | For 2025: Modified version of FOOD_OUT from 2023. Mirrors the structure of the other two items and thus has a new variable name. Modified from USDA's Household Food Security Survey Module (HFSSM) and measures running out of food.                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                         |
| SOFT CHECK      |                                                                                                                                                                                                                                                                         |
| CATI NOTES      |                                                                                                                                                                                                                                                                         |
| CAWI NOTES      |                                                                                                                                                                                                                                                                         |
| PAPER QNUM      | Q103                                                                                                                                                                                                                                                                    |
| NEXT            | FD_EBT                                                                                                                                                                                                                                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| FD_EBT          |                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                     |
| CATI            | <p><b>During the past 30 days</b>, have you used an EBT or Food Stamp benefit card?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>         |
| CATI<br>Spanish | <p><b>Durante los últimos 30 días</b>, ¿ha utilizado una tarjeta de transferencia electrónica de beneficios (Electronic Benefits Transfer, EBT) o cupones de alimentos?</p> |
| CAWI            | <p><b>During the past 30 days</b>, have you used an EBT or Food Stamp benefit card?</p> <p>01 Yes</p> <p>02 No</p>                                                          |
| QUESTION TYPE   | Radio button                                                                                                                                                                |
| FILLS           |                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                             |
| PAPER QNUM      | Q104                                                                                                                                                                        |
| NEXT            | PY_TRNSP                                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



## Transportation

| PY_TRNSP        |                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                  |
| CATI            | <p><b>During the past 12 months</b>, at any point did you have difficulty accessing reliable transportation?</p> <p>01 YES<br/>02 NO<br/><br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿tuvo en algún momento dificultades para acceder a un medio de transporte confiable?</p>                                                         |
| CAWI            | <p><b>During the past 12 months</b>, at any point did you have difficulty accessing reliable transportation?</p> <p>01 Yes<br/>02 No</p>                                                 |
| QUESTION TYPE   | Radio button                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                          |
| NOTES           |                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                          |
| PAPER QNUM      | Q105                                                                                                                                                                                     |
| NEXT            | f_CM_PRB                                                                                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Community Problems

| f_CM_PRB                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CM_PRB1 / CM_PRB2 / CM_PRB3 / CM_PRB4 / CM_PRB5 / CM_PRB6 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ASK                                                       | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI                                                      | <p>Now I have a question about your community. Rather than answering while thinking about yourself, please think about residents in your community as a whole.</p> <p>How big of a problem are the following issues for residents in your community? Would you say a very big problem, a moderately big problem, a small problem, not a problem at all, or are you not sure?</p> <p>(IF NEEDED: READ RESPONSE OPTIONS A VERY BIG PROBLEM, A MODERATELY BIG PROBLEM, A SMALL PROBLEM, NOT A PROBLEM AT ALL, OR ARE YOU NOT SURE)</p> <p>(IF NEEDED: In your community, how big of a problem is...)</p> <p>COLUMN HEADERS:</p> <p>01      A VERY BIG PROBLEM</p> <p>02      A MODERATELY BIG PROBLEM</p> <p>03      A SMALL PROBLEM</p> <p>04      NOT A PROBLEM AT ALL</p> <p>98      DON'T KNOW</p> <p>99      REFUSED</p> <p>ROW ITEMS:</p> <p>a.      Access to transportation? [CM_PRB1]</p> <p>b.      Crime? [CM_PRB2]</p> <p>c.      Drug addiction? [CM_PROB3]</p> <p>d.      Lack of jobs? [CM_PRB4]</p> <p>e.      Paying for food? [CM_PROB5]</p> <p>f.      Paying for housing? [CM_PRB6]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CATI<br>Spanish | <p>Ahora tengo una pregunta sobre su comunidad. En lugar de responder pensando en usted mismo(a), piense en los residentes de su comunidad en su totalidad.</p> <p>¿Qué importancia tienen los siguientes problemas para los residentes en su comunidad? ¿Diría que es un problema muy grave, un problema moderadamente grave, un problema menor, ningún problema en absoluto o no está seguro(a)?</p> <p>(IF NEEDED: READ RESPONSE OPTIONS UN PROBLEMA MUY GRAVE, UN PROBLEMA MODERADAMENTE GRAVE, UN PROBLEMA MENOR, NINGÚN PROBLEMA EN ABSOLUTO, O NO ESTÁ SEGURO)</p> <p>(IF NEEDED: En su comunidad, ¿hasta qué punto es un problema...)</p> <p>COLUMN HEADERS:</p> <p>01 UN PROBLEMA MUY GRAVE<br/>02 UN PROBLEMA MODERADAMENTE GRAVE<br/>03 UN PROBLEMA MENOR<br/>04 NINGÚN PROBLEMA EN ABSOLUTO<br/>98 DON'T KNOW<br/>99 REFUSED</p> <p>ROW ITEMS:</p> <p>a. el acceso al transporte? [CM_PRB01]<br/>b. el crimen? [CM_PRB02]<br/>c. la adicción a las drogas? [CM_PROB03]<br/>d. la falta de empleo? [CM_PRB04]<br/>e. pagar la comida? [CM_PROB05]<br/>f. pagar la vivienda? [CM_PRB06]</p> |
| CAWI            | <p>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.</p> <p>How big of a problem are the following issues for residents in your community?</p> <p>COLUMN HEADERS:</p> <p>01 A very big problem<br/>02 A moderately big problem<br/>03 A small problem<br/>04 Not a problem at all<br/>98 Don't know</p> <p>ROW ITEMS:</p> <p>a. Access to transportation [CM_PRB1]<br/>b. Crime [CM_PRB2]<br/>c. Drug addiction [CM_PROB3]<br/>d. Lack of jobs [CM_PRB4]<br/>e. Paying for food [CM_PROB5]<br/>f. Paying for housing [CM_PRB6]</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| QUESTION TYPE   | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                                                                                                              |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <i>FILLS</i>      |                                                                                                                                              |
| <i>NOTES</i>      | Randomize the order of the rows in the grid on CATI and CAWI. Do not keep the lettering in the rows.                                         |
| <i>HARD CHECK</i> |                                                                                                                                              |
| <i>SOFT CHECK</i> | CAWI: No error message when missing                                                                                                          |
| <i>CATI NOTES</i> |                                                                                                                                              |
| <i>CAWI NOTES</i> | Short Text: Select how much of a problem you think each issue is for your community.                                                         |
| <i>PAPER QNUM</i> | Q106<br>Note that these items are not randomized on PAPI. The “Don’t know” response option should be coded as 98 on PAPI to match CATI/CAWI. |
| <i>NEXT</i>       | G71                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

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**SECTION F: EMPLOYMENT**

## Working

| <b>G71</b>          |                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                 | ASK ALL                                                                                                                                                                                                                                                                                                                                                                               |
| <i>CATI</i>         | <p><b>EMPLOYMENT STATUS</b></p> <p>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.</p> <p><b>Last week</b> did you have a job, either full or part-time?</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| <i>CATI Spanish</i> | <p>Ahora nos gustaría hacerle algunas preguntas sobre su propia situación laboral actual. Piense en usted mismo(a) y su propia situación al responder las siguientes preguntas.</p> <p>¿La <b>semana pasada</b> trabajó, ya sea a tiempo completo o parcial?</p>                                                                                                                      |
| <i>CAWI</i>         | <p>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.</p> <p><b>Last week</b> did you have a job, either full or part-time?</p> <p>01      Yes</p> <p>02      No</p>                                                                                            |
| QUESTION TYPE       | Radio button                                                                                                                                                                                                                                                                                                                                                                          |
| FILLS               |                                                                                                                                                                                                                                                                                                                                                                                       |
| NOTES               | From 2023 instrument, modified for 2025 instrument                                                                                                                                                                                                                                                                                                                                    |
| HARD CHECK          |                                                                                                                                                                                                                                                                                                                                                                                       |
| SOFT CHECK          |                                                                                                                                                                                                                                                                                                                                                                                       |
| CATI NOTES          |                                                                                                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES          |                                                                                                                                                                                                                                                                                                                                                                                       |
| PAPER QNUM          | Q107                                                                                                                                                                                                                                                                                                                                                                                  |
| NEXT                | If G71 = 01: G71A,<br>Else: G71A_NEW                                                                                                                                                                                                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| G71A            |                                                                                                                                                                                                                                                                                                                          |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If G71 = 01                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>Thinking about just <b>last week</b>, how many hours did you work? If you are unsure, please make your best guess.</p> <p>(INTERVIEWER: ENTER A NUMBER BETWEEN 0 AND 168. IF RESPONDENT DID NOT WORK ANY HOURS LAST WEEK, ENTER 0.)</p> <p>_____ HOURS</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | Pensando en la <b>semana pasada</b> , ¿cuántas horas trabajó? Si no está seguro(a), haga su mejor estimación.                                                                                                                                                                                                            |
| CAWI            | <p>Thinking about just <b>last week</b>, how many hours did you work? <i>If you are unsure, please make your best guess.</i></p> <p>_____ Hours (0-168)</p>                                                                                                                                                              |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                                                                                                                                          |
| NOTES           | Range: 0-168                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of hours is missing or invalid. Please enter a number between 0 and 168. If you did not work any hours last week, enter 0. To skip this question, please delete all characters in the text box and select NEXT."                                               |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      | Short Text: Enter the number of hours you worked last week (0-168).                                                                                                                                                                                                                                                      |
| PAPER QNUM      | Q108                                                                                                                                                                                                                                                                                                                     |
| NEXT            | G71F                                                                                                                                                                                                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| G71F            |                                                                                                                                                                                                                                                                                                           |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If G71 = 01                                                                                                                                                                                                                                                                                               |
| CATI            | <p>How long have you had your <b>current</b> job? If you are unsure, please make your best guess. Would you say...</p> <p>01 Less than 3 months</p> <p>02 3 months to 6 months</p> <p>03 More than 6 months to 1 year, or</p> <p>04 More than 1 year</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuánto tiempo lleva en su trabajo <b>actual</b>? Si no está seguro(a), haga su mejor estimación. ¿Diría que...</p> <p>01 Menos de 3 meses</p> <p>02 De 3 a 6 meses</p> <p>03 Entre más de 6 meses y 1 año o</p> <p>04 Más de 1 año</p>                                                                |
| CAWI            | <p>How long have you had your <b>current</b> job? <i>If you are unsure, please make your best guess.</i></p> <p>01 Less than 3 months</p> <p>02 3 months to 6 months</p> <p>03 More than 6 months to 1 year</p> <p>04 More than 1 year</p>                                                                |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                                                                           |
| NOTES           |                                                                                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                           |
| PAPER QNUM      | Q109                                                                                                                                                                                                                                                                                                      |
| NEXT            | G71A_NEW                                                                                                                                                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| G71A_NEW        |                                                                                                                                                                                                    |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                            |
| CATI            | <p><b>At any time during the past 12 months, were you self-employed? This may be in addition to your main job.</b></p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>¿En algún momento durante los últimos 12 meses, trabajó usted como independiente? Este trabajo puede ser adicional a su trabajo principal.</b></p>                                           |
| CAWI            | <p><b>At any time during the past 12 months, were you self-employed? This may be in addition to your main job.</b></p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                    |
| NOTES           |                                                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                                                    |
| PAPER QNUM      | <p>Q115</p> <p>Note that the placement of this question on PAPI is different from CATI/CAWI to help with skip patterns.</p>                                                                        |
| NEXT            | <p>IF [HH=02 OR MD CD=01] AND [G71=01 OR G71A_NEW=01]: MCD_WRK</p> <p>Else if G71 = 01: G72</p> <p>Else if G71 = 02: G76</p> <p>Else MRD</p>                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| MCD_WRK         |                                                                                                                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If (HH = 02 or MD CD = 01) and (G71 = 01 or G71A_NEW = 01)                                                                                                                                                             |
| CATI            | <p>Does having Medicaid coverage affect your ability to work? Would you say it...</p> <p>01 Makes it easier</p> <p>02 Has no effect, or</p> <p>03 Makes it harder</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Tener cobertura de Medicaid afecta su capacidad para trabajar? ¿Diría que...</p> <p>01 Lo hace más fácil</p> <p>02 No tiene ningún efecto o</p> <p>03 Lo hace más difícil</p>                                      |
| CAWI            | <p>Does having Medicaid coverage affect your ability to work?</p> <p>01 Makes it easier</p> <p>02 Has no effect</p> <p>03 Makes it harder</p> <p>98 Don't know</p>                                                     |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                        |
| NOTES           |                                                                                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                                        |
| PAPER QNUM      | NOT ON PAPI – Skip pattern is too difficult to implement.                                                                                                                                                              |
| NEXT            | <p>If G71 = 01: G72,</p> <p>Else if G71 = 02: G76,</p> <p>Else: MRD</p>                                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Access, Eligibility, and Participation in ESI

| G72             |                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If G71 = 01                                                                                                                                                                                                                                                                                                                                                 |
| CATI            | <p>These next few questions ask about employment and health insurance.</p> <p>Does your employer or labor union offer health insurance to <b>any</b> of its employees?</p> <p>(INTERVIEWER: IF R INDICATES THEY ARE SELF-EMPLOYED SELECT "DOES NOT APPLY".)</p> <p>01 YES<br/>02 NO<br/>03 DOES NOT APPLY</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren al empleo y al seguro médico.</p> <p>¿Su empleador o sindicato ofrecen seguro médico a <b>alguno</b> de sus empleados?</p>                                                                                                                                                                                          |
| CAWI            | <p>These next few questions ask about employment and health insurance.</p> <p>Does your employer or labor union offer health insurance to <b>any</b> of its employees? <i>If you are self-employed, please answer "Does not apply."</i></p> <p>01 Yes<br/>02 No<br/>03 Does not apply</p>                                                                   |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Q110                                                                                                                                                                                                                                                                                                                                                        |
| NEXT            | If G72 = 01 and B4AA != (01, 03): G72B,<br>Else: MRD                                                                                                                                                                                                                                                                                                        |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| G72B            |                                                                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If G72 = 01 and B4AA != (01, 03)                                                                                                                                                |
| CATI            | <p>Are you <b>currently</b> eligible to participate in your employer or union health insurance?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Actualmente</b> , es elegible para participar en el seguro de médico de su empleador o sindicato?                                                                          |
| CAWI            | <p>Are you <b>currently</b> eligible to participate in your employer or union health insurance?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                 |
| NOTES           | If B4AA = (01, 03) then autocode G72B = 01                                                                                                                                      |
| HARD CHECK      |                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                 |
| PAPER QNUM      | Q111                                                                                                                                                                            |
| NEXT            | If G72B = 01 and (B4A = 02 or (B4A = 01 and B4AA = 02)): f_G72c,<br>Else: MRD                                                                                                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_G72c                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| G72c_1 / G72c_2 / G72c_3 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ASK                      | If G72B = 01 and (B4A = 02 or (B4A = 01 and B4AA = 02) or A1 = 02)                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI                     | <p>Please tell me whether each of the following was a reason you are <b>not participating</b> in your employer or labor union health insurance.</p> <p>(IF NEEDED: Was the reason for you <b>not participating</b> in your employer or labor union health insurance because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. It costs too much? [G72c_1]<br/>b. You have other insurance? [G72c_2]<br/>c. You do not need it? [G72c_3]</p> |
| CATI<br>Spanish          | <p>Indique si cada una de las siguientes ha sido una de las razones por las que <b>no participa</b> en el seguro médico de su empleador o sindicato.</p> <p>(IF NEEDED: ¿La razón por la que <b>no participa</b> en el seguro médico de su empleador o sindicato es que...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. es demasiado costoso? [G72c_1]<br/>b. tiene otro seguro? [G72c_2]<br/>c. no lo necesita? [G72c_3]</p>             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                              |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p>Please tell us whether each of the following was a reason you are <b>not participating</b> in your employer or labor union health insurance.</p> <p>COLUMN HEADERS:</p> <p>01      Yes<br/>02      No</p> <p>ROW ITEMS:</p> <p>a.    It costs too much. <b>[G72c_1]</b><br/>b.    I have other insurance. <b>[G72c_2]</b><br/>c.    I do not need it. <b>[G72c_3]</b></p> |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                            |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                              |
| NOTES         | 2023 skip pattern slightly changed, no longer exclude if ESI is through current work (don't have that info anymore)                                                                                                                                                                                                                                                          |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                              |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                              |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                              |
| CAWI NOTES    | Custom error message to be developed in accessibility testing.                                                                                                                                                                                                                                                                                                               |
| PAPER QNUM    | <p>Q112</p> <p>Please note that the skip logic on PAPI is slightly different. The skip pattern instructions are to answer this question: "If you are eligible for your employer/ union health insurance but do not participate in it" It is too difficult to implement the skips directly from A1, B4A and B4AA on PAPI.</p>                                                 |
| NEXT          | MRD                                                                                                                                                                                                                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

Not Working

|                 |                                                                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| <b>G76</b>      |                                                                                                                                           |
| ASK             | If G71 = 02                                                                                                                               |
| CATI            | <p><b>During the past 30 days, did you look for work?</b></p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 30 días, ¿buscó trabajo?</b></p>                                                                                |
| CAWI            | <p><b>During the past 30 days, did you look for work?</b></p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                              |
| FILLS           |                                                                                                                                           |
| NOTES           |                                                                                                                                           |
| HARD CHECK      |                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                           |
| CATI NOTES      |                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                           |
| PAPER QNUM      | Q113                                                                                                                                      |
| NEXT            | f_NTWK_RS                                                                                                                                 |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_NTWK_RS                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NTWK_RS1 / NTWK_RS2 / NTWK_RS3 / NTWK_RS4 / NTWK_RS5 / NTWK_RS6 / NTWK_RS7 / NTWK_RS8 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ASK                                                                                   | If G71 = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CATI                                                                                  | <p>People are not working for various reasons. For each statement I read, please tell me yes or no if it is a reason why you are not working.</p> <p>(IF NEEDED: Are you not working because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. You are retired? [NTWK_RS1]<br/>b. You are caring for a child/adult family member? [NTWK_RS2]<br/>c. You have at least one physical or mental health limitation? [NTWK_RS3]<br/>d. You are in a job training program or in school? [NTWK_RS4]<br/>e. You could not find work? [NTWK_RS5]<br/>f. You do not have reliable transportation? [NTWK_RS6]<br/>g. You have a disability or you are on Supplemental Security Income (SSI)? [NTWK_RS7]<br/>h. Some other reason? [NTWK_RS8]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CATI Spanish  | <p>Las personas no trabajan por varias razones. Por cada afirmación que le leo, dígame sí o no, si es una razón por la que no trabaja.</p> <p>(IF NEEDED: ¿No trabaja porque...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <ul style="list-style-type: none"> <li>a. está jubilado(a)? [NTWK_RS1]</li> <li>b. cuida a un familiar niño o adulto? [NTWK_RS2]</li> <li>c. tiene al menos una limitación de salud física o mental? [NTWK_RS3]</li> <li>d. está en un programa de capacitación laboral o en la escuela? [NTWK_RS4]</li> <li>e. no encontró trabajo? [NTWK_RS5]</li> <li>f. no tiene un medio de transporte confiable? [NTWK_RS6]</li> <li>g. tiene una discapacidad y recibe Seguridad de Ingreso Suplementario (Supplemental Security Income (SSI))</li> <li>h. tiene alguna otra razón? [NTWK_RS7]</li> </ul> |
| CAWI          | <p>People are not working for various reasons. Why were you not working last week? <i>Please select "yes" or "no" for each reason.</i></p> <p>COLUMN HEADERS:</p> <p>01 Yes<br/>02 No</p> <p>ROW ITEMS:</p> <ul style="list-style-type: none"> <li>a. I am retired [NTWK_RS1]</li> <li>b. I am caring for a child/adult family member [NTWK_RS2]</li> <li>c. I have at least one physical or mental health limitation [NTWK_RS3]</li> <li>d. I am in a job training program or in school [NTWK_RS4]</li> <li>e. I could not find work [NTWK_RS5]</li> <li>f. I do not have reliable transportation [NTWK_RS6]</li> <li>g. I have a disability or I am on Supplemental Security Income (SSI) [NTWK_RS7]</li> <li>h. Some other reason [NTWK_RS8]</li> </ul>                                                                                                                                        |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| NOTES         | For 2025: Item G (NTWK_RS7) is new; changed Other specify response option (NTWK_RS8) to remove the open-ended text box.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



|                   |                                                                                                                                                                              |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>SOFT CHECK</i> | If CAWI and Missing, Display: "Missing Response: You did not select a response. Please select at least one response. To skip the question, please press NEXT a second time." |
| <i>CATI NOTES</i> |                                                                                                                                                                              |
| <i>CAWI NOTES</i> | Short Text: Select yes or no for each reason you did not work last week.                                                                                                     |
| <i>PAPER QNUM</i> | Q114                                                                                                                                                                         |
| <i>NEXT</i>       | If (HH = 02 or MD CD = 01) and G76 = 01: MCD_LKWRK,<br>Else: MRD                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MCD_LKWRK       |                                                                                                                                                                                                                                  |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If (HH = 02 or MDCA = 01) and G76 = 01                                                                                                                                                                                           |
| CATI            | <p>Does having Medicaid coverage affect your ability to look for work? Would you say it...</p> <p>01 Makes it easier<br/> 02 Has no effect, or<br/> 03 Makes it harder</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p>        |
| CATI<br>Spanish | <p>¿Tener cobertura de Medicaid afecta su capacidad para buscar trabajo? ¿Diría que...</p> <p>01 Lo hace más fácil<br/> 02 No tiene ningún efecto<br/> 03 Lo hace más difícil</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CAWI            | <p>Does having Medicaid coverage affect your ability to look for work?</p> <p>01 Makes it easier<br/> 02 Has no effect<br/> 03 Makes it harder<br/> 98 Don't know</p>                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                  |
| NOTES           | For 2025: Updated to only ask this of respondents who indicated that they are looking for work. This will not go on the dashboard and the Medicaid-list weight should be used for analyses.                                      |
| HARD CHECK      |                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                  |
| CAWI NOTES      | Short Text: Enter a sentence explaining how Medicaid coverage affects your ability to work.                                                                                                                                      |
| PAPER QNUM      | NOT ON PAPI – Skip pattern is too difficult to implement.                                                                                                                                                                        |
| NEXT            | MRD                                                                                                                                                                                                                              |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION G: ADULT DEMOGRAPHICS AND FAMILY INCOME**

| MRD             |                                                                                                                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                               |
| CATI            | <p><b>DEMOGRAPHICS</b></p> <p>The next few questions are for general classification purposes.</p> <p>What is your current marital status? Would you say...</p> <p>01 Married</p> <p>02 Widowed</p> <p>03 Divorced</p> <p>04 Separated, or</p> <p>05 Have you never been married?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas son de clasificación general.</p> <p>¿Cuál es su estado civil actual? ¿Diría que...</p> <p>01 Casado/a</p> <p>02 Viudo/a</p> <p>03 Divorciado/a</p> <p>04 Separado/a o</p> <p>05 Nunca se ha casado?</p>                                                                                                  |
| CAWI            | <p>The next few questions are for general classification purposes.</p> <p>What is your current marital status?</p> <p>01 I am married</p> <p>02 I am widowed</p> <p>03 I am divorced</p> <p>04 I am separated</p> <p>05 I have never been married</p>                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                      |                                  |
|----------------------|----------------------------------|
| <i>QUESTION TYPE</i> | Radio button                     |
| <i>FILLS</i>         |                                  |
| <i>NOTES</i>         | For 2025: updated "next" logic   |
| <i>HARD CHECK</i>    |                                  |
| <i>SOFT CHECK</i>    |                                  |
| <i>CATI NOTES</i>    |                                  |
| <i>CAWI NOTES</i>    |                                  |
| <i>PAPER QNUM</i>    | Q117                             |
| <i>NEXT</i>          | IF MRD = 01: CHBT<br>ELSE: PRTNR |

| <b>CHBT</b>          |                                                                                                                                  |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <i>ASK</i>           | IF MRD = 01                                                                                                                      |
| <i>CATI</i>          | <p>Do you live in the same household with your spouse?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| <i>CATI Spanish</i>  | ¿Vive en el mismo hogar que su cónyuge?                                                                                          |
| <i>CAWI</i>          | <p>Do you live in the same household with your spouse?</p> <p>01 Yes<br/>02 No</p>                                               |
| <i>QUESTION TYPE</i> | Radio button                                                                                                                     |
| <i>FILLS</i>         |                                                                                                                                  |
| <i>NOTES</i>         | For 2025: new item                                                                                                               |
| <i>HARD CHECK</i>    |                                                                                                                                  |
| <i>SOFT CHECK</i>    |                                                                                                                                  |
| <i>CATI NOTES</i>    |                                                                                                                                  |
| <i>CAWI NOTES</i>    |                                                                                                                                  |
| <i>PAPER QNUM</i>    | Q118                                                                                                                             |
| <i>NEXT</i>          | EDCTN                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| PRTNR           |                                                                                                                                                                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF MRD != 01                                                                                                                                                                                                                                                                                           |
| CATI            | <p>Which of the following statements apply to you?</p> <p>01     You have a partner, and you live in the same household</p> <p>02     You have a partner, but you don't live in the same household</p> <p>03     You don't have a partner</p> <p>98     DON'T KNOW</p> <p>99     PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuál de las siguientes afirmaciones se aplica a usted?</p> <p>01     Tiene pareja, y usted vive en el mismo hogar</p> <p>02     Tiene pareja, pero usted no vive en el mismo hogar</p> <p>03     No tiene pareja</p>                                                                               |
| CAWI            | <p>Which of the following statements apply to you?</p> <p>01     I have a partner, and we live in the same household</p> <p>02     I have a partner, but we don't live in the same household</p> <p>03     I don't have a partner</p>                                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                                                                                                        |
| NOTES           | For 2025: new item                                                                                                                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                        |
| PAPER QNUM      | Q119                                                                                                                                                                                                                                                                                                   |
| NEXT            | EDCTN                                                                                                                                                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| EDCTN           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CATI            | <p>What is the highest level of school you have completed?</p> <p>(INTERVIEWER: PLEASE READ ALL RESPONSE OPTIONS)</p> <p>01 Less than high school diploma</p> <p>02 GED</p> <p>03 High school or vocational/trade school graduate</p> <p>04 Some college, but no degree</p> <p>05 Associate degree (1-2 year occupational, technical or academic program)</p> <p>06 Four-year college graduate/bachelor's degree</p> <p>07 Advanced degree (including master's, professional degree, or doctorate)</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                                                                                 |
| CATI<br>Spanish | <p>¿Cuál es el nivel educativo más alto que ha completado?</p> <p>(INTERVIEWER: PLEASE READ ALL RESPONSE OPTIONS)</p> <p>01 Menos de un diploma de escuela secundaria</p> <p>02 Desarrollo de Educación General (GED, por sus siglas en inglés)</p> <p>03 Graduado(a) de escuela secundaria o escuela vocacional/técnica</p> <p>04 Estudios universitarios, pero sin título</p> <p>05 Título asociado (programa ocupacional, técnico o académico de 1 a 2 años) (<i>Associate</i>)</p> <p>06 Graduado(a) de estudios universitarios de cuatro años o licenciatura (<i>Bachelor</i>)</p> <p>07 Título avanzado (incluyendo maestría, título profesional o doctorado)</p> |
| CAWI            | <p>What is the highest level of school you have completed?</p> <p>01 Less than high school diploma</p> <p>02 GED</p> <p>03 High school or vocational/trade school graduate</p> <p>04 Some college, but no degree</p> <p>05 Associate degree (1-2 year occupational, technical or academic program)</p> <p>06 Four-year college graduate/bachelor's degree</p> <p>07 Advanced degree (including master's, professional degree, or doctorate)</p>                                                                                                                                                                                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NOTES           | For 2025: Variable name change and answer options changed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|            |      |
|------------|------|
| CAWI NOTES |      |
| PAPER QNUM | Q120 |
| NEXT       | H78  |

| H78             |                                                                                                                                                   |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                           |
| CATI            | <p>Have you <b>ever</b> served in the United States Armed Forces?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> ha prestado servicio en las Fuerzas Armadas de Estados Unidos?                                                                |
| CAWI            | <p>Have you <b>ever</b> served in the United States Armed Forces?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                      |
| FILLS           |                                                                                                                                                   |
| NOTES           |                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                   |
| PAPER QNUM      | Q121                                                                                                                                              |
| NEXT            | If H78 = 01: ML_NOW,<br>Else: S16                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ML_NOW          |                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If H78 = 01                                                                                                                                            |
| CATI            | <p>Are you <b>currently</b> serving in the United States Armed Forces?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Actualmente</b> está prestando servicio en las Fuerzas Armadas de Estados Unidos?                                                                 |
| CAWI            | <p>Are you <b>currently</b> serving in the United States Armed Forces?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                           |
| FILLS           |                                                                                                                                                        |
| NOTES           |                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                        |
| PAPER QNUM      | Q122                                                                                                                                                   |
| NEXT            | S16                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| S16             |                                                                                                                                    |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                            |
| CATI            | <p>Are you of Hispanic, Latino, or Spanish origin?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Es de origen hispano, latino o español?                                                                                           |
| CAWI            | <p>Are you of Hispanic, Latino, or Spanish origin?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                       |
| FILLS           |                                                                                                                                    |
| NOTES           |                                                                                                                                    |
| HARD CHECK      |                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                    |
| CATI NOTES      |                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                    |
| PAPER QNUM      | Q123                                                                                                                               |
| NEXT            | f_S17                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_S17                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| S17_1 / S17_2 / S17_3 / S17_4 / S17_5 / S17_6 / S17_97 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| ASK                                                    | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI                                                   | <p>Which one or more of the following would you say is your race? Are you White, Black or African American, Asian, Native American, American Indian, or Alaskan Native, Native Hawaiian or Pacific Islander, Hispanic, Latino, or Spanish, or some other race I have not mentioned? Please choose all that apply.</p> <p>INTERVIEWER: CODE ALL THAT APPLY</p> <p>01 WHITE [S17_1]<br/>           02 BLACK OR AFRICAN AMERICAN [S17_2]<br/>           03 ASIAN [S17_3]<br/>           04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE [S17_4]<br/>           05 NATIVE HAWAIIAN OR PACIFIC ISLANDER [S17_5]<br/>           06 HISPANIC, LATINO, SPANISH [S17_6]<br/>           97 OTHER [S17_97]</p> <p>98 DON'T KNOW<br/>           99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish                                        | <p>¿Cuál o cuáles de las siguientes diría que es su raza? ¿Usted es blanco(a), negro(a) o afroamericano(a), asiático(a), nativo(a) americano(a), indio(a) americano(a) o nativo(a) de Alaska, nativo(a) de Hawái o isleño(a) del Pacífico, hispano(a), latino(a) o español(a) o de alguna otra raza que no haya mencionado? Elija todas las opciones que correspondan.</p> <p>INTERVIEWER: CODE ALL THAT APPLY</p> <p>01 BLANCO [S17_1]<br/>           02 NEGRO O AFROAMERICANO [S17_2]<br/>           03 ASIÁTICO [S17_3]<br/>           04 NATIVO AMERICANO, INDIO AMERICANO O NATIVO DE ALASKA [S17_4]<br/>           05 NATIVO DE HAWAII O ISLEÑO DEL PACÍFICO [S17_5]<br/>           06 HISPANO, LATINO, ESPAÑOL [S17_6]<br/>           97 OTRO [S17_97]</p>   |
| CAWI                                                   | <p>Which one or more of the following would you say is your race? <i>Select all that apply.</i></p> <p>01 White [S17_1]<br/>           02 Black or African American [S17_2]<br/>           03 Asian [S17_3]<br/>           04 Native American, American Indian, or Alaskan Native [S17_4]<br/>           05 Native Hawaiian or Pacific Islander [S17_5]<br/>           06 Hispanic, Latino, Spanish [S17_6]<br/>           97 Other [S17_97]</p>                                                                                                                                                                                                                                                                                                                    |
| QUESTION TYPE                                          | Checkbox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FILLS                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                         |
|-------------------|---------------------------------------------------------|
| <i>NOTES</i>      | Code each variable as 01 if checked, 02 if not checked. |
| <i>HARD CHECK</i> |                                                         |
| <i>SOFT CHECK</i> |                                                         |
| <i>CATI NOTES</i> |                                                         |
| <i>CAWI NOTES</i> |                                                         |
| <i>PAPER QNUM</i> | Q124                                                    |
| <i>NEXT</i>       | D30A_VALUE                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications  
HH=01 indicates ABS sample  
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## Weight and Height

| D30A_VALUE      |                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                            |
| CATI            | <b>WEIGHT AND HEIGHT</b><br><br>{D30AFILL}<br><br>(INTERVIEWER: ENTER WEIGHT IN POUNDS)<br>_____ POUNDS<br><br>9998 DON'T KNOW<br>9999 PREFER NOT TO SAY                                                                                                                                                                                                                           |
| CATI<br>Spanish |                                                                                                                                                                                                                                                                                                                                                                                    |
| CAWI            | {D30AFILL}<br><br>_____ Pounds (1-999)                                                                                                                                                                                                                                                                                                                                             |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                            |
| FILLS           | <i>English:</i><br>If E65A = 01, D30AFILL = "Just before your current pregnancy, about how much did you weigh without shoes?"<br>Else, D30AFILL = "About how much do you weigh without shoes?"<br><br><i>Spanish:</i><br>If E65A = 01, D30AFILL = "Justo antes de su embarazo actual, ¿cuánto pesaba sin zapatos?"<br>Else, D30AFILL = "¿Aproximadamente cuánto pesa sin zapatos?" |
| NOTES           | Range: 1-999<br>Answer layout – boxes for 3-digit number                                                                                                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                    |
| SOFT CHECK      | IF CAWI OUTSIDE OF RANGE OR MISSING, DISPLAY: "Weight, in pounds, is missing or invalid. Please enter a number between 1 and 999. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                                                            |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                    |
| CAWI NOTES      | Short Text: Enter your weight in pounds (1-999).                                                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM      | Q125<br>Note that PAPI wording will be different:<br>About how much do you weigh without shoes? <i>If you are currently pregnant, please provide your weight prior to your pregnancy.</i>                                                                                                                                                                                          |
| NEXT            | f_D30B                                                                                                                                                                                                                                                                                                                                                                             |

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| f_D30B<br>D30B_F / D30B_I |                                                                                                                                                                                                                                                                    |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                       | ASK ALL                                                                                                                                                                                                                                                            |
| CATI                      | <p>About how tall are you without shoes?</p> <p>____ Feet [D30B_F]                      ____ Inches [D30B_I]</p> <p>98      DON'T KNOW                      98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY                      99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish           | ¿Cuál es su estatura sin zapatos?                                                                                                                                                                                                                                  |
| CAWI                      | <p>About how tall are you without shoes?</p> <p>____ Feet (1-8) [D30B_F]                      ____ Inches (0-11) [D30B_I]</p>                                                                                                                                      |
| QUESTION TYPE             | Numeric                                                                                                                                                                                                                                                            |
| FILLS                     |                                                                                                                                                                                                                                                                    |
| NOTES                     | <p>D30B_F Answer layout – 1-digit box</p> <p>D30B_I Answer layout —2-digit box</p> <p>D30B_F Range: 1-8</p> <p>D30B_I Range: 0-11</p>                                                                                                                              |
| HARD CHECK                |                                                                                                                                                                                                                                                                    |
| SOFT CHECK                | <p>IF CAWI AND D30B_F OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF:<br/>"Please enter a number between 1 and 8."</p> <p>IF CAWI AND D30B_I OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF:<br/>"Please enter a number between 0 and 11."</p>           |
| CATI NOTES                |                                                                                                                                                                                                                                                                    |
| CAWI NOTES                | <p>D30B_F Short text: Enter your height in feet (1-8)</p> <p>D30B_I Short text: Enter your height in inches (0-11)</p>                                                                                                                                             |
| PAPER QNUM                | Q126                                                                                                                                                                                                                                                               |
| NEXT                      | INC_INTRO                                                                                                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Family Income

| INC_INTRO       |                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                           |
| CATI            | 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.                                                  |
| CATI<br>Spanish | Las siguientes preguntas se refieren a los ingresos anuales y mensuales de su hogar para que los patrocinadores de la encuesta puedan determinar cómo se relacionan estos ingresos con la cobertura de seguro médico y el acceso a la atención médica. Sus respuestas a estas preguntas no afectarán su elegibilidad a los programas de asistencia gubernamental. |
| CAWI            | 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.                                                  |
| QUESTION TYPE   | Informational                                                                                                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                   |
| NOTES           | New screen added in 2025.                                                                                                                                                                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM      | Q127                                                                                                                                                                                                                                                                                                                                                              |
| NEXT            | If S11 = MISSING or S13B = MISSING: H84_NEW<br>Else if !((S11 = 1 and S13B = 0) or (H84_NEW = 1)): H84_A1<br>Else: H84_A1_extra                                                                                                                                                                                                                                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| H84_NEW         |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If S11 = MISSING or S13B = MISSING                                                                                                                                                                                                                                                                                                                                                                                                    |
| CATI            | <p>How many family members, including yourself, live in your household? As a reminder, for this project family means two or more persons living together who are related by birth, marriage, partnership, adoption, or legal guardianship.</p> <p>INTERVIEWER: ENTER A NUMBER BETWEEN 1 AND 20. ENTER 20 IF THE NUMBER IS GREATER THAN 20.</p> <p>_____ FAMILY MEMBERS</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Cuántos miembros de la familia, incluido usted, viven en su grupo familiar? Recuerde que, en este proyecto, por familia se entiende dos o más personas que viven juntas y que están emparentadas por nacimiento, matrimonio, pareja, adopción o tutela legal.                                                                                                                                                                        |
| CAWI            | <p>How many family members, including yourself, live in your household? <i>Family means two or more persons living together who are related by birth, marriage, partnership, adoption, or legal guardianship.</i></p> <p>_____ Family Members (1-20)</p>                                                                                                                                                                              |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| NOTES           | Range: 1-20                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE, DISPLAY THE SOFT CHECK MESSAGE OF: "Number of family members in your household is missing or invalid. Please enter a number between 1 and 20. Include yourself when counting. If there are more than 20 adults in your family who live in this household, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."                                        |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      | Short Text: Enter the number of family members who live in your household, including yourself (1-20).                                                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NEXT            | If (S11 = 1 and S13B = 0) or (H84_NEW = 1): H84_A1_extra<br>Else: H84_A1                                                                                                                                                                                                                                                                                                                                                              |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

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| H84_A1          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If !((S11 = 1 and S13B = 0) or (H84_NEW = 1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CATI            | <p>Total income includes money from jobs, business, farm, pensions, investments, social security payments and other income received before taxes or other deductions. {FILLH84} are supported by the family's total income?</p> <p>(INTERVIEWER: ENTER A NUMBER BETWEEN 1 AND 20. ENTER 20 IF THE NUMBER IS GREATER THAN 20.)</p> <p>_____ FAMILY MEMBERS</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CATI<br>Spanish | <p>Los ingresos totales incluyen el dinero procedente de trabajos, negocios, agricultura, pensiones, inversiones, pagos del seguro social y otros ingresos recibidos antes de impuestos u otras deducciones. {FILLH84} se mantienen con los ingresos totales de la familia?</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CAWI            | <p>Total income includes money from jobs, business, farm, pensions, investments, social security payments and other income received before taxes or other deductions. Earlier you said there were {SUMHH} family members, including yourself, <b>living in your household</b>. How many of these family members are supported by the family's total income?</p> <p>_____ Family Members (1-20)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| FILLS           | <p>If S11 != MISSING: TOT_ADFAM = S11<br/> Else if H84_NEW != MISSING: TOT_ADFAM = H84_NEW<br/> Else: TOT_ADFAM = 1</p> <p>If S13B = MISSING: SUMHH = TOT_ADFAM<br/> Else: SUMHH = TOT_ADFAM + S13B</p> <p><i>English:</i><br/> If S11 = MISSING and H84_NEW = MISSING and S13B = MISSING: FILLH84= "How many family members, including yourself,"<br/> Else: FILLH84 = "Earlier you said there were {SUMHH} family members, including yourself, <b>living in your household</b>. How many of these family members"</p> <p><i>Spanish:</i><br/> If S11 = MISSING and H84_NEW = MISSING and S13B = MISSING: FILLH84= "¿Cuántos miembros de la familia, incluido usted,"<br/> Else: FILLH84 = "Antes dijiste que habían {SUMHH} miembros de la familia, incluido usted, <b>viviendo en su hogar</b>. ¿Cuántos de estos miembros de a la familia"</p> |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>NOTES</i>      | <p>Range: 1-20</p> <p>IF (S11 = 1 and S13B = 0) or (H84_NEW = 1) THEN AUTOCODE H84_A1 = 1</p> <p>For 2025: Pulled out the intro text onto its own screen (INC_INTRO).</p>                                                                                                                                                                                                                                                                                                   |
| <i>HARD CHECK</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <i>SOFT CHECK</i> | <p>IF CAWI AND OUTSIDE OF RANGE, DISPLAY THE SOFT CHECK MESSAGE OF: "Number of family members in your household who are supported by the family's total income is missing or invalid. Please enter a number between 1 and 20. Include yourself when counting. If there are more than 20 adults in your household who are supported by the family's total income, please enter 20. To skip this question, please delete all characters in the text box and select NEXT."</p> |
| <i>CATI NOTES</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <i>CAWI NOTES</i> | <p>Short Text: Enter the number of family members who live in your household and are supported by the family's income, including yourself (1-20).</p>                                                                                                                                                                                                                                                                                                                       |
| <i>PAPER QNUM</i> | <p>Q127</p> <p>Note that the question wording on PAPI will be different:</p> <p>How many family members <u>living in your household</u>, including yourself, are supported by the family's total income? <i>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.</i></p>                                                             |
| <i>NEXT</i>       | H84_A1_extra                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| H84_A1_extra    |                                                                                                                                                                                                                |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                        |
| CATI            | <p>Are there any other family members <b>who do not live in your home</b> who are also supported by the family's total income?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Hay otros miembros de la familia <b>que no vivan en su casa</b> y que también se mantienen con los ingresos totales de la familia?                                                                            |
| CAWI            | <p>Are there any other family members <b>who do not live in your home</b> who are also supported by the family's total income?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                   |
| FILLS           |                                                                                                                                                                                                                |
| NOTES           |                                                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                |
| SOFT CHECK      |                                                                                                                                                                                                                |
| CATI NOTES      |                                                                                                                                                                                                                |
| CAWI NOTES      |                                                                                                                                                                                                                |
| PAPER QNUM      | Q128                                                                                                                                                                                                           |
| NEXT            | If H84_A1_extra = 01: H84_A1_NUM,<br>Else: INC_M                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| H84_A1_NUM      |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If H84_A1_extra = 01                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CATI            | <p>How many <b>other</b> family members who do not live in your home are also supported by the family's total income?</p> <p>_____</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                                                                                                                                                                                                                                     |
| CATI<br>Spanish | ¿Cuántos miembros <b>adicionales</b> de la familia que no viven en su casa se mantienen también con los ingresos totales de la familia?                                                                                                                                                                                                                                                                                                                     |
| CAWI            | <p>How many <b>other</b> family members who do not live in your home are also supported by the family's total income?</p> <p>_____ Other Family Members (1-20)</p>                                                                                                                                                                                                                                                                                          |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           | Range: 1-20                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      | IF CAWI AND OUTSIDE OF RANGE, DISPLAY THE SOFT CHECK MESSAGE OF: "Number of other family members who do not live in your household but are supported by your income is missing or invalid. Please enter a number between 1 and 20. If there are more than 20 other family members who do not live in your household but are supported by your income, please enter 20. To skip this question, please delete all characters in the text box and select NEXT" |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      | Short Text: Enter the number of other family members who are supported by your income but do not live with you (1-20).                                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM      | Q129                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NEXT            | INC_M                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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| INC_M           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CATI            | <p>What is your best estimate of {H84FILL} <b>income last month</b> before taxes and other deductions? Please include family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.</p> <p>(INTERVIEWER IF NEEDED: I want to reassure you that your best guess is fine and that responses will be kept strictly confidential. The survey asks about income to help researchers understand how income groups differ in health insurance coverage and access to health care.)</p> <p>(INTERVIEWER: IF THE RESPONDENT DID NOT HAVE ANY INCOME LAST MONTH, ENTER 0.)</p> <p>_____ DOLLARS</p> <p>99998 DON'T KNOW<br/>99999 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuál es su mejor estimación de {H84FILL} antes de impuestos y otras deducciones? Incluya a los miembros de la familia que viven dentro y fuera del hogar que mantiene. Toda la información que suministre será estrictamente confidencial.</p> <p>(INTERVIEWER IF NEEDED: Quiero asegurarle que su mejor estimación está bien y que las respuestas se mantendrá estrictamente confidencial. La encuesta hace preguntas sobre ingresos para ayudar a los investigadores científicos a entender cómo difieren los grupos de ingresos en la cobertura de seguro médico y acceso a la atención médica.)</p>                                                                                                                     |
| CAWI            | <p>What is your best estimate of {H84FILL} <b>income last month</b> before taxes and other deductions? <i>This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.</i></p> <p>_____ Dollars (0-84,000)</p>                                                                                                                                                                                                                                                                                                                                                                                                                 |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FILLS           | <p><i>English:</i><br/>If H84_A1 = 1 &amp; H84_A1_NUM = (1, MISSING), H84FILL = <b>"your"</b><br/>Else: H84FILL = <b>"you and your family members"</b></p> <p><i>Spanish:</i><br/>If H84_A1 = 1 &amp; H84_A1_NUM = (1, MISSING), H84FILL = <b>"sus ingresos del mes pasado"</b><br/>Else: H84FILL = <b>"sus ingresos del mes pasado y los de su familia"</b></p>                                                                                                                                                                                                                                                                                                                                                                |
| NOTES           | <p>Range: 0-84,000<br/>Do not allow decimals.<br/>For 2025: renamed variable</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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|                   |                                                                                                                                                                                                                                                                                                                                                                          |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>SOFT CHECK</i> | IF CAWI OUTSIDE OF RANGE OR MISSING, DISPLAY THE SOFT-CHECK MESSAGE OF:<br>"Monthly income is missing or invalid. Please enter a number between 0 and 84,000. If your monthly income is more than 84,000, please enter 84,000. If you did not have any income last month, enter 0. To skip this question, please delete all characters in the text box and select NEXT." |
| <i>CATI NOTES</i> |                                                                                                                                                                                                                                                                                                                                                                          |
| <i>CAWI NOTES</i> | Short Text: Enter your best estimate of your income last month before taxes and other deductions (0-84,000).                                                                                                                                                                                                                                                             |
| <i>PAPER QNUM</i> | Q130                                                                                                                                                                                                                                                                                                                                                                     |
| <i>NEXT</i>       | If INC_M = MISSING: INC_M_CAT,<br>Else: INC_A                                                                                                                                                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| INC_M_CAT       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If INC_M = MISSING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI            | <p>I want to reassure you that your best guess is fine and that responses will be kept strictly confidential. The survey asks about income to help researchers understand how income groups differ in health insurance coverage and access to health care.</p> <p>Of the following categories, approximately, what was {H84FILL} <b>total gross income last month</b> before taxes and other deductions? Would you say...</p> <p>INTERVIEWER: READ EACH RESPONSE OPTION BELOW PAUSING BRIEFLY BETWEEN EACH. YOU DO NOT NEED TO READ ALL OPTIONS IF RESPONDENT ANSWERS AFIRMATIVELY.</p> <p>01      1,500 or less<br/> 02      1,501-2,100<br/> 03      2,101-2,600<br/> 04      2,601-3,200<br/> 05      3,201-3,700<br/> 06      3,701-4,300<br/> 07      4,301-4,800<br/> 08      4,801-5,400, or<br/> 09      5,401 or more</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p>    |
| CATI<br>Spanish | <p>Deseo asegurarle que su mejor estimación está bien y que las respuestas serán estrictamente confidenciales. Las preguntas de la encuesta sobre los ingresos ayudan a los investigadores a comprender cómo difieren los grupos de ingresos en la cobertura del seguro médico y el acceso a la atención médica.</p> <p>De las siguientes categorías, aproximadamente, ¿cuál fue el <b>total de</b> {H84FILL} <b>del mes pasado</b> antes de impuestos y otras deducciones? ¿Diría que...</p> <p>INTERVIEWER: READ EACH RESPONSE OPTION BELOW PAUSING BRIEFLY BETWEEN EACH. YOU DO NOT NEED TO READ ALL OPTIONS IF RESPONDENT ANSWERS AFIRMATIVELY.</p> <p>01      1,500 o menos<br/> 02      1,501-2,100<br/> 03      2,101-2,600<br/> 04      2,601-3,200<br/> 05      3,201-3,700<br/> 06      3,701-4,300<br/> 07      4,301-4,800<br/> 08      4,801-5,400 o<br/> 09      5,401 o más</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p>We want to reassure you that your best guess is fine and that responses will be kept strictly confidential. The survey asks about income to help researchers understand how income groups differ in health insurance coverage and access to health care.</p> <p>Of the following categories, approximately, what was {H84FILL} <b>total gross income last month</b> before taxes and other deductions?</p> <p>01      1,500 or less<br/> 02      1,501-2,100<br/> 03      2,101-2,600<br/> 04      2,601-3,200<br/> 05      3,201-3,700<br/> 06      3,701-4,300<br/> 07      4,301-4,800<br/> 08      4,801-5,400<br/> 09      5,401 or more</p> |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FILLS         | <p><i>English:</i><br/> If H84_A1 = 1 &amp; H84_A1_NUM = (1, MISSING), H84FILL = “<b>your</b>”<br/> Else: H84FILL = “<b>you and your family members</b>”</p> <p><i>Spanish:</i><br/> If H84_A1 = 1 &amp; H84_A1_NUM = (1, MISSING), H84FILL = “<b>sus ingresos brutos</b>”<br/> Else: H84FILL = “<b>sus ingresos brutos y de los miembros de su familia</b>”</p>                                                                                                                                                                                                                                                                                     |
| NOTES         | For 2025: renamed variable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NEXT          | INC_A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| INC_A         |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CATI          | <p>What is your best estimate of {H84FILL} <b>total 2024 annual income</b> before taxes and deductions? Please include family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.</p> <p>(INTERVIEWER: IF THE RESPONDENT DID NOT HAVE ANY INCOME LAST YEAR, ENTER 0.)</p> <p>_____ DOLLARS</p> <p>999998 DON'T KNOW</p> <p>999999 PREFER NOT TO SAY</p> |
| CATI Spanish  | <p>¿Cuál es la mejor estimación del <b>total de {H84FILL} en 2024</b> antes de impuestos y otras deducciones? Incluya a los miembros de la familia que viven dentro y fuera del hogar que mantiene. Toda la información que suministre será estrictamente confidencial.</p>                                                                                                                                                                  |
| CAWI          | <p>What is your best estimate of {H84FILL} <b>total 2024 annual income</b> before taxes and deductions? <i>This includes family members living inside and outside the household supported by you. All of the information you provide will be kept strictly confidential.</i></p> <p>_____ Dollars (0-999,996)</p>                                                                                                                            |
| QUESTION TYPE | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FILLS         | <p><i>English:</i><br/>If H84_A1 = 1 &amp; H84_A1_NUM = (0, MISSING), H84FILL = <b>"your"</b><br/>Else: H84FILL = <b>"you and your family members"</b></p> <p><i>Spanish:</i><br/>If H84_A1 = 1 &amp; H84_A1_NUM = (0, MISSING), H84FILL = <b>"sus ingresos anuales"</b><br/>Else: H84FILL = <b>"sus ingresos anuales y de los miembros de su familia"</b></p>                                                                               |
| NOTES         | <p>Range: 0-999,996</p> <p>For 2025: renamed variable</p>                                                                                                                                                                                                                                                                                                                                                                                    |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| SOFT CHECK    | <p>IF CAWI AND OUTSIDE OF RANGE OR MISSING, DISPLAY: "Total 2024 income is missing or invalid. Please enter a number between 0 and 999,996. If your annual income is more than 999,996, please enter 999,996. If you did not have any income last year, enter 0. To skip this question, please delete all characters in the text box and select NEXT."</p>                                                                                   |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CAWI NOTES    | <p>Short Text: Enter your best estimate of your total 2024 annual income before taxes and deductions (0-999,996).</p>                                                                                                                                                                                                                                                                                                                        |
| PAPER QNUM    | Q131                                                                                                                                                                                                                                                                                                                                                                                                                                         |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



|             |                                                                                                         |
|-------------|---------------------------------------------------------------------------------------------------------|
| <i>NEXT</i> | If INC_A = MISSING: INC_A_CAT,<br>Else if HH = 01 AND (S12 > 0 AND S12 <= 20): PREPI90,<br>Else: SVY_FD |
|-------------|---------------------------------------------------------------------------------------------------------|

| INC_A_CAT       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If INC_A = MISSING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CATI            | <p>I want to reassure you that your best guess is fine and that responses will be kept strictly confidential. The survey asks about income to help researchers understand how income groups differ in health insurance coverage and access to health care.</p> <p>Of the following categories, approximately, what was {H84FILL} <b>total 2024 annual income</b> before taxes and other deductions?</p> <p>INTERVIEWER: READ EACH RESPONSE OPTION BELOW PAUSING BRIEFLY BETWEEN EACH. YOU DO NOT NEED TO READ ALL OPTIONS IF RESPONDENT ANSWERS AFIRMATIVELY.</p> <p>01      14,000 or less<br/> 02      14,001-18,000<br/> 03      18,001-23,000<br/> 04      23,001-28,000<br/> 05      28,001-32,000<br/> 06      32,001-37,000<br/> 07      37,001-42,000<br/> 08      42,001-47,000<br/> 09      47,001 or more</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Deseo asegurarle que su mejor estimación está bien y que las respuestas serán estrictamente confidenciales. Las preguntas de la encuesta sobre los ingresos ayudan a los investigadores a comprender cómo difieren los grupos de ingresos en la cobertura del seguro médico y el acceso a la atención médica.</p> <p>De las siguientes categorías, aproximadamente, ¿cuál fue el <b>total de {H84FILL} en 2024</b> antes de impuestos y otras deducciones?</p> <p>INTERVIEWER: READ EACH RESPONSE OPTION BELOW PAUSING BRIEFLY BETWEEN EACH. YOU DO NOT NEED TO READ ALL OPTIONS IF RESPONDENT ANSWERS AFIRMATIVELY.</p> <p>01      14,000 o menos<br/> 02      14,001-18,000<br/> 03      18,001-23,000<br/> 04      23,001-28,000<br/> 05      28,001-32,000<br/> 06      32,001-37,000<br/> 07      37,001-42,000<br/> 08      42,001-47,000<br/> 09      47,001 o más</p>  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p>We want to reassure you that your best guess is fine and that responses will be kept strictly confidential. The survey asks about income to help researchers understand how income groups differ in health insurance coverage and access to health care.</p> <p>Of the following categories, approximately, what was {H84FILL} <b>total 2024 annual income</b> before taxes and other deductions?</p> <p>01      14,000 or less<br/> 02      14,001-18,000<br/> 03      18,001-23,000<br/> 04      23,001-28,000<br/> 05      28,001-32,000<br/> 06      32,001-37,000<br/> 07      37,001-42,000<br/> 08      42,001-47,000<br/> 09      47,001 or more</p> |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FILLS         | <p><i>English:</i><br/> If H84_A1 = 1 &amp; H84_A1_NUM = (0, MISSING), H84FILL = “<b>your</b>”<br/> Else: H84FILL = “<b>you and your family members</b>”</p> <p><i>Spanish:</i><br/> If H84_A1 = 1 &amp; H84_A1_NUM = (0, MISSING), H84FILL = “<b>sus ingresos anuales</b>”<br/> Else: H84FILL: “<b>sus ingresos anuales y de los miembros de su familia</b>”</p>                                                                                                                                                                                                                                                                                               |
| NOTES         | For 2025: renamed variable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM    | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| NEXT          | Else if HH = 01 AND (S12 > 0 AND S12 <= 20): PREPI90,<br>Else: SVY_FD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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**SECTION H: CHILD SCREENING QUESTIONS**

|                      |                                                                                                                                                                                                                                                                                                                                                  |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PREPI90</b>       |                                                                                                                                                                                                                                                                                                                                                  |
| <b>ASK</b>           | If HH = 01 AND (S12 > 0 AND S12 <= 20)                                                                                                                                                                                                                                                                                                           |
| <b>CATI</b>          | <p><b>YOUR CHILD</b></p> <p>Thank you for answering these questions about your own health.</p> <p>These next questions focus on the health insurance coverage and health status of one child in your home. You will receive an additional \${INCENTIVE2} for participating in this portion of the survey.</p> <p>01      CONTINUE THE SURVEY</p> |
| <b>CATI Spanish</b>  | <p>Gracias por responder estas preguntas sobre su salud.</p> <p>Las siguientes preguntas se enfocan en la cobertura del seguro médico y el estado de salud de un niño de su hogar. Recibirá \${INCENTIVE2} más por responder esta parte de la encuesta.</p>                                                                                      |
| <b>CAWI</b>          | <p>Thank you for answering these questions about your own health.</p> <p>These next questions focus on the health insurance coverage and health status of one child in your home. You will receive an additional \${INCENTIVE2} for participating in this portion of the survey.</p> <p>01      Continue the Survey</p>                          |
| <b>QUESTION TYPE</b> | Informational                                                                                                                                                                                                                                                                                                                                    |
| <b>FILLS</b>         | INCENTIVE2 = 5                                                                                                                                                                                                                                                                                                                                   |
| <b>NOTES</b>         |                                                                                                                                                                                                                                                                                                                                                  |
| <b>HARD CHECK</b>    |                                                                                                                                                                                                                                                                                                                                                  |
| <b>SOFT CHECK</b>    | Do not display standard soft check on this screen.                                                                                                                                                                                                                                                                                               |
| <b>CATI NOTES</b>    |                                                                                                                                                                                                                                                                                                                                                  |
| <b>CAWI NOTES</b>    |                                                                                                                                                                                                                                                                                                                                                  |
| <b>PAPER QNUM</b>    | Child sections not on PAPI                                                                                                                                                                                                                                                                                                                       |
| <b>NEXT</b>          | f_PI90                                                                                                                                                                                                                                                                                                                                           |

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| f_PI90<br>PI90 / PI90_DK |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                      | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI                     | <p>{PI90FILL} What is that child's first name, nickname, or initials?</p> <p>(FIRST NAME OR INITIALS OF CHILD:) _____</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p>                                                                                                                                                                                                                                                                                                                                                    |
| CATI<br>Spanish          | ¿Cuál es el nombre, apodo o iniciales de ese niño?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| CAWI                     | <p>{PI90FILL} What is that child's first name, nickname, or initials?</p> <p>FIRST NAME OR INITIALS OF CHILD: _____</p> <p>98      I'm not sure which child had the most recent birthday [PI90_DK]</p>                                                                                                                                                                                                                                                                                                                                  |
| QUESTION TYPE            | <p>PI90: Text entry [30 character limit]</p> <p>PI90_DK: Radio button</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FILLS                    | <p><i>English:</i></p> <p>If S12_RE = 01 or S12 = 01, PI90FILL = "Earlier you said there is one child in your home."<br/>Else, PI90FILL = "We would now like to identify the child in your home, <b>age 18 or younger</b>, who had the most recent birthday."</p> <p><i>Spanish:</i></p> <p>If S12_RE = 01 or S12 = 01, PI90FILL = "Anteriormente dijo que hay un niño en su hogar."<br/>Else, PI90FILL = "Ahora nos gustaría identificar al niño en su hogar, <b>de 18 años o menor</b> que haya cumplido años más recientemente."</p> |
| NOTES                    | <p>Character limit: 30 characters</p> <p>CAWI: Display PI90_DK if S12 = (2-20)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| HARD CHECK               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| SOFT CHECK               | IF CAWI AND MISSING: "Missing response: You did not enter your child's name or initials. Please enter your child's first name or initials. To skip the question, please select NEXT a second time."                                                                                                                                                                                                                                                                                                                                     |
| CATI NOTES               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CAWI NOTES               | Short Text: Enter your child's first name, nickname, or initials.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| PAPER QNUM               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| NEXT                     | <p>If PI90_DK = 98 and S12 = (02-20): PI90S,</p> <p>Else: CH_KNW_SCRN</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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| PI90S           |                                                                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If PI90_DK = 98 and S12 = (02-20)                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>That's okay. The next questions will focus on the health insurance coverage and health status of the <b>youngest</b> child in your home.</p> <p>What is the first name, nickname, or initials of the youngest child in your home?</p> <p>FIRST NAME OR INITIALS OF CHILD: _____</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Está bien. Las siguientes preguntas se enfocarán en la cobertura del seguro médico y el estado de salud del niño más <b>pequeño</b> de su hogar.</p> <p>¿Cuál es el nombre, el apodo o las iniciales del niño más pequeño de su hogar?</p>                                                                                                  |
| CAWI            | <p>That's okay. The next questions will focus on the health insurance coverage and health status of the <b>youngest</b> child in your home.</p> <p>What is the first name, nickname, or initials of the youngest child in your home?</p> <p>FIRST NAME OR INITIALS OF CHILD: _____</p>                                                         |
| QUESTION TYPE   | Text entry [30 character limit]                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                |
| NOTES           | <p>Character limit: 30 characters</p> <p>Create {CH_NAME}:<br/>If PI90 = missing and PI90S = missing: CH_NAME = "the child" [SPANISH: "el niño/la niña"]<br/>Else if PI90 != missing, CH_NAME = PI90,<br/>Else: CH_NAME = PI90S</p>                                                                                                            |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                |
| SOFT CHECK      | IF CAWI AND MISSING: "Missing response: You did not enter your child's name or initials. Please enter your child's first name or initials. To skip the question, please select NEXT a second time."                                                                                                                                            |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                |
| CAWI NOTES      | Short Text: Enter your youngest child's first name, nickname, or initials.                                                                                                                                                                                                                                                                     |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                |
| NEXT            | CH_KNW_SCRN                                                                                                                                                                                                                                                                                                                                    |

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| CH_KNW_SCRN     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI            | <p>All remaining questions will be about {CH_NAME}.</p> <p>The next questions should be answered by the <b>adult in this household</b> who <b>knows about</b> {CH_NAME}'s health insurance coverage and health status.</p> <p>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.</p> <p>Do you know enough about {CH_NAME}'s health insurance coverage and health status to continue with the survey?</p> <p>01 YES – CONTINUE THE SURVEY<br/>02 NO – RESPONDENT DOES <b>NOT</b> KNOW ENOUGH TO CONTINUE</p> |
| CATI<br>Spanish | <p>El resto de las preguntas se tratarán sobre {CH_NAME}.</p> <p>Las siguientes preguntas deben ser respondidas por el <b>adulto en este hogar</b> que <b>más conoce</b> de la cobertura de seguro médico y estado de salud de {CH_NAME}.</p> <p>Su participación es voluntaria, no tiene que responder ninguna pregunta que no quiera y sus respuestas serán confidenciales.</p> <p>¿Conoce usted lo suficiente sobre la cobertura de seguro médico y estado de salud de {CH_NAME} para continuar con la encuesta?</p>                                                                                          |
| CAWI            | <p>All remaining questions will be about {CH_NAME}.</p> <p>The next questions should be answered by the <b>adult in this household</b> who <b>knows about</b> {CH_NAME}'s health insurance coverage and health status.</p> <p>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.</p> <p>01 Continue the survey<br/>02 I do not know enough about {CH_NAME}'s health to continue</p>                                                                                                                          |
| QUESTION TYPE   | Informational                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| FILLS           | FILL CH_NAME from PI90S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NOTES           | <p>For 2025: Screen out R's who do not know enough about the child's health to answer the child survey from 2021. New variable name.</p> <p>Do not include DK/REF on this page.</p>                                                                                                                                                                                                                                                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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|            |                                            |
|------------|--------------------------------------------|
| CAWI NOTES |                                            |
| PAPER QNUM |                                            |
| NEXT       | IF CH_KNW_SCRN = 01: AGE_C<br>Else: SVY_FD |

| AGE_C           |                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                      |
| CATI            | How old is {CH_NAME} today?<br><br>(INTERVIEWER: IF THEY GIVE AN AGE UNDER 1, ENTER 0.)<br><br>_____ YEARS OLD<br><br>98 DON'T KNOW<br>99 PREFER NOT TO SAY |
| CATI<br>Spanish | ¿Qué edad tiene {CH_NAME} hoy?                                                                                                                              |
| CAWI            | How old is {CH_NAME} today? If your child is less than 1 year old, enter '0'.<br><br>_____ years old (0-25)                                                 |
| QUESTION TYPE   | Numeric                                                                                                                                                     |
| FILLS           |                                                                                                                                                             |
| NOTES           | Range: 0-25                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                             |
| SOFT CHECK      | IF MISSING: "Age of child is missing or invalid. Please enter a number between 0 and 25."                                                                   |
| CATI NOTES      |                                                                                                                                                             |
| CAWI NOTES      | For 2025: updated item, updated variable name<br>Short Text: Enter {CH_NAME}'s age today in years (0-25).                                                   |
| PAPER QNUM      |                                                                                                                                                             |
| NEXT            | If AGE_C > 18 or AGE_C = missing: NOCHILD<br>Else if AGE_C = 0: AGE_MN<br>Else: RLTN                                                                        |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

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| AGE_MN          |                                                                                                                                   |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C = 0                                                                                                                      |
| CATI            | <p>How many months old is {CH_NAME} today?</p> <p>_____ MONTHS OLD</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Cuántos meses de edad tiene {CH_NAME} hoy?                                                                                       |
| CAWI            | <p>How many months old is {CH_NAME} today?</p> <p>_____ months old (0-11)</p>                                                     |
| QUESTION TYPE   | Numeric                                                                                                                           |
| FILLS           |                                                                                                                                   |
| NOTES           | For 2025: New item<br>Range: 0-11                                                                                                 |
| HARD CHECK      |                                                                                                                                   |
| SOFT CHECK      | IF MISSING: "Age of child is missing or invalid. Please enter a number between 0 and 11."                                         |
| CATI NOTES      |                                                                                                                                   |
| CAWI NOTES      | Short Text: Enter {CH_NAME}'s age today in months (0-11).                                                                         |
| PAPER QNUM      |                                                                                                                                   |
| NEXT            | RLTN                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| NOCHILD         |                                                                                                                                                                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C > 18 or AGE_C = MISSING                                                                                                                                                                                                          |
| CATI            | <p>I'm sorry but the child interview is targeted at children 18 years old or younger. We are not able to do the child interview with you.</p> <p>(INTERVIEWER NOTE: DO NOT PAY ADDITIONAL \${INCENTIVE2} INCENTIVE)</p> <p>1 CONTINUE</p> |
| CATI<br>Spanish | Lo siento, pero la entrevista infantil está dirigida a niños de 18 años o menos. No podemos hacerle la entrevista infantil.                                                                                                               |
| CAWI            | <p>I'm sorry but the child interview is targeted at children 18 years old or younger. We are not able to do the child interview with you and you are not eligible for the additional \${INCENTIVE2} incentive.</p> <p>1 Continue</p>      |
| QUESTION TYPE   | Informational                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                           |
| NOTES           |                                                                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                                           |
| PAPER QNUM      |                                                                                                                                                                                                                                           |
| NEXT            | SVY_FD                                                                                                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Adult's relationship to Child

| RLTN            |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>What is your relationship to {CH_NAME}?</p> <p>(INTERVIEWER: SELECT THE RESPONSE THAT COMPLETES THIS SENTENCE: THE RESPONDENT IS {CH_NAME}'S _____.)</p> <p>01 PARENT</p> <p>02 STEPPARENT</p> <p>03 GRANDPARENT</p> <p>04 AUNT OR UNCLE</p> <p>05 BROTHER OR SISTER</p> <p>06 OTHER RELATIVE</p> <p>07 LEGAL GUARDIAN</p> <p>08 FOSTER PARENT</p> <p>09 OTHER NON-RELATIVE</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuál es su relación con {CH_NAME}?</p> <p>(ENTREVISTADOR: SELECCIONE LA RESPUESTA QUE COMPLETE ESTA ORACIÓN: EL ENCUESTADO ES: _____ de {CH_NAME})</p> <p>01 PADRE O MADRE</p> <p>02 PADRASTRO O MADRASTRA</p> <p>03 ABUELO O ABUELA</p> <p>04 TÍA O TÍO</p> <p>05 HERMANO O HERMANA</p> <p>06 OTRO FAMILIAR</p> <p>07 TUTOR LEGAL</p> <p>08 PADRE O MADRE DE ACOGIDA TEMPORAL</p> <p>09 OTRO FAMILIAR SIN PARENTESCO</p>       |
| CAWI            | <p>What is your relationship to {CH_NAME}?</p> <p>01 I am {CH_NAME}'s parent</p> <p>02 I am {CH_NAME}'s stepparent</p> <p>03 I am {CH_NAME}'s grandparent</p> <p>04 I am {CH_NAME}'s aunt or uncle</p> <p>05 I am {CH_NAME}'s brother or sister</p> <p>06 I am {CH_NAME}'s other relative</p> <p>07 I am {CH_NAME}'s legal guardian</p> <p>08 I am {CH_NAME}'s foster parent</p> <p>09 I am {CH_NAME}'s other non-relative</p>      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                      |                                                                                 |
|----------------------|---------------------------------------------------------------------------------|
| <i>QUESTION TYPE</i> | Radio button                                                                    |
| <i>FILLS</i>         |                                                                                 |
| <i>NOTES</i>         | If reach this page, create: CHILD_INCENT = 1<br>For 2025: updated variable name |
| <i>HARD CHECK</i>    |                                                                                 |
| <i>SOFT CHECK</i>    |                                                                                 |
| <i>CATI NOTES</i>    |                                                                                 |
| <i>CAWI NOTES</i>    |                                                                                 |
| <i>PAPER QNUM</i>    |                                                                                 |
| <i>NEXT</i>          | SEX_C                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications  
HH=01 indicates ABS sample  
HH=02 indicates Medicaid-list sample

| SEX_C           |                                                                                                                                                                                                                               |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                        |
| CATI            | <p>What is {CH_NAME}'s sex? Would you say...</p> <p>(INTERVIEWER: IF NEEDED: We ask this question of all respondents)</p> <p>01      Male, or<br/>02      Female?</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuál es el sexo de {CH_NAME}? ¿Diría que...</p> <p>01      Masculino, o<br/>02      Femenino?</p> <p>(INTERVIEWER: IF NEEDED: Le hacemos esta pregunta a todos los encuestados.)</p>                                      |
| CAWI            | <p>What is {CH_NAME}'s sex?</p> <p>01      Male<br/>02      Female</p>                                                                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                                               |
| NOTES           | For 2025: updated variable name, variable stem, response options, and removed open ended option.                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                                               |
| PAPER QNUM      |                                                                                                                                                                                                                               |
| NEXT            | 195                                                                                                                                                                                                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION I: CHILD INSURED**

|                 |                                                                                                                                                                                                                                                                                                     |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>I95</b>      |                                                                                                                                                                                                                                                                                                     |
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                              |
| CATI            | <p><b>CURRENT INSURANCE</b></p> <p>These next few questions ask about some general information related to {CH_NAME}'s health insurance coverage.</p> <p>Is {CH_NAME} covered by any health insurance?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a información general sobre la cobertura del seguro médico de {CH_NAME}.</p> <p>¿{CH_NAME} está cubierto(a) por algún seguro médico?</p>                                                                                                                    |
| CAWI            | <p>These next few questions ask about some general information related to {CH_NAME}'s health insurance coverage.</p> <p>Is {CH_NAME} covered by any health insurance?</p> <p>01      Yes<br/>02      No</p>                                                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                                                                                                                     |
| NOTES           |                                                                                                                                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                     |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                     |
| NEXT            | <p>If A1 = 01 and I95 = 01: J96,<br/>Else if I95 = 01: ESI_CH,<br/>Else if I95 = 02: K96_new,<br/>Else: L125</p>                                                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Insurance Type

|                 |                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>J96</b>      |                                                                                                                                                                   |
| ASK             | If A1 = 01 and I95 = 01                                                                                                                                           |
| CATI            | <p>Is {CH_NAME}'s health insurance the same as your health insurance?</p> <p>01    YES</p> <p>02    NO</p> <p>98    DON'T KNOW</p> <p>99    PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿El seguro médico de {CH_NAME} es el mismo que usted tiene?                                                                                                       |
| CAWI            | <p>Is {CH_NAME}'s health insurance the same as your health insurance?</p> <p>01    Yes</p> <p>02    No</p>                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                      |
| FILLS           |                                                                                                                                                                   |
| NOTES           |                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                   |
| PAPER QNUM      |                                                                                                                                                                   |
| NEXT            | If J96 = (02, MISSING): ESI_CH,<br>Else: N067                                                                                                                     |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ESI_CH          |                                                                                                                                                                                                     |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If J96 = (02, MISSING) or (A1!=01 & I95=01)                                                                                                                                                         |
| CATI            | <p>Is {CH_NAME} <b>currently</b> covered by health insurance through someone's current or former employer or labor union?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿{CH_NAME} <b>actualmente</b> está cubierto(a) por el seguro médico a través de un empleador o sindicato actual o anterior de alguien?                                                              |
| CAWI            | <p>Is {CH_NAME} <b>currently</b> covered by health insurance through someone's current or former employer or labor union?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                     |
| NOTES           | For 2025: updated variable name                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                     |
| SOFT CHECK      |                                                                                                                                                                                                     |
| CATI NOTES      |                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                     |
| PAPER QNUM      |                                                                                                                                                                                                     |
| NEXT            | If ESI_CH = 01: ESI_CH_LNG,<br>Else: MD CD_CH                                                                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| ESI_CH_LNG      |                                                                                                                                                                                                                                                                                                                                                    |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ESI_CH = 01                                                                                                                                                                                                                                                                                                                                     |
| CATI            | <p>How long has {CH_NAME} been covered by their <b>current</b> health insurance through someone's current or former employer or labor union? Would you say...</p> <p>01      Less than 3 months<br/> 02      3 months to 1 year<br/> 03      1-2 years<br/> 04      More than 2 years</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Durante cuánto tiempo {CH_NAME} ha estado cubierto(a) por su seguro médico <b>actual</b> a través de un empleador o sindicato actual o anterior de alguien? ¿Diría que...</p> <p>01      Menos de 3 meses<br/> 02      Entre 3 meses y 1 año<br/> 03      1-2 años<br/> 04      Más de 2 años</p>                                              |
| CAWI            | <p>How long has {CH_NAME} been covered by their <b>current</b> health insurance through someone's current or former employer or labor union?</p> <p>01      Less than 3 months<br/> 02      3 months to 1 year<br/> 03      1-2 years<br/> 04      More than 2 years</p>                                                                           |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                    |
| NOTES           | Display response option 03 if AGE_C>1<br>Display response option 04 if AGE_C>2                                                                                                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                    |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                    |
| NEXT            | MDCD_CH                                                                                                                                                                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MDCD_CH         |                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If J96 = (02, MISSING) or (A1!=01 & I95=01)                                                                                                                                                                 |
| CATI            | <p>Is {CH_NAME} <b>currently</b> covered by Ohio <b>Medicaid</b>, the State of Ohio health insurance for those with lower income?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿{CH_NAME} <b>actualmente</b> tiene cobertura de Ohio <b>Medicaid</b> , el seguro médico del estado de Ohio para las personas con ingresos más bajos?                                                       |
| CAWI            | <p>Is {CH_NAME} <b>currently</b> covered by Ohio <b>Medicaid</b>, the State of Ohio health insurance for those with lower income?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                             |
| PAPER QNUM      |                                                                                                                                                                                                             |
| NEXT            | If MDCD_CH = 01: MDCD_CH_LNG<br>Else: OTH_INS_C                                                                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MDCD_CH_LNG     |                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If MDCD_CH = 01                                                                                                                                                                                                                                                   |
| CATI            | <p>How long has {CH_NAME} been covered by Medicaid? Would you say...</p> <p>01      Less than 3 months</p> <p>02      3 months to 1 year</p> <p>03      1-2 years</p> <p>04      More than 2 years</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Por cuánto tiempo {CH_NAME} ha tenido cobertura de Medicaid? ¿Diría que...</p> <p>01      Menos de 3 meses</p> <p>02      Entre 3 meses y 1 año</p> <p>03      1-2 años</p> <p>04      Más de 2 años</p>                                                      |
| CAWI            | <p>How long has {CH_NAME} been covered by Medicaid?</p> <p>01      Less than 3 months</p> <p>02      3 months to 1 year</p> <p>03      1-2 years</p> <p>04      More than 2 years</p>                                                                             |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                      |
| FILLS           |                                                                                                                                                                                                                                                                   |
| NOTES           | Display response option 03 if AGE_C>1<br>Display response option 04 if AGE_C>2                                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                   |
| PAPER QNUM      |                                                                                                                                                                                                                                                                   |
| NEXT            | OTH_INS_C                                                                                                                                                                                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| OTH_INS_C       |                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If J96 = (02, MISSING) or (A1!=01 & I95=01)                                                                                                                                                     |
| CATI            | <p>Is {CH_NAME} <b>currently</b> covered by any <b>other</b> type of health insurance not mentioned previously?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Está {CH_NAME} <b>actualmente</b> cubierto(a) por algún <b>otro</b> tipo de seguro médico no mencionado anteriormente?                                                                         |
| CAWI            | <p>Is {CH_NAME} <b>currently</b> covered by any <b>other</b> type of health insurance not mentioned previously?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                 |
| NOTES           | For 2025: updated question stem                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                 |
| PAPER QNUM      |                                                                                                                                                                                                 |
| NEXT            | N067                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| N067            |                                                                                                                                                                         |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If I95 = 01                                                                                                                                                             |
| CATI            | <p>Does {CH_NAME} <b>currently</b> have any type of insurance that covers dental bills?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿Tiene {CH_NAME} <b>actualmente</b> algún tipo de seguro que cubra los gastos dentales?                                                                                 |
| CAWI            | <p>Does {CH_NAME} <b>currently</b> have any type of insurance that covers dental bills?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                            |
| FILLS           |                                                                                                                                                                         |
| NOTES           | IF MD_CD_CH=01, AUTO CODE TO 01 (YES)                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                         |
| SOFT CHECK      |                                                                                                                                                                         |
| CATI NOTES      |                                                                                                                                                                         |
| CAWI NOTES      |                                                                                                                                                                         |
| PAPER QNUM      |                                                                                                                                                                         |
| NEXT            | If MD_CD_CH_LNG = (01, 02) and I95 = 01: MD_CH_PRV,<br>ELSE: L125                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Previous Coverage (Medicaid)

| MD_CH_PRV       |                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If MD_CD_CH_LNG = (01, 02) and I95 = 01                                                                                                                                                                                                         |
| CATI            | <p><b>COVERAGE BEFORE MEDICAID</b></p> <p><b>During the past 12 months, but before {CH_NAME} was covered by Medicaid, were they covered by other insurance?</b></p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, pero antes de que {CH_NAME} tuviera la cobertura de Medicaid, ¿estaba cubierto(a) por otro seguro?</b></p>                                                                                                  |
| CAWI            | <p><b>During the past 12 months, but before {CH_NAME} was covered by Medicaid, were they covered by other insurance?</b></p> <p>01 Yes</p> <p>02 No</p>                                                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                 |
| NOTES           |                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                 |
| PAPER QNUM      |                                                                                                                                                                                                                                                 |
| NEXT            | If MD_CH_PRV = 01: MD_CH_PRVESI,<br>Else: L125                                                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MD_CH_PRVESI    |                                                                                                                                                    |                   |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| ASK             |                                                                                                                                                    | If MD_CH_PRV = 01 |
| CATI            | Was that prior insurance obtained through someone's <b>employment or labor union</b> ?<br>01 YES<br>02 NO<br>98 DON'T KNOW<br>99 PREFER NOT TO SAY |                   |
| CATI<br>Spanish | ¿Ese seguro anterior lo obtuvo a través del <b>empleo o sindicato</b> de alguien?                                                                  |                   |
| CAWI            | Was that prior insurance obtained through someone's <b>employment or labor union</b> ?<br>01 Yes<br>02 No                                          |                   |
| QUESTION TYPE   |                                                                                                                                                    | Radio button      |
| FILLS           |                                                                                                                                                    |                   |
| NOTES           |                                                                                                                                                    |                   |
| HARD CHECK      |                                                                                                                                                    |                   |
| SOFT CHECK      |                                                                                                                                                    |                   |
| CATI NOTES      |                                                                                                                                                    |                   |
| CAWI NOTES      |                                                                                                                                                    |                   |
| PAPER QNUM      |                                                                                                                                                    |                   |
| NEXT            |                                                                                                                                                    | L125              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION J: CHILD UNINSURED**

| K96_new         |                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If I95 = 02                                                                                                                                                                                                                                                                                                                                                                                   |
| CATI            | <p><b>CURRENTLY UNINSURED</b></p> <p>When was {CH_NAME} last covered by <b>any</b> type of health insurance? Would you say...</p> <p>01 Less than 3 months ago</p> <p>02 3 months to 1 year ago</p> <p>03 1 to 2 years ago</p> <p>04 2 to 3 years ago</p> <p>05 More than 3 years ago, or</p> <p>06 {CH_NAME} never had health insurance</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuándo fue la última vez que {CH_NAME} tuvo cobertura de <b>algún</b> tipo de seguro médico? ¿Diría que...</p> <p>01 Hace menos de 3 meses</p> <p>02 Hace entre 3 meses y 1 año</p> <p>03 Hace entre 1 y 2 años</p> <p>04 Hace entre 2 y 3 años</p> <p>05 Hace más de 3 años, o</p> <p>06 {CH_NAME} nunca ha tenido seguro médico</p>                                                     |
| CAWI            | <p>When was {CH_NAME} last covered by <b>any</b> type of health insurance?</p> <p>01 Less than 3 months ago</p> <p>02 3 months to 1 year ago</p> <p>03 1 to 2 years ago</p> <p>04 2 to 3 years ago</p> <p>05 More than 3 years ago</p> <p>06 {CH_NAME} never had health insurance</p>                                                                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                               |
| NOTES           | Display response option 03 IF AGE_C > 1<br>Display response option 04 IF AGE_C > 2<br>Display response option 05 IF AGE_C > 3                                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                               |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                                                               |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



|      |      |
|------|------|
| NEXT | L125 |
|------|------|

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**SECTION K: CHILD HEALTH STATUS**

## General Health

| L125            |                                                                                                                                                                                                                                                                                                                 |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                          |
| CATI            | <p><b>GENERAL HEALTH</b></p> <p>These next questions ask about {CH_NAME}'s health.</p> <p>In general, would you say {CH_NAME}'s health is excellent, very good, good, fair, or poor?</p> <p>01 EXCELLENT<br/>02 VERY GOOD<br/>03 GOOD<br/>04 FAIR<br/>05 POOR</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a la salud de {CH_NAME}.</p> <p>En general, ¿diría que la salud de {CH_NAME} es excelente, muy buena, buena, regular o deficiente?</p> <p>01 EXCELENTE<br/>02 MUY BUENA<br/>03 BUENA<br/>04 REGULAR<br/>05 DEFICIENTE</p>                                               |
| CAWI            | <p>These next questions ask about {CH_NAME}'s health.</p> <p>In general, would you say {CH_NAME}'s health is excellent, very good, good, fair, or poor?</p> <p>01 Excellent<br/>02 Very Good<br/>03 Good<br/>04 Fair<br/>05 Poor</p>                                                                            |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                                 |
| NOTES           | From 2021 instrument, modified for 2023 instrument                                                                                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                 |

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|            |       |
|------------|-------|
| PAPER QNUM |       |
| NEXT       | L125a |

| L125a           |                                                                                                                                                                                                                                                               |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                        |
| CATI            | <p>Thinking about {CH_NAME}'s teeth and gums, would you say {CH_NAME}'s dental health is excellent, very good, good, fair, or poor?</p> <p>01 EXCELLENT<br/>02 VERY GOOD<br/>03 GOOD<br/>04 FAIR<br/>05 POOR</p> <p>98 DON'T NOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Pensando en los dientes y en las encías de {CH_NAME}, ¿diría que la salud dental de {CH_NAME} es excelente, muy buena, buena, regular o deficiente?</p> <p>01 EXCELENTE<br/>02 MUY BUENA<br/>03 BUENA<br/>04 REGULAR<br/>05 DEFICIENTE</p>                 |
| CAWI            | <p>Thinking about {CH_NAME}'s teeth and gums, would you say {CH_NAME}'s dental health is excellent, very good, good, fair, or poor?</p> <p>01 Excellent<br/>02 Very Good<br/>03 Good<br/>04 Fair<br/>05 Poor</p>                                              |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                                                                               |
| NOTES           |                                                                                                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                                                                               |
| PAPER QNUM      |                                                                                                                                                                                                                                                               |
| NEXT            | If AGE_C >= 1: CDC_1_CH,<br>Else: PCP_C                                                                                                                                                                                                                       |

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| CDC_1_CH        |                                                                                                                                                                                                                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C >= 1                                                                                                                                                                                                                                                                                                        |
| CATI            | <p>The next questions are about any kind of health problems, concerns, or conditions that may affect {CH_NAME}'s behavior, learning, growth, or physical development.</p> <p>Is {CH_NAME} deaf or do they have serious difficulty hearing?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a cualquier tipo de problemas de salud, preocupaciones o afecciones que puedan afectar el comportamiento, el aprendizaje, el crecimiento o el desarrollo físico de {CH_NAME}.</p> <p>¿{CH_NAME} es sordo(a) o tiene dificultades graves para oír?</p>                        |
| CAWI            | <p>The next questions are about any kind of health problems, concerns, or conditions that may affect {CH_NAME}'s behavior, learning, growth, or physical development.</p> <p>Is {CH_NAME} deaf or do they have serious difficulty hearing?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                         |
| FILLS           |                                                                                                                                                                                                                                                                                                                      |
| NOTES           |                                                                                                                                                                                                                                                                                                                      |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                      |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                      |
| NEXT            | CDC_2_CH                                                                                                                                                                                                                                                                                                             |

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| CDC_2_CH        |                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C >= 1                                                                                                                                                               |
| CATI            | <p>Is {CH_NAME} blind or do they have serious difficulty seeing, even when wearing glasses?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿{CH_NAME} es ciego(a) o tiene dificultades graves para ver, incluso con anteojos?                                                                                          |
| CAWI            | <p>Is {CH_NAME} blind or do they have serious difficulty seeing, even when wearing glasses?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                |
| FILLS           |                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                             |
| PAPER QNUM      |                                                                                                                                                                             |
| NEXT            | LAS12                                                                                                                                                                       |

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| LAS12           |                                                                                                                                                                                                                               |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C >= 1                                                                                                                                                                                                                 |
| CATI            | <p>Compared to other {I90AFILL}-year-old children, would you say {CH_NAME} experiences any difficulty speaking, communicating, or being understood?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | En comparación con otros niños de {I90AFILL} años, ¿usted diría que {CH_NAME} experimenta alguna dificultad para hablar, comunicarse o hacerse entender?                                                                      |
| CAWI            | <p>Compared to other {I90AFILL}-year-old children, would you say {CH_NAME} experiences any difficulty speaking, communicating, or being understood?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                  |
| FILLS           | I90AFILL = response to AGE_C                                                                                                                                                                                                  |
| NOTES           |                                                                                                                                                                                                                               |
| HARD CHECK      |                                                                                                                                                                                                                               |
| SOFT CHECK      |                                                                                                                                                                                                                               |
| CATI NOTES      |                                                                                                                                                                                                                               |
| CAWI NOTES      |                                                                                                                                                                                                                               |
| PAPER QNUM      |                                                                                                                                                                                                                               |
| NEXT            | CHILD_DD                                                                                                                                                                                                                      |

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| CHILD_DD        |                                                                                                                                    |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C >= 1                                                                                                                      |
| CATI            | <p>Does {CH_NAME} have a developmental disability?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿{CH_NAME} tiene alguna discapacidad del desarrollo?                                                                               |
| CAWI            | <p>Does {CH_NAME} have a developmental disability?</p> <p>01 Yes</p> <p>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                       |
| FILLS           |                                                                                                                                    |
| NOTES           |                                                                                                                                    |
| HARD CHECK      |                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                    |
| CATI NOTES      |                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                    |
| PAPER QNUM      |                                                                                                                                    |
| NEXT            | DIS12_MED                                                                                                                          |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| DIS12_MED       |                                                                                                                                                                                                                                                                                                   |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C >= 1                                                                                                                                                                                                                                                                                     |
| CATI            | <p>Because of a physical, mental, or emotional condition lasting 12 months or more, does {CH_NAME} currently need or use <b>medicine prescribed by a doctor or other health care professional</b>, other than vitamins?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Debido a una afección física, mental o emocional que dura 12 meses o más, ¿{CH_NAME} actualmente necesita o utiliza <b>medicamentos recetados por un médico u otro profesional de atención médica</b>, que no sean vitaminas?</p>                                                              |
| CAWI            | <p>Because of a physical, mental, or emotional condition lasting 12 months or more, does {CH_NAME} currently need or use <b>medicine prescribed by a doctor or other health care professional</b>, other than vitamins?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                      |
| FILLS           |                                                                                                                                                                                                                                                                                                   |
| NOTES           |                                                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                   |
| NEXT            | DIS12_THRP                                                                                                                                                                                                                                                                                        |

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| DIS12_THRP      |                                                                                                                                                                                                                                                                    |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C >= 1                                                                                                                                                                                                                                                      |
| CATI            | <p>Because of a physical, mental, or emotional condition lasting 12 months or more, does {CH_NAME} need or get <b>special therapy</b>, such as physical, occupational or speech therapy?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | Debido a una afección física, mental o emocional que dura 12 meses o más, ¿{CH_NAME} necesita o recibe <b>terapia especial</b> , como fisioterapia o terapias ocupacional o del habla?                                                                             |
| CAWI            | <p>Because of a physical, mental, or emotional condition lasting 12 months or more, does {CH_NAME} need or get <b>special therapy</b>, such as physical, occupational or speech therapy?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                                                                                    |
| NOTES           |                                                                                                                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                                                                                                                    |
| PAPER QNUM      |                                                                                                                                                                                                                                                                    |
| NEXT            | DIS12_CNS                                                                                                                                                                                                                                                          |

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| DIS12_CNS       |                                                                                                                                                                                                                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C >= 1                                                                                                                                                                                                                                                                                            |
| CATI            | <p>Because of a physical, mental, or emotional condition lasting 12 months or more, does {CH_NAME} have any kind of emotional, developmental, or behavioral problem for which they need or get <b>treatment or counseling</b>?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Debido a una afección física, mental o emocional que dure 12 meses o más, ¿{CH_NAME} tiene algún tipo de problema emocional, de desarrollo o del comportamiento para el que necesite o reciba <b>tratamiento o asesoría</b>?</p>                                                                      |
| CAWI            | <p>Because of a physical, mental, or emotional condition lasting 12 months or more, does {CH_NAME} have any kind of emotional, developmental, or behavioral problem for which they need or get <b>treatment or counseling</b>?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                                                                                          |
| NOTES           |                                                                                                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                          |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                          |
| NEXT            | If AGE_C > 5: LAS12B,<br>Else: PCP_C                                                                                                                                                                                                                                                                     |

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| LAS12B          |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C > 5                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI            | <p>Now, thinking about {CH_NAME}'s <b>mental health</b>, which may include stress, depression, problems with emotions, or substance use, for how many days, <b>during the past 30 days</b> did a mental health condition or emotional problem keep {CH_NAME} from participating in school, social relationships with friends, or other usual activities?</p> <p>_____ DAYS</p> <p>98      DON'T NOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Ahora, pensando en la <b>salud mental</b> de {CH_NAME}, lo que puede incluir estrés, depresión, problemas con emociones o consumo de sustancias, ¿por cuántos días, <b>durante los últimos 30 días</b>, una afección de salud mental o un problema emocional le impidió a {CH_NAME} asistir a la escuela, participar en relaciones sociales con amigos o realizar otras actividades habituales?</p>                                   |
| CAWI            | <p>Now, thinking about {CH_NAME}'s <b>mental health</b>, which may include stress, depression, problems with emotions, or substance use, for how many days, <b>during the past 30 days</b> did a mental health condition or emotional problem keep {CH_NAME} from participating in school, social relationships with friends, or other usual activities?</p> <p>_____ Days (0-30)</p>                                                    |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NOTES           | Range: 0-30                                                                                                                                                                                                                                                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK      | IF OUTSIDE OF RANGE OR MISSING, DISPLAY: "Number of days is missing or invalid. Please enter a number between 0 and 30. To skip this question, please delete all characters in the text box and select NEXT."                                                                                                                                                                                                                            |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      | Short Text: Enter the number of days a mental health condition or emotional problem kept {CH_NAME} from participating in school, social relationships, or other usual activities (0-30).                                                                                                                                                                                                                                                 |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| NEXT            | PCP_C                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| PCP_C           |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                                                                                                    |
| CATI            | <p>A primary care provider or practice, sometimes referred to as a PCP, is someone you would talk to if {CH_NAME} needs a check-up, wants advice about a health problem, or gets sick or hurt. This may include a provider in pediatrics or family medicine. Does {CH_NAME} have a primary care provider or practice, or a PCP?</p> <p>01 YES<br/>02 NO<br/><br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p>               |
| CATI<br>Spanish | <p>Un proveedor o consultorio de atención primaria, a veces denominado PCP (primary care provider, por sus siglas en inglés), es alguien con quien {CH_NAME} hablaría si necesita un chequeo, quiere asesoramiento sobre un problema de salud o se enferma o lesiona. Esto puede incluir un proveedor de pediatría o medicina de familia. ¿Tiene {CH_NAME} un proveedor o consultorio de atención primaria, o un PCP?</p> |
| CAWI            | <p>A primary care provider or practice (sometimes referred to as a PCP) is someone you would talk to if {CH_NAME} needs a check-up, wants advice about a health problem, or gets sick or hurt. This may include a provider in pediatrics or family medicine. Does {CH_NAME} have a primary care provider or practice (PCP)?</p> <p>01 Yes<br/>02 No</p>                                                                   |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NOTES           | For 2025: New item, modified from a CAHPS question and is a proxy for having a usual source of care                                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                                                                                           |
| NEXT            | If PCP_C = 01, PCP_C_SM<br>Else: CARE_C                                                                                                                                                                                                                                                                                                                                                                                   |

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| PCP_C_SM        |                                                                                                                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF PCP_C = 01                                                                                                                                                                                |
| CATI            | <p>When you take {CHILD_NAME} to their primary care provider or practice, do they see the same provider each time?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Quando usted lleva a {CHILD_NAME} a su proveedor o consultorio de atención primaria, ¿ven al mismo proveedor cada vez?</p>                                                                |
| CAWI            | <p>When you take {CHILD_NAME} to their primary care provider or practice, do they see the same provider each time?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                 |
| FILLS           |                                                                                                                                                                                              |
| NOTES           | For 2025: New item                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                              |
| SOFT CHECK      |                                                                                                                                                                                              |
| CATI NOTES      |                                                                                                                                                                                              |
| CAWI NOTES      |                                                                                                                                                                                              |
| PAPER QNUM      |                                                                                                                                                                                              |
| NEXT            | CARE_C                                                                                                                                                                                       |

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| CARE_C          |                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                                          |
| CATI            | <p>The next set of questions asks about {CH_NAME} seeing a doctor or any other type of healthcare provider. Please include in-person, online, and phone visits.</p> <p><b>During the past 12 months, did {CH_NAME} see a doctor or other healthcare provider?</b></p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>La siguiente serie de preguntas se refieren a las visitas de {CH_NAME} al médico u otro proveedor de atención médica. Incluya visitas en persona, por internet y por teléfono</p> <p><b>Durante los últimos 12 meses, ¿visitó {CH_NAME} un médico u otro proveedor de salud?</b></p>                                                                         |
| CAWI            | <p>The next set of questions asks about {CH_NAME} seeing a doctor or any other type of healthcare provider. Please include in-person, online, and phone visits.</p> <p><b>During the past 12 months, did {CH_NAME} see a doctor or other healthcare provider?</b></p> <p>01      Yes<br/>02      No</p>                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                 |
| NOTES           | For 2025: New item                                                                                                                                                                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                 |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | <p>IF CARE_C = 01: SICK_C<br/>ELSE if AGE_C &gt;1: M135<br/>ELSE if AGE_C &gt;0 or AGE_MN &gt;= 6 or AGE_MN = (98, 99): VAC_RC_C_FLU or VAC_RC_C_CVD (depending on randomization)<br/>ELSE: VAC_LK_C_FLU or VAC_LK_C_CVD (depending on randomization)</p>                                                                                                       |

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| SICK_C          |                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF CARE_C = 01                                                                                                                                                                                              |
| CATI            | <p><b>During the past 12 months, did {CH_NAME} see a doctor or other healthcare provider when they were sick with an illness?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, ¿visitó {CH_NAME} a un médico u otro proveedor de atención médica cuando estuvo enfermo(a)?</b></p>                                                                     |
| CAWI            | <p><b>During the past 12 months, did {CH_NAME} see a doctor or other healthcare provider when they were sick with an illness?</b></p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                             |
| NOTES           | For 2025: New item, modified from CAHPS                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                             |
| PAPER QNUM      |                                                                                                                                                                                                             |
| NEXT            | IF SICK_C = 01: f_SICK_LOC_C<br>ELSE: WELL_C                                                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_SICK_LOC_C<br>SICK_LOC_C_1 / SICK_LOC_C_2 / SICK_LOC_C_3 / SICK_LOC_C_4 / SICK_LOC_C_5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                                                                                      | If SICK_C = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CATI                                                                                     | <p><b>During the past 12 months</b>, where did {CH_NAME} receive care from a doctor or other healthcare provider when they were <b>sick with an illness</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: When {CH_NAME} was sick with an illness, did they receive care from...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. A doctor's office or health center, including by phone or video call? [SICK_LOC_C_1]<br/>b. An emergency room? [SICK_LOC_C_2]<br/>c. An urgent care center, including by phone or video call? [SICK_LOC_C_3]<br/>d. A walk-in clinic in a pharmacy or grocery store? [SICK_LOC_C_4]<br/>e. Some other place? [SICK_LOC_C_5]</p> |
| CATI<br>Spanish                                                                          | <p><b>Durante los últimos 12 meses</b>, ¿en dónde recibió {CH_NAME} atención de un médico u otro proveedor de atención médica cuando estuvo <b>enfermo(a)</b>?</p> <p>(IF NEEDED: ¿Cuándo {CH_NAME} estaba enfermo(a), recibió atención en...)</p> <p>ROW ITEMS:</p> <p>a. Un consultorio médico o centro de salud, incluso por teléfono o videollamada?<br/>b. Una sala de emergencias?<br/>c. Un centro de atención urgente, incluso por teléfono o videollamada?<br/>d. Una clínica sin cita previa en una farmacia o tienda comestible?<br/>e. Algún otro lugar?</p>                                                                                                                                                                                           |

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|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p><b>During the past 12 months, where did {CH_NAME} receive care from a doctor or other healthcare provider when they were <b>sick with an illness</b>? Please select “yes” or “no” for each option.</b></p> <p>COLUMN HEADERS:</p> <p>01      Yes<br/>02      No</p> <p>ROW ITEMS:</p> <p>a.      A doctor’s office or health center, including by phone or video call [SICK_LOC_C_1]<br/>b.      An emergency room [SICK_LOC_C_2]<br/>c.      An urgent care center, including by phone or video call [SICK_LOC_C_3]<br/>d.      A walk-in clinic in a pharmacy or grocery store [SICK_LOC_C_4]<br/>e.      Some other place [SICK_LOC_C_5]</p> |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NOTES         | For 2025: New item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| SOFT CHECK    | If CAWI and Missing, Display: “Missing Response: You did not select a response. Please select at least one response. To skip the question, please press NEXT a second time.”                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CAWI NOTES    | Short Text: Select yes or no for each place you received care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| PAPER QNUM    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| NEXT          | IF SICK_LOC_C_1 = 01 AND PCP_C = 01: SICK_PCP_C<br>ELSE: WELL_C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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| SICK_PCP_C      |                                                                                                                                                                                                                                                    |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK IF SICK_LOC_C_1=01 AND PCP_C=01                                                                                                                                                                                                                |
| CATI            | <p><b>During the past 12 months, did {CH_NAME} receive care from their <b>primary care provider or practice, or PCP</b>, when they were <b>sick with an illness</b>?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, ¿recibió {CH_NAME} atención de su <b>proveedor o consultorio de atención primaria, o PCP</b> cuando estuvo <b>enfermo(a)</b>?</b></p>                                                                          |
| CAWI            | <p><b>During the past 12 months, did {CH_NAME} receive care from their <b>primary care provider or practice (PCP)</b> when they were <b>sick with an illness</b>?</b></p> <p>01 Yes<br/>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                                                                    |
| NOTES           | For 2025: New item                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                                                                                                    |
| PAPER QNUM      |                                                                                                                                                                                                                                                    |
| NEXT            | WELL_C                                                                                                                                                                                                                                             |

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| WELL_C          |                                                                                                                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK IF CARE_C = 01                                                                                                                                                                                                     |
| CATI            | <p><b>During the past 12 months, did {CH_NAME} see a doctor or other healthcare provider for a <b>physical check-up or routine care</b>?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, ¿visitó {CH_NAME} a un médico u otro proveedor de atención médica para un <b>chequeo físico o atención de rutina</b>?</b></p>                                                      |
| CAWI            | <p><b>During the past 12 months, did {CH_NAME} see a doctor or other healthcare provider for a <b>physical check-up or routine care</b>?</b></p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                        |
| NOTES           | For 2025: New item, modified from CAHPS                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                                        |
| PAPER QNUM      |                                                                                                                                                                                                                        |
| NEXT            | IF WELL_C = 01: f_WELL_LOC_C<br>ELSE: TLH_NUM_C                                                                                                                                                                        |

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| f_WELL_LOC_C                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| WELL_LOC_C_1 / WELL_LOC_C_2 / WELL_LOC_C_3 / WELL_LOC_C_4 / WELL_LOC_C_5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ASK                                                                      | If WELL_C = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| CATI                                                                     | <p><b>During the past 12 months</b>, where did {CH_NAME} receive care from a doctor or other healthcare provider for a <b>physical check-up or routine care</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Did {CH_NAME} receive a physical check-up or routine care from...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. A doctor's office or health center, including by phone or video call? [WELL_LOC_C_1]<br/>b. An emergency room? [WELL_LOC_C_2]<br/>c. An urgent care center, including by phone or video call? [WELL_LOC_C_3]<br/>d. A walk-in clinic in a pharmacy or grocery store? [WELL_LOC_C_4]<br/>e. Some other place? [WELL_LOC_C_5]</p> |
| CATI<br>Spanish                                                          | <p><b>Durante los últimos 12 meses</b>, ¿en dónde recibió {CH_NAME} atención de un médico u otro proveedor de atención médica para un <b>chequeo físico o atención de rutina</b>? Por cada afirmación que lea, responda sí o no.</p> <p>(IF NEEDED: ¿Recibió {CH_NAME} un chequeo físico o atención de rutina de...)</p> <p>ROW ITEMS:</p> <p>a. Un consultorio médico o centro de salud, incluso por teléfono o videollamada?<br/>b. Una sala de emergencias?<br/>c. Un centro de atención urgente, incluso por teléfono o videollamada?<br/>d. Una clínica sin cita previa en una farmacia o tienda comestible?<br/>e. Algún otro lugar?</p>                                                                                                                    |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p><b>During the past 12 months, where did {CH_NAME} receive care from a doctor or other healthcare provider for a <b>physical check-up or routine care</b>? Please select “yes” or “no” for each option.</b></p> <p>COLUMN HEADERS:</p> <p>01      Yes<br/>02      No</p> <p>ROW ITEMS:</p> <p>a.      A doctor’s office or health center, including by phone or video call [WELL_LOC_C_1]<br/>b.      An emergency room [WELL_LOC_C_2]<br/>c.      An urgent care center, including by phone or video call [WELL_LOC_C_3]<br/>d.      A walk-in clinic in a pharmacy or grocery store [WELL_LOC_C_4]<br/>e.      Some other place [WELL_LOC_C_5]</p> |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NOTES         | For 2025: New item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SOFT CHECK    | If CAWI and Missing, Display: “Missing Response: You did not select a response. Please select at least one response. To skip the question, please press NEXT a second time.”                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CAWI NOTES    | Short Text: Select yes or no for each place you received care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| PAPER QNUM    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NEXT          | IF WELL_LOC_C_1 = 01 AND PCP_C = 01: WELL_PCP_C<br>ELSE, TLH_NUM_C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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HH=02 indicates Medicaid-list sample

| WELL_PCP_C      |                                                                                                                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK IF WELL_LOC_C_1=01 AND PCP_C=01                                                                                                                                                                                                                    |
| CATI            | <p><b>During the past 12 months, did {CH_NAME} receive care from their <b>primary care provider or practice, or PCP</b>, for a <b>physical check-up or routine care</b>?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses, ¿recibió {CH_NAME} atención de su <b>proveedor o consultorio de atención primaria, o PCP</b> para un <b>chequeo físico o atención de rutina</b>?</b></p>                                                           |
| CAWI            | <p><b>During the past 12 months, did {CH_NAME} receive care from their <b>primary care provider or practice (PCP)</b> for a <b>physical check-up or routine care</b>?</b></p> <p>01 Yes<br/>02 No</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                                                        |
| NOTES           | For 2025: New item, modified from CAHPS                                                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                                                                        |
| PAPER QNUM      |                                                                                                                                                                                                                                                        |
| NEXT            | TLH_NUM_C                                                                                                                                                                                                                                              |

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**SECTION L: CHILD SOURCES OF CARE & UTILIZATION OF SERVICES**

## Health Care Utilization

| TLH_NUM_C       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CARE_C = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CATI            | <p>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.</p> <p><b>During the past 12 months</b>, how many times has {CH_NAME} had a <b>telehealth</b> visit with a doctor, nurse, or other healthcare provider? Would you say...</p> <p>01      0 times<br/> 02      1-2 times<br/> 03      3-6 times, or<br/> 04      7 or more times</p> <p>98      DON'T KNOW<br/> 99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>La siguiente pregunta se refiere a la telesalud. La telesalud permite a un médico, enfermero u otro profesional médico atenderlo sin necesidad de acudir personalmente al consultorio. Las citas de telesalud suelen hacerse en línea, con una computadora, tableta, teléfono inteligente o teléfono regular.</p> <p><b>Durante los últimos 12 meses</b>, ¿cuántas veces {CH_NAME} ha tenido una visita de <b>telesalud</b> con un médico, enfermero u otro profesional médico? ¿Diría que...</p> <p>01      0 veces<br/> 02      1-2 veces<br/> 03      3-6 veces o<br/> 04      7 o más veces</p>           |
| CAWI            | <p>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.</p> <p><b>During the past 12 months</b>, how many times has {CH_NAME} had a <b>telehealth</b> visit with a doctor, nurse, or other healthcare provider?</p> <p>01      0 times<br/> 02      1-2 times<br/> 03      3-6 times<br/> 04      7 or more times</p>                                                                              |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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HH=02 indicates Medicaid-list sample

|                   |                                                                                                                                                                                                              |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>NOTES</i>      | For 2025: Updated variable name, new ask universe, and new skip pattern from 2023 instrument.                                                                                                                |
| <i>HARD CHECK</i> |                                                                                                                                                                                                              |
| <i>SOFT CHECK</i> |                                                                                                                                                                                                              |
| <i>CATI NOTES</i> |                                                                                                                                                                                                              |
| <i>CAWI NOTES</i> |                                                                                                                                                                                                              |
| <i>PAPER QNUM</i> |                                                                                                                                                                                                              |
| <i>NEXT</i>       | IF AGE_C > 1: M135<br>ELSE IF AGE_C > 0 or AGE_MN >= 6 or AGE_MN = (98, 99): VAC_RC_C_FLU or<br>VAC_RC_C_CVD (depending on randomization)<br>ELSE: VAC_LK_C_FLU or VAC_LK_C_CVD (depending on randomization) |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



## Dental Care

| M135            |                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C > 1                                                                                                                                                                                                                                                      |
| CATI            | <p>About how long has it been since {CH_NAME} last visited a dentist? Would you say...</p> <p>01 Within the last 12 months,<br/> 02 More than 12 months ago, or<br/> 03 Has {CH_NAME} never been to a dentist?</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Hace aproximadamente cuánto tiempo que {CH_NAME} no va al dentista? ¿Diría que...</p> <p>01 En los últimos 12 meses,<br/> 02 Hace más de 12 meses, O<br/> 03 ¿{CH_NAME} nunca ha ido al dentista?</p>                                                         |
| CAWI            | <p>About how long has it been since {CH_NAME} last visited a dentist?</p> <p>01 Within the last 12 months<br/> 02 More than 12 months ago<br/> 03 {CH_NAME} has never been to a dentist</p>                                                                       |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                      |
| FILLS           |                                                                                                                                                                                                                                                                   |
| NOTES           |                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                   |
| PAPER QNUM      |                                                                                                                                                                                                                                                                   |
| NEXT            | IF M135=01 AND AGE_C >= 5: DNT_SCH<br>ELSE IF AGE_C >0 or AGE_MN >= 6 or AGE_MN = (98, 99): VAC_RC_C_FLU or<br>VAC_RC_C_CVD (depending on randomization)<br>ELSE: VAC_LK_C_FLU or VAC_LK_C_CVD (depending on randomization)                                       |

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HH=02 indicates Medicaid-list sample

| DNT_SCH         |                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF M135=01 AND AGE_C >= 5                                                                                                                                                                                                                |
| CATI            | <p><b>During the past 12 months</b>, has {CH_NAME} received dental care at their school or through a school program?</p> <p>01 YES</p> <p>02 NO</p> <p>03 {CH_NAME} IS HOMESCHOOLED</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿ha recibido {CH_NAME} atención dental en su escuela o a través de un programa escolar?</p>                                                                                                      |
| CAWI            | <p><b>During the past 12 months</b>, has {CH_NAME} received dental care at their school or through a school program?</p> <p>01 Yes</p> <p>02 No</p> <p>03 {CH_NAME} is homeschooled</p>                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                          |
| NOTES           | For 2025: New item                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                          |
| PAPER QNUM      |                                                                                                                                                                                                                                          |
| NEXT            | <p>IF AGE_C &gt;0 or AGE_MN &gt;= 6 or AGE_MN = (98, 99): VAC_RC_C_FLU or VAC_RC_C_CVD (depending on randomization)</p> <p>ELSE: VAC_LK_C_FLU or VAC_LK_C_CVD (depending on randomization)</p>                                           |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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## Vaccines

| VAC_RC_C_FLU    |                                                                                                                                                                                                                                                                                |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF AGE_C > 0 OR AGE_MN >= 6 OR AGE_MN = (98, 99)                                                                                                                                                                                                                               |
| CATI            | <p>{INTRO_FILL}</p> <p>During the <b>past 12 months</b>, has {CH_NAME} had a <b>flu</b> vaccine? This may be given as a shot or nose spray.</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p>                                |
| CATI<br>Spanish | <p>{INTRO_FILL}</p> <p>Durante los <b>últimos 12 meses</b>, ¿se vacunó {CH_NAME} contra la <b>gripe o flu</b>? Esta puede administrarse mediante una inyección o un aerosol nasal.</p>                                                                                         |
| CAWI            | <p>{INTRO_FILL}</p> <p><b>During the past 12 months</b>, has {CH_NAME} had a <b>flu</b> vaccine? This may be given as a shot or nose spray.</p> <p>01      Yes</p> <p>02      No</p> <p>98      Don't know</p>                                                                 |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                   |
| FILLS           | <p>Display INTRO_FILL on first vaccine screen that respondent sees.</p> <p>INTRO_FILL: "We would now like to ask you a couple of questions about vaccines for {CH_NAME}."</p>                                                                                                  |
| NOTES           | <p>For 2025: Updated variable name and question stem.</p> <p>RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI</p> <p>Randomize order of block A and B where:</p> <p>A) VAC_RC_C_FLU &amp; VAC_LIK_C_FLU</p> <p>B) VAC_RC_C_CVD &amp; VAC_LIK_C_CVD</p> |
| HARD CHECK      |                                                                                                                                                                                                                                                                                |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                |
| CATI NOTES      |                                                                                                                                                                                                                                                                                |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                |
| NEXT            | VAC_LK_C_FLU                                                                                                                                                                                                                                                                   |

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HH=02 indicates Medicaid-list sample

| VAC_LK_C_FLU    |                                                                                                                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                   |
| CATI            | <p>{INTRO_FILL}</p> <p><b>In the next 12 months</b>, how likely is {CH_NAME} to get a <b>flu</b> vaccine? This may be given as a shot or nose spray. Would you say...</p> <p>01 Very likely,<br/> 02 Somewhat likely,<br/> 03 Not too likely, or<br/> 04 Not likely at all</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p>            |
| CATI<br>Spanish | <p>{INTRO_FILL}</p> <p><b>En los próximos 12 meses</b>, ¿qué probabilidades hay de que {CH_NAME} se vacune contra la <b>gripe</b> o <b>flu</b>? Esta puede administrarse mediante una inyección o un aerosol nasal. ¿Diría que...</p> <p>01 Muy probable,<br/> 02 Algo probable,<br/> 03 Poco probable, o<br/> 04 Para nada probable</p> |
| CAWI            | <p>{INTRO_FILL}</p> <p><b>In the next 12 months</b>, how likely is {CH_NAME} to get a <b>flu</b> vaccine? This may be given as a shot or nose spray.</p> <p>01 Very likely<br/> 02 Somewhat likely<br/> 03 Not too likely<br/> 04 Not likely at all</p>                                                                                  |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                             |
| FILLS           | <p>Display INTRO_FILL on first vaccine screen that respondent sees.</p> <p>INTRO_FILL: "We would now like to ask you a couple of questions about vaccines for {CH_NAME}."</p> <p>Spanish: "Ahora nos gustaría hacerle un par de preguntas sobre las vacunas para {CH_NAME}."</p>                                                         |
| NOTES           | <p>For 2025: New item. Measures likelihood instead of hesitancy.</p> <p>RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI</p> <p>Randomize order of block A and B where:</p> <p>A) VAC_RC_C_FLU &amp; VAC_LIK_C_FLU<br/> B) VAC_RC_C_CVD &amp; VAC_LIK_C_CVD</p>                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                                                                                                                                                                             |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>HARD CHECK</i> |                                                                                                                                                                                                             |
| <i>SOFT CHECK</i> |                                                                                                                                                                                                             |
| <i>CATI NOTES</i> |                                                                                                                                                                                                             |
| <i>CAWI NOTES</i> |                                                                                                                                                                                                             |
| <i>PAPER QNUM</i> |                                                                                                                                                                                                             |
| <i>NEXT</i>       | IF RECEIVED BLOCK A (FLU) FIRST:<br>If AGE_C > 0 or AGE_MN >= 6 or AGE_MN = (98, 99): VAC_RC_C_CVD<br>Else: VAC_LK_C_CVD<br><br>IF RECEIVED BLOCK B (CVD) FIRST:<br>IF AGE_C < 6: VAC_REL<br>Else: ND_DTL_C |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| VAC_RC_C_CVD    |                                                                                                                                                                                                                                                                                                                  |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF AGE_C > 0 OR AGE_MN >= 6 OR AGE_MN = (98, 99)                                                                                                                                                                                                                                                                 |
| CATI            | <p>{INTRO_FILL}</p> <p><b>During the past 12 months, has {CH_NAME} had a <b>COVID-19</b> vaccine?</b></p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p>                                                                                                                                  |
| CATI<br>Spanish | <p>{INTRO_FILL}</p> <p><b>Durante los últimos 12 meses, ¿se vacunó {CH_NAME} contra el <b>COVID-19</b>?</b></p>                                                                                                                                                                                                  |
| CAWI            | <p>{INTRO_FILL}</p> <p><b>During the past 12 months, has {CH_NAME} had a <b>COVID-19</b> vaccine?</b></p> <p>01 Yes<br/>02 No<br/>98 Don't know</p>                                                                                                                                                              |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                     |
| FILLS           | <p>Display INTRO_FILL on first vaccine screen that respondent sees.</p> <p>INTRO_FILL: "We would now like to ask you a couple of questions about vaccines for {CH_NAME}."</p> <p>Spanish: "Ahora nos gustaría hacerle un par de preguntas sobre las vacunas para {CH_NAME}."</p>                                 |
| NOTES           | <p>For 2025: new variable, updated ask universe, updated question stem, updated next logic</p> <p>RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI</p> <p>Randomize order of block A and B where:</p> <p>A) VAC_RC_C_FLU &amp; VAC_LIK_C_FLU<br/>B) VAC_RC_C_CVD &amp; VAC_LIK_C_CVD</p> |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                  |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                  |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                  |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                  |
| NEXT            | VAC_LK_C_CVD                                                                                                                                                                                                                                                                                                     |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| VAC_LK_C_CVD    |                                                                                                                                                                                                                                                                                         |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                  |
| CATI            | <p>{INTRO_FILL}</p> <p><b>In the next 12 months</b>, how likely is {CH_NAME} to get a <b>COVID-19</b> vaccine? Would you say...</p> <p>01 Very likely,<br/> 02 Somewhat likely,<br/> 03 Not too likely, or<br/> 04 Not likely at all</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>{INTRO_FILL}</p> <p><b>En los próximos 12 meses</b>, ¿qué probabilidades hay de que {CH_NAME} se vacune contra el <b>COVID-19</b>?<br/> ¿Diría que...</p> <p>01 Muy probable,<br/> 02 Algo probable,<br/> 03 Poco probable, o<br/> 04 Para nada probable</p>                         |
| CAWI            | <p>{INTRO_FILL}</p> <p><b>In the next 12 months</b>, how likely is {CH_NAME} to get a <b>COVID-19</b> vaccine?</p> <p>01 Very likely<br/> 02 Somewhat likely<br/> 03 Not too likely<br/> 04 Not likely at all</p>                                                                       |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                            |
| FILLS           | <p>Display INTRO_FILL on first vaccine screen that respondent sees.</p> <p>INTRO_FILL: "We would now like to ask you a couple of questions about vaccines for {CH_NAME}."</p> <p>Spanish: "Ahora nos gustaría hacerle un par de preguntas sobre las vacunas para {CH_NAME}."</p>        |
| NOTES           | <p>For 2025: New item. Measures likelihood instead of hesitancy.</p> <p>RANDOMIZE ORDER FOR CAWI &amp; CATI; FIXED REVERSE ALPHABETICAL FOR PAPI</p> <p>Randomize order of block A and B where:</p> <p>A) VAC_RC_C_FLU &amp; VAC_LIK_C_FLU<br/> B) VAC_RC_C_CVD &amp; VAC_LIK_C_CVD</p> |
| HARD CHECK      |                                                                                                                                                                                                                                                                                         |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                         |
| CATI NOTES      |                                                                                                                                                                                                                                                                                         |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|            |                                                                                                                                                                                                             |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI NOTES |                                                                                                                                                                                                             |
| PAPER QNUM |                                                                                                                                                                                                             |
| NEXT       | IF RECEIVED BLOCK A (FLU) FIRST:<br>If (AGE_C >0 or AGE_MN >= 6 or AGE_MN = (98, 99): VAC_RC_C_FLU<br>Else: VAC_LK_C_FLU<br><br>IF RECEIVED BLOCK B (CVD) FIRST:<br>IF AGE_C < 6: VAC_REL<br>Else: ND_DTL_C |



| VAC_REL         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ASK IF AGE_C <6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CATI            | <p>Please indicate the extent to which you agree or disagree with the following statement about early childhood vaccines. These include MMR, that is, measles, mumps, and rubella, Polio, Varicella, that is, chicken pox, and DTAP, that is, diphtheria/tetanus/pertussis.</p> <p>You are or were reluctant to get {CH_NAME} any of the early childhood vaccines. Would you say...</p> <p>01 Strongly agree,<br/> 02 Agree,<br/> 03 Neither agree nor disagree,<br/> 04 Disagree,<br/> 05 or Strongly disagree?</p> <p>98 DON'T KNOW<br/> 99 PREFER NOT TO SAY</p>                    |
| CATI<br>Spanish | <p>Indique hasta qué punto está de acuerdo o en desacuerdo con las siguientes afirmaciones sobre las vacunas en la primera infancia. Estas incluyen la triple vírica, es decir, sarampión, paperas y rubeola, la poliomielitis, la varicela y la DTAP, es decir, difteria/tétanos/tos ferina.</p> <p>Usted está o estaba reacio(a) a que {CH_NAME} recibiera alguna de las vacunas de primera infancia. ¿Diría que está...</p> <p>01 Totalmente de acuerdo,<br/> 02 De acuerdo,<br/> 03 Ni de acuerdo ni en desacuerdo,<br/> 04 En desacuerdo,<br/> 05 o totalmente en desacuerdo?</p> |
| CAWI            | <p>Please indicate the extent to which you agree or disagree with the following statement about early childhood vaccines. These include MMR (measles, mumps, and rubella), Polio, Varicella (chicken pox), and DTAP (diphtheria/tetanus/pertussis).</p> <p>I am or was reluctant to get {CH_NAME} any of the early childhood vaccines.</p> <p>01 Strongly agree<br/> 02 Agree<br/> 03 Neither agree nor disagree<br/> 04 Disagree<br/> 05 Strongly disagree</p>                                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NOTES           | For 2025: New item; measures attitudes toward early childhood vaccines.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|            |          |
|------------|----------|
| CATI NOTES |          |
| CAWI NOTES |          |
| PAPER QNUM |          |
| NEXT       | ND_DTL_C |

OMAS Adult and Child CATI/CAWI Instrument Specifications  
HH=01 indicates ABS sample  
HH=02 indicates Medicaid-list sample

## SECTION M: CHILD UNMET HEALTH NEEDS

| ND_DTL_C      |                                                                                                                                                                                                                                                                                                 |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                          |
| CATI          | <p>These next questions ask about different types of care {CH_NAME} may have needed and whether or not {CH_NAME} was able to get this needed care.</p> <p>{O139FILL} a time when {CH_NAME} <b>needed</b> dental care?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | <p>Las siguientes preguntas se refieren a los distintos tipos de atención que {CH_NAME} puede haber necesitado y si {CH_NAME} pudo obtenerla o no.</p> <p>¿{O139FILL} algún momento en el que {CH_NAME} <b>necesitara</b> atención dental?</p>                                                  |
| CAWI          | <p>These next questions ask about different types of care {CH_NAME} may have needed and whether or not {CH_NAME} was able to get this needed care.</p> <p>{O139FILL} a time when {CH_NAME} <b>needed</b> dental care?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                    |
| FILLS         | <p><i>English:</i><br/>If AGE_C = 0, O139FILL = "Has there been",<br/>Else: O139FILL = "<b>During the past 12 months</b>, was there"</p> <p><i>Spanish:</i><br/>If AGE_C = 0, O139FILL = "Ha habido"<br/>Else: O139FILL = "<b>Durante los últimos 12 meses</b>, hubo"</p>                       |
| NOTES         | For 2025: Renamed variable                                                                                                                                                                                                                                                                      |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                 |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM    |                                                                                                                                                                                                                                                                                                 |
| NEXT          | <p>If ND_DTL_C = 01: UM_DTL_C,<br/>Else if AGE_C &gt; 11: ND_MTL_C,<br/>Else if RLTN=(01, 02, 07) and AGE_C&lt;=12: CHLD_CARE<br/>Else if AGE_C&gt;=6: ABSNT<br/>Else: ACE_3</p>                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_DTL_C        |                                                                                                                                                                                                         |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ND_DTL_C = 01                                                                                                                                                                                        |
| CATI            | <p>Was {CH_NAME} able to <b>get</b> the dental care that they needed?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p>                                                   |
| CATI<br>Spanish | ¿{CH_NAME} pudo <b>recibir</b> la atención dental que necesitaba?                                                                                                                                       |
| CAWI            | <p>Was {CH_NAME} able to <b>get</b> the dental care that they needed?</p> <p>01 Yes</p> <p>02 No</p>                                                                                                    |
| QUESTION TYPE   | Radio button                                                                                                                                                                                            |
| FILLS           |                                                                                                                                                                                                         |
| NOTES           | For 2025: Renamed variable                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                                         |
| SOFT CHECK      |                                                                                                                                                                                                         |
| CATI NOTES      |                                                                                                                                                                                                         |
| CAWI NOTES      |                                                                                                                                                                                                         |
| PAPER QNUM      |                                                                                                                                                                                                         |
| NEXT            | <p>If UM_DTL_C = 02: f_UM_DTL_RS_C,</p> <p>Else if AGE_C &gt; 11: ND_MTL_C,</p> <p>Else IF RLTN = (01, 02, 07) AND AGE_C &lt;= 12: CHLD_CARE</p> <p>Else if AGE_C &gt;= 6: ABSNT</p> <p>Else: ACE_3</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| f_UM_DTL_RS_C                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UM_DTL_RS_C1 / UM_DTL_RS_C2 / UM_DTL_RS_C3 / UM_DTL_RS_C4 / UM_DTL_RS_C5 / UM_DTL_RS_C6 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| ASK                                                                                     | If UM_DTL_C = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CATI                                                                                    | <p>Why did {CH_NAME} <b>not get</b> the dental care they needed <b>during the past 12 months</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Did {CH_NAME} <b>not get</b> the dental care they needed <b>during the past 12 months</b> because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. {CH_NAME} did not have any dental insurance? [UM_DTL_RS_C1]<br/>b. {CH_NAME}'s insurance would not cover the care? [UM_DTL_RS_C2]<br/>c. You could not find a provider who would accept {CH_NAME}'s insurance? [UM_DTL_RS_C3]<br/>d. A provider was not available [UM_DTL_RS_C4]<br/>e. {CH_NAME} did not have transportation to or from appointments [UM_DTL_RS_C5]<br/>f. I thought it would cost too much [UM_DTL_RS_C6]<br/>g. Another reason? [UM_DTL_RS_C7]</p>    |
| CATI<br>Spanish                                                                         | <p>¿Por qué {CH_NAME} <b>no recibió</b> la atención dental que necesitaba <b>durante los últimos 12 meses</b>? Por cada afirmación que le lea, responda sí o no.</p> <p>(IF NEEDED: ¿{CH_NAME} <b>no recibió</b> la atención dental que necesitaba <b>durante los últimos 12 meses</b> porque...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. {CH_NAME} no tenía seguro dental? [UM_DTL_RS_C1]<br/>b. El seguro de {CH_NAME} no la cubría? [UM_DTL_RS_C2]<br/>c. No pudo encontrar un proveedor que aceptara el seguro de {CH_NAME}? [UM_DTL_RS_C3]<br/>d. Un proveedor no estaba disponible? [UM_DTL_RS_C4]<br/>e. {CH_NAME} no tenía transporte para ir o volver de las citas? [UM_DTL_RS_C5]<br/>f. Pensó que sería demasiado costosa? [UM_DTL_RS_C6]<br/>g. Tenía otra razón? [UM_DTL_RS_C7]</p> |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI          | <p>Why did {CH_NAME} <b>not</b> get the dental care they needed <b>during the past 12 months</b>? Please select “yes” or “no” for each reason.</p> <p>COLUMN HEADERS:</p> <p>01      Yes<br/>02      No</p> <p>ROW ITEMS:</p> <p>a.      {CH_NAME} did not have any dental insurance [UM_DTL_RS_C1]<br/>b.      {CH_NAME}'s insurance would not cover the care [UM_DTL_RS_C2]<br/>c.      I could not find a provider who would accept {CH_NAME}'s insurance [UM_DTL_RS_C3]<br/>d.      A provider was not available [UM_DTL_RS_C4]<br/>e.      {CH_NAME} did not have transportation to or from appointments [UM_DTL_RS_C5]<br/>f.      I thought it would cost too much [UM_DTL_RS_C6]<br/>g.      Another reason [UM_DTL_RS_C7]</p> |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NOTES         | For 2025: New variable name, response options reordered, UM_DTL_RS_C1 and UM_DTL_RS_C2 new variables, UM_DTL_RS_C4 and UM_DTL_RS_C7 small text modification, no open ended response option.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CAWI NOTES    | Short Text: Select yes or no for each reason {CH_NAME} did not get dental care.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PAPER QNUM    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NEXT          | If AGE_C > 11: ND_MTL_C,<br>Else IF RLTN = (01, 02, 07) AND AGE_C <= 12: CHLD_CARE<br>Else if AGE_C >= 6: ABSNT<br>Else: ACE_3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ND_MTL_C        |                                                                                                                                                                                                                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If AGE_C > 11                                                                                                                                                                                                                                                                                                |
| CATI            | <p><b>During the past 12 months</b>, was there a time when {CH_NAME} <b>needed</b> mental or emotional health care or counseling services?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p>                                                                                         |
| CATI<br>Spanish | <p><b>Durante los últimos 12 meses</b>, ¿hubo algún momento en el que {CH_NAME} <b>necesitara</b> atención de salud mental o emocional o servicios de asesoría?</p>                                                                                                                                          |
| CAWI            | <p><b>During the past 12 months</b>, was there a time when {CH_NAME} <b>needed</b> mental or emotional health care or counseling services?</p> <p>01 Yes, {CH_NAME} needed mental or emotional health care or counseling<br/>02 No, {CH_NAME} did not need mental or emotional health care or counseling</p> |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                 |
| FILLS           |                                                                                                                                                                                                                                                                                                              |
| NOTES           | For 2025: Renamed variable                                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                              |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                              |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                              |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                              |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                              |
| NEXT            | <p>If ND_MTL_C= 01: UM_MTL_C,<br/>Else IF RLTN = (01, 02, 07) AND AGE_C =&lt; 12: CHLD_CARE<br/>Else: ABSNT</p>                                                                                                                                                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| UM_MTL_C        |                                                                                                                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If ND_MTL_C= 01                                                                                                                                                                             |
| CATI            | <p>Was {CH_NAME} able to <b>get</b> the mental or emotional health care or counseling services that they needed?</p> <p>01 YES,<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿{CH_NAME} pudo <b>recibir</b> la atención de salud mental o emocional o los servicios de asesoría que necesitaba?                                                                          |
| CAWI            | <p>Was {CH_NAME} able to <b>get</b> the mental or emotional health care or counseling services that they needed?</p> <p>01 Yes<br/>02 No</p>                                                |
| QUESTION TYPE   | Radio button                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                             |
| PAPER QNUM      |                                                                                                                                                                                             |
| NEXT            | <p>If UM_MTL_C = 02: f_UM_MTL_RS_C,<br/>Else IF RLTN = (01, 02, 07) AND AGE_C =&lt; 12: CHLD_CARE<br/>Else: ABSNT</p>                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| f_UM_MTL_RS_C                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UM_MTL_RS_C1 / UM_MTL_RS_C2 / UM_MTL_RS_C3 / UM_MTL_RS_C4 / UM_MTL_RS_C5 / UM_MTL_RS_C6 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| ASK                                                                                     | If UM_MTL_C = 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI                                                                                    | <p>Why did {CH_NAME} <b>not get</b> the mental or emotional health care or counseling services they needed <b>during the past 12 months</b>? For each statement I read, please tell me yes or no.</p> <p>(IF NEEDED: Did {CH_NAME} <b>not get</b> the mental or emotional health care or counseling services they needed <b>during the past 12 months</b> because...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. You could not find a provider who would accept {CH_NAME}'s insurance? [UM_MTL_RS_C1]<br/>b. A provider was not available? [UM_MTL_RS_C2]<br/>c. {CH_NAME} did not have transportation to or from appointments? [UM_MTL_RS_C3]<br/>d. You thought it would cost too much? [UM_MTL_RS_C4]<br/>e. Some other reason? [UM_MTL_RS_C5]</p>                              |
| CATI<br>Spanish                                                                         | <p>¿Por qué {CH_NAME} <b>no recibió</b> la atención de salud mental o emocional o los servicios de asesoría que necesitaba <b>durante los últimos 12 meses</b>? Por cada afirmación que le lea, responda sí o no.</p> <p>(IF NEEDED: ¿{CH_NAME} <b>no recibió</b> la atención de salud mental o emocional o los servicios de asesoría que necesitaba <b>durante los últimos 12 meses</b> porque...)</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. No pudo encontrar un proveedor que aceptara el seguro de {CH_NAME}? [UM_MTL_RS_C1]<br/>b. Un proveedor no estaba disponible? [UM_MTL_RS_C2]<br/>c. {CH_NAME} no tenía transporte para ir o volver de las citas? [UM_MTL_RS_C3]<br/>d. Pensó que sería demasiado costoso? [UM_MTL_RS_C4]<br/>e. Tenía otra razón? [UM_MTL_RS_C5]</p> |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| CAWI | <p>Why did {CH_NAME} <b>not get</b> the mental or emotional health care or counseling services they needed <b>during the past 12 months?</b> Please select “yes” or “no” for each reason.</p> <p>COLUMN HEADERS:</p> <p>01      Yes</p> <p>02      No</p> <p>ROW ITEMS:</p> <p>a.      I could not find a provider who would accept {CH_NAME}'s insurance [UM_MTL_RS_C1]</p> <p>b.      A provider was not available [UM_MTL_RS_C2]</p> <p>c.      {CH_NAME} did not have transportation to or from appointments [UM_MTL_RS_C3]</p> <p>d.      I thought it would cost too much [UM_MTL_RS_C4]</p> <p>e.      Some other reason [UM_MTL_RS_C5]</p> |                                                                                                                                               |
|      | QUESTION TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Radio button grid                                                                                                                             |
|      | FILLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |
|      | NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | For 2025: Renamed variables, reordered response options, UM_MTL_RS_C2 and UM_MTL_RS_C5 small text change, removed open ended response option. |
|      | HARD CHECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |
|      | SOFT CHECK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |
|      | CATI NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |
|      | CAWI NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Short Text: Select yes or no for each reason {CH_NAME} did not receive mental or emotional health care.                                       |
|      | PAPER QNUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                               |
|      | NEXT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IF RLTN = (01, 02, 07) AND AGE_C <= 12: CHLD_CARE<br>Else: ABSNT                                                                              |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CHLD_CARE       |                                                                                                                                                                                                                                                                                                                          |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF RLTN = (01, 02, 07) AND AGE_C <= 12                                                                                                                                                                                                                                                                                   |
| CATI            | <p>Sometimes unexpected events or demands require arranging <b>last-minute care</b> for children. Is there someone in your life who is able to provide care for {CH_NAME} if you are unexpectedly away or unavailable, for any amount of time?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>A veces, los eventos inesperados o necesidades requieren organizar el cuidado de niños <b>a última hora</b>. ¿Hay alguien en su vida que puede cuidar a {CH_NAME} si se ausenta inesperadamente o no está disponible, por el tiempo que sea?</p>                                                                      |
| CAWI            | <p>Sometimes unexpected events or demands require arranging <b>last-minute care</b> for children. Is there someone in your life who is able to provide care for {CH_NAME} if you are unexpectedly away or unavailable, for any amount of time?</p> <p>01 Yes<br/>02 No</p>                                               |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                                                                                                                                                          |
| NOTES           | For 2025: New item                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                          |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                          |
| NEXT            | If CHLD_CARE = 01: CHLD_CARE_WHO<br>Else IF AGE_C >= 6: ABSNT<br>ELSE: ACE_3                                                                                                                                                                                                                                             |

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HH=02 indicates Medicaid-list sample

| f_CHLD_CARE_W<br>CHLD_CARE_W1 / CHLD_CARE_W2 / CHLD_CARE_W3 / CHLD_CARE_W4 / CHLD_CARE_W5 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                                                                                       | IF CHLD_CARE = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CATI                                                                                      | <p>If you are unexpectedly away or unavailable, for any amount of time, who in your life is able to provide care for {CH_NAME}? For each one, please tell me yes or no.</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. Family member? [CHLD_CARE_W1]<br/>b. Friend? [CHLD_CARE_W2]<br/>c. Neighbor? [CHLD_CARE_W3]<br/>d. Individual in a school, home-based center, or other professional center? [CHLD_CARE_W4]<br/>e. Someone else? [CHLD_CARE_W5]</p> |
| CATI<br>Spanish                                                                           | <p>Si se ausenta inesperadamente o no está disponible, por el tiempo que sea, ¿quién en su vida puede cuidar a {CH_NAME}? Para cada uno, dígame sí o no.</p> <p>COLUMN HEADERS:</p> <p>01 YES<br/>02 NO<br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> <p>ROW ITEMS:</p> <p>a. Familiar? [CHLD_CARE_W1]<br/>b. Amigo? [CHLD_CARE_W2]<br/>c. Vecino? [CHLD_CARE_W3]<br/>d. Individuo en una escuela, centro a domicilio u otro centro profesional? [CHLD_CARE_W4]<br/>e. Otra persona? [CHLD_CARE_W5]</p>                         |

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|               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| CAWI          | <p>If you are unexpectedly away or unavailable, for any amount of time, who in your life is able to provide care for {CH_NAME}? For each one, please select yes or no.</p> <p>COLUMN HEADERS:</p> <p>01      Yes</p> <p>02      No</p> <p>ROW ITEMS:</p> <p>a.      Family member [CHLD_CARE_W1]</p> <p>b.      Friend [CHLD_CARE_W2]</p> <p>c.      Neighbor [CHLD_CARE_W3]</p> <p>d.      Individual in a school, home-based center, or other professional center [CHLD_CARE_W4]</p> <p>e.      Someone else [CHLD_CARE_W5]</p> |  |
| QUESTION TYPE | Radio button grid                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| FILLS         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| NOTES         | For 2025: New item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| HARD CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| CATI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| CAWI NOTES    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| PAPER QNUM    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| NEXT          | IF AGE_C >= 6: ABSNT<br>ELSE: ACE_3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |

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**SECTION N: CHILD HEALTH RISKS**

| ABSNT           |                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | IF AGE_C >= 6                                                                                                                                                                                                                                                                                                                                                                                               |
| CATI            | <p>How many days did {CH_NAME} miss school in the 2024-2025 school year? Please include both excused and unexcused absences. Would you say...</p> <p>01 0 days</p> <p>02 1-10 days</p> <p>03 11-20 days</p> <p>04 21-30 days</p> <p>05 31 or more days, or</p> <p>06 Was {CH_NAME} not in school during the 2024-2025 school year or was homeschooled?</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>¿Cuántos días faltó {CH_NAME} a la escuela durante el año escolar 2024-2025? Incluya tanto las ausencias justificadas como las injustificadas. ¿Diría que...</p> <p>01 0 días</p> <p>02 1-10 días</p> <p>03 11-20 días</p> <p>04 21-30 días</p> <p>05 31 o más días, o</p> <p>06 ¿{CH_NAME} no estuvo en la escuela durante el año escolar 2024-2025 o recibió educación en casa?</p>                    |
| CAWI            | <p>How many days did {CH_NAME} miss school in the 2024-2025 school year? Please include both excused and unexcused absences.</p> <p>01 0 days</p> <p>02 1-10 days</p> <p>03 11-20 days</p> <p>04 21-30 days</p> <p>05 31 or more days</p> <p>06 {CH_NAME} was not in school during the 2024-2025 school year or was homeschooled</p>                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           | For 2025: New item                                                                                                                                                                                                                                                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                                                                             |

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|      |       |
|------|-------|
| NEXT | ACE_3 |
|------|-------|

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HH=01 indicates ABS sample  
HH=02 indicates Medicaid-list sample

| ACE_3           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| CATI            | <p>The next questions are about events that may have happened during {CH_NAME}'s life. These things can happen in any family, but some people may feel uncomfortable with these questions. <b>You may skip any questions you do not want to answer.</b> Please remember your personal information will not be shared with anyone and you will not be identified.</p> <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> experienced parents or guardians going through a divorce or separation?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas se refieren a eventos que pudieron haber ocurrido durante la vida de {CH_NAME}. Dichos eventos pueden ocurrir en cualquier familia, pero algunas personas pueden sentirse incómodas con estas preguntas. <b>Puede omitir cualquier pregunta que no desee responder.</b> Recuerde que su información personal no se compartirá con nadie y que no servirá para identificarlo.</p> <p>Según su leal saber y entender, ¿<b>alguna vez</b> {CH_NAME} ha vivido el divorcio o la separación de sus padres o tutores?</p>                                                        |
| CAWI            | <p>The next questions are about events that may have happened during {CH_NAME}'s life. These things can happen in any family, but some people may feel uncomfortable with these questions. <b>You may skip any questions you do not want to answer.</b> Please remember your personal information will not be shared with anyone and you will not be identified.</p> <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> experienced parents or guardians going through a divorce or separation?</p> <p>01      Yes<br/>02      No</p>                                                         |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| NEXT            | ACE_4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| ACE_4           |                                                                                                                                                                                                                                                                                                         |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                  |
| CATI            | <p>Has {CH_NAME} <b>ever</b> experienced the death of a parent or guardian?</p> <p>(INTERVIEWER: IF THE RESPONDENT IS NOT SURE, LET THEM KNOW THAT WE ARE LOOKING FOR THE BEST OF THEIR KNOWLEDGE.)</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> {CH_NAME} ha sufrido la muerte de uno de sus padres o tutores?                                                                                                                                                                                                                      |
| CAWI            | <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> experienced the death of a parent or guardian?</p> <p>01      Yes</p> <p>02      No</p>                                                                                                                                                     |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                            |
| FILLS           |                                                                                                                                                                                                                                                                                                         |
| NOTES           |                                                                                                                                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                         |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                         |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                         |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                         |
| NEXT            | ACE_5                                                                                                                                                                                                                                                                                                   |

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HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ACE_5           |                                                                                                                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                          |
| CATI            | <p>Has {CH_NAME} <b>ever</b> experienced a parent or guardian serving time in jail <b>after</b> {CH_NAME} was born?</p> <p>(INTERVIEWER: IF THE RESPONDENT IS NOT SURE, LET THEM KNOW THAT WE ARE LOOKING FOR THE BEST OF THEIR KNOWLEDGE.)</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | Después del nacimiento de {CH_NAME}, ¿alguno de sus padres o tutores ha sido encarcelados <b>alguna vez</b> ?                                                                                                                                                                                                                                   |
| CAWI            | <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> experienced a parent or guardian serving time in jail <b>after</b> {CH_NAME} was born?</p> <p>01      Yes</p> <p>02      No</p>                                                                                                                                                     |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                 |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | ACE_6                                                                                                                                                                                                                                                                                                                                           |

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HH=02 indicates Medicaid-list sample

| ACE_6           |                                                                                                                                                                                                                                                                                                                     |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                              |
| CATI            | <p>Has {CH_NAME} <b>ever</b> seen or heard parents or adults slap, hit, kick, or punch one another in the home?</p> <p>(INTERVIEWER: IF THE RESPONDENT IS NOT SURE, LET THEM KNOW THAT WE ARE LOOKING FOR THE BEST OF THEIR KNOWLEDGE.)</p> <p>01 YES<br/>02 NO<br/><br/>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> {CH_NAME} ha visto u oído a sus padres u otros adultos darse bofetadas, golpear, patearse o darse puñetazos en el hogar?                                                                                                                                                                        |
| CAWI            | <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> seen or heard parents or adults slap, hit, kick, or punch one another in the home?</p> <p>01 Yes<br/>02 No</p>                                                                                                                                          |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                        |
| FILLS           |                                                                                                                                                                                                                                                                                                                     |
| NOTES           |                                                                                                                                                                                                                                                                                                                     |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                     |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                     |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                     |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                     |
| NEXT            | ACE_7                                                                                                                                                                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ACE_7           |                                                                                                                                                                                                                                                                                                         |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                  |
| CATI            | <p>Has {CH_NAME} <b>ever</b> been the victim of violence or witnessed violence in their neighborhood?</p> <p>(INTERVIEWER: IF THE RESPONDENT IS NOT SURE, LET THEM KNOW THAT WE ARE LOOKING FOR THE BEST OF THEIR KNOWLEDGE.)</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> {CH_NAME} ha sido víctima de un hecho de violencia o testigo de un hecho de violencia en su vecindario?                                                                                                                                                                             |
| CAWI            | <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> been the victim of violence or witnessed violence in their neighborhood?</p> <p>01 Yes<br/>02 No</p>                                                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                            |
| FILLS           |                                                                                                                                                                                                                                                                                                         |
| NOTES           |                                                                                                                                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                         |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                         |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                         |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                         |
| NEXT            | ACE_8                                                                                                                                                                                                                                                                                                   |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ACE_8           |                                                                                                                                                                                                                                                                                                                                   |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                            |
| CATI            | <p>Has {CH_NAME} <b>ever</b> lived with anyone who was mentally ill, suicidal, or severely depressed?</p> <p>(INTERVIEWER: IF THE RESPONDENT IS NOT SURE, LET THEM KNOW THAT WE ARE LOOKING FOR THE BEST OF THEIR KNOWLEDGE.)</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> {CH_NAME} ha vivido con algún enfermo mental, suicida o depresivo grave?                                                                                                                                                                                                                                      |
| CAWI            | <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> lived with anyone who was mentally ill, suicidal, or severely depressed?</p> <p>01      Yes</p> <p>02      No</p>                                                                                                                                                     |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                      |
| FILLS           |                                                                                                                                                                                                                                                                                                                                   |
| NOTES           |                                                                                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                   |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                                                   |
| NEXT            | ACE_9                                                                                                                                                                                                                                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ACE_9           |                                                                                                                                                                                                                                                                                                 |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                          |
| CATI            | <p>Has {CH_NAME} <b>ever</b> lived with anyone who had a problem with alcohol or drugs?</p> <p>(INTERVIEWER: IF THE RESPONDENT IS NOT SURE, LET THEM KNOW THAT WE ARE LOOKING FOR THE BEST OF THEIR KNOWLEDGE.)</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> {CH_NAME} ha vivido con alguien que tuviera problemas con el alcohol o las drogas?                                                                                                                                                                                          |
| CAWI            | <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> lived with anyone who had a problem with alcohol or drugs?</p> <p>01 Yes</p> <p>02 No</p>                                                                                                                                           |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                 |
| NOTES           |                                                                                                                                                                                                                                                                                                 |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                 |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                  |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                 |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                 |
| NEXT            | ACE_10                                                                                                                                                                                                                                                                                          |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| ACE_10          |                                                                                                                                                                                                                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                |
| CATI            | <p>Has {CH_NAME} <b>ever</b> been treated or judged unfairly because of their race or ethnic group?</p> <p>(INTERVIEWER: IF THE RESPONDENT IS NOT SURE, LET THEM KNOW THAT WE ARE LOOKING FOR THE BEST OF THEIR KNOWLEDGE.)</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish | ¿ <b>Alguna vez</b> {CH_NAME} ha sido tratado o juzgado injustamente por su raza o grupo étnico?                                                                                                                                                                                                      |
| CAWI            | <p>To the best of your knowledge, has {CH_NAME} <b>ever</b> been treated or judged unfairly because of their race or ethnic group?</p> <p>01 Yes<br/>02 No</p>                                                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                          |
| FILLS           |                                                                                                                                                                                                                                                                                                       |
| NOTES           |                                                                                                                                                                                                                                                                                                       |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                       |
| SOFT CHECK      | Do not display standard soft check if missing.                                                                                                                                                                                                                                                        |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                       |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                       |
| PAPER QNUM      |                                                                                                                                                                                                                                                                                                       |
| NEXT            | P149                                                                                                                                                                                                                                                                                                  |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**SECTION O: CHILD DEMOGRAPHICS**

|                 |                                                                                                                                                                                                                                                                    |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>P149</b>     |                                                                                                                                                                                                                                                                    |
| ASK             | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                             |
| CATI            | <p><b>DEMOGRAPHICS</b></p> <p>The next few questions are just for general classification purposes.</p> <p>Is {CH_NAME} of Hispanic, Latino, or Spanish origin?</p> <p>01      YES</p> <p>02      NO</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | <p>Las siguientes preguntas son solo de clasificación general.</p> <p>¿{CH_NAME} es de origen hispano, latino o español?</p>                                                                                                                                       |
| CAWI            | <p>The next few questions are just for general classification purposes.</p> <p>Is {CH_NAME} of Hispanic, Latino, or Spanish origin?</p> <p>01      Yes</p> <p>02      No</p>                                                                                       |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                       |
| FILLS           |                                                                                                                                                                                                                                                                    |
| NOTES           |                                                                                                                                                                                                                                                                    |
| HARD CHECK      |                                                                                                                                                                                                                                                                    |
| SOFT CHECK      |                                                                                                                                                                                                                                                                    |
| CATI NOTES      |                                                                                                                                                                                                                                                                    |
| CAWI NOTES      |                                                                                                                                                                                                                                                                    |
| PAPER QNUM      |                                                                                                                                                                                                                                                                    |
| NEXT            | f_P150                                                                                                                                                                                                                                                             |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| f_P150                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| P150_1 / P150_2 / P150_3 / P150_4 / P150_5 / P150_6 / P150_97 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| ASK                                                           | If HH = 01 AND S12 > 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| CATI                                                          | <p>Which one or more of the following would you say is {CH_NAME}'s race? Are they White, Black or African American, Asian, Native American, American Indian, or Alaskan Native, Native Hawaiian or Pacific Islander, Hispanic, Latino, or Spanish, or some other race I have not mentioned? Please choose all that apply.</p> <p>(INTERVIEWER: CODE ALL THAT APPLY)</p> <p>01 WHITE [S17_1]<br/>           02 BLACK OR AFRICAN AMERICAN [S17_2]<br/>           03 ASIAN [S17_3]<br/>           04 NATIVE AMERICAN, AMERICAN INDIAN, OR ALASKAN NATIVE [S17_4]<br/>           05 NATIVE HAWAIIAN OR PACIFIC ISLANDER [S17_5]<br/>           06 HISPANIC, LATINO, SPANISH [S17_6]<br/>           97 OTHER [S17_97]<br/><br/>           98 DON'T KNOW<br/>           99 PREFER NOT TO SAY</p> |
| CATI<br>Spanish                                               | <p>¿Cuál o cuáles de las siguientes diría que es la raza de {CH_NAME}? ¿Es blanco(a), negro(a) o afroamericano(a), asiático(a), nativo(a) americano(a), indio(a) americano(a) o nativo(a) de Alaska, nativo(a) de Hawái o isleño(a) del Pacífico, hispano(a), latino(a) o español(a), o de alguna otra raza que no haya mencionado? Elija todas las opciones que correspondan.</p> <p>(INTERVIEWER: CODE ALL THAT APPLY)</p> <p>01 BLANCO [S17_1]<br/>           02 NEGRO O AFROAMERICANO [S17_2]<br/>           03 ASIÁTICO [S17_3]<br/>           04 NATIVO AMERICANO, INDIO AMERICANO O NATIVO DE ALASKA [S17_4]<br/>           05 NATIVO DE HAWÁI O ISLEÑO DEL PACÍFICO [S17_5]<br/>           06 HISPANO, LATINO, ESPAÑOL [S17_6]<br/>           97 OTRO [S17_97]</p>                 |
| CAWI                                                          | <p>Which one or more of the following would you say is {CH_NAME}'s race? <i>Select all that apply.</i></p> <p>01 White [P150_1]<br/>           02 Black or African American [P150_2]<br/>           03 Asian [P150_3]<br/>           04 Native American, American Indian, or Alaskan Native [P150_4]<br/>           05 Native Hawaiian or Pacific Islander [P150_5]<br/>           06 Hispanic, Latino, Spanish [P150_6]<br/>           97 Some other race [P150_97]</p>                                                                                                                                                                                                                                                                                                                   |
| QUESTION TYPE                                                 | Checkbox                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| FILLS                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                                                                                                                                              |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>NOTES</i>      | CATI: 98 and 99 cannot be selected with any of the other options.<br>CAWI: Code each variable as 1 if checked, 0 if not checked.                                             |
| <i>HARD CHECK</i> |                                                                                                                                                                              |
| <i>SOFT CHECK</i> | If CAWI and Missing, Display: "Missing Response: You did not select a response. Please select at least one response. To skip the question, please press NEXT a second time." |
| <i>CATI NOTES</i> |                                                                                                                                                                              |
| <i>CAWI NOTES</i> |                                                                                                                                                                              |
| <i>PAPER QNUM</i> |                                                                                                                                                                              |
| <i>NEXT</i>       | If RLTN != (01, 02) OR [RLTN=(01, 02) & G71 = (02, 98, 99)]: P151,<br>Else if AGE_C >= 6: PL125A2P,<br>Else: SVY_FD                                                          |

| <b>P151</b>          |                                                                                                                                              |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ASK</i>           | IF RLTN != (01, 02) OR [RLTN=(01, 02) & G71 = (02, 98, 99)]                                                                                  |
| <i>CATI</i>          | <p>Are either of {CH_NAME}'s parents employed?</p> <p>01      YES<br/>02      NO</p> <p>98      DON'T KNOW<br/>99      PREFER NOT TO SAY</p> |
| <i>CATI Spanish</i>  | ¿Alguno de los padres de {CH_NAME} tiene trabajo?                                                                                            |
| <i>CAWI</i>          | <p>Are either of {CH_NAME}'s parents employed?</p> <p>01      Yes<br/>02      No</p>                                                         |
| <i>QUESTION TYPE</i> | Radio button                                                                                                                                 |
| <i>FILLS</i>         |                                                                                                                                              |
| <i>NOTES</i>         | Note: skip pattern denotes that this question should be asked of all respondents other than a parent/stepparent who was working last week.   |
| <i>HARD CHECK</i>    |                                                                                                                                              |
| <i>SOFT CHECK</i>    |                                                                                                                                              |
| <i>CATI NOTES</i>    |                                                                                                                                              |
| <i>CAWI NOTES</i>    |                                                                                                                                              |
| <i>PAPER QNUM</i>    |                                                                                                                                              |
| <i>NEXT</i>          | If AGE_C >= 6: PL125A2P,<br>Else: SVY_FD                                                                                                     |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Weight and Height

|                 |                                                                                                                                                                                                                                                      |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>PL125A2P</b> |                                                                                                                                                                                                                                                      |
| ASK             | If AGE_C >= 6                                                                                                                                                                                                                                        |
| CATI            | <b>WEIGHT AND HEIGHT</b><br><br>How much does {CH_NAME} weigh now?<br><br>_____<br><br>988    DON'T KNOW<br>999    PREFER NOT TO SAY                                                                                                                 |
| CATI<br>Spanish | ¿Cuánto pesa actualmente {CH_NAME}?                                                                                                                                                                                                                  |
| CAWI            | How much does {CH_NAME} weigh now?<br><br>_____ Pounds (1-700)                                                                                                                                                                                       |
| QUESTION TYPE   | Numeric                                                                                                                                                                                                                                              |
| FILLS           |                                                                                                                                                                                                                                                      |
| NOTES           | Range: 1-700                                                                                                                                                                                                                                         |
| HARD CHECK      |                                                                                                                                                                                                                                                      |
| SOFT CHECK      | IF CAWI OUTSIDE OF RANGE OR MISSING, DISPLAY THE SOFT-CHECK MESSAGE OF:<br>"Weight, in pounds, is missing or invalid. Please enter a number between 1 and 700. To skip this question, please delete all characters in the text box and select NEXT." |
| CATI NOTES      |                                                                                                                                                                                                                                                      |
| CAWI NOTES      | Short Text: Enter {CH_NAME}'s weight in pounds (1-700).                                                                                                                                                                                              |
| PAPER QNUM      |                                                                                                                                                                                                                                                      |
| NEXT            | f_PL125A1                                                                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

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| f_PL125A1<br>PL125AP_F / PL125AP_I |                                                                                                                                                                                                                                                               |
|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                                | If AGE_C >= 6                                                                                                                                                                                                                                                 |
| CATI                               | <p>How tall is {CH_NAME} now?</p> <p>____ Feet [PL125AP_F]                      ____ Inches [PL125AP_I]</p> <p>98      DON'T KNOW                      98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY                      99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish                    | ¿Cuánto mide actualmente {CH_NAME}?                                                                                                                                                                                                                           |
| CAWI                               | <p>How tall is {CH_NAME} now?</p> <p>____ Feet (1-8) [PL125AP_F]                      ____ Inches (0-11) [PL125AP_I]</p>                                                                                                                                      |
| QUESTION TYPE                      | Numeric                                                                                                                                                                                                                                                       |
| FILLS                              |                                                                                                                                                                                                                                                               |
| NOTES                              | PL125AP_F: Range 1-8<br>PL125AP_I: Range 0-11                                                                                                                                                                                                                 |
| HARD CHECK                         |                                                                                                                                                                                                                                                               |
| SOFT CHECK                         | IF CAWI AND PL125AP_F OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF:<br>"Please enter a number between 1 and 8."<br>IF CAWI AND PL125AP_I OUTSIDE OF RANGE OR MISSING, DISPLAY THE MESSAGE OF:<br>"Please enter a number between 0 and 11."             |
| CATI NOTES                         |                                                                                                                                                                                                                                                               |
| CAWI NOTES                         | PL125AP_F Short text: Enter their height in feet (1-8)<br>PL125AP_I Short text: Enter their height in inches (0-11)                                                                                                                                           |
| PAPER QNUM                         |                                                                                                                                                                                                                                                               |
| NEXT                               | SVY_FD                                                                                                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

**CLOSING**

| SVY_FD          |                                                                                                                                                                                                                                                                                                                   |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | ALL                                                                                                                                                                                                                                                                                                               |
| CATI            | <p>We'd like to learn more about your experience taking this survey. Please tell me if you experienced any issues taking this survey or found any questions confusing.</p> <p>INTERVIEWER: IF THE RESPONDENT DOES NOT HAVE ANY FEEDBACK, PLEASE TYPE "NONE".</p> <p>_____</p> <p>98 DON'T KNOW<br/>99 REFUSED</p> |
| CATI<br>Spanish | <p>Nos gustaría conocer más sobre su experiencia en esta encuesta. Dígame si tuvo algún problema o si alguna pregunta le pareció confusa.</p> <p>INTERVIEWER: IF THE RESPONDENT DOES NOT HAVE ANY FEEDBACK, PLEASE TYPE "NONE".</p>                                                                               |
| CAWI            | <p>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.</p> <p>_____</p>                                                                                                    |
| QUESTION TYPE   | Text box (500 character limit)                                                                                                                                                                                                                                                                                    |
| FILLS           |                                                                                                                                                                                                                                                                                                                   |
| NOTES           | <p>For 2025: New item</p> <p>CAWI: Make this text box large enough on screen so that respondents can see all 500 characters without scrolling.</p>                                                                                                                                                                |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                   |
| SOFT CHECK      | IF CAWI AND MISSING: "Missing Response: You did not enter a response. Please enter a response into the text box. To skip the question, please delete all characters in the text box and select NEXT."                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM      | <p>Q146</p> <p>Note that this item is placed last on the PAPI.</p>                                                                                                                                                                                                                                                |
| NEXT            | INCENT                                                                                                                                                                                                                                                                                                            |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| INCENT        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CATI          | <p><b>CLOSING</b></p> <p>Thank you for completing the survey. To thank you for your participation, we would like to send you an electronic gift card for \${INCENTIVE3}</p> <p>Would you prefer to receive an electronic gift card via email, a mailed check, or do you not want a gift card or check?</p> <p>01 YES, RESPONDENT WILL PROVIDE THEIR EMAIL ADDRESS<br/> 02 NO, RESPONDENT WOULD PREFER TO RECEIVE A CHECK INSTEAD OF AN ELECTRONIC GIFT CARD<br/> 03 NO, RESPONDENT DOES NOT WANT TO RECEIVE A GIFT CARD OR A CHECK</p> |
| CATI Spanish  | <p>Gracias por responder la encuesta. Para agradecerle su participación, nos gustaría enviarle una tarjeta de regalo electrónica de \${INCENTIVE3}</p> <p>¿Preferiría recibir la tarjeta de regalo electrónica por correo electrónico, un cheque enviado por correo o no desea la tarjeta de regalo ni el cheque?</p>                                                                                                                                                                                                                  |
| CAWI          | <p>Thank you for completing the survey. To thank you for your participation, we would like to send you an electronic gift card for \${INCENTIVE3}.</p> <p>Would you provide your email address to receive your electronic gift card?*</p> <p>01 Yes, I will provide my email address<br/> 02 No, I would prefer to receive a check instead of an electronic gift card<br/> 03 No, I do NOT want to receive a gift card or a check</p>                                                                                                  |
| QUESTION TYPE | Radio button                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FILLS         | <p>CREATE INCENTIVE3:</p> <p>IF HH=01 &amp; CHILD_INCENT = 1: INCENTIVE3 = INCENTIVE+INCENTIVE2<br/> ELSE: INCENTIVE3 = INCENTIVE</p>                                                                                                                                                                                                                                                                                                                                                                                                  |
| NOTES         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| HARD CHECK    | REQUIRED; NEED HARD CHECK MESSAGE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| CATI NOTES    | Question stem is different from CAWI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| CAWI NOTES    | Question stem is different from CATI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM    | <p>Q145</p> <p>Note that the PAPI question wording is different:</p> <p>Please select how you would like to receive your \$10 in the mail:</p> <p>Physical Visa Gift Card<br/> Check</p>                                                                                                                                                                                                                                                                                                                                               |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|             |                                                                           |
|-------------|---------------------------------------------------------------------------|
| <i>NEXT</i> | If INCENT = 01: f_IEMAIL,<br>Else, if INCENT = 02: CHECK,<br>Else: THANKS |
|-------------|---------------------------------------------------------------------------|

| f_IEMAIL<br>IEMAIL1 / IEMAIL2 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                           | If INCENT = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI                          | <p>What is your email address? _____ [IEMAIL1]</p> <p>Please note that Yahoo, Hotmail and some .net providers are likely to flag the incentive email message as spam. If you are using one of these email addresses, we recommend you check your spam folder or use a different email address such as Gmail. Otherwise, we recommend opting to receive a check incentive.</p> <p>To be sure the electronic gift card is sent to the right email address, please tell me your email address one more time: _____ [IEMAIL2]</p>                                                                                                                              |
| CATI<br>Spanish               | <p>¿Cuál es tu dirección de correo electrónico? _____ [IEMAIL1]</p> <p>Tenga en cuenta que es probable que Yahoo, Hotmail y algunos proveedores de .net marquen el correo electrónico del incentivo como "spam". Si utiliza una de estas direcciones de correo electrónico, le recomendamos revisar su carpeta de correo no deseado o usar una dirección diferente, como Gmail. De lo contrario, le recomendamos optar por recibir un cheque de incentivo.</p> <p>Para garantizar que la tarjeta de regalo electrónica se envíe a la dirección correcta de correo electrónico, indique su dirección de correo electrónico una vez más: _____ [IEMAIL2]</p> |
| CAWI                          | <p>Please enter your email address:*</p> <p>Please note that Yahoo, Hotmail and some .net providers are likely to flag the incentive email message as spam. If you are using one of these email addresses, we recommend you check your spam folder or use a different email address such as Gmail. Otherwise, we recommend returning to the previous page and opting to receive a check incentive.</p> <p>_____ (abc@xyz.com)</p>                                                                                                                                                                                                                          |
| QUESTION TYPE                 | Text entry (email)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| FILLS                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| NOTES                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HARD CHECK                    | REQUIRED; IF MISSING OR INVALID: "Email address is missing or invalid. In order to send you the electronic incentive we need your email address (abc@xyz.com). If you do not wish to provide your email address, please click Back and select a different incentive option."                                                                                                                                                                                                                                                                                                                                                                               |
| SOFT CHECK                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CATI NOTES                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| CAWI NOTES                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| PAPER QNUM                    | NOT ON PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



|      |                                                                                  |
|------|----------------------------------------------------------------------------------|
| NEXT | CATI:<br>IF IEMAIL1 != IEMAIL2: EMAILCHECK,<br>ELSE: EMAILTHANKS<br>CAWI: EMAIL2 |
|------|----------------------------------------------------------------------------------|

| EMAIL2          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If INCENT = 01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| CATI            | [NOT IN CATI]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| CATI<br>Spanish |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CAWI            | <p>To be sure we are sending the electronic gift card to the right email address, please confirm your email address by entering it a second time:*</p> <p>Please note that Yahoo, Hotmail and some .net providers are likely to flag the incentive email message as spam. If you are using one of these email addresses, we recommend you check your spam folder or use a different email address such as Gmail. Otherwise, we recommend opting to receive a check incentive.</p> <p>_____ (abc@xyz.com)</p> |
| QUESTION TYPE   | Text entry (email)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| HARD CHECK      | REQUIRED; IF MISSING OR INVALID: "Email address is missing or invalid. In order to send you the electronic incentive we need your email address (abc@xyz.com). If you do not wish to provide your email address, please click Back and select a different incentive option."                                                                                                                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| NEXT            | If EMAIL2 != EMAIL1: EMAILCHECK,<br>Else: EMAILTHANKS                                                                                                                                                                                                                                                                                                                                                                                                                                                        |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| EMAILCHECK      |                                                                                                                                 |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If EMAIL2 != EMAIL1                                                                                                             |
| CATI            | <p>INTERVIEWER: THE EMAILS YOU ENTERED DO NOT MATCH. PLEASE CLICK "NEXT" TO RE-ENTER THE EMAIL ADDRESS.</p> <p>01      Next</p> |
| CATI<br>Spanish |                                                                                                                                 |
| CAWI            | <p>The emails you entered do not match. Please click "Next" to re-enter your email address.</p> <p>01      Next</p>             |
| QUESTION TYPE   |                                                                                                                                 |
| FILLS           |                                                                                                                                 |
| NOTES           |                                                                                                                                 |
| HARD CHECK      |                                                                                                                                 |
| SOFT CHECK      |                                                                                                                                 |
| CATI NOTES      |                                                                                                                                 |
| CAWI NOTES      |                                                                                                                                 |
| PAPER QNUM      | Not on PAPI                                                                                                                     |
| NEXT            | GO BACK TO EMAIL1                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CHECK           |                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If INCENT = 02                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>We can send you a check to thank you for taking part in this survey. In order to mail your check, we need to collect your <b>full name</b> and mailing address. This information will not be connected with your answers in the survey.</p> <p>Would you like us to send you a check?</p> <p>01 YES, RESPONDENT WOULD LIKE THE CHECK<br/>02 NO, RESPONDENT DOES NOT WANT THE CHECK</p> <p>99 REFUSED</p> |
| CATI<br>Spanish | <p>Podemos enviarle un cheque para agradecerle su participación en esta encuesta. Para enviar su cheque por correo, necesitamos conocer su <b>nombre completo</b> y dirección postal. Esta información no se relacionará con sus respuestas de la encuesta.</p> <p>¿Desea que le enviemos un cheque?</p>                                                                                                    |
| CAWI            | <p>We can send you a check to thank you for taking part in this survey. In order to mail your check, we need to collect your <b>full name</b> and mailing address. This information will not be connected with your answers in the survey.</p> <p>Would you like us to send you a check?*</p> <p>01 Yes, I would like the check<br/>02 No, I do not want the check</p>                                      |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                                |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      | REQUIRED. If missing, display standard hard check: "Missing Response: This question is required. You did not select a response. Please select at least one response to continue."                                                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | <p>If CHECK = 01 and HH = 02 and CAWI: NAME_CNFRM,<br/>Else if CHECK = 01 and HH = 02 and CATI: MNAME_CNFRM,<br/>Else if CHECK = 01 and HH = 01: MNAME,<br/>Else: THANKS</p>                                                                                                                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| NAME_CNFRM      |                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------|
| ASK             | If CHECK = 01 and HH = 02 and CAWI                                                                                    |
| CATI            | [Not on CATI]                                                                                                         |
| CATI<br>Spanish |                                                                                                                       |
| CAWI            | <p>Is your name {FULLNAME}? We need this information to send you your check.</p> <p>01      Yes</p> <p>02      No</p> |
| QUESTION TYPE   | Radio button                                                                                                          |
| FILLS           |                                                                                                                       |
| NOTES           |                                                                                                                       |
| HARD CHECK      |                                                                                                                       |
| SOFT CHECK      |                                                                                                                       |
| CATI NOTES      |                                                                                                                       |
| CAWI NOTES      |                                                                                                                       |
| PAPER QNUM      | Not on PAPI                                                                                                           |
| NEXT            | If NAME_CNFRM = 02: MNAME,<br>Else: MNAME_CNFRM                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MNAME           |                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------|
| ASK             | If NAME_CNFRM = 02 or (CHECK = 01 and HH = 01)                                                               |
| CATI            | [Not on CATI]                                                                                                |
| CATI<br>Spanish |                                                                                                              |
| CAWI            | <p>What is your full name? We must have your <b>full name</b> in order to send you a check.</p> <p>_____</p> |
| QUESTION TYPE   | Text entry [65 character limit]                                                                              |
| FILLS           |                                                                                                              |
| NOTES           | 65 character limit                                                                                           |
| HARD CHECK      |                                                                                                              |
| SOFT CHECK      |                                                                                                              |
| CATI NOTES      |                                                                                                              |
| CAWI NOTES      |                                                                                                              |
| PAPER QNUM      | Not on PAPI                                                                                                  |
| NEXT            | If HH = 02: MNAME_CNFRM,<br>Else: f_ADDRESS                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| MNAME_CNFRM     |                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CHECK = 01 and HH = 02                                                                                                                                                                                                                                                                                                                                                                         |
| CATI            | <p>Now I would like to verify the name and address we have on file to ensure you will receive your check. The name and address we have on file are:</p> <p>{FULLNAME}<br/>{ADDRESS}</p> <p>Is this information correct?<br/>IF NEEDED: We must have your full name in order to send you a check.</p> <p>01 YES, INFO IS CORRECT<br/>02 NO, INFO IS INCORRECT<br/>98 DON'T KNOW<br/>99 REFUSED</p> |
| CATI<br>Spanish | <p>Ahora me gustaría verificar el nombre y la dirección que tenemos registrados para asegurar que recibirá su cheque. El nombre y la dirección que tenemos registrados son:</p> <p>{FULLNAME}<br/>{ADDRESS}</p> <p>¿Es correcta esta información?<br/>IF NEEDED: Necesitamos su nombre completo para poder enviarle un cheque.</p>                                                                |
| CAWI            | <p>Now I would like to verify the address we have on file to ensure you will receive your check. The address we have on file is:</p> <p>{ADDRESS}</p> <p>Is this information correct?</p> <p>01 Yes, this information is correct<br/>02 No, this information is incorrect</p>                                                                                                                     |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                                                                                                      |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                   |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                   |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                   |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                   |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                   |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                   |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                       |
| NEXT            | If MNAME_CNFRM = 02: f_ADDRESS<br>Else: ADDRTHANKS                                                                                                                                                                                                                                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| f_ADDRESS                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MNAME / ADDRESS_AUTO / ADDR1 / ADDR2 / ICITY / ISTATE / ZIP |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ASK                                                         | If (CHECK = 01 and HH = 01) or if MNAME_CNFRM = 02                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI                                                        | <p>I will next ask for your contact information to send you your \${INCENTIVE3} check in the mail. This information will not be connected with your answers in the survey. You must provide your <b>full name</b> to receive your check.</p> <p>FULL NAME _____ [MNAME]<br/> ADDRESS _____ [ADDR1]<br/> ADDRESS2 _____ [ADDR2]<br/> CITY _____ [ICITY]<br/> STATE OH [ISTATE]<br/> ZIP _____ [ZIP]</p>                                                          |
| CATI<br>Spanish                                             | <p>A continuación, le pediré su información de contacto para enviarle su cheque de \${INCENTIVE3} por correo. Esta información no se relacionará con sus respuestas de la encuesta. Debe proporcionar su <b>nombre completo</b> para recibir su cheque.</p> <p>NOMBRE COMPLETO _____ [MNAME]<br/> DIRECCIÓN _____ [ADDRESS2]<br/> DIRECCIÓN 2 _____ [ADDRESS3]<br/> CIUDAD _____ [ADDRESS4]<br/> ESTADO Ohio [ADDRESS5]<br/> CÓDIGO POSTAL _____ [ADDRESS6]</p> |
| CAWI                                                        | <p>Please provide your contact information so we may send you your \${INCENTIVE3} check in the mail. This information will not be connected with your answers in the survey. You must provide your <b>full name</b> to receive your check.</p> <p>[ADDRESS_AUTO]</p> <p>Address _____ [ADDR1]<br/> Apartment _____ [ADDR2]<br/> City _____ [ICITY]<br/> State OH [ISTATE]<br/> ZIP _____ [ZIP]</p>                                                              |
| QUESTION TYPE                                               | ISTATE: Autofill with Ohio<br>ZIP: Numeric<br>All others: Text entry                                                                                                                                                                                                                                                                                                                                                                                            |
| FILLS                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>NOTES</i>      | <p>CATI:<br/> MNAME: 50 character limit<br/> ADDR1: 50 character limit<br/> ADDR2: 50 character limit<br/> ICITY: 50 character limit<br/> ISTATE: Autofill with Ohio<br/> ZIP: 5 digit text box</p> <p>CAWI:<br/> ADDR1, ADDR2, ICITY, ISTATE, and ZIP use API (variable=ADDRESS_AUTO). Display a button on screen for “Enter an address manually”. If clicked, display ADDR1-ZIP fields.</p>                                                                                                                                                                                                                                                                                                                                               |
| <i>HARD CHECK</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <i>SOFT CHECK</i> | <p>IF ADDRESS_AUTO is missing, display hard check: Please start entering your address or select “Enter an address manually”</p> <p>If “Enter an address manually” is selected:<br/> If ADDR1 is missing, display hard check: “Address 1 is missing. Please enter your mailing address. We must have this information to send your check.”</p> <p>If CITY is missing, display hard check: “City is missing or invalid. Please enter the city of your mailing address. We must have this information to send your check.”</p> <p>If ZIP is missing or invalid, display hard check: “Zip code is missing or invalid. Please enter the 5-digit zip code (XXXXX) of your mailing address. We must have this information to send your check.”</p> |
| <i>CATI NOTES</i> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <i>CAWI NOTES</i> | <p>Short Text Address: Enter your street address<br/> Short Text Apartment: Enter your apartment or lot number, if you have one<br/> City: Enter your City<br/> State: Enter your State<br/> ZIP: Enter your zip code</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <i>PAPER QNUM</i> | Q144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <i>NEXT</i>       | ADDRTHANKS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

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| EMAILTHANKS     |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If INCENT = 01                                                                                                                                                                                                                                                                                                                                                                                                              |
| CATI            | <p>Thank you for providing your e-mail address. You will receive an e-mail within the next 24 hours with a link to your gift card. We appreciate your willingness to participate in our survey. You may need to check your spam folder for an email titled "Thank you for participating in the Ohio Medicaid Assessment Survey."</p> <p>01 CONTINUE</p>                                                                     |
| CATI<br>Spanish | <p>Gracias por proporcionar su dirección de correo electrónico. Recibirás un correo electrónico en las próximas 24 horas con un enlace a tu tarjeta de regalo. Agradecemos su disposición a participar en nuestra encuesta. Es posible que tenga que buscar en su carpeta de correo no deseado un correo electrónico titulado "Thank you for participating in the Ohio Medicaid Assessment Survey."</p> <p>01 CONTINUAR</p> |
| CAWI            | <p>Thank you for providing us with your e-mail address. You will receive an e-mail within the next 24 hours with a redemption link to use towards a gift card. We appreciate your willingness to participate in our survey. You may need to check your spam folder for an email titled "Thank you for participating in the Ohio Medicaid Assessment Survey."</p>                                                            |
| QUESTION TYPE   | Informational                                                                                                                                                                                                                                                                                                                                                                                                               |
| FILLS           |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NOTES           |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                                                                                                                                                                                                                                                 |
| NEXT            | THANKS                                                                                                                                                                                                                                                                                                                                                                                                                      |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| ADDRTHANKS      |                                                                                                                                                                                           |
|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CHECK = 01                                                                                                                                                                             |
| CATI            | <p>Thank you for providing your information. It can take up to 4 weeks to receive the check. We appreciate your willingness to participate in our survey.</p> <p>01      NEXT</p>         |
| CATI<br>Spanish | <p>Gracias por proporcionar su información. La recepción del cheque puede tardar hasta 4 semanas. Agradecemos su disposición a participar en nuestra encuesta.</p>                        |
| CAWI            | <p>Thank you for providing us with your information. It can take up to 4 weeks to receive the check. We appreciate your willingness to participate in our survey.</p> <p>01      Next</p> |
| QUESTION TYPE   | Informational                                                                                                                                                                             |
| FILLS           |                                                                                                                                                                                           |
| NOTES           |                                                                                                                                                                                           |
| HARD CHECK      |                                                                                                                                                                                           |
| SOFT CHECK      |                                                                                                                                                                                           |
| CATI NOTES      |                                                                                                                                                                                           |
| CAWI NOTES      |                                                                                                                                                                                           |
| PAPER QNUM      | Not on PAPI (in Closing)                                                                                                                                                                  |
| NEXT            | THANKS                                                                                                                                                                                    |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

| THANKS        |                                                                                                                                                                                           |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK           | ASK ALL                                                                                                                                                                                   |
| CATI          | <p>I would like to thank you again for your participation. Is it ok if we contact you with follow-up questions?</p> <p>01 YES<br/>02 NO</p> <p>98 DON'T KNOW<br/>99 PREFER NOT TO SAY</p> |
| CATI Spanish  | Me gustaría agradecerle de nuevo por su participación. ¿Está bien si nos comunicamos con usted para hacer preguntas de seguimiento?                                                       |
| CAWI          | <p>We would like to thank you again for your participation. Is it ok if we contact you with follow-up questions?</p> <p>01 Yes<br/>02 No</p>                                              |
| QUESTION TYPE | Radio button                                                                                                                                                                              |
| FILLS         |                                                                                                                                                                                           |
| NOTES         |                                                                                                                                                                                           |
| HARD CHECK    |                                                                                                                                                                                           |
| SOFT CHECK    |                                                                                                                                                                                           |
| CATI NOTES    |                                                                                                                                                                                           |
| CAWI NOTES    |                                                                                                                                                                                           |
| PAPER QNUM    | Q138                                                                                                                                                                                      |
| NEXT          | <p>If THANKS = 01 and HH = 01 and CHECK != 01: f_CONT_NAME,<br/> Else if THANKS = 01 and INCENT != 01: CONT_EMAIL1,<br/> Else if THANKS = 01: CONT_PHONE,<br/> Else: END_THANKS</p>       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| f_CONT_NAME<br>CONT_NAME_F / CONT_NAME_L |                                                                                                                                                                                                                                                                                                    |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK                                      | If THANKS = 01 and HH = 01 and CHECK != 01                                                                                                                                                                                                                                                         |
| CATI                                     | <p>What is your first and last name?</p> <p>FIRST NAME: _____ [CONT_NAME_F]<br/>           LAST NAME: _____ [CONT_NAME_L]</p> <p>98      DON'T KNOW<br/>           99      PREFER NOT TO SAY</p>                                                                                                   |
| CATI<br>Spanish                          | <p>¿Cuál es su nombre y apellido?</p> <p>NOMBRE DE PILA: _____ [CONT_NAME_F]<br/>           APELLIDO: _____ [CONT_NAME_L]</p> <p>98      DON'T KNOW<br/>           99      PREFER NOT TO SAY</p>                                                                                                   |
| CAWI                                     | <p>What is your first and last name?</p> <p>First name: _____ [CONT_NAME_F]<br/>           Last name: _____ [CONT_NAME_L]</p>                                                                                                                                                                      |
| QUESTION TYPE                            | Text entry                                                                                                                                                                                                                                                                                         |
| FILLS                                    |                                                                                                                                                                                                                                                                                                    |
| NOTES                                    |                                                                                                                                                                                                                                                                                                    |
| HARD CHECK                               |                                                                                                                                                                                                                                                                                                    |
| SOFT CHECK                               | IF CONT_NAME_F IS MISSING: First Name is missing or invalid. Please enter the first name. To skip the question, please press NEXT a second time.<br>IF CONT_NAME_L IS MISSING: Last Name is missing or invalid. Please enter the last name. To skip the question, please press NEXT a second time. |
| CATI NOTES                               |                                                                                                                                                                                                                                                                                                    |
| CAWI NOTES                               | Short Text FIRST NAME: Enter your first name.<br>Short Text LAST NAME: Enter your last name.                                                                                                                                                                                                       |
| PAPER QNUM                               | Q144                                                                                                                                                                                                                                                                                               |
| NEXT                                     | If THANKS = 01 and INCENT != 01: CONTEMAIL1,<br>Else if THANKS = 01: CONT_PHONE,<br>Else: END_THANKS                                                                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

| CONTEMAIL1      |                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------|
| ASK             | If THANKS = 01 and INCENT != 01                                                                                        |
| CATI            | <p>What is your email address?</p> <p>_____</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p>             |
| CATI<br>Spanish | ¿Cuál es tu dirección de correo electrónico?                                                                           |
| CAWI            | <p>Please enter your email address:</p> <p>_____ (abc@xyz.com)</p>                                                     |
| QUESTION TYPE   | Text entry (email)                                                                                                     |
| FILLS           |                                                                                                                        |
| NOTES           |                                                                                                                        |
| HARD CHECK      |                                                                                                                        |
| SOFT CHECK      | IF MISSING: Email is missing or invalid. Please enter an email. To skip the question, please press NEXT a second time. |
| CATI NOTES      |                                                                                                                        |
| CAWI NOTES      | Short Text: Enter your email address.                                                                                  |
| PAPER QNUM      | Q139                                                                                                                   |
| NEXT            | If CONTEMAIL1 != missing: CONTEMAIL2,<br>Else: CONT_PHONE                                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

| CONTEMAIL2      |                                                                                                                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CONT_EMAIL1 != missing                                                                                                                                                                    |
| CATI            | <p>To be sure we have the correct email address to contact you, please tell me your email address one more time:</p> <p>_____</p> <p>98      DON'T KNOW</p> <p>99      PREFER NOT TO SAY</p> |
| CATI<br>Spanish | Para asegurarnos de que tenemos la dirección de correo electrónico correcta para comunicarnos con usted, repita su dirección de correo electrónico:                                          |
| CAWI            | <p>To be sure we have the correct email address to contact you, please confirm your email address by entering it a second time:</p> <p>_____ (abc@xyz.com)</p>                               |
| QUESTION TYPE   | Text entry (email)                                                                                                                                                                           |
| FILLS           |                                                                                                                                                                                              |
| NOTES           |                                                                                                                                                                                              |
| HARD CHECK      |                                                                                                                                                                                              |
| SOFT CHECK      | IF MISSING: Email is missing or invalid. Please enter an email. To skip the question, please press NEXT a second time.                                                                       |
| CATI NOTES      |                                                                                                                                                                                              |
| CAWI NOTES      | Short Text: Enter your email address.                                                                                                                                                        |
| PAPER QNUM      | Not on PAPI                                                                                                                                                                                  |
| NEXT            | If CONTEMAIL2 != CONT_EMAIL1: EMAILCHECK,<br>Else: CONT_PHONE                                                                                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

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| CONT_EMCHECK    |                                                                                                                                                          |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | If CONT_EMAIL2 != CONT_EMAIL1                                                                                                                            |
| CATI            | <p>INTERVIEWER: THE EMAILS YOU ENTERED DO NOT MATCH. PLEASE CLICK "NEXT" TO RE-ENTER THE EMAIL ADDRESS.</p> <p>01      Next (GO BACK TO CONT_EMAIL1)</p> |
| CATI<br>Spanish |                                                                                                                                                          |
| CAWI            | <p>The emails you entered do not match. Please click "Next" to re-enter your email address.</p> <p>01      Next (GO BACK TO CONT_EMAIL1)</p>             |
| QUESTION TYPE   |                                                                                                                                                          |
| FILLS           |                                                                                                                                                          |
| NOTES           |                                                                                                                                                          |
| HARD CHECK      |                                                                                                                                                          |
| SOFT CHECK      |                                                                                                                                                          |
| CATI NOTES      |                                                                                                                                                          |
| CAWI NOTES      |                                                                                                                                                          |
| PAPER QNUM      | Not on PAPI                                                                                                                                              |
| NEXT            | CONT_PHONE                                                                                                                                               |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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| CONT_PHONE      |                                                                                                              |
|-----------------|--------------------------------------------------------------------------------------------------------------|
| ASK             | If THANKS = 01                                                                                               |
| CATI            | What is your phone number?<br>____-____-____<br>98 DON'T KNOW<br>99 REFUSED                                  |
| CATI<br>Spanish | ¿Cuál es su número de teléfono?                                                                              |
| CAWI            | What is your phone number?<br>____-____-____ (#####)                                                         |
| QUESTION TYPE   | Numeric (phone)                                                                                              |
| FILLS           |                                                                                                              |
| NOTES           |                                                                                                              |
| HARD CHECK      |                                                                                                              |
| SOFT CHECK      | Phone number is missing or invalid. Please enter a 10 digit phone number with no special characters (#####). |
| CATI NOTES      |                                                                                                              |
| CAWI NOTES      | Short Text: Enter your 10-digit phone number with no special characters.                                     |
| PAPER QNUM      | Q140                                                                                                         |
| NEXT            | If CONT_PHONE != missing: CONTACT_CELL,<br>Else: CONT_METHOD                                                 |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample



| CONTACT_CELL    |                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------|
| ASK             | If CONT_PHONE != missing                                                                              |
| CATI            | <p>Is this a cell phone number?</p> <p>01 YES</p> <p>02 NO</p> <p>98 DON'T KNOW</p> <p>99 REFUSED</p> |
| CATI<br>Spanish | ¿Es el número de un teléfono celular?                                                                 |
| CAWI            | <p>Is this a cell phone number?</p> <p>01 Yes</p> <p>02 No</p>                                        |
| QUESTION TYPE   | Radio button                                                                                          |
| FILLS           |                                                                                                       |
| NOTES           |                                                                                                       |
| HARD CHECK      |                                                                                                       |
| SOFT CHECK      |                                                                                                       |
| CATI NOTES      |                                                                                                       |
| CAWI NOTES      |                                                                                                       |
| PAPER QNUM      | Q141                                                                                                  |
| NEXT            | If CONTACT_CELL = 01: CONTACT_TEXT,<br>Else: CONT_METHOD                                              |

OMAS Adult and Child CATI/CAWI Instrument Specifications

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HH=02 indicates Medicaid-list sample

| CONTACT_TEXT    |                                                                            |
|-----------------|----------------------------------------------------------------------------|
| ASK             | If CONTACT_CELL = 01                                                       |
| CATI            | May we text you?<br><br>01 YES<br>02 NO<br><br>98 DON'T KNOW<br>99 REFUSED |
| CATI<br>Spanish | ¿Podemos enviarle mensajes de texto?                                       |
| CAWI            | May we text you?<br><br>01 Yes<br>02 No                                    |
| QUESTION TYPE   | Radio button                                                               |
| FILLS           |                                                                            |
| NOTES           |                                                                            |
| HARD CHECK      |                                                                            |
| SOFT CHECK      |                                                                            |
| CATI NOTES      |                                                                            |
| CAWI NOTES      |                                                                            |
| PAPER QNUM      | Q142                                                                       |
| NEXT            | CONT_METHOD                                                                |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| CONT_METHOD     |                                                                                                                                                                                                                                                                                                                      |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ASK             | <p>If THANKS = 01 AND</p> <p>#if they gave phone number and email<br/>           IF CONT_PHONE != (98, 99) AND (IEMAIL1 != MISSING OR CONTEMAIL1 != MISSING)<br/>           OR<br/>           #if they gave just a cell phone number &amp; said we could text them (no email)<br/>           IF CONTACT_TEXT = 1</p> |
| CATI            | <p>What is your preferred method of contact? Would you say...</p> <p>01      Email<br/>           02      Call, or<br/>           03      Text</p> <p>98      DON'T KNOW<br/>           99      REFUSED</p>                                                                                                          |
| CATI<br>Spanish | <p>¿Cuál es su método de comunicación preferido? ¿Diría que...</p> <p>01      Correo electrónico<br/>           02      Llamada<br/>           03      Mensaje de texto</p>                                                                                                                                          |
| CAWI            | <p>What is your preferred method of contact?</p> <p>01      Email<br/>           02      Call<br/>           03      Text</p>                                                                                                                                                                                        |
| QUESTION TYPE   | Radio button                                                                                                                                                                                                                                                                                                         |
| FILLS           |                                                                                                                                                                                                                                                                                                                      |
| NOTES           | <p>Display response 01 if CONTEMAIL1 != MISSING OR IEMAIL1 != MISSING<br/>           Display response 03 if CONTACT_TEXT = 1<br/>           Note that call option will always be displayed because of the ask logic.</p>                                                                                             |
| HARD CHECK      |                                                                                                                                                                                                                                                                                                                      |
| SOFT CHECK      |                                                                                                                                                                                                                                                                                                                      |
| CATI NOTES      |                                                                                                                                                                                                                                                                                                                      |
| CAWI NOTES      |                                                                                                                                                                                                                                                                                                                      |
| PAPER QNUM      | Q143                                                                                                                                                                                                                                                                                                                 |
| NEXT            | END_THANKS                                                                                                                                                                                                                                                                                                           |

## OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

| END_THANKS      |                                                                                                       |
|-----------------|-------------------------------------------------------------------------------------------------------|
| ASK             | ASK ALL                                                                                               |
| CATI            | Those are all the questions I have for you. I would like to thank you again for your participation.   |
| CATI<br>Spanish | Estas eran todas las preguntas. Me gustaría agradecerle de nuevo por su participación.                |
| CAWI            | Those are all the questions we have for you. We would like to thank you again for your participation. |
| QUESTION TYPE   | Informational                                                                                         |
| FILLS           |                                                                                                       |
| NOTES           |                                                                                                       |
| HARD CHECK      |                                                                                                       |
| SOFT CHECK      |                                                                                                       |
| CATI NOTES      |                                                                                                       |
| CAWI NOTES      |                                                                                                       |
| PAPER QNUM      | Not on PAPI (in Closing)                                                                              |
| NEXT            |                                                                                                       |

OMAS Adult and Child CATI/CAWI Instrument Specifications

HH=01 indicates ABS sample

HH=02 indicates Medicaid-list sample

## Appendix B: Final Paper (PAPI) Questionnaire

# 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*



**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

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

## 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

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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

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"/> |

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.

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 Hours

**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

**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"/> |

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**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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|  |  |  |
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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      

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 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**



**135. 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.

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Children

**136. 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 #137**

Everyone else → **Go to #138**

**137. 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

**138. 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 #144 on page 21**

→ **139. Please enter your email address:**

**140. What is your phone number?**

|  |  |  |   |  |  |  |   |  |  |  |  |
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**141. Is this a cell phone number?**

- ☐ Yes  
☐ No → **Go to #143**

**142. May we text you?**

- ☐ Yes  
☐ No

**143. What is your preferred method of contact?**

- ☐ Email  
☐ Call  
☐ Text

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**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: Cox Building -- FDC (24923 3.5)  
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.**



## Appendix C: Pilot Test Report

# 2025 Ohio Medicaid Assessment Survey: Pilot Test Report

## FINAL

Prepared for

**Ohio Colleges of Medicine  
Government Resource Center**

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RTI Project Number 24923

## September 2025

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## 1. Objectives of the OMAS Pilot Test

RTI International conducted a Pilot Test of the 2025 Ohio Medicaid Assessment Survey (OMAS) survey instrument in June 2025. This report describes the methods and results of the Pilot Test. The OMAS Pilot Test was conducted under the supervision of the OMAS Executive Committee, which consists of leadership from the Ohio Department of Medicaid, the Ohio Colleges of Medicine Government Resource Center (GRC), and RTI.

In the Pilot Test, RTI tested the instrument that would be administered to the two sample groups (address-based sampling [ABS] and Medicaid list frames) during the main fielding of the 2025 OMAS. The June pilot allowed sufficient time to observe issues and implement improvements before the main fielding of the 2025 OMAS.

The objectives of the Pilot Test were to test the accuracy of the computer-assisted web interview (CAWI) and computer-assisted telephone interview (CATI) programs, test the functionality of the systems used to administer and manage the complex survey, assess questionnaire flow and burden, measure survey timing for respondents, identify potential fielding issues, and develop an improved understanding of interviewer training needs.

## 2. Sampling and Instrument Structure

The 2025 OMAS utilizes a single survey instrument but consists of two sampling populations. The first, OMAS Main ABS, is the general population component of the study and targets approximately 25,000 survey completions from non-institutionalized Ohio residents aged 19 and older who have lived in the state of Ohio for at least 1 month. The second, OMAS Medicaid, is a smaller component of the study that targets approximately 10,000 survey completions from Ohio Medicaid members.

The OMAS Main ABS pilot sample was drawn from the U.S. Postal Service's Computerized Delivery Sequence file using the same protocol that will be used for the main fielding. For the Pilot Test, 600 individuals residing in Ohio were randomly selected for mailing. Those sampled will be excluded from the OMAS main fielding. These cases were only directed to the CAWI survey.

The OMAS Medicaid sample was drawn from the April 2025 Medicaid eligibility and enrollment data file. For the Pilot Test, 250 individuals were randomly selected for outbound dialing and mailing, where they would be directed to the CAWI survey. Those sampled will be excluded from the OMAS main fielding.

There are two main components within the OMAS instrument: the adult portion of the survey and the child portion of the survey. Although all OMAS sample members are administered the adult portion of the survey, only sample members within the ABS sample who take the survey by web are offered the child portion if they meet the eligibility criteria (i.e., have a child in the household).

## 3. Methods and Differences from Main Fielding

The Pilot Test had several methodological differences from the main study. The calling component of the Pilot Test was conducted over three days, from June 4 through June 6, 2025. During these three

days, interviewers placed at least one call to every member of the Medicaid sample for which a telephone number was available. During the main study, calling will occur throughout a period of approximately 16 weeks, from mid-September through the end of December, and will be augmented with text messaging (Medicaid sample). Additionally, the mailing component of the Pilot Test only sent sample members a single invitation on June 4 that invited them to complete the survey by web (Medicaid and ABS sample groups). For the main study, three mailings will be sent to sample members in the Medicaid sample group, and five mailings will be sent to respondents in the ABS group. Further, unlike the Pilot Test, sample members in the ABS sample group will also receive a paper survey in the third and fifth mailings, and the Medicaid sample group will be sent three text messages between mailings. Despite these differences, the Pilot Test was still able to test the production systems and successfully evaluate the instrument.

#### **4. Instrument Development, Programming, and Testing**

Although most historical questions were retained, several new questions were introduced for the 2025 OMAS, some questions were retired, and others were refined to improve measurement validity. A full list of the changes between the 2023 and 2025 surveys will be provided in the 2025 OMAS Methods Report.

The GRC, in collaboration with state sponsors, developed an initial draft copy of the instrument in the spring of 2025. Then the GRC research team and RTI survey methodologists collaborated to refine the instrument over a series of team meetings. RTI survey methodologists developed the questions into combined CAWI-CATI programming specifications, modifying questions as needed to make them appropriate for self- and interviewer-administered format, and reviewed the changes with the GRC research team as the development progressed.

Upon finalizing the programming specifications for the Pilot Test, the instrument was programmed using Voxco CATI and Voxco CAWI survey software, which was utilized for pilot testing. The first testing phase was conducted by RTI in April 2025. This testing checked the instruments for skip logic, flow, validation, and transition errors; visual design/mobile accessibility of the CAWI; and interviewer prompts of the CATI. Special emphasis was placed on ensuring that the display logic of questions functioned properly for each of the two sample groups. When appropriate, RTI survey methodologists suggested content or advised on changes requested by GRC. Upon completing RTI internal testing, GRC tested the instruments during the second testing phase. GRC test findings were recorded in a testing log, which were then reviewed by RTI and incorporated into instrument programming where required. After RTI updated the Voxco instruments with GRC's test findings and recommendations, RTI performed a final test of the instrument and prepared it for piloting.

A comprehensive discussion of instrument development, programming, and testing will be provided with the 2025 OMAS Methods Report.

#### **5. Results of the OMAS Pilot Test**

In total, 68 responses to the Pilot were received: 65 by web (CAWI) and 3 by phone (CATI).

Respondents who completed the survey by phone were exclusively a part of the smaller Medicaid sample group, because only sample members in this group will be contacted through outbound calling



during main fielding. **Section 5.1** summarizes the instrument timing for phone completions by section. Respondents who completed the survey by web were in either the larger main ABS sample group or the smaller Medicaid sample group; sample members in both groups will be invited to complete the survey by web during main fielding. **Section 5.2** summarizes the instrument timing for web completions by section.

### 5.1. CATI Instrument Timing

|                       |     |                |              |                      | Time to Complete (in minutes) |                              |                  |                  |        |                  |                  |       |
|-----------------------|-----|----------------|--------------|----------------------|-------------------------------|------------------------------|------------------|------------------|--------|------------------|------------------|-------|
|                       |     |                |              |                      |                               | Median and Other Percentiles |                  |                  |        |                  |                  |       |
| Section               |     | Start Location | End Location | Number of Interviews | Mean                          | Min                          | 10 <sup>th</sup> | 25 <sup>th</sup> | Median | 75 <sup>th</sup> | 90 <sup>th</sup> | Max   |
| 1                     |     | INTRO          | SEX_A        | 3                    | 4.23                          | 3.98                         | 3.98             | 3.98             | 4.30   | 4.40             | 4.40             | 4.40  |
| 2                     |     | A1             | C4           | 3                    | 1.29                          | 1.20                         | 1.20             | 1.20             | 1.30   | 1.37             | 1.37             | 1.37  |
| 3                     |     | D30            | CNCR         | 3                    | 4.27                          | 4.03                         | 4.03             | 4.03             | 4.35   | 4.43             | 4.43             | 4.43  |
|                       | 3a  | CDC_1          | ADULT_DD     | 3                    | 1.83                          | 1.65                         | 1.65             | 1.65             | 1.83   | 2.00             | 2.00             | 2.00  |
|                       | 3b  | D42            | CNCR         | 3                    | 1.32                          | 1.05                         | 1.05             | 1.05             | 1.45   | 1.47             | 1.47             | 1.47  |
| 4                     |     | MTL_HEALTH     | PRESC_4      | 3                    | 6.62                          | 6.18                         | 6.18             | 6.18             | 6.27   | 7.42             | 7.42             | 7.42  |
|                       | 4a  | CBD_EV         | MRJ_RS       | 3                    | 2.07                          | 1.97                         | 1.97             | 1.97             | 2.08   | 2.15             | 2.15             | 2.15  |
| 5                     |     | PCP            | VAC_LIK_CVD  | 3                    | 5.15                          | 4.73                         | 4.73             | 4.73             | 4.80   | 5.92             | 5.92             | 5.92  |
|                       | 5a  | PCP            | E62          | 3                    | 4.01                          | 3.37                         | 3.37             | 3.37             | 3.78   | 4.87             | 4.87             | 4.87  |
|                       | 5b  | VAC_RC_FLU     | VAC_LIK_CVD  | 3                    | 1.14                          | 0.95                         | 0.95             | 0.95             | 1.05   | 1.43             | 1.43             | 1.43  |
| 6                     |     | ND_DTL         | f_UM_PRS_RS  | 3                    | 3.61                          | 2.92                         | 2.92             | 2.92             | 3.05   | 4.87             | 4.87             | 4.87  |
| 7                     |     | Q1_NEW         | f_CM_PRB     | 3                    | 4.77                          | 4.10                         | 4.10             | 4.10             | 4.88   | 5.33             | 5.33             | 5.33  |
| 8                     |     | G71            | MCD_LKWRK    | 3                    | 2.21                          | 1.82                         | 1.82             | 1.82             | 2.28   | 2.52             | 2.52             | 2.52  |
| 9                     |     | MRD            | INC_A_CAT    | 3                    | 4.77                          | 3.72                         | 3.72             | 3.72             | 5.22   | 5.38             | 5.38             | 5.38  |
| 17                    |     | SVY_FD         | END_THANKS   | 3                    | 5.09                          | 3.07                         | 3.07             | 3.07             | 3.10   | 9.12             | 9.12             | 9.12  |
|                       | 17a | THANKS         | END_THANKS   | 3                    | 2.20                          | 0.93                         | 0.93             | 0.93             | 1.05   | 4.62             | 4.62             | 4.62  |
| Total of all Sections |     |                |              | 3                    | 42.02                         | 37.87                        | 37.87            | 37.87            | 38.13  | 50.05            | 50.05            | 50.05 |

Respondents who completed the survey by phone had a median completion time of 38.1 minutes, based on three interviews. All these interviews consisted only of the adult section of the OMAS, because the child section is only offered to ABS respondents.

## 5.2. CAWI Instrument Timing

|                                    |     |                |              |                      | Time to Complete (in minutes) |                              |                  |                  |              |                  |                  |              |
|------------------------------------|-----|----------------|--------------|----------------------|-------------------------------|------------------------------|------------------|------------------|--------------|------------------|------------------|--------------|
|                                    |     |                |              |                      |                               | Median and Other Percentiles |                  |                  |              |                  |                  |              |
| Section                            |     | Start Location | End Location | Number of Interviews | Mean                          | Min                          | 10 <sup>th</sup> | 25 <sup>th</sup> | Median       | 75 <sup>th</sup> | 90 <sup>th</sup> | Max          |
| 1                                  |     | INTRO          | SEX_A        | 65                   | 2.14                          | 0.40                         | 1.03             | 1.22             | 1.73         | 2.40             | 3.45             | 11.42        |
| 2                                  |     | A1             | C4           | 65                   | 1.11                          | 0.28                         | 0.55             | 0.72             | 0.98         | 1.32             | 1.92             | 3.75         |
| 3                                  |     | D30            | CNCR         | 65                   | 2.36                          | 0.85                         | 1.22             | 1.63             | 2.02         | 2.80             | 3.38             | 8.68         |
|                                    | 3a  | CDC_1          | ADULT_DD     | 65                   | 1.07                          | 0.37                         | 0.52             | 0.70             | 1.00         | 1.32             | 1.70             | 3.60         |
|                                    | 3b  | D42            | CNCR         | 65                   | 0.52                          | 0.15                         | 0.30             | 0.35             | 0.47         | 0.60             | 0.82             | 1.45         |
| 4                                  |     | MTL_HEALTH     | PRESC_4      | 65                   | 2.45                          | 0.48                         | 1.20             | 1.48             | 2.15         | 2.85             | 4.72             | 6.95         |
|                                    | 4a  | CBD_EV         | MRJ_RS       | 65                   | 0.63                          | 0.07                         | 0.17             | 0.25             | 0.42         | 0.75             | 1.18             | 3.90         |
| 5                                  |     | PCP            | VAC_LIK_CVD  | 65                   | 2.88                          | 0.33                         | 0.90             | 1.37             | 1.98         | 3.17             | 4.53             | 27.65        |
|                                    | 5a  | PCP            | E62_C        | 65                   | 2.23                          | 0.15                         | 0.47             | 0.98             | 1.63         | 2.62             | 3.52             | 27.47        |
|                                    | 5b  | VAC_RC_FLU     | VAC_LIK_CVD  | 65                   | 0.65                          | 0.18                         | 0.25             | 0.28             | 0.43         | 0.53             | 0.92             | 10.58        |
| 6                                  |     | ND_DTL         | f_UM_PRS_RS  | 65                   | 1.82                          | 0.35                         | 0.68             | 0.88             | 1.25         | 1.98             | 3.67             | 13.53        |
| 7                                  |     | Q1_NEW         | f_CM_PRB     | 65                   | 2.21                          | 0.68                         | 1.05             | 1.42             | 2.03         | 2.63             | 3.58             | 7.05         |
| 8                                  |     | G71            | MCD_LKWRK    | 65                   | 0.92                          | 0.30                         | 0.42             | 0.53             | 0.78         | 1.12             | 1.63             | 3.60         |
| 9                                  |     | MRD            | INC_A_CAT    | 65                   | 3.50                          | 0.80                         | 1.33             | 1.62             | 2.50         | 3.60             | 4.62             | 36.85        |
| 10                                 |     | PREPI90        | SEX_C        | 13                   | 0.98                          | 0.53                         | 0.65             | 0.68             | 1.02         | 1.07             | 1.12             | 2.37         |
| 11                                 |     | I95            | K96_new      | 13                   | 0.17                          | 0.05                         | 0.07             | 0.07             | 0.10         | 0.15             | 0.50             | 0.68         |
| 12                                 |     | L125           | LAS12B       | 13                   | 1.05                          | 0.48                         | 0.55             | 0.73             | 0.78         | 0.97             | 1.32             | 4.02         |
|                                    | 12a | CDC_1_CH       | CHILD_DD     | 13                   | 0.27                          | 0.15                         | 0.17             | 0.22             | 0.27         | 0.32             | 0.35             | 0.47         |
| 13                                 |     | PCP_C          | VAC_REL      | 13                   | 2.18                          | 0.42                         | 0.63             | 0.88             | 1.57         | 1.98             | 3.05             | 10.03        |
|                                    | 13a | VAC_RC_C_FLU   | VAC_REL      | 13                   | 0.96                          | 0.15                         | 0.22             | 0.32             | 0.52         | 0.63             | 1.08             | 6.75         |
| 14                                 |     | ND_DTL_C       | UM_MTL_RS_C  | 13                   | 0.61                          | 0.12                         | 0.33             | 0.40             | 0.43         | 0.58             | 1.20             | 1.93         |
| 15                                 |     | ACE_3          | ACE_10       | 13                   | 1.37                          | 0.33                         | 0.37             | 0.43             | 0.78         | 1.02             | 1.07             | 9.38         |
| 16                                 |     | P149           | PL125A1      | 13                   | 5.31                          | 0.10                         | 0.15             | 0.22             | 0.32         | 0.47             | 0.57             | 65.13        |
| 17                                 |     | SVY_FD         | END_THANKS   | 65                   | 2.55                          | 0.60                         | 0.87             | 1.40             | 1.88         | 2.78             | 3.90             | 19.40        |
|                                    | 17a | THANKS         | END_THANKS   | 65                   | 0.66                          | 0.10                         | 0.15             | 0.27             | 0.45         | 0.78             | 1.15             | 6.35         |
| <b>Total of All Adult Sections</b> |     |                |              | <b>65</b>            | <b>21.94</b>                  | <b>7.68</b>                  | <b>11.80</b>     | <b>15.20</b>     | <b>20.07</b> | <b>25.65</b>     | <b>31.52</b>     | <b>72.77</b> |
| <b>Total of All Child Sections</b> |     |                |              | <b>13</b>            | <b>11.69</b>                  | <b>2.47</b>                  | <b>3.82</b>      | <b>4.00</b>      | <b>5.73</b>  | <b>6.65</b>      | <b>8.15</b>      | <b>88.08</b> |

|                              |                |              |                      | Time to Complete (in minutes) |                              |                  |                  |              |                  |                  |               |
|------------------------------|----------------|--------------|----------------------|-------------------------------|------------------------------|------------------|------------------|--------------|------------------|------------------|---------------|
|                              |                |              |                      |                               | Median and Other Percentiles |                  |                  |              |                  |                  |               |
| Section                      | Start Location | End Location | Number of Interviews | Mean                          | Min                          | 10 <sup>th</sup> | 25 <sup>th</sup> | Median       | 75 <sup>th</sup> | 90 <sup>th</sup> | Max           |
| <b>Total of All Sections</b> |                |              | <b>65</b>            | <b>24.28</b>                  | <b>9.42</b>                  | <b>11.82</b>     | <b>15.27</b>     | <b>21.73</b> | <b>28.60</b>     | <b>33.95</b>     | <b>133.63</b> |

Respondents who completed the survey by web had a median completion time of 20.1 minutes for the adult component, based on 65 responses. In addition, the median completion time of the child component of the survey added an additional 5.7 minutes to complete the survey, based on 13 completions of the child component.

### 5.3. Accuracy of Medicaid Sample Members' Contact Information

The pilot test conducted a single invitation mailout to all sample members. Among the Medicaid sample of 250 individuals, 192 (76.8% of the 250) had telephone numbers on the frame. Of those, 40 telephone numbers (20.8% of the 192 telephone numbers) were not operational (disconnected, line trouble, etc.).

## 6. Interviewer Comments, Recommendations, and Post-Pilot Instrument Updates

Interview and supervisor feedback on pilot tests and training is routinely collected. However, for the 2025 OMAS Pilot Test, interviewers did not observe any problems with the CATI instrument and could not provide any recommendations based on the limited CATI surveys completed.

Following a review of the Pilot Test data, the following changes were made to the 2025 OMAS instrument:

- J96 – NEXT logic updated such that if a child was on the same insurance as the parent, they were asked follow-up questions related to dental insurance (N067) rather than skipping to the general health section (L125).

## Appendix D: Incentive Experiment Report

# 2025 Ohio Medicaid Assessment Survey: Incentive Experiment Report

## DRAFT FOR REVIEW

Prepared for

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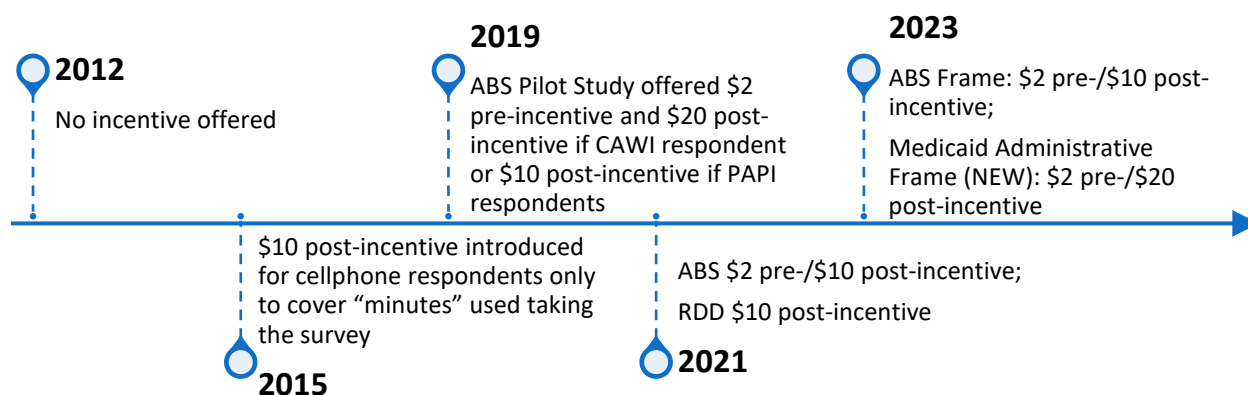
## 1. Introduction

### 1.1. Background and History of Incentive Use

The Ohio Medicaid Assessment Survey (OMAS; formerly the Ohio Family Health Survey) has been conducted roughly every 2 years since 2004. The survey's purpose is to measure access to health care, characteristics of care, and unmet care needs among all residents of Ohio. Through its over 20-year history, OMAS has used several sampling designs and incentive protocols to reach the Ohio population. [Exhibit 1.1](#) illustrates the history of how and when incentives were used on OMAS for selected years. Key moments in how and when incentives were used on OMAS include the following:

- Beginning in 2004 and continuing through 2012, the study used a random-digit dialing (RDD) methodology that randomly selected landline telephone numbers to reach the Ohio population. During these initial survey years, no incentive was offered to respondents.
- In response to declining coverage on the landline telephone frame, a cellphone frame was introduced into the design beginning in 2015. Because some cellphone owners paid for their cellular plan by the number of minutes used, a \$10 post-incentive (i.e., an incentive promised to the respondent upon completion of the survey) was introduced for cellphone respondents.
- In 2019, an address-based sampling (ABS) frame was piloted. Unlike an RDD frame that randomly selects telephone numbers, an ABS frame randomly selects addresses based on a postal listing of all addresses in Ohio. When an ABS frame is used, a survey invitation is mailed to a selected address inviting them to take the survey either via a website or through a paper instrument that is provided. To ensure that selected households believe the survey is real, a pre-incentive (i.e., an incentive provided to all sampled households unconditionally, regardless of whether they decide to participate) is often included in the initial invitation package. OMAS included a \$2 pre-incentive and coupled it with a Choice+ design that offered a higher post-incentive if the respondent completed the survey via the web (\$20) instead of via paper (\$10).
- In 2021, the OMAS design was a bridge design whereby half the sample was to be obtained through the dual-frame RDD cellphone and landline frames as done in prior years and half the sample was to be obtained through the ABS frame. To be consistent with the two frame types, a \$10 post-incentive was offered to both groups. The ABS frame also included a \$2 pre-incentive.
- In 2023, OMAS became a fully address-based design and introduced using the Medicaid Administrative file to help oversample Medicaid members. The Medicaid Administrative file is a database updated monthly containing a listing of all Medicaid members and their contact information including address and phone number. For Medicaid members, a \$2 pre-incentive was offered as was done for the general population ABS frame, but, rather than a \$10 post-incentive, a \$20 post-incentive was offered to be consistent with other Medicaid member surveys being conducted by the Ohio Department of Medicaid.



**Exhibit 1.1. History of incentives offered on OMAS, 2012–2023**

## 1.2. Motivation and Research Questions

Prior to the start of the 2025 OMAS, there were concerns about the effectiveness of the current incentive offerings both in terms of being able to maintain adequate response rates and attracting hard-to-reach populations like low income or families with children to take the survey when invited. In particular, there were concerns over the following:

1. The \$10 post-incentive offered to ABS frame respondents had been used for over 10 years and was initially designed to compensate a respondent for their cellphone minutes.
2. The \$20 Medicaid Administrative frame post-incentive was ported over from other Medicaid surveys and not tailored to the length and complexity of OMAS.
3. The \$2 pre-incentive used for both frames had not been updated for inflation.

These concerns led to five research questions:

1. Can a higher pre-incentive increase the study response rate?
2. Can a higher post-incentive increase the study response rate?
3. Does a higher incentive of any kind (pre or post) bring in more respondents from harder to reach subpopulations of Ohioans?
4. Does a higher incentive (pre or post) lead to interviews being completed more quickly?
5. Can a higher incentive (pre or post) be cost neutral by decreasing the starting sample size of the study?

## 2. Methods

To answer these questions, the Government Resource Center (GRC) and RTI International incorporated an experiment into the initial release of the 2025 OMAS.

## 2.1. Experiment Design

### 2.1.1. Experimental Groups

To answer the research questions, the experiment was conducted separately within each frame (ABS and Medicaid Administrative). Within each frame, as detailed in [Exhibit 2.1](#), three experimental treatment groups were constructed. Experiment Group 1 (EG1) was the control group and used the incentive offerings used in the 2023 OMAS. Experiment Group 2 (EG2) offered a higher post-incentive (\$20 for the ABS frame and \$30 for the Medicaid frame—a \$10 increase for each frame compared to 2023). Experiment Group 3 (EG3) offered a higher pre-incentive (\$5 for both the ABS and Medicaid frames).

**Exhibit 2.1. Incentive offered by experiment group and frame**

| Experiment Group                    | ABS Pre-Incentive | ABS Post-Incentive | Medicaid Pre-Incentive | Medicaid Post-Incentive |
|-------------------------------------|-------------------|--------------------|------------------------|-------------------------|
| EG1: Control (offered by 2023 OMAS) | \$2               | \$10               | \$2                    | \$20                    |
| EG2: Higher Post-Incentive          | \$2               | \$20               | \$2                    | \$30                    |
| EG3: Higher Pre-Incentive           | \$5               | \$10               | \$5                    | \$20                    |

### 2.1.2. Experiment Sample Size

To determine the optimal starting sample size for each frame, two criteria were balanced. First, the desire to minimize the detectable difference in the response rates (i.e., RQ1 and RQ2) between EG1 and EG2 and EG1 and EG3 (i.e., the experiment was not designed to compare the response rates from the two higher incentive groups). Second, a maximum starting sample size release of no more than 60% of the total budgeted sample for a frame. The second criterion was imposed to allow for at least 40% of the sample to be fielded in the second sample release.

Based on these two criteria, power calculations were computed to determine the detectable difference in response rates across different sample size releases. Based on these power calculations, the experiment sample size was determined to be:

- ABS Frame: 19,500 per EG or 58,500 in total (45% of the budgeted ABS starting sample size).
- Medicaid Frame: 7,000 per EG or 21,000 in total (60% of the budgeted Medicaid Administrative frame starting sample size).

These sample sizes were chosen to achieve a minimum detectable difference in response rates between EG1 and EG2 and EG1 and EG3 of 1.2% for the ABS frame and 2.0% for the Medicaid Administrative frame.

### 2.1.3. Experiment Implementation

The experiment was implemented during the first sample release (R1) which began fielding on August 15, 2025. Each R1 sample member (address for the ABS frame and Medicaid member for the Medicaid frame) was randomly assigned to one of the three experiment groups using a systematic

sampling algorithm. This ensured that the randomization would be equal overall and within each stratum.

Each experiment group received the same data collection protocol—the only difference being the incentive amounts offered. The ABS frame data collection protocol offered a mixed-mode set of response options beginning with a computer-assisted web interview (CAWI) as the primary response option followed by a paper-and-pencil interview (PAPI) for nonresponse follow-up. The Medicaid frame data collection protocol offered a mixed mode of response options including a CAWI as the primary mode (which could be accessed through a QR code or text message invitation) and a computer-assisted telephone interview for nonresponse follow-up. Full details on the data collection protocol can be found in the 2025 OMAS Methods Report. Data collection for R1 lasted through the entire field period, which ended on December 31, 2025.

## 2.2. Analytic Methods

### 2.2.1. RQ1

Response rates were calculated, separately for each experiment group by sample type (ABS or Medicaid Administrative), using the AAPOR RR3 formula.<sup>1</sup> To test if the response rates from EG3 (higher pre-incentive) were statistically different from the EG1 response rates, a z-test for proportions was used.

For the ABS frame sample, response rates were calculated among the following populations:

- Full sample
- County type (Rural Appalachia, Metro, Rural, Suburban)
- Strata type (high proportion low-income, high proportion non-White, and high proportion households with children)

For the Medicaid Administrative frame, response rates were calculated among the following populations:

- Full sample
- Medicaid program (Expansion/Group VIII by county type, Covered Families and Children (CFC), Full-Benefit Aged, Blind or Disabled (ABD), Medicaid only and Dual enrollment)
- Medical condition based on claims data (has asthma, has hypertension, has diabetes, has any infection, has any behavioral health/mental health condition, has blood disorder, has heart disease, has dental diagnosis, has ear-related diagnosis, has COPD diagnosis, and has muscular-skeletal diagnosis).

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<sup>1</sup> The American Association for Public Opinion Research. 2023 Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 10th edition. AAPOR.

### 2.2.2. RQ2

RQ2 used similar methods to RQ1 except that the difference in response rates between EG2 (higher post-incentive) and EG1 was used.

### 2.2.3. RQ3

RQ3 was analyzed using completed and partially completed interviews. [Exhibit 2.2](#) presents the set of subgroups that were compared by frame. For each subgroup, the difference between EG1 and EG2 or EG3 was statistically tested using a z-test of proportions.

**Exhibit 2.2. Subgroups compared in RQ3**

| Subgroup                                             | ABS Frame | Medicaid Frame |
|------------------------------------------------------|-----------|----------------|
| County type                                          | Yes       | Yes            |
| Stratum type                                         | Yes       | --             |
| Medicaid program                                     | --        | Yes            |
| Interview type                                       | Yes       | --             |
| Response mode                                        | Yes       | Yes            |
| Sex                                                  | Yes       | Yes            |
| Race/ethnicity                                       | Yes       | Yes            |
| Age group (7 levels)                                 | Yes       | Yes            |
| Age group (3 levels)                                 | Yes       | Yes            |
| Marital status                                       | Yes       | Yes            |
| Family type                                          | Yes       | Yes            |
| Highest educational attainment                       | Yes       | Yes            |
| Income (as percentage of FPL)                        | Yes       | Yes            |
| Poverty status (yes/no)                              | Yes       | Yes            |
| Insurance type                                       | Yes       | --             |
| Insurance status                                     | Yes       | --             |
| Medicaid status                                      | Yes       | --             |
| Primary care provider (yes/no)                       | Yes       | Yes            |
| Self-rated health status (5 levels)                  | Yes       | Yes            |
| Self-rated health status (2 levels)                  | Yes       | Yes            |
| Any disability                                       | Yes       | Yes            |
| Last week job status                                 | Yes       | Yes            |
| Diabetes                                             | Yes       | Yes            |
| Self-rated mental health rating (5 levels)           | Yes       | Yes            |
| Self-rated mental health rating (2 levels)           | Yes       | Yes            |
| See a health care provider in past 12 months         | Yes       | Yes            |
| Has asthma                                           | --        | Yes            |
| Has hypertension                                     | --        | Yes            |
| Has diabetes                                         | --        | Yes            |
| Has any infection                                    | --        | Yes            |
| Has any behavioral health or mental health condition | --        | Yes            |
| Has blood disorder                                   | --        | Yes            |
| Has heart disease                                    | --        | Yes            |
| Has dental diagnosis                                 | --        | Yes            |
| Has ear-related diagnosis                            | --        | Yes            |
| Has COPD                                             | --        | Yes            |
| Has muscular-skeletal diagnosis                      | --        | Yes            |

### 2.2.4. RQ4

RQ4 compared the cumulative number of completed interviews by day by experiment group and frame type. Distributions were compared in terms of total interview count and percentage of the total number of interviews received. Day 1 was set to the first day surveys were received (approximately 2 days after the mailing of the initial invitation letter). Day 165 was the last day of data collection.

### 2.2.5. RQ5

To evaluate how much data collection would cost had only one EG been used throughout the fielding period, the following steps were taken:

1. The cost per sampled case under each experiment group and frame were computed based on actual study expenses.
2. The cost per sampled case was standardized such that the EG1 cost was \$1 per case and the EG2 and EG3 costs were the relative cost compared to the EG1 cost. This was done to mask the actual costs.
3. The starting sample sizes needed to achieve 25,000 completed interviews from the ABS frame and 10,000 completed interviews from the Medicaid Administrative frame were modeled using the response rates obtained in RQ1 and RQ2 and the completion distributions obtained in RQ4 and the assumed length of the data collection period. Data collection periods were set to (1) the full period (165 days for ABS and 133 days for Medicaid Administrative), (2) 90 days, (3) 75 days, and (4) 60 days.
4. The total estimated fielding cost was estimated by taking the product of masked relative cost per case and the estimated starting sample size.
5. The estimated final cost ratio was computed by dividing the total estimated fielding cost by the total estimated fielding cost of EG1.

## 3. Results

### 3.1. RQ1

[\*\*Exhibit 3.1\*\*](#) presents the number of completed interviews and response rates for EG1 and EG3 from the ABS frame for the overall ABS sample and selected subpopulations. Overall, EG1 obtained 4,384 completed surveys and an AAPOR RR3 of 23.94% while EG3, which had a higher pre-incentive, obtained 5,140 completed surveys (756 more than EG1) and an AAPOR RR3 of 28.01%. The difference in the response rates (4.07%) was statistically significant. Furthermore, EG3 had a significantly higher response rate in all four county types.

**Exhibit 3.1. Number of completed surveys and corresponding response rates for EG1 and EG3, ABS Frame**

| County Type      | EG1 Complete (1.1) | EG1 Response Rate (%) | EG3 Complete (1.1) | EG3 Response Rate (%) | Difference (EG3-EG1) | P-value |
|------------------|--------------------|-----------------------|--------------------|-----------------------|----------------------|---------|
| Overall          | 4,384              | 23.94                 | 5,140              | 28.01                 | 4.07                 | 0.000   |
| Rural Appalachia | 820                | 25.36                 | 916                | 28.11                 | 2.75                 | 0.012   |

| County Type          | EG1 Complete (1.1) | EG1 Response Rate (%) | EG3 Complete (1.1) | EG3 Response Rate (%) | Difference (EG3-EG1) | P-value |
|----------------------|--------------------|-----------------------|--------------------|-----------------------|----------------------|---------|
| Metro                | 2,302              | 22.74                 | 2,700              | 26.71                 | 3.97                 | 0.000   |
| Rural non-Appalachia | 604                | 25.65                 | 734                | 30.84                 | 5.19                 | 0.000   |
| Suburban             | 658                | 25.32                 | 790                | 30.35                 | 5.03                 | 0.000   |

[\*\*Exhibit 3.2\*\*](#) presents the comparison of completed interviews and response rates for EG1 and EG3 from the Medicaid Administrative frame for the overall population and by Medicaid plan. EG1 obtained 1,739 complete interviews and a corresponding AAPOR RR3 response rate of 25.30%. EG3, which had a higher pre-incentive than EG1, obtained 1,882 complete interviews and a corresponding response rate of 27.48%. The difference in response rates (2.2%) was statistically significant. By Medicaid plan, only the ABD group had a significantly higher response rate at the 0.05 level, but this is likely due to smaller sample sizes.

**Exhibit 3.2 Number of completed surveys and response rates for EG1 and EG3, Medicaid Administrative Frame**

| Medicaid Plan               | EG1 Complete (1.1) | EG1 Response Rate (%) | EG3 Complete (1.1) | EG3 Response Rate (%) | Difference (EG3-EG1) | P-value |
|-----------------------------|--------------------|-----------------------|--------------------|-----------------------|----------------------|---------|
| Overall                     | 1,739              | 25.30                 | 1,882              | 27.48                 | 2.18                 | 0.004   |
| Group VIII                  | 1,121              | 23.56                 | 1,190              | 25.08                 | 1.52                 | 0.084   |
| Group VIII Rural Appalachia | 187                | 27.91                 | 189                | 28.17                 | 0.26                 | 0.917   |
| Group VIII Metro            | 718                | 22.23                 | 774                | 24.03                 | 1.80                 | 0.086   |
| Group VIII Rural            | 95                 | 27.86                 | 83                 | 24.78                 | -3.08                | 0.362   |
| Group VIII Suburban         | 121                | 23.40                 | 144                | 27.80                 | 4.39                 | 0.105   |
| CFC                         | 294                | 30.47                 | 310                | 32.43                 | 1.96                 | 0.355   |
| ABD Medicaid Only           | 165                | 26.66                 | 204                | 33.06                 | 6.41                 | 0.014   |
| Dual                        | 159                | 29.94                 | 178                | 33.52                 | 3.58                 | 0.210   |

### 3.2. RQ2

[\*\*Exhibit 3.3\*\*](#) presents the number of completed interviews and response rates for EG1 and EG2, from the ABS sample, which had a higher post-incentive. Overall, EG2 obtained 841 more surveys than EG1 (5,225 vs. 4,384). Correspondingly, EG2 had a higher response rate than EG1 as well (28.59 vs. 23.94). The difference in response rates of 4.65% was highly significantly different.

**Exhibit 3.3. Number of completed surveys and response rates for EG1 and EG2, ABS Frame**

| County Type          | EG1 Complete (1.1) | EG1 Response Rate (%) | EG2 Complete (1.1) | EG2 Response Rate (%) | Difference (EG2-EG1) | P-value |
|----------------------|--------------------|-----------------------|--------------------|-----------------------|----------------------|---------|
| Overall              | 4,384              | 23.94                 | 5,225              | 28.59                 | 4.65                 | 0.000   |
| Rural Appalachia     | 820                | 25.36                 | 973                | 30.15                 | 4.80                 | 0.000   |
| Metro                | 2,302              | 22.74                 | 2,794              | 27.70                 | 4.96                 | 0.000   |
| Rural non-Appalachia | 604                | 25.65                 | 718                | 30.39                 | 4.74                 | 0.000   |
| Suburban             | 658                | 25.32                 | 740                | 28.46                 | 3.14                 | 0.011   |

On the Medicaid Administrative frame, the high post-incentive group (EG2) also obtained more completed interviews (1,942 vs. 1,740) and a higher response rate (28.32% vs. 25.32%) ([Exhibit 3.4](#)). The difference of 3.0% in the response rate was statistically significantly higher.

**Exhibit 3.4. Number of completed surveys and response rates for EG1 and EG2, Medicaid Administrative frame**

| Medicaid Plan               | EG1 Complete (1.1) | EG1 Response Rate (%) | EG2 Complete (1.1) | EG2 Response Rate (%) | Difference (EG2-EG1) | p-value |
|-----------------------------|--------------------|-----------------------|--------------------|-----------------------|----------------------|---------|
| Overall                     | 1,739              | 25.30                 | 1,942              | 28.32                 | 3.02                 | 0.000   |
| Group VIII                  | 1,121              | 23.56                 | 1,264              | 26.61                 | 3.05                 | 0.001   |
| Group VIII Rural Appalachia | 187                | 27.91                 | 218                | 32.54                 | 4.63                 | 0.065   |
| Group VIII Metro            | 718                | 22.23                 | 785                | 24.35                 | 2.12                 | 0.044   |
| Group VIII Rural            | 95                 | 27.86                 | 112                | 32.84                 | 4.99                 | 0.156   |
| Group VIII Suburban         | 121                | 23.40                 | 149                | 28.93                 | 5.53                 | 0.043   |
| CFC                         | 294                | 30.47                 | 314                | 32.74                 | 2.28                 | 0.283   |
| ABD Medicaid Only           | 165                | 26.66                 | 191                | 30.81                 | 4.15                 | 0.106   |
| Dual                        | 159                | 29.94                 | 173                | 32.77                 | 2.82                 | 0.322   |

### 3.3. RQ3

[Exhibit 3.5](#) presents the subgroups in the ABS sample where either the higher post-incentive (EG2) or the higher pre-incentive (EG3) brought in more of a particular subgroup than the control group (EG1). Both higher incentive offerings brought in more young adults and included more interviews that included the child module. However, the higher post-incentive was also able to bring into the study more low-income persons and people on Medicaid.

**Exhibit 3.5. Subgroups with higher respondents due to higher post-incentive or pre-incentive compared to the control group, ABS sample**

| Subgroup                                                                                | EG2: Higher Post           | EG3: Higher Pre |
|-----------------------------------------------------------------------------------------|----------------------------|-----------------|
| County type                                                                             | --                         | --              |
| Stratum type                                                                            | --                         | --              |
| Interview type                                                                          | ↑ adult & child            | ↑ adult & child |
| Response mode                                                                           | ↑ web                      | ↑ web and phone |
| Sex                                                                                     | --                         | --              |
| Race/ethnicity                                                                          | --                         | --              |
| Age group (7 levels)                                                                    | ↑ 19-34                    | ↑ 25-34         |
| Age group (3 levels)                                                                    | ↑ 19-44                    | ↑ 19-44         |
| Marital status                                                                          | ↑ never married            | --              |
| Family type                                                                             | ↑ 1 Adult, 1+ child        | --              |
| Highest educational attainment                                                          | --                         | --              |
| Income (as percentage of FPL)                                                           | ↑ < 100% FPL               | --              |
| Poverty status (yes/no)                                                                 | ↑ Yes                      | --              |
| Insurance type                                                                          | ↑ Dual Medicaid & Medicare | ↑ Job Based     |
| Insurance status                                                                        | --                         | --              |
| Medicaid status                                                                         | ↑ Medicaid                 | --              |
| Primary care provider (yes/no)                                                          | ↑ No                       | --              |
| Self-rated health status                                                                | --                         | --              |
| Any disability                                                                          | --                         | --              |
| Last week job status                                                                    | ↑ Yes                      | --              |
| Diabetes                                                                                | --                         | --              |
| Self-rated mental health rating (5 levels)                                              | --                         | --              |
| Self-rated mental health rating (2 levels)                                              | --                         | --              |
| See a health care provider in past 12 months                                            | ↑ No                       | --              |
| ↑ Indicates a statistically higher number of respondents in indicated subgroup category |                            |                 |

[\*\*Exhibit 3.6\*\*](#) presets the subgroups in the Medicaid Administrative sample for which the higher post-incentive or pre-incentive experiment groups had high respondents. The higher post-incentive was able to bring into the study more low-income persons while the higher pre-incentive was able to bring into the study more people who identify as Asian and people without a job last week.

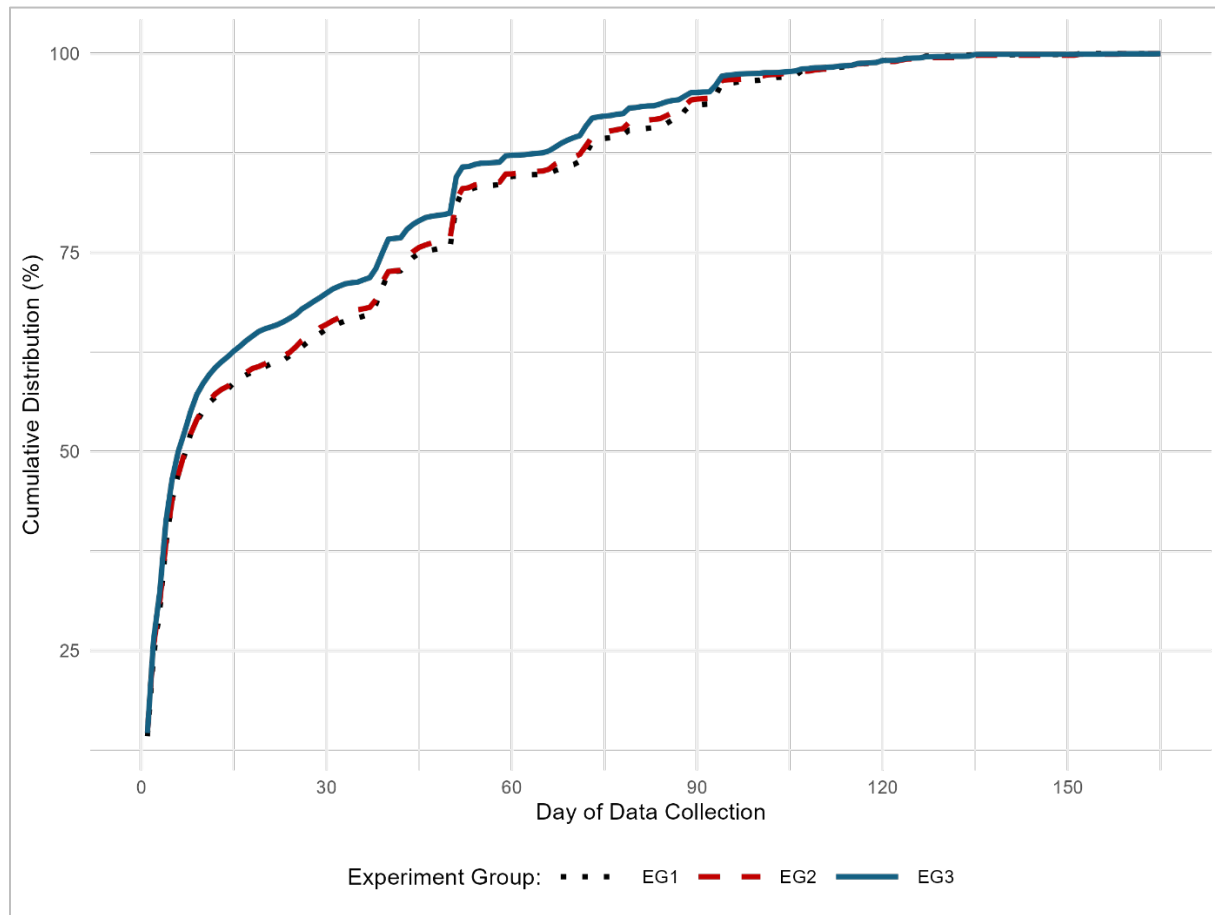


**Exhibit 3.6. Subgroups with higher respondents due to higher post-incentive or pre-incentive compared to the control group, Medicaid Administrative sample**

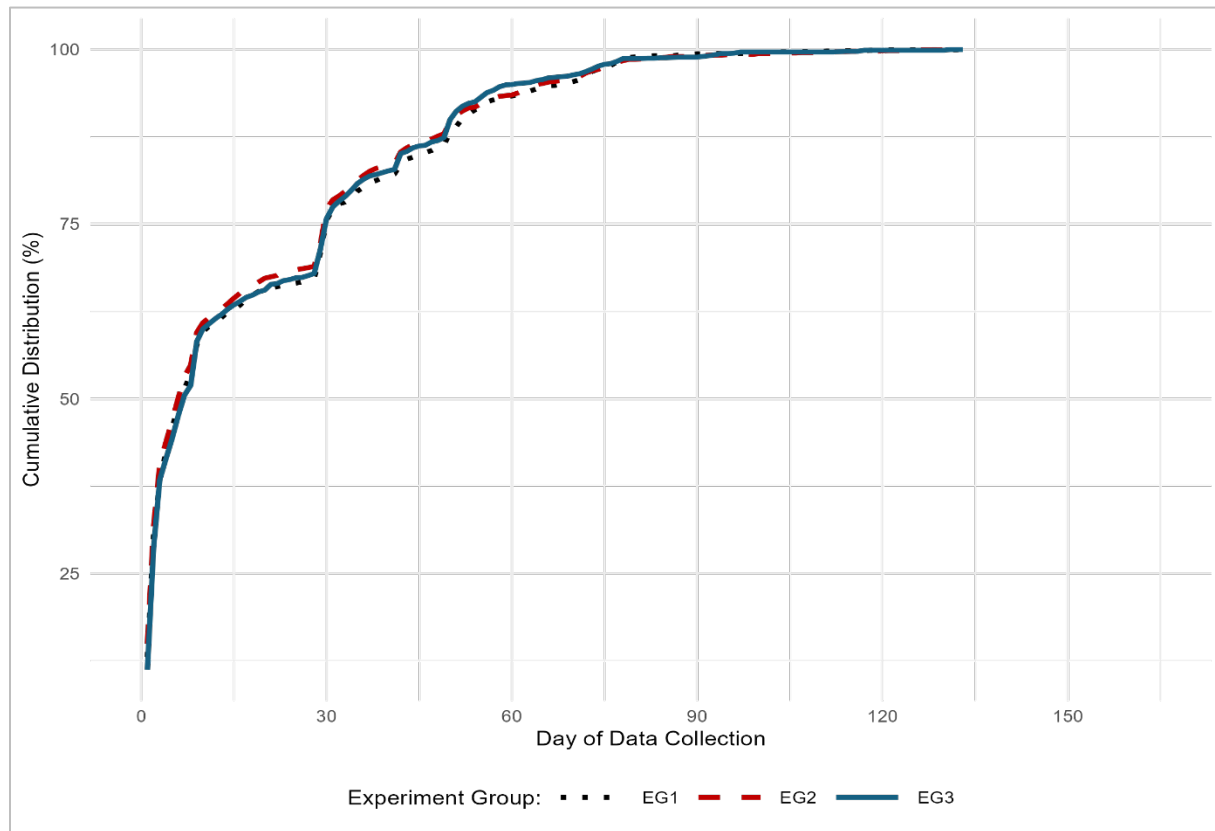
| Subgroup                                                                                | EG2: Higher Post | EG3: Higher Pre    |
|-----------------------------------------------------------------------------------------|------------------|--------------------|
| County type                                                                             | --               | --                 |
| Stratum type                                                                            | --               | --                 |
| Medicaid program                                                                        | --               | --                 |
| Response mode                                                                           | --               | --                 |
| Sex                                                                                     | --               | --                 |
| Race/ethnicity                                                                          | --               | ↑ Asian            |
| Age group (7 levels)                                                                    | --               | --                 |
| Age group (3 levels)                                                                    | --               | --                 |
| Marital status                                                                          | ↑ married        | --                 |
| Family type                                                                             | --               | --                 |
| Highest educational attainment                                                          | --               | ↑ Associate degree |
| Income (as percentage of FPL)                                                           | ↑ < 100% FPL     | --                 |
| Poverty status (yes/no)                                                                 | ↑ Yes            | --                 |
| Primary care provider (yes/no)                                                          | --               | --                 |
| Self-rated health status                                                                | --               | --                 |
| Any disability                                                                          | --               | --                 |
| Last week job status                                                                    | --               | ↑ No               |
| Diabetes                                                                                | --               | --                 |
| Self-rated mental health rating (5 levels)                                              | ↑ Excellent      | --                 |
| Self-rated mental health rating (2 levels)                                              | --               | --                 |
| See a health care provider in past 12 months                                            | --               | --                 |
| ↑ Indicates a statistically higher number of respondents in indicated subgroup category |                  |                    |

### 3.4. RQ4

[Exhibit 3.7](#) plots the percentage of total ABS sample respondents over the course of the data collection period. The higher pre-incentive group (EG3) does a better job getting respondents to respond faster as a total percentage of all respondents while the higher post-incentive group (EG2) and control group (EG1) have similar time-to-response curves. For example, at day 30 in data collection, the higher pre-incentive group had achieved 70% of its total responses while the higher post-incentive group achieved 66% and the control group achieved 65%.

**Exhibit 3.7. Cumulative distribution of total respondents by experiment group, ABS sample**

**Exhibit 3.8** plots the percentage of total respondents by experiment group among the Medicaid Administrative sample. Among Medicaid Administrative sample respondents, the higher post-incentive group obtained a greater percentage of its completed surveys slightly faster with about 2% more obtained at day 7 (53% vs. 51% for both EG1 and EG3) and at day 26 (69% vs. 67% for both EG1 and EG3).

**Exhibit 3.8. Cumulative distribution of total respondents by experiment group, Medicaid Administrative sample**

### 3.5. RQ5

[Exhibit 3.9](#) presents the cost ratios by experiment group to obtain 25,000 completed surveys through the ABS frame. While the cost per sampled case of the two higher incentive groups is substantially higher (22% higher for the higher post-incentive group (EG2) and 27% higher for the higher pre-incentive group (EG3)), once the smaller starting sample size is taken into account, most of the higher cost per case costs are mitigated. This is especially true for the higher post-incentive group where the final cost ratio is only 2.4% higher than the control group if the full data collection period is used and only 1.5% higher than the control group if the data collection is 75 days (which is closer to the field period for the second release).

**Exhibit 3.9. Cost ratios to obtain 25,000 interviews through the ABS frame by experiment group**

| Experiment Group                       | Masked Cost/Case Ratio | Starting Sample Size | Estimated Fielding Cost | Final Cost Ratio |
|----------------------------------------|------------------------|----------------------|-------------------------|------------------|
| <b>Data Collection Period: Full</b>    |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 109,354              | \$109,354               | 1.000            |
| EG2: \$2/\$20                          | 1.217                  | 92,051               | \$111,990               | 1.024            |
| EG3: \$5/\$10                          | 1.273                  | 92,822               | \$118,155               | 1.080            |
| <b>Data Collection Period: 90 Days</b> |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 116,878              | \$116,878               | 1.000            |

| Experiment Group                       | Masked Cost/Case Ratio | Starting Sample Size | Estimated Fielding Cost | Final Cost Ratio |
|----------------------------------------|------------------------|----------------------|-------------------------|------------------|
| EG2: \$2/\$20                          | 1.217                  | 97,617               | \$118,762               | 1.016            |
| EG3: \$5/\$10                          | 1.273                  | 97,578               | \$124,209               | 1.063            |
| <b>Data Collection Period: 75 Days</b> |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 122,364              | \$122,364               | 1.000            |
| EG2: \$2/\$20                          | 1.217                  | 102,094              | \$124,209               | 1.015            |
| EG3: \$5/\$10                          | 1.273                  | 100,723              | \$128,212               | 1.048            |
| <b>Data Collection Period: 60 Days</b> |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 129,310              | \$129,310               | 1.000            |
| EG2: \$2/\$20                          | 1.217                  | 108,430              | \$131,917               | 1.020            |
| EG3: \$5/\$10                          | 1.273                  | 106,395              | \$135,432               | 1.047            |

**Exhibit 3.10** presents the cost ratios to obtain 10,000 completed surveys through the Medicaid Administrative file. The initial cost per case ratios for the higher incentive groups are 24.2% higher for the higher post-incentive group (EG2) and 23.7% higher for the higher pre-incentive group. After the higher needed starting sample size for the control group is taken into account, the final cost ratios are only modestly mitigated to being 11.4% higher 14.6% higher than the control group for EG2 and EG3, respectively.

**Exhibit 3.10. Cost ratios to obtain 10,000 interviews through the Medicaid Administrative frame by experiment group**

| Experiment Group                       | Masked Cost/Case Ratio | Starting Sample Size | Estimated Fielding Cost | Final Cost Ratio |
|----------------------------------------|------------------------|----------------------|-------------------------|------------------|
| <b>Data Collection Period: Full</b>    |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 39,084               | \$39,084                | 1.000            |
| EG2: \$2/\$20                          | 1.242                  | 35,035               | \$43,527                | 1.114            |
| EG3: \$5/\$10                          | 1.237                  | 36,194               | \$44,776                | 1.146            |
| <b>Data Collection Period: 90 Days</b> |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 39,326               | \$39,326                | 1.000            |
| EG2: \$2/\$20                          | 1.242                  | 35,371               | \$43,945                | 1.117            |
| EG3: \$5/\$10                          | 1.237                  | 36,592               | \$45,268                | 1.151            |
| <b>Data Collection Period: 75 Days</b> |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 40,046               | \$40,046                | 1.000            |
| EG2: \$2/\$20                          | 1.242                  | 35,916               | \$44,621                | 1.114            |
| EG3: \$5/\$10                          | 1.237                  | 36,978               | \$45,746                | 1.142            |
| <b>Data Collection Period: 60 Days</b> |                        |                      |                         |                  |
| EG1: \$2/\$10                          | 1.000                  | 41,866               | \$41,866                | 1.000            |
| EG2: \$2/\$20                          | 1.242                  | 37,473               | \$46,556                | 1.112            |
| EG3: \$5/\$10                          | 1.237                  | 38,106               | \$47,141                | 1.126            |

## 4. Findings and Recommendations

### 4.1. Findings

Based on the results of the experiment, several findings can be drawn:

- While both the higher post-incentive (EG2) and higher pre-incentive (EG3) significantly increased the response rates compared to the control group, for both the ABS and Medicaid Administrative samples, the higher post-incentive had the largest increase.
- The higher post-incentive group does a better job in bringing in harder to reach subgroups from the ABS frame like low income and the youngest adults (19–24). However, since the study was not powered for this research question (RQ3), some non-findings could simply be due to smaller sample sizes in subgroups among the set of respondents.
- The higher incentive groups can be successful at getting sample members to respond more quickly. This can be beneficial if one wants a short data collection period and, more generally, to reduce costs by reducing the number of mailings needed later in the data collection period. However, which higher incentive is optimal is less clear as the higher pre-incentive seemed to have a larger impact on the ABS sample while the higher post-incentive had a greater influence on the Medicaid Administrative sample.
- While offering a higher incentive (pre or post) does have higher costs on a per case basis (to pay for the higher incentive), the needed number of cases to field (to arrive at a targeted number of completed surveys, assuming response rate performance commensurate with the higher incentive) can be reduced to cover some or all of those additional costs. This is especially true for the ABS sample where the increase in the response rate was greater and the ability to obtain surveys faster helped reduce the needed starting sample size more than the Medicaid Administrative sample.
- Cost savings were also more apparent when the data collection period is shorter. Therefore, in a two-release design like OMAS utilizes, a higher incentive can be more beneficial in the second release when the total data collection period is shorter.

### 4.2. Recommendations

Based on the findings, we recommend increasing the post-incentive for the ABS sample but maintaining the current incentive offering to the Medicaid Administrative sample. Beyond the findings in the experiment—higher response rate, faster completion curve than the control group, increased completes among younger age group and populations living at or below the poverty level—increasing the incentive offering for the ABS sample to a \$2 pre-incentive and \$20 post-incentive will align it with the current Medicaid Administrative sample incentive offering and better account for inflation since the \$10 post-incentive was introduced in the 2015 OMAS. Additionally, in shorter data collection periods, like the second release field period, the costs between the current incentive offering and the \$2/\$20 offering on the ABS frame are only 1.5% different.

## Appendix E: Mailing Materials



Case ID: <<Voxco\_ID>> <<Barcode>>  
<<FullName>> <<DATE>>  
<<Address1>> <<Address2>>  
<<City>>, <<State>> <<Zip>>

Dear <<FullName>>,

You have been selected to participate in the Ohio Medicaid Assessment Survey—an important study by the Ohio Department of Medicaid and The Ohio State University. By completing this survey, you will help local and state agencies improve health services across Ohio. **All your answers will be confidential.**

The survey should be completed by the adult, 19 years or older, who lives in this household and had the most recent birthday. You do not have to have Medicaid insurance to participate in this survey.

Please follow these steps to participate in the survey:

Step 1: Keep the \$«Pre-Incentive» as a thank you for your help.

Step 2: Complete a 20-minute survey to receive \$«Incentive». You can complete the survey in one of two ways:

- Visit our **Survey Website** and enter your personal access code below:
  - Survey website: [OSUSurvey.com](https://OSUSurvey.com)
  - Survey Access Code: <<PIN>>
- Scan the **QR code** found in this box to be taken directly to your survey.



Step 3: You will receive \$«Incentive» after you complete the survey. You can choose a \$«Incentive» electronic gift card, or a \$«Incentive» check by mail.

**Para completar la encuesta en español**, llame al equipo del proyecto de forma gratuita al 1-833-947-2577.

We hope you will share your experiences with us! For more information about OMAS, please visit [grc.osu.edu/OMAS](https://grc.osu.edu/OMAS). If you have questions or concerns about the study, please call The Ohio State University at 1-833-947-2577, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](https://OSUSurvey.com).

Sincerely,



Leyla Tosun, PhD  
Senior Research Consultant  
Ohio Colleges of Medicine, Government Resource Center



Ohio Medicaid Assessment Survey  
PO Box 12728  
Columbus, Ohio 43212

DO NOT FORWARD



Please help us help local and state agencies  
improve health services across Ohio. Open this  
postcard to learn how you can participate in  
our important survey and get \$«Incentive».







A few days ago, we mailed you a letter containing **\$«PreIncentive»** in cash and an invitation to complete an important survey.

If you or someone else living with you already completed the survey – **thank you**.

**If not**, please complete your survey today.  
It should be completed by the adult with the most recent birthday.

*Para completar la encuesta en español, llame al equipo del proyecto de forma gratuita al 1-833-947-2577.*

**The survey is easy and may be completed online:**



**To access the survey:**

Survey Website: [OSUSurvey.com](https://OSUSurvey.com)

Survey Access Code: <<**PIN**>>

You will receive **\$«Incentive»** for completing the survey.

If you have questions or concerns about the study, please call The Ohio State University at **1-833-947-2577**, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](https://OSUSurvey.com).

Thank you,

Leyla Tosun, PhD  
Senior Research Consultant  
Ohio Colleges of Medicine  
Government Resource Center  
The Ohio State University





Case ID: <<Voxco\_ID>> <<Barcode>>  
<<FullName>>  
<<Address1>> <<Address2>>  
<<City>>, <<State>> <<Zip>>

&lt;&lt;DATE&gt;&gt;

Dear <<FullName>>,

We recently sent your household an invitation to participate in a survey called the Ohio Medicaid Assessment Survey. You can participate by completing the survey enclosed with this letter, by web, or by phone. The study is sponsored by the Ohio Department of Medicaid and The Ohio State University. **By completing this survey, you will help local and state agencies improve health services for residents, such as yourself. All your answers will be confidential.**

The survey should be completed by the adult, 19 years or older, who lives in this household and had the most recent birthday. You do not have to have Medicaid insurance to participate in this survey.

Please follow these steps to participate in the survey:

**Step 1:** Complete a 20-minute survey to receive **\$«Incentive»**. You can now complete the survey in one of the following ways:

- **Visit our Survey Website** and enter your personal access code below:
  - Survey website: [OSUSurvey.com](https://OSUSurvey.com)
  - Survey Access Code: <<PIN>>
- Scan the **QR code** found in this box to be taken directly to your survey.
- Complete the enclosed paper survey and return using the enclosed prepaid envelope.



**Step 2:** You will receive **\$«Incentive»** after you complete the survey. You can choose a **\$«Incentive»** electronic gift card, or a **\$«Incentive»** check by mail.

**Para completar la encuesta en español,** llame al equipo del proyecto de forma gratuita al 1-833-947-2577.

We hope you will share your experiences with us! For more information about OMAS, please visit [grc.osu.edu/OMAS](https://grc.osu.edu/OMAS). If you have questions or concerns about participating in the study, please call The Ohio State University at 1-833-947-2577, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](https://OSUSurvey.com).

Sincerely,

A handwritten signature in black ink that reads "Leyla Tosun".

Leyla Tosun, PhD  
Senior Research Consultant  
Ohio Colleges of Medicine, Government Resource Center



Ohio Medicaid Assessment Survey  
PO Box 12728  
Columbus, Ohio 43212

DO NOT FORWARD



There is still time to help local and state agencies  
improve health services across Ohio! Open this  
postcard to learn how you can participate in our  
important survey and get \$«Incentive».





We recently mailed you an important survey to complete- the **Ohio Medicaid Assessment Survey**.

If you or someone else living with you already completed the survey – **thank you**.

**If not**, there is still time to complete your survey!  
It should be completed by the adult with the most recent birthday.

*Para completar la encuesta en español, llame al equipo del proyecto de forma gratuita al 1-833-947-2577.*

**The survey is easy and may be completed online:**



**To access the survey:**

Survey Website: [OSUSurvey.com](https://OSUSurvey.com)

Survey Access Code: <<**PIN**>>

You will receive **\$«Incentive»** for completing the survey.

If you have questions or concerns about the study, please call The Ohio State University at **1-833-947-2577**, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](https://OSUSurvey.com).

Thank you,

Leyla Tosun, PhD  
Senior Research Consultant  
Ohio Colleges of Medicine  
Government Resource Center  
The Ohio State University





Case ID: <<Voxco\_ID>> <<Barcode>>  
 <<FullName>>  
 <<Address1>> <<Address2>>  
 <<City>>, <<State>> <<Zip>>

<<DATE>>

Dear <<FullName>>,

We recently sent your household the Ohio Medicaid Assessment Survey. You can participate by completing the additional copy of the survey enclosed with this letter, by web, or by phone. The study is sponsored by the Ohio Department of Medicaid and The Ohio State University. **By completing this survey, you will help local and state agencies improve health services for residents, such as yourself. All your answers will be confidential.**

If you have already completed the survey and returned it – **thank you!**

If not, you can still complete the survey, but time is running out!

The survey should be completed by the adult, 19 years or older, who lives in this household and had the most recent birthday. You do not have to have Medicaid insurance to participate in this survey.

Please follow these steps to participate in the survey:

**Step 1:** Complete a 20-minute survey to receive **\$«Incentive»**. You can now complete the survey in one of the following ways:

- **Visit our Survey Website** and enter your personal access code below:
  - Survey website: **OSUSurvey.com**
  - Survey Access Code: **<<PIN>>**
- Scan the **QR code** found in this box to be taken directly to your survey.
- Complete the enclosed paper survey and return using the enclosed prepaid envelope.



**Step 2:** You will receive **\$«Incentive»** after you complete the survey. You can choose a **\$«Incentive»** electronic gift card, or a **\$«Incentive»** check by mail.

**Para completar la encuesta en español,** llame al equipo del proyecto de forma gratuita al 1-833-947- 2577.

We hope you will share your experiences with us! For more information about OMAS, please visit [grc.osu.edu/OMAS](http://grc.osu.edu/OMAS). If you have questions or concerns about participating in the study, please call The Ohio State University at 1-833-947-2577, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](http://OSUSurvey.com).

Sincerely,

Leyla Tosun, PhD  
 Senior Research Consultant  
 Ohio Colleges of Medicine, Government Resource Center



Case ID: <<Voxco\_ID>> <<Barcode>>  
<<FullName>> <<DATE>>  
<<Address1>> <<Address2>>  
<<City>>, <<State>> <<Zip>>

Dear <<FullName>>,

You have been selected to participate in the Ohio Medicaid Assessment Survey—an important study by the Ohio Department of Medicaid and The Ohio State University. By completing this survey, you will help local and state agencies improve health services across Ohio. **All your answers will be confidential.**

Please follow these steps to participate in the survey:

**Step 1:** Keep the **\$«Pre-Incentive»** as a thank you for your help.

**Step 2:** Complete a 20-minute survey to receive **\$«Incentive»**. You can complete the survey in one of the following ways:

- Visit our **Survey Website** and enter your personal access code below:
  - Survey website: [OSUSurvey.com](https://OSUSurvey.com)
  - Survey Access Code: <<PIN>>
- Scan the **QR code** found in this box to be taken directly to your survey.
- Or answer the phone when you receive a call from The Ohio State University in the coming weeks.



**Step 3:** You will receive **\$«Incentive»** after you complete the survey. You can choose a **\$«Incentive»** electronic gift card, or a **\$«Incentive»** check by mail.

**Para completar la encuesta en español**, llame al equipo del proyecto de forma gratuita al 1-833-947-2577.

We hope you will share your experiences with us! For more information about OMAS, please visit [grc.osu.edu/OMAS](https://grc.osu.edu/OMAS). If you have questions or concerns about the study, please call The Ohio State University at 1-833-947-2577, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](https://OSUSurvey.com).

Sincerely,



Leyla Tosun, PhD  
Senior Research Consultant  
Ohio Colleges of Medicine, Government Resource Center



Ohio Medicaid Assessment Survey  
PO Box 12728  
Columbus, Ohio 43212

DO NOT FORWARD



Please help us help local and state agencies  
improve health services across Ohio. Open this  
postcard to learn how you can participate in our  
important survey and get **\$«Incentive»**.







A few days ago, we mailed you a letter containing  
**\$«Pre-Incentive»** in cash and an invitation to  
complete an important survey.

If you have already completed the survey  
– **thank you**.

**If not**, please complete your survey today.

*Para completar la encuesta en español, llame al equipo del proyecto de forma gratuita al 1-833-947-2577.*

**The survey is easy and may be completed online:**



Scan for  
website



**To access the survey:**

Survey Website: [OSUSurvey.com](https://OSUSurvey.com)

Survey Access Code: <<**PIN**>>

You will receive **\$«Incentive»** for completing the survey.

If you have questions or concerns about the study, please call The Ohio State University at **1-833-947-2577**, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](https://OSUSurvey.com).

Thank you,

Leyla Tosun, PhD  
Senior Research Consultant  
Ohio Colleges of Medicine  
Government Resource Center  
The Ohio State University







Ohio Medicaid Assessment Survey  
PO Box 12728  
Columbus, Ohio 43212

DO NOT FORWARD



There is still time to help local and state agencies  
improve health services across Ohio! Open this  
postcard to learn how you can participate in our  
important survey and get \$«Incentive».





We recently mailed you a letter containing **\$«Pre-Incentive»** in cash and an invitation to complete an important survey.

If you have already completed the survey  
– **thank you**.

**If not**, you can still complete the survey,  
but time is running out!

*Para completar la encuesta en español, llame al equipo del proyecto de forma gratuita al 1-833-947-2577.*

**The survey is easy and may be completed online:**



Scan for  
website



**To access the survey:**

Survey Website: [OSUSurvey.com](https://OSUSurvey.com)

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You will receive **\$«Incentive»** for completing the survey.

If you have questions or concerns about the study, please call The Ohio State University at **1-833-947-2577**, email [OMASsurvey@rti.org](mailto:OMASsurvey@rti.org), or visit [OSUSurvey.com](https://OSUSurvey.com).

Thank you,

Leyla Tosun, PhD  
Senior Research Consultant  
Ohio Colleges of Medicine  
Government Resource Center  
The Ohio State University



## Appendix F: Medicaid Text Message Content

**Release 1**

- **Text 1**
  - (MMS Format—640 characters max + mandatory logo)



Hello, this is The Ohio State University, and we need your help with our health care study, called the OMAS. The OMAS is a survey that has been conducted by The Ohio State University and the Ohio Department of Medicaid since 1997 to learn about health care experiences in Ohio. Your feedback will help benefit fellow Ohioans, and we'll send you a <<Incentive>>-dollar electronic gift card to thank you for your time.

If you would like to know more about the study, please email the study team [omassurvey@rti.org](mailto:omassurvey@rti.org), call us at 1-833-947-2577, or reply to this text message. When you are ready to complete the survey, go to <<SMS\_URL>>. Reply STOP to opt out.

- **Text 2**
  - (MMS Format—640 characters max + mandatory logo)



Hi again, this is The Ohio State University, and we still need your help with our health care study called the OMAS. We want to know about your experiences with health care in Ohio, and we'll send you a <<Incentive>>-dollar electronic gift card to thank you for your time.

When you are ready to complete the survey, go to <<SMS\_URL>>. If you would like to know more about the study, please email the study team [omassurvey@rti.org](mailto:omassurvey@rti.org), call us at 1-833-947-2577, or reply to this text message. Reply STOP to opt out.

- **Text 3/Text 4**
  - (MMS Format—640 characters max + mandatory logo)



Hello, this is The Ohio State University, and we still need your help with our health care study called the OMAS—the study is about to end, and this is your last chance to participate! The OMAS is a survey that is conducted to learn about all health care experiences in Ohio. Your feedback will help benefit fellow Ohioans, and we'll send you a <<Incentive>>-dollar electronic gift card to thank you for your time.

To complete the survey, go to <<SMS\_URL>>. If you would like to know more about the study, please email the study team [omassurvey@rti.org](mailto:omassurvey@rti.org), call us at 1-833-947-2577, or reply to this text message. Reply STOP to opt out.

## Appendix G: Detailed Sampling Plan Tables

**Exhibit G-1. Sample Allocation by Primary Stratification (County)**

| County       | Population       |                         | ABS Frame Units  | Allocation    |
|--------------|------------------|-------------------------|------------------|---------------|
|              | Occupied HUs     | Persons in Occupied HUs |                  |               |
| <b>Total</b> | <b>4,829,562</b> | <b>11,487,874</b>       | <b>5,271,564</b> | <b>25,000</b> |
| Adams        | 10,230           | 27,170                  | 12,737           | 100           |
| Allen        | 40,928           | 98,438                  | 44,697           | 199           |
| Ashland      | 20,654           | 50,723                  | 22,517           | 107           |
| Ashtabula    | 38,959           | 93,987                  | 46,362           | 189           |
| Athens       | 22,722           | 53,843                  | 26,466           | 118           |
| Auglaize     | 18,951           | 45,705                  | 20,034           | 100           |
| Belmont      | 26,450           | 62,257                  | 31,599           | 137           |
| Brown        | 17,145           | 43,161                  | 19,460           | 100           |
| Butler       | 145,232          | 378,945                 | 154,777          | 705           |
| Carroll      | 11,476           | 26,360                  | 13,391           | 100           |
| Champaign    | 15,512           | 38,174                  | 16,904           | 100           |
| Clark        | 55,325           | 132,784                 | 61,092           | 268           |
| Clermont     | 84,334           | 207,888                 | 87,534           | 410           |
| Clinton      | 16,534           | 40,822                  | 17,966           | 100           |
| Columbiana   | 41,375           | 97,883                  | 46,133           | 201           |
| Coshocton    | 14,860           | 36,261                  | 16,321           | 100           |
| Crawford     | 18,120           | 41,261                  | 19,844           | 100           |
| Cuyahoga     | 554,164          | 1,222,029               | 615,504          | 2,691         |
| Darke        | 21,332           | 51,077                  | 22,643           | 110           |
| Defiance     | 15,376           | 37,636                  | 16,570           | 100           |
| Delaware     | 80,455           | 219,093                 | 84,215           | 390           |
| Erie         | 32,122           | 72,948                  | 38,400           | 156           |
| Fairfield    | 59,979           | 158,201                 | 63,397           | 291           |
| Fayette      | 11,635           | 28,506                  | 12,694           | 100           |
| Franklin     | 547,922          | 1,293,784               | 588,892          | 2,660         |
| Fulton       | 16,881           | 42,011                  | 17,708           | 100           |
| Gallia       | 11,305           | 28,506                  | 13,454           | 100           |
| Geauga       | 35,587           | 94,398                  | 37,617           | 173           |
| Greene       | 67,478           | 161,250                 | 71,925           | 327           |
| Guernsey     | 16,247           | 37,761                  | 19,024           | 100           |

(continued)

**Exhibit G-1. Sample Allocation by Primary Stratification (County)**

| County     | Population   |                         | ABS Frame Units | Allocation |
|------------|--------------|-------------------------|-----------------|------------|
|            | Occupied HUs | Persons in Occupied HUs |                 |            |
| Hamilton   | 352,181      | 808,670                 | 380,414         | 1,710      |
| Hancock    | 31,618       | 73,026                  | 33,871          | 154        |
| Hardin     | 11,711       | 28,573                  | 12,921          | 100        |
| Harrison   | 5,921        | 14,146                  | 7,397           | 100        |
| Henry      | 11,226       | 27,180                  | 12,053          | 100        |
| Highland   | 16,814       | 42,882                  | 19,005          | 100        |
| Hocking    | 11,565       | 27,725                  | 13,014          | 100        |
| Holmes     | 13,326       | 43,498                  | 14,560          | 100        |
| Huron      | 23,432       | 57,654                  | 25,575          | 121        |
| Jackson    | 12,672       | 32,255                  | 14,490          | 100        |
| Jefferson  | 27,127       | 62,480                  | 31,118          | 140        |
| Knox       | 23,435       | 59,464                  | 26,038          | 121        |
| Lake       | 100,319      | 229,357                 | 105,877         | 487        |
| Lawrence   | 22,501       | 56,751                  | 26,538          | 116        |
| Licking    | 68,305       | 176,709                 | 73,021          | 332        |
| Logan      | 19,558       | 45,737                  | 23,797          | 101        |
| Lorain     | 125,856      | 306,192                 | 135,584         | 611        |
| Lucas      | 182,146      | 420,030                 | 200,764         | 884        |
| Madison    | 15,361       | 39,392                  | 16,361          | 100        |
| Mahoning   | 98,190       | 220,788                 | 108,077         | 476        |
| Marion     | 24,524       | 59,735                  | 27,381          | 127        |
| Medina     | 72,500       | 181,470                 | 75,705          | 352        |
| Meigs      | 8,875        | 21,863                  | 10,669          | 100        |
| Mercer     | 16,278       | 41,899                  | 18,023          | 100        |
| Miami      | 44,562       | 108,612                 | 47,028          | 217        |
| Monroe     | 5,510        | 13,184                  | 7,147           | 100        |
| Montgomery | 230,149      | 518,183                 | 252,475         | 1,117      |
| Morgan     | 5,633        | 13,595                  | 7,311           | 100        |
| Morrow     | 13,449       | 34,904                  | 14,615          | 100        |
| Muskingum  | 34,243       | 84,508                  | 38,343          | 166        |
| Noble      | 4,587        | 11,998                  | 5,797           | 100        |
| Ottawa     | 18,091       | 39,540                  | 28,762          | 100        |
| Paulding   | 7,543        | 18,708                  | 8,533           | 100        |

(continued)



**Exhibit G-1. Sample Allocation by Primary Stratification (County)**

| County     | Population   |                         | ABS Frame Units | Allocation |
|------------|--------------|-------------------------|-----------------|------------|
|            | Occupied HUs | Persons in Occupied HUs |                 |            |
| Perry      | 13,349       | 35,158                  | 15,021          | 100        |
| Pickaway   | 21,412       | 55,271                  | 22,591          | 111        |
| Pike       | 10,816       | 26,680                  | 12,071          | 100        |
| Portage    | 64,560       | 154,274                 | 71,040          | 313        |
| Preble     | 16,742       | 40,433                  | 18,106          | 100        |
| Putnam     | 13,173       | 33,989                  | 13,870          | 100        |
| Richland   | 50,068       | 118,382                 | 54,616          | 243        |
| Ross       | 29,429       | 71,437                  | 32,042          | 142        |
| Sandusky   | 24,452       | 57,587                  | 26,475          | 127        |
| Scioto     | 28,637       | 69,759                  | 33,153          | 148        |
| Seneca     | 22,099       | 52,070                  | 23,968          | 114        |
| Shelby     | 18,786       | 47,539                  | 20,113          | 100        |
| Stark      | 155,366      | 365,851                 | 167,525         | 754        |
| Summit     | 229,503      | 529,292                 | 247,239         | 1,114      |
| Trumbull   | 86,135       | 197,503                 | 94,510          | 418        |
| Tuscarawas | 38,127       | 91,524                  | 40,840          | 185        |
| Union      | 23,495       | 62,735                  | 24,298          | 122        |
| Van Wert   | 11,651       | 28,497                  | 12,574          | 100        |
| Vinton     | 5,222        | 12,608                  | 5,937           | 100        |
| Warren     | 90,288       | 239,993                 | 94,910          | 438        |
| Washington | 24,887       | 57,918                  | 27,979          | 129        |
| Wayne      | 44,192       | 112,312                 | 46,804          | 215        |
| Williams   | 15,455       | 35,892                  | 16,574          | 100        |
| Wood       | 54,156       | 126,171                 | 57,282          | 263        |
| Wyandot    | 9,064        | 21,429                  | 9,885           | 100        |

**Exhibit G-2. Counties With High Concentration Strata by Group Type**

| County     | Children | Low-Income | Non-White |
|------------|----------|------------|-----------|
| Adams      | ●        | --         | --        |
| Allen      | --       | --         | ●         |
| Ashland    | ●        | --         | --        |
| Ashtabula  | ●        | ●          | --        |
| Athens     | ●        | --         | --        |
| Auglaize   | ●        | --         | --        |
| Belmont    | ●        | --         | --        |
| Brown      | ●        | --         | --        |
| Butler     | ●        | ●          | ●         |
| Carroll    | --       | --         | --        |
| Champaign  | ●        | --         | --        |
| Clark      | ●        | --         | ●         |
| Clermont   | ●        | --         | --        |
| Clinton    | --       | ●          | --        |
| Columbiana | ●        | --         | --        |
| Coshocton  | ●        | --         | --        |
| Crawford   | ●        | --         | --        |
| Cuyahoga   | ●        | ●          | ●         |
| Darke      | --       | ●          | --        |
| Defiance   | ●        | --         | --        |
| Delaware   | ●        | --         | --        |
| Erie       | --       | --         | ●         |
| Fairfield  | --       | --         | ●         |
| Fayette    | --       | ●          | --        |
| Franklin   | ●        | ●          | ●         |
| Fulton     | ●        | --         | --        |
| Gallia     | --       | ●          | --        |
| Geauga     | ●        | --         | --        |
| Greene     | ●        | --         | --        |
| Guernsey   | --       | ●          | --        |
| Hamilton   | ●        | --         | ●         |
| Hancock    | ●        | ●          | --        |
| Hardin     | --       | --         | --        |
| Harrison   | --       | --         | --        |
| Henry      | --       | --         | --        |
| Highland   | ●        | --         | --        |

| County     | Children | Low-Income | Non-White |
|------------|----------|------------|-----------|
| Hocking    | --       | ●          | --        |
| Holmes     | ●        | --         | --        |
| Huron      | ●        | --         | --        |
| Jackson    | ●        | --         | --        |
| Jefferson  | --       | ●          | --        |
| Knox       | ●        | --         | --        |
| Lake       | --       | --         | --        |
| Lawrence   | ●        | ●          | --        |
| Licking    | ●        | --         | --        |
| Logan      | ●        | --         | --        |
| Lorain     | ●        | --         | ●         |
| Lucas      | ●        | ●          | ●         |
| Madison    | ●        | --         | --        |
| Mahoning   | ●        | --         | ●         |
| Marion     | ●        | ●          | --        |
| Medina     | ●        | --         | --        |
| Meigs      | --       | ●          | --        |
| Mercer     | ●        | --         | --        |
| Miami      | ●        | --         | --        |
| Monroe     | --       | --         | --        |
| Montgomery | ●        | ●          | ●         |
| Morgan     | --       | --         | --        |
| Morrow     | --       | --         | --        |
| Muskingum  | ●        | ●          | --        |
| Noble      | --       | ●          | --        |
| Ottawa     | ●        | --         | --        |
| Paulding   | --       | --         | --        |
| Perry      | ●        | --         | --        |
| Pickaway   | ●        | ●          | --        |
| Pike       | ●        | --         | --        |
| Portage    | ●        | --         | --        |
| Preble     | --       | --         | --        |
| Putnam     | ●        | --         | --        |
| Richland   | --       | --         | ●         |
| Ross       | ●        | --         | --        |
| Sandusky   | ●        | --         | --        |

**Exhibit G-2. Counties With High Concentration Strata by Group Type**

| County     | Children | Low-Income | Non-White |
|------------|----------|------------|-----------|
| Scioto     | ●        | --         | --        |
| Seneca     | ●        | ●          | --        |
| Shelby     | ●        | --         | --        |
| Stark      | ●        | ●          | ●         |
| Summit     | ●        | --         | ●         |
| Trumbull   | ●        | --         | ●         |
| Tuscarawas | ●        | --         | --        |
| Union      | ●        | --         | --        |

| County     | Children | Low-Income | Non-White |
|------------|----------|------------|-----------|
| Van Wert   | ●        | --         | --        |
| Vinton     | --       | --         | --        |
| Warren     | ●        | --         | --        |
| Washington | --       | ●          | --        |
| Wayne      | ●        | --         | --        |
| Williams   | ●        | --         | --        |
| Wood       | --       | ●          | --        |
| Wyandot    | --       | --         | --        |

Note: ● = high concentration present.

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County    | Population:  |                                     | ABS Frame Units | Strata Details                | Allocation |
|--------|-----------|--------------|-------------------------------------|-----------------|-------------------------------|------------|
|        |           | Occupied HUs | Population: Persons in Occupied HUs |                 |                               |            |
| 1      | Adams     | 6,799        | 16,626                              | 8,709           | Reference                     | 49         |
| 2      | Adams     | 3,431        | 10,544                              | 4,028           | HIGH %: Children              | 51         |
| 3      | Allen     | 35,501       | 85,054                              | 38,220          | Reference                     | 160        |
| 4      | Allen     | 5,427        | 13,384                              | 6,477           | HIGH %: Non-White             | 39         |
| 5      | Ashland   | 18,824       | 44,739                              | 20,428          | Reference                     | 82         |
| 6      | Ashland   | 1,830        | 5,984                               | 2,089           | HIGH %: Children              | 25         |
| 7      | Ashtabula | 25,214       | 60,045                              | 30,332          | Reference                     | 80         |
| 8      | Ashtabula | 7,975        | 16,726                              | 9,446           | HIGH %: Low Income            | 59         |
| 9      | Ashtabula | 3,179        | 10,857                              | 3,602           | HIGH %: Children              | 25         |
| 10     | Ashtabula | 2,591        | 6,359                               | 2,982           | HIGH %: Children, Low Income  | 25         |
| 11     | Athens    | 20,182       | 46,508                              | 23,510          | Reference                     | 93         |
| 12     | Athens    | 2,540        | 7,335                               | 2,956           | HIGH %: Children              | 25         |
| 13     | Auglaize  | 15,309       | 35,303                              | 16,167          | Reference                     | 71         |
| 14     | Auglaize  | 3,642        | 10,402                              | 3,867           | HIGH %: Children              | 29         |
| 15     | Belmont   | 23,493       | 54,086                              | 27,919          | Reference                     | 112        |
| 16     | Belmont   | 2,957        | 8,171                               | 3,680           | HIGH %: Children              | 25         |
| 17     | Brown     | 13,587       | 32,603                              | 15,527          | Reference                     | 68         |
| 18     | Brown     | 3,558        | 10,558                              | 3,933           | HIGH %: Children              | 32         |
| 19     | Butler    | 69,576       | 171,547                             | 73,337          | Reference                     | 126        |
| 20     | Butler    | 11,216       | 25,045                              | 13,000          | HIGH %: Low Income            | 81         |
| 21     | Butler    | 11,614       | 26,280                              | 12,520          | HIGH %: Non-White             | 84         |
| 22     | Butler    | 3,643        | 9,320                               | 4,289           | HIGH %: Non-White, Low Income | 32         |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County     | Population:  |                                     | ABS Frame Units | Strata Details                          | Allocation |
|--------|------------|--------------|-------------------------------------|-----------------|-----------------------------------------|------------|
|        |            | Occupied HUs | Population: Persons in Occupied HUs |                 |                                         |            |
| 23     | Butler     | 35,785       | 109,436                             | 37,221          | HIGH %: Children                        | 261        |
| 24     | Butler     | 2,374        | 5,526                               | 2,639           | HIGH %: Children, Low Income            | 25         |
| 25     | Butler     | 8,264        | 24,686                              | 8,815           | HIGH %: Children, Non-White             | 70         |
| 26     | Butler     | 2,760        | 7,105                               | 2,956           | HIGH %: Children, Non-White, Low Income | 26         |
| 27     | Carroll    | 11,476       | 26,360                              | 13,391          | Reference                               | 100        |
| 28     | Champaign  | 11,101       | 26,834                              | 12,072          | Reference                               | 58         |
| 29     | Champaign  | 4,411        | 11,340                              | 4,832           | HIGH %: Children                        | 42         |
| 30     | Clark      | 42,640       | 100,264                             | 46,420          | Reference                               | 164        |
| 31     | Clark      | 4,853        | 11,328                              | 5,657           | HIGH %: Non-White                       | 35         |
| 32     | Clark      | 5,964        | 16,281                              | 6,683           | HIGH %: Children                        | 44         |
| 33     | Clark      | 1,868        | 4,911                               | 2,332           | HIGH %: Children, Non-White             | 25         |
| 34     | Clermont   | 61,920       | 144,648                             | 64,077          | Reference                               | 246        |
| 35     | Clermont   | 22,414       | 63,240                              | 23,457          | HIGH %: Children                        | 164        |
| 36     | Clinton    | 13,600       | 33,765                              | 14,909          | Reference                               | 73         |
| 37     | Clinton    | 2,934        | 7,057                               | 3,057           | HIGH %: Low Income                      | 27         |
| 38     | Columbiana | 35,381       | 82,005                              | 39,670          | Reference                               | 157        |
| 39     | Columbiana | 5,994        | 15,878                              | 6,463           | HIGH %: Children                        | 44         |
| 40     | Coshocton  | 12,584       | 29,590                              | 13,932          | Reference                               | 75         |
| 41     | Coshocton  | 2,276        | 6,671                               | 2,389           | HIGH %: Children                        | 25         |
| 42     | Crawford   | 15,176       | 34,107                              | 16,663          | Reference                               | 75         |
| 43     | Crawford   | 2,944        | 7,154                               | 3,181           | HIGH %: Children                        | 25         |
| 44     | Cuyahoga   | 260,241      | 568,390                             | 279,232         | Reference                               | 363        |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County    | Population:  |                                     | ABS Frame Units | Strata Details                          | Allocation |
|--------|-----------|--------------|-------------------------------------|-----------------|-----------------------------------------|------------|
|        |           | Occupied HUs | Population: Persons in Occupied HUs |                 |                                         |            |
| 45     | Cuyahoga  | 30,237       | 55,935                              | 36,018          | HIGH %: Low Income                      | 221        |
| 46     | Cuyahoga  | 104,773      | 229,788                             | 116,275         | HIGH %: Non-White                       | 764        |
| 47     | Cuyahoga  | 86,561       | 165,450                             | 104,003         | HIGH %: Non-White, Low Income           | 735        |
| 48     | Cuyahoga  | 26,364       | 78,096                              | 27,193          | HIGH %: Children                        | 192        |
| 49     | Cuyahoga  | 4,223        | 11,133                              | 5,250           | HIGH %: Children, Low Income            | 35         |
| 50     | Cuyahoga  | 20,444       | 58,772                              | 22,474          | HIGH %: Children, Non-White             | 173        |
| 51     | Cuyahoga  | 21,321       | 54,465                              | 25,059          | HIGH %: Children, Non-White, Low Income | 208        |
| 52     | Darke     | 16,292       | 40,988                              | 17,198          | Reference                               | 71         |
| 53     | Darke     | 5,040        | 10,089                              | 5,445           | HIGH %: Low Income                      | 39         |
| 54     | Defiance  | 12,342       | 28,713                              | 13,254          | Reference                               | 70         |
| 55     | Defiance  | 3,034        | 8,923                               | 3,316           | HIGH %: Children                        | 30         |
| 56     | Delaware  | 41,484       | 101,053                             | 43,696          | Reference                               | 106        |
| 57     | Delaware  | 38,971       | 118,040                             | 40,519          | HIGH %: Children                        | 284        |
| 58     | Erie      | 27,453       | 62,115                              | 32,743          | Reference                               | 121        |
| 59     | Erie      | 4,669        | 10,833                              | 5,657           | HIGH %: Non-White                       | 35         |
| 60     | Fairfield | 52,417       | 136,466                             | 55,170          | Reference                               | 235        |
| 61     | Fairfield | 7,562        | 21,735                              | 8,227           | HIGH %: Non-White                       | 56         |
| 62     | Fayette   | 8,462        | 21,071                              | 9,215           | Reference                               | 59         |
| 63     | Fayette   | 3,173        | 7,435                               | 3,479           | HIGH %: Low Income                      | 41         |
| 64     | Franklin  | 227,665      | 485,394                             | 241,032         | Reference                               | 155        |
| 65     | Franklin  | 16,945       | 36,785                              | 19,661          | HIGH %: Low Income                      | 123        |
| 66     | Franklin  | 118,286      | 267,301                             | 128,916         | HIGH %: Non-White                       | 861        |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County   | Population:  |                                     | ABS Frame Units | Strata Details                          | Allocation |
|--------|----------|--------------|-------------------------------------|-----------------|-----------------------------------------|------------|
|        |          | Occupied HUs | Population: Persons in Occupied HUs |                 |                                         |            |
| 67     | Franklin | 45,727       | 98,098                              | 51,666          | HIGH %: Non-White, Low Income           | 389        |
| 68     | Franklin | 66,542       | 191,081                             | 68,891          | HIGH %: Children                        | 485        |
| 69     | Franklin | 2,176        | 6,217                               | 2,451           | HIGH %: Children, Low Income            | 25         |
| 70     | Franklin | 52,708       | 157,200                             | 56,324          | HIGH %: Children, Non-White             | 448        |
| 71     | Franklin | 17,873       | 51,708                              | 19,951          | HIGH %: Children, Non-White, Low Income | 174        |
| 72     | Fulton   | 14,090       | 33,698                              | 14,758          | Reference                               | 74         |
| 73     | Fulton   | 2,791        | 8,313                               | 2,950           | HIGH %: Children                        | 26         |
| 74     | Gallia   | 8,675        | 22,696                              | 10,504          | Reference                               | 65         |
| 75     | Gallia   | 2,630        | 5,810                               | 2,950           | HIGH %: Low Income                      | 35         |
| 76     | Geauga   | 30,364       | 76,621                              | 32,106          | Reference                               | 135        |
| 77     | Geauga   | 5,223        | 17,777                              | 5,511           | HIGH %: Children                        | 38         |
| 78     | Greene   | 54,670       | 122,921                             | 58,271          | Reference                               | 234        |
| 79     | Greene   | 12,808       | 38,329                              | 13,654          | HIGH %: Children                        | 93         |
| 80     | Guernsey | 12,230       | 29,559                              | 14,523          | Reference                               | 62         |
| 81     | Guernsey | 4,017        | 8,202                               | 4,501           | HIGH %: Low Income                      | 38         |
| 82     | Hamilton | 174,145      | 381,054                             | 185,959         | Reference                               | 377        |
| 83     | Hamilton | 107,574      | 226,903                             | 119,380         | HIGH %: Non-White                       | 783        |
| 84     | Hamilton | 40,566       | 117,809                             | 42,443          | HIGH %: Children                        | 296        |
| 85     | Hamilton | 29,896       | 82,904                              | 32,632          | HIGH %: Children, Non-White             | 254        |
| 86     | Hancock  | 24,267       | 56,776                              | 25,872          | Reference                               | 96         |
| 87     | Hancock  | 4,545        | 8,799                               | 4,989           | HIGH %: Low Income                      | 33         |
| 88     | Hancock  | 2,806        | 7,451                               | 3,010           | HIGH %: Children                        | 25         |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County    | Population:  |                                     | ABS Frame Units | Strata Details               | Allocation |
|--------|-----------|--------------|-------------------------------------|-----------------|------------------------------|------------|
|        |           | Occupied HUs | Population: Persons in Occupied HUs |                 |                              |            |
| 89     | Hardin    | 11,711       | 28,573                              | 12,921          | Reference                    | 100        |
| 90     | Harrison  | 5,921        | 14,146                              | 7,397           | Reference                    | 100        |
| 91     | Henry     | 11,226       | 27,180                              | 12,053          | Reference                    | 100        |
| 92     | Highland  | 14,380       | 35,743                              | 16,240          | Reference                    | 75         |
| 93     | Highland  | 2,434        | 7,139                               | 2,765           | HIGH %: Children             | 25         |
| 94     | Hocking   | 9,625        | 22,980                              | 10,742          | Reference                    | 74         |
| 95     | Hocking   | 1,940        | 4,745                               | 2,272           | HIGH %: Low Income           | 26         |
| 96     | Holmes    | 7,293        | 19,327                              | 8,207           | Reference                    | 32         |
| 97     | Holmes    | 6,033        | 24,171                              | 6,353           | HIGH %: Children             | 68         |
| 98     | Huron     | 19,948       | 47,285                              | 21,621          | Reference                    | 94         |
| 99     | Huron     | 3,484        | 10,369                              | 3,954           | HIGH %: Children             | 27         |
| 100    | Jackson   | 10,596       | 26,091                              | 12,099          | Reference                    | 75         |
| 101    | Jackson   | 2,076        | 6,164                               | 2,391           | HIGH %: Children             | 25         |
| 102    | Jefferson | 22,092       | 52,107                              | 24,908          | Reference                    | 101        |
| 103    | Jefferson | 5,035        | 10,373                              | 6,210           | HIGH %: Low Income           | 39         |
| 104    | Knox      | 16,039       | 37,165                              | 17,772          | Reference                    | 64         |
| 105    | Knox      | 7,396        | 22,299                              | 8,266           | HIGH %: Children             | 57         |
| 106    | Lake      | 100,319      | 229,357                             | 105,877         | Reference                    | 487        |
| 107    | Lawrence  | 11,763       | 27,701                              | 13,557          | Reference                    | 25         |
| 108    | Lawrence  | 4,053        | 9,247                               | 5,221           | HIGH %: Low Income           | 30         |
| 109    | Lawrence  | 4,988        | 14,875                              | 5,750           | HIGH %: Children             | 36         |
| 110    | Lawrence  | 1,697        | 4,928                               | 2,010           | HIGH %: Children, Low Income | 25         |

(continued)



**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County   | Population:  |                                     | ABS Frame Units | Strata Details                          | Allocation |
|--------|----------|--------------|-------------------------------------|-----------------|-----------------------------------------|------------|
|        |          | Occupied HUs | Population: Persons in Occupied HUs |                 |                                         |            |
| 111    | Licking  | 51,319       | 126,255                             | 55,029          | Reference                               | 207        |
| 112    | Licking  | 16,986       | 50,454                              | 17,992          | HIGH %: Children                        | 125        |
| 113    | Logan    | 15,160       | 33,662                              | 18,875          | Reference                               | 66         |
| 114    | Logan    | 4,398        | 12,075                              | 4,922           | HIGH %: Children                        | 35         |
| 115    | Lorain   | 87,926       | 207,502                             | 93,578          | Reference                               | 330        |
| 116    | Lorain   | 19,912       | 46,880                              | 22,890          | HIGH %: Non-White                       | 146        |
| 117    | Lorain   | 15,059       | 42,957                              | 15,565          | HIGH %: Children                        | 110        |
| 118    | Lorain   | 2,959        | 8,853                               | 3,551           | HIGH %: Children, Non-White             | 25         |
| 119    | Lucas    | 85,604       | 193,694                             | 91,254          | Reference                               | 104        |
| 120    | Lucas    | 14,826       | 30,148                              | 17,394          | HIGH %: Low Income                      | 108        |
| 121    | Lucas    | 20,809       | 47,376                              | 23,051          | HIGH %: Non-White                       | 152        |
| 122    | Lucas    | 29,501       | 57,552                              | 34,448          | HIGH %: Non-White, Low Income           | 250        |
| 123    | Lucas    | 16,447       | 48,744                              | 17,459          | HIGH %: Children                        | 120        |
| 124    | Lucas    | 1,350        | 4,259                               | 1,419           | HIGH %: Children, Low Income            | 25         |
| 125    | Lucas    | 5,884        | 17,098                              | 6,887           | HIGH %: Children, Non-White             | 51         |
| 126    | Lucas    | 7,725        | 21,159                              | 8,852           | HIGH %: Children, Non-White, Low Income | 74         |
| 127    | Madison  | 10,915       | 26,662                              | 11,656          | Reference                               | 56         |
| 128    | Madison  | 4,446        | 12,730                              | 4,705           | HIGH %: Children                        | 44         |
| 129    | Mahoning | 71,448       | 157,379                             | 76,657          | Reference                               | 275        |
| 130    | Mahoning | 17,420       | 37,433                              | 20,720          | HIGH %: Non-White                       | 126        |
| 131    | Mahoning | 4,644        | 13,271                              | 5,156           | HIGH %: Children                        | 35         |
| 132    | Mahoning | 4,678        | 12,705                              | 5,544           | HIGH %: Children, Non-White             | 40         |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County     | Population:  |                                     | ABS Frame Units | Strata Details                          | Allocation |
|--------|------------|--------------|-------------------------------------|-----------------|-----------------------------------------|------------|
|        |            | Occupied HUs | Population: Persons in Occupied HUs |                 |                                         |            |
| 133    | Marion     | 14,975       | 34,946                              | 16,407          | Reference                               | 35         |
| 134    | Marion     | 5,491        | 12,962                              | 6,306           | HIGH %: Low Income                      | 42         |
| 135    | Marion     | 2,097        | 6,440                               | 2,279           | HIGH %: Children                        | 25         |
| 136    | Marion     | 1,961        | 5,387                               | 2,389           | HIGH %: Children, Low Income            | 25         |
| 137    | Medina     | 57,460       | 137,987                             | 60,214          | Reference                               | 242        |
| 138    | Medina     | 15,040       | 43,483                              | 15,491          | HIGH %: Children                        | 110        |
| 139    | Meigs      | 4,437        | 11,422                              | 5,547           | Reference                               | 25         |
| 140    | Meigs      | 4,438        | 10,441                              | 5,122           | HIGH %: Low Income                      | 75         |
| 141    | Mercer     | 13,676       | 34,041                              | 15,245          | Reference                               | 75         |
| 142    | Mercer     | 2,602        | 7,858                               | 2,778           | HIGH %: Children                        | 25         |
| 143    | Miami      | 33,921       | 78,538                              | 35,805          | Reference                               | 139        |
| 144    | Miami      | 10,641       | 30,074                              | 11,223          | HIGH %: Children                        | 78         |
| 145    | Monroe     | 5,510        | 13,184                              | 7,147           | Reference                               | 100        |
| 146    | Montgomery | 134,562      | 298,073                             | 141,859         | Reference                               | 350        |
| 147    | Montgomery | 14,832       | 29,615                              | 16,993          | HIGH %: Low Income                      | 108        |
| 148    | Montgomery | 20,655       | 46,850                              | 24,707          | HIGH %: Non-White                       | 150        |
| 149    | Montgomery | 27,390       | 52,082                              | 32,699          | HIGH %: Non-White, Low Income           | 233        |
| 150    | Montgomery | 18,106       | 50,726                              | 19,081          | HIGH %: Children                        | 132        |
| 151    | Montgomery | 1,379        | 3,827                               | 1,718           | HIGH %: Children, Low Income            | 25         |
| 152    | Montgomery | 7,768        | 22,242                              | 8,331           | HIGH %: Children, Non-White             | 67         |
| 153    | Montgomery | 5,457        | 14,768                              | 7,087           | HIGH %: Children, Non-White, Low Income | 52         |
| 154    | Morgan     | 5,633        | 13,595                              | 7,311           | Reference                               | 100        |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County    | Population:  |                                     | ABS Frame Units | Strata Details               | Allocation |
|--------|-----------|--------------|-------------------------------------|-----------------|------------------------------|------------|
|        |           | Occupied HUs | Population: Persons in Occupied HUs |                 |                              |            |
| 155    | Morrow    | 13,449       | 34,904                              | 14,615          | Reference                    | 100        |
| 156    | Muskingum | 23,730       | 58,361                              | 26,170          | Reference                    | 75         |
| 157    | Muskingum | 5,624        | 12,531                              | 6,674           | HIGH %: Low Income           | 41         |
| 158    | Muskingum | 2,629        | 7,633                               | 2,744           | HIGH %: Children             | 25         |
| 159    | Muskingum | 2,260        | 5,983                               | 2,755           | HIGH %: Children, Low Income | 25         |
| 160    | Noble     | 2,489        | 6,658                               | 3,293           | Reference                    | 31         |
| 161    | Noble     | 2,098        | 5,340                               | 2,504           | HIGH %: Low Income           | 69         |
| 162    | Ottawa    | 15,259       | 32,375                              | 25,715          | Reference                    | 75         |
| 163    | Ottawa    | 2,832        | 7,165                               | 3,047           | HIGH %: Children             | 25         |
| 164    | Paulding  | 7,543        | 18,708                              | 8,533           | Reference                    | 100        |
| 165    | Perry     | 10,619       | 27,030                              | 12,047          | Reference                    | 70         |
| 166    | Perry     | 2,730        | 8,128                               | 2,974           | HIGH %: Children             | 30         |
| 167    | Pickaway  | 12,031       | 29,777                              | 12,716          | Reference                    | 37         |
| 168    | Pickaway  | 3,250        | 7,280                               | 3,449           | HIGH %: Low Income           | 26         |
| 169    | Pickaway  | 6,131        | 18,214                              | 6,426           | HIGH %: Children             | 48         |
| 170    | Pike      | 7,379        | 17,520                              | 8,301           | Reference                    | 52         |
| 171    | Pike      | 3,437        | 9,160                               | 3,770           | HIGH %: Children             | 48         |
| 172    | Portage   | 56,538       | 130,836                             | 62,372          | Reference                    | 254        |
| 173    | Portage   | 8,022        | 23,438                              | 8,668           | HIGH %: Children             | 59         |
| 174    | Preble    | 16,742       | 40,433                              | 18,106          | Reference                    | 100        |
| 175    | Putnam    | 9,879        | 24,315                              | 10,386          | Reference                    | 62         |
| 176    | Putnam    | 3,294        | 9,674                               | 3,484           | HIGH %: Children             | 38         |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County   | Population:  |                                     | ABS Frame Units | Strata Details                          | Allocation |
|--------|----------|--------------|-------------------------------------|-----------------|-----------------------------------------|------------|
|        |          | Occupied HUs | Population: Persons in Occupied HUs |                 |                                         |            |
| 177    | Richland | 45,968       | 109,059                             | 49,926          | Reference                               | 213        |
| 178    | Richland | 4,100        | 9,323                               | 4,690           | HIGH %: Non-White                       | 30         |
| 179    | Ross     | 25,385       | 59,835                              | 27,419          | Reference                               | 112        |
| 180    | Ross     | 4,044        | 11,602                              | 4,623           | HIGH %: Children                        | 30         |
| 181    | Sandusky | 20,692       | 47,295                              | 22,186          | Reference                               | 97         |
| 182    | Sandusky | 3,760        | 10,292                              | 4,289           | HIGH %: Children                        | 30         |
| 183    | Scioto   | 24,328       | 57,376                              | 28,010          | Reference                               | 115        |
| 184    | Scioto   | 4,309        | 12,383                              | 5,143           | HIGH %: Children                        | 33         |
| 185    | Seneca   | 13,465       | 30,608                              | 14,535          | Reference                               | 48         |
| 186    | Seneca   | 3,565        | 7,457                               | 3,884           | HIGH %: Low Income                      | 27         |
| 187    | Seneca   | 5,069        | 14,005                              | 5,549           | HIGH %: Children                        | 39         |
| 188    | Shelby   | 14,565       | 35,574                              | 15,491          | Reference                               | 67         |
| 189    | Shelby   | 4,221        | 11,965                              | 4,622           | HIGH %: Children                        | 33         |
| 190    | Stark    | 109,578      | 256,898                             | 115,795         | Reference                               | 368        |
| 191    | Stark    | 14,912       | 29,992                              | 16,622          | HIGH %: Low Income                      | 108        |
| 192    | Stark    | 3,515        | 8,664                               | 3,852           | HIGH %: Non-White                       | 26         |
| 193    | Stark    | 10,641       | 22,841                              | 12,885          | HIGH %: Non-White, Low Income           | 91         |
| 194    | Stark    | 11,779       | 33,034                              | 12,275          | HIGH %: Children                        | 86         |
| 195    | Stark    | 1,490        | 4,092                               | 1,909           | HIGH %: Children, Low Income            | 25         |
| 196    | Stark    | 1,860        | 5,765                               | 2,161           | HIGH %: Children, Non-White             | 25         |
| 197    | Stark    | 1,591        | 4,565                               | 2,026           | HIGH %: Children, Non-White, Low Income | 25         |
| 198    | Summit   | 158,873      | 353,359                             | 169,460         | Reference                               | 584        |

(continued)

**Exhibit G-3. Sample Allocation by Final Stratification**

| Strata | County     | Population:  |                                     | ABS Frame Units | Strata Details              | Allocation |
|--------|------------|--------------|-------------------------------------|-----------------|-----------------------------|------------|
|        |            | Occupied HUs | Population: Persons in Occupied HUs |                 |                             |            |
| 199    | Summit     | 37,324       | 80,056                              | 41,240          | HIGH %: Non-White           | 272        |
| 200    | Summit     | 21,017       | 60,617                              | 22,401          | HIGH %: Children            | 153        |
| 201    | Summit     | 12,289       | 35,260                              | 14,138          | HIGH %: Children, Non-White | 105        |
| 202    | Trumbull   | 71,164       | 157,574                             | 77,431          | Reference                   | 300        |
| 203    | Trumbull   | 5,329        | 12,194                              | 6,294           | HIGH %: Non-White           | 39         |
| 204    | Trumbull   | 7,327        | 21,473                              | 8,137           | HIGH %: Children            | 54         |
| 205    | Trumbull   | 2,315        | 6,262                               | 2,648           | HIGH %: Children, Non-White | 25         |
| 206    | Tuscarawas | 32,033       | 73,913                              | 34,174          | Reference                   | 140        |
| 207    | Tuscarawas | 6,094        | 17,611                              | 6,666           | HIGH %: Children            | 45         |
| 208    | Union      | 13,777       | 33,185                              | 14,405          | Reference                   | 47         |
| 209    | Union      | 9,718        | 29,550                              | 9,893           | HIGH %: Children            | 75         |
| 210    | Van Wert   | 9,325        | 22,178                              | 10,117          | Reference                   | 70         |
| 211    | Van Wert   | 2,326        | 6,319                               | 2,457           | HIGH %: Children            | 30         |
| 212    | Vinton     | 5,222        | 12,608                              | 5,937           | Reference                   | 100        |
| 213    | Warren     | 61,246       | 152,766                             | 64,428          | Reference                   | 226        |
| 214    | Warren     | 29,042       | 87,227                              | 30,482          | HIGH %: Children            | 212        |
| 215    | Washington | 21,197       | 50,171                              | 23,609          | Reference                   | 100        |
| 216    | Washington | 3,690        | 7,747                               | 4,370           | HIGH %: Low Income          | 29         |
| 217    | Wayne      | 36,913       | 88,131                              | 39,192          | Reference                   | 162        |
| 218    | Wayne      | 7,279        | 24,181                              | 7,612           | HIGH %: Children            | 53         |
| 219    | Williams   | 12,643       | 28,842                              | 13,420          | Reference                   | 73         |
| 220    | Williams   | 2,812        | 7,050                               | 3,154           | HIGH %: Children            | 27         |
| 221    | Wood       | 45,579       | 109,973                             | 48,429          | Reference                   | 200        |
| 222    | Wood       | 8,577        | 16,198                              | 8,853           | HIGH %: Low Income          | 63         |
| 223    | Wyandot    | 9,064        | 21,429                              | 9,885           | Reference                   | 100        |

**Exhibit G-4. Starting Sample Size by Strata**

| Strata | County    | Strata Details                          | ABS Frame Units | Starting Sample |
|--------|-----------|-----------------------------------------|-----------------|-----------------|
| 1      | Adams     | Reference                               | 8,709           | 750             |
| 2      | Adams     | HIGH %: Children                        | 4,028           | 750             |
| 3      | Allen     | Reference                               | 38,220          | 1,750           |
| 4      | Allen     | HIGH %: Non-White                       | 6,477           | 500             |
| 5      | Ashland   | Reference                               | 20,428          | 1,000           |
| 6      | Ashland   | HIGH %: Children                        | 2,089           | 500             |
| 7      | Ashtabula | Reference                               | 30,332          | 1,000           |
| 8      | Ashtabula | HIGH %: Low Income                      | 9,446           | 750             |
| 9      | Ashtabula | HIGH %: Children                        | 3,602           | 500             |
| 10     | Ashtabula | HIGH %: Children, Low Income            | 2,982           | 500             |
| 11     | Athens    | Reference                               | 23,510          | 1,000           |
| 12     | Athens    | HIGH %: Children                        | 2,956           | 500             |
| 13     | Auglaize  | Reference                               | 16,167          | 750             |
| 14     | Auglaize  | HIGH %: Children                        | 3,867           | 250             |
| 15     | Belmont   | Reference                               | 27,919          | 1,500           |
| 16     | Belmont   | HIGH %: Children                        | 3,680           | 500             |
| 17     | Brown     | Reference                               | 15,527          | 750             |
| 18     | Brown     | HIGH %: Children                        | 3,933           | 500             |
| 19     | Butler    | Reference                               | 73,337          | 1,500           |
| 20     | Butler    | HIGH %: Low Income                      | 13,000          | 1,250           |
| 21     | Butler    | HIGH %: Non-White                       | 12,520          | 1,250           |
| 22     | Butler    | HIGH %: Non-White, Low Income           | 4,289           | 500             |
| 23     | Butler    | HIGH %: Children                        | 37,221          | 3,000           |
| 24     | Butler    | HIGH %: Children, Low Income            | 2,639           | 500             |
| 25     | Butler    | HIGH %: Children, Non-White             | 8,815           | 1,000           |
| 26     | Butler    | HIGH %: Children, Non-White, Low Income | 2,956           | 500             |
| 27     | Carroll   | Reference                               | 13,391          | 1,250           |
| 28     | Champaign | Reference                               | 12,072          | 750             |
| 29     | Champaign | HIGH %: Children                        | 4,832           | 500             |
| 30     | Clark     | Reference                               | 46,420          | 1,750           |
| 31     | Clark     | HIGH %: Non-White                       | 5,657           | 500             |
| 32     | Clark     | HIGH %: Children                        | 6,683           | 500             |
| 33     | Clark     | HIGH %: Children, Non-White             | 2,332           | 500             |
| 34     | Clermont  | Reference                               | 64,077          | 2,750           |
| 35     | Clermont  | HIGH %: Children                        | 23,457          | 1,750           |

(continued)

**Exhibit G-4. Starting Sample Size by Strata**

| Strata | County     | Strata Details                          | ABS Frame Units | Starting Sample |
|--------|------------|-----------------------------------------|-----------------|-----------------|
| 36     | Clinton    | Reference                               | 14,909          | 750             |
| 37     | Clinton    | HIGH %: Low Income                      | 3,057           | 250             |
| 38     | Columbiana | Reference                               | 39,670          | 1,750           |
| 39     | Columbiana | HIGH %: Children                        | 6,463           | 500             |
| 40     | Coshocton  | Reference                               | 13,932          | 1,000           |
| 41     | Coshocton  | HIGH %: Children                        | 2,389           | 250             |
| 42     | Crawford   | Reference                               | 16,663          | 750             |
| 43     | Crawford   | HIGH %: Children                        | 3,181           | 250             |
| 44     | Cuyahoga   | Reference                               | 279,232         | 3,500           |
| 45     | Cuyahoga   | HIGH %: Low Income                      | 36,018          | 3,000           |
| 46     | Cuyahoga   | HIGH %: Non-White                       | 116,275         | 10,000          |
| 47     | Cuyahoga   | HIGH %: Non-White, Low Income           | 104,003         | 9,750           |
| 48     | Cuyahoga   | HIGH %: Children                        | 27,193          | 2,250           |
| 49     | Cuyahoga   | HIGH %: Children, Low Income            | 5,250           | 500             |
| 50     | Cuyahoga   | HIGH %: Children, Non-White             | 22,474          | 2,000           |
| 51     | Cuyahoga   | HIGH %: Children, Non-White, Low Income | 25,059          | 3,000           |
| 52     | Darke      | Reference                               | 17,198          | 750             |
| 53     | Darke      | HIGH %: Low Income                      | 5,445           | 500             |
| 54     | Defiance   | Reference                               | 13,254          | 750             |
| 55     | Defiance   | HIGH %: Children                        | 3,316           | 500             |
| 56     | Delaware   | Reference                               | 43,696          | 1,000           |
| 57     | Delaware   | HIGH %: Children                        | 40,519          | 3,000           |
| 58     | Erie       | Reference                               | 32,743          | 1,250           |
| 59     | Erie       | HIGH %: Non-White                       | 5,657           | 500             |
| 60     | Fairfield  | Reference                               | 55,170          | 2,250           |
| 61     | Fairfield  | HIGH %: Non-White                       | 8,227           | 750             |
| 62     | Fayette    | Reference                               | 9,215           | 750             |
| 63     | Fayette    | HIGH %: Low Income                      | 3,479           | 500             |
| 64     | Franklin   | Reference                               | 241,032         | 2,000           |
| 65     | Franklin   | HIGH %: Low Income                      | 19,661          | 2,000           |
| 66     | Franklin   | HIGH %: Non-White                       | 128,916         | 11,000          |
| 67     | Franklin   | HIGH %: Non-White, Low Income           | 51,666          | 4,750           |
| 68     | Franklin   | HIGH %: Children                        | 68,891          | 4,750           |
| 69     | Franklin   | HIGH %: Children, Low Income            | 2,451           | 500             |

(continued)

**Exhibit G-4. Starting Sample Size by Strata**

| Strata | County    | Strata Details                          | ABS Frame Units | Starting Sample |
|--------|-----------|-----------------------------------------|-----------------|-----------------|
| 70     | Franklin  | HIGH %: Children, Non-White             | 56,324          | 6,000           |
| 71     | Franklin  | HIGH %: Children, Non-White, Low Income | 19,951          | 3,000           |
| 72     | Fulton    | Reference                               | 14,758          | 750             |
| 73     | Fulton    | HIGH %: Children                        | 2,950           | 500             |
| 74     | Gallia    | Reference                               | 10,504          | 750             |
| 75     | Gallia    | HIGH %: Low Income                      | 2,950           | 500             |
| 76     | Geauga    | Reference                               | 32,106          | 1,250           |
| 77     | Geauga    | HIGH %: Children                        | 5,511           | 750             |
| 78     | Greene    | Reference                               | 58,271          | 2,250           |
| 79     | Greene    | HIGH %: Children                        | 13,654          | 1,000           |
| 80     | Guernsey  | Reference                               | 14,523          | 750             |
| 81     | Guernsey  | HIGH %: Low Income                      | 4,501           | 500             |
| 82     | Hamilton  | Reference                               | 185,959         | 4,750           |
| 83     | Hamilton  | HIGH %: Non-White                       | 119,380         | 9,500           |
| 84     | Hamilton  | HIGH %: Children                        | 42,443          | 3,000           |
| 85     | Hamilton  | HIGH %: Children, Non-White             | 32,632          | 3,750           |
| 86     | Hancock   | Reference                               | 25,872          | 1,000           |
| 87     | Hancock   | HIGH %: Low Income                      | 4,989           | 500             |
| 88     | Hancock   | HIGH %: Children                        | 3,010           | 250             |
| 89     | Hardin    | Reference                               | 12,921          | 1,000           |
| 90     | Harrison  | Reference                               | 7,397           | 1,000           |
| 91     | Henry     | Reference                               | 12,053          | 1,000           |
| 92     | Highland  | Reference                               | 16,240          | 750             |
| 93     | Highland  | HIGH %: Children                        | 2,765           | 500             |
| 94     | Hocking   | Reference                               | 10,742          | 1,000           |
| 95     | Hocking   | HIGH %: Low Income                      | 2,272           | 500             |
| 96     | Holmes    | Reference                               | 8,207           | 500             |
| 97     | Holmes    | HIGH %: Children                        | 6,353           | 1,000           |
| 98     | Huron     | Reference                               | 21,621          | 1,000           |
| 99     | Huron     | HIGH %: Children                        | 3,954           | 500             |
| 100    | Jackson   | Reference                               | 12,099          | 1,000           |
| 101    | Jackson   | HIGH %: Children                        | 2,391           | 500             |
| 102    | Jefferson | Reference                               | 24,908          | 1,000           |
| 103    | Jefferson | HIGH %: Low Income                      | 6,210           | 500             |
| 104    | Knox      | Reference                               | 17,772          | 750             |

(continued)



**Exhibit G-4. Starting Sample Size by Strata**

| Strata | County   | Strata Details                          | ABS Frame Units | Starting Sample |
|--------|----------|-----------------------------------------|-----------------|-----------------|
| 105    | Knox     | HIGH %: Children                        | 8,266           | 750             |
| 106    | Lake     | Reference                               | 105,877         | 5,000           |
| 107    | Lawrence | Reference                               | 13,557          | 500             |
| 108    | Lawrence | HIGH %: Low Income                      | 5,221           | 500             |
| 109    | Lawrence | HIGH %: Children                        | 5,750           | 500             |
| 110    | Lawrence | HIGH %: Children, Low Income            | 2,010           | 500             |
| 111    | Licking  | Reference                               | 55,029          | 2,000           |
| 112    | Licking  | HIGH %: Children                        | 17,992          | 1,500           |
| 113    | Logan    | Reference                               | 18,875          | 750             |
| 114    | Logan    | HIGH %: Children                        | 4,922           | 500             |
| 115    | Lorain   | Reference                               | 93,578          | 3,500           |
| 116    | Lorain   | HIGH %: Non-White                       | 22,890          | 1,500           |
| 117    | Lorain   | HIGH %: Children                        | 15,565          | 1,250           |
| 118    | Lorain   | HIGH %: Children, Non-White             | 3,551           | 500             |
| 119    | Lucas    | Reference                               | 91,254          | 1,000           |
| 120    | Lucas    | HIGH %: Low Income                      | 17,394          | 1,500           |
| 121    | Lucas    | HIGH %: Non-White                       | 23,051          | 1,750           |
| 122    | Lucas    | HIGH %: Non-White, Low Income           | 34,448          | 3,250           |
| 123    | Lucas    | HIGH %: Children                        | 17,459          | 1,250           |
| 124    | Lucas    | HIGH %: Children, Low Income            | 1,419           | 500             |
| 125    | Lucas    | HIGH %: Children, Non-White             | 6,887           | 750             |
| 126    | Lucas    | HIGH %: Children, Non-White, Low Income | 8,852           | 1,000           |
| 127    | Madison  | Reference                               | 11,656          | 500             |
| 128    | Madison  | HIGH %: Children                        | 4,705           | 500             |
| 129    | Mahoning | Reference                               | 76,657          | 2,750           |
| 130    | Mahoning | HIGH %: Non-White                       | 20,720          | 1,500           |
| 131    | Mahoning | HIGH %: Children                        | 5,156           | 500             |
| 132    | Mahoning | HIGH %: Children, Non-White             | 5,544           | 500             |
| 133    | Marion   | Reference                               | 16,407          | 500             |
| 134    | Marion   | HIGH %: Low Income                      | 6,306           | 500             |
| 135    | Marion   | HIGH %: Children                        | 2,279           | 500             |
| 136    | Marion   | HIGH %: Children, Low Income            | 2,389           | 250             |
| 137    | Medina   | Reference                               | 60,214          | 2,500           |
| 138    | Medina   | HIGH %: Children                        | 15,491          | 1,000           |
| 139    | Meigs    | Reference                               | 5,547           | 250             |

(continued)

**Exhibit G-4. Starting Sample Size by Strata**

| Strata | County     | Strata Details                          | ABS Frame Units | Starting Sample |
|--------|------------|-----------------------------------------|-----------------|-----------------|
| 140    | Meigs      | HIGH %: Low Income                      | 5,122           | 750             |
| 141    | Mercer     | Reference                               | 15,245          | 750             |
| 142    | Mercer     | HIGH %: Children                        | 2,778           | 250             |
| 143    | Miami      | Reference                               | 35,805          | 1,500           |
| 144    | Miami      | HIGH %: Children                        | 11,223          | 1,000           |
| 145    | Monroe     | Reference                               | 7,147           | 1,000           |
| 146    | Montgomery | Reference                               | 141,859         | 3,500           |
| 147    | Montgomery | HIGH %: Low Income                      | 16,993          | 1,250           |
| 148    | Montgomery | HIGH %: Non-White                       | 24,707          | 2,000           |
| 149    | Montgomery | HIGH %: Non-White, Low Income           | 32,699          | 3,000           |
| 150    | Montgomery | HIGH %: Children                        | 19,081          | 1,500           |
| 151    | Montgomery | HIGH %: Children, Low Income            | 1,718           | 500             |
| 152    | Montgomery | HIGH %: Children, Non-White             | 8,331           | 1,000           |
| 153    | Montgomery | HIGH %: Children, Non-White, Low Income | 7,087           | 750             |
| 154    | Morgan     | Reference                               | 7,311           | 1,000           |
| 155    | Morrow     | Reference                               | 14,615          | 1,000           |
| 156    | Muskingum  | Reference                               | 26,170          | 750             |
| 157    | Muskingum  | HIGH %: Low Income                      | 6,674           | 500             |
| 158    | Muskingum  | HIGH %: Children                        | 2,744           | 250             |
| 159    | Muskingum  | HIGH %: Children, Low Income            | 2,755           | 500             |
| 160    | Noble      | Reference                               | 3,293           | 500             |
| 161    | Noble      | HIGH %: Low Income                      | 2,504           | 750             |
| 162    | Ottawa     | Reference                               | 25,715          | 750             |
| 163    | Ottawa     | HIGH %: Children                        | 3,047           | 500             |
| 164    | Paulding   | Reference                               | 8,533           | 1,250           |
| 165    | Perry      | Reference                               | 12,047          | 1,000           |
| 166    | Perry      | HIGH %: Children                        | 2,974           | 500             |
| 167    | Pickaway   | Reference                               | 12,716          | 500             |
| 168    | Pickaway   | HIGH %: Low Income                      | 3,449           | 500             |
| 169    | Pickaway   | HIGH %: Children                        | 6,426           | 500             |
| 170    | Pike       | Reference                               | 8,301           | 750             |
| 171    | Pike       | HIGH %: Children                        | 3,770           | 500             |
| 172    | Portage    | Reference                               | 62,372          | 2,750           |
| 173    | Portage    | HIGH %: Children                        | 8,668           | 750             |
| 174    | Preble     | Reference                               | 18,106          | 1,250           |

(continued)

**Exhibit G-4. Starting Sample Size by Strata**

| Strata | County     | Strata Details                          | ABS Frame Units | Starting Sample |
|--------|------------|-----------------------------------------|-----------------|-----------------|
| 175    | Putnam     | Reference                               | 10,386          | 750             |
| 176    | Putnam     | HIGH %: Children                        | 3,484           | 500             |
| 177    | Richland   | Reference                               | 49,926          | 2,250           |
| 178    | Richland   | HIGH %: Non-White                       | 4,690           | 500             |
| 179    | Ross       | Reference                               | 27,419          | 1,250           |
| 180    | Ross       | HIGH %: Children                        | 4,623           | 500             |
| 181    | Sandusky   | Reference                               | 22,186          | 1,000           |
| 182    | Sandusky   | HIGH %: Children                        | 4,289           | 500             |
| 183    | Scioto     | Reference                               | 28,010          | 1,500           |
| 184    | Scioto     | HIGH %: Children                        | 5,143           | 500             |
| 185    | Seneca     | Reference                               | 14,535          | 500             |
| 186    | Seneca     | HIGH %: Low Income                      | 3,884           | 250             |
| 187    | Seneca     | HIGH %: Children                        | 5,549           | 500             |
| 188    | Shelby     | Reference                               | 15,491          | 750             |
| 189    | Shelby     | HIGH %: Children                        | 4,622           | 500             |
| 190    | Stark      | Reference                               | 115,795         | 3,750           |
| 191    | Stark      | HIGH %: Low Income                      | 16,622          | 1,500           |
| 192    | Stark      | HIGH %: Non-White                       | 3,852           | 500             |
| 193    | Stark      | HIGH %: Non-White, Low Income           | 12,885          | 1,250           |
| 194    | Stark      | HIGH %: Children                        | 12,275          | 1,000           |
| 195    | Stark      | HIGH %: Children, Low Income            | 1,909           | 500             |
| 196    | Stark      | HIGH %: Children, Non-White             | 2,161           | 250             |
| 197    | Stark      | HIGH %: Children, Non-White, Low Income | 2,026           | 500             |
| 198    | Summit     | Reference                               | 169,460         | 6,000           |
| 199    | Summit     | HIGH %: Non-White                       | 41,240          | 3,000           |
| 200    | Summit     | HIGH %: Children                        | 22,401          | 1,500           |
| 201    | Summit     | HIGH %: Children, Non-White             | 14,138          | 1,500           |
| 202    | Trumbull   | Reference                               | 77,431          | 2,750           |
| 203    | Trumbull   | HIGH %: Non-White                       | 6,294           | 500             |
| 204    | Trumbull   | HIGH %: Children                        | 8,137           | 750             |
| 205    | Trumbull   | HIGH %: Children, Non-White             | 2,648           | 500             |
| 206    | Tuscarawas | Reference                               | 34,174          | 1,500           |
| 207    | Tuscarawas | HIGH %: Children                        | 6,666           | 750             |
| 208    | Union      | Reference                               | 14,405          | 750             |
| 209    | Union      | HIGH %: Children                        | 9,893           | 750             |

(continued)

**Exhibit G-4. Starting Sample Size by Strata**

| Strata | County     | Strata Details     | ABS Frame Units | Starting Sample |
|--------|------------|--------------------|-----------------|-----------------|
| 210    | Van Wert   | Reference          | 10,117          | 750             |
| 211    | Van Wert   | HIGH %: Children   | 2,457           | 500             |
| 212    | Vinton     | Reference          | 5,937           | 1,000           |
| 213    | Warren     | Reference          | 64,428          | 2,500           |
| 214    | Warren     | HIGH %: Children   | 30,482          | 2,500           |
| 215    | Washington | Reference          | 23,609          | 1,000           |
| 216    | Washington | HIGH %: Low Income | 4,370           | 250             |
| 217    | Wayne      | Reference          | 39,192          | 1,750           |
| 218    | Wayne      | HIGH %: Children   | 7,612           | 750             |
| 219    | Williams   | Reference          | 13,420          | 750             |
| 220    | Williams   | HIGH %: Children   | 3,154           | 500             |
| 221    | Wood       | Reference          | 48,429          | 1,750           |
| 222    | Wood       | HIGH %: Low Income | 8,853           | 750             |
| 223    | Wyandot    | Reference          | 9,885           | 1,000           |

**Exhibit G-5. ABS Completes by county and mode.**

| County of Residence | Web    | Phone | Paper | Total  |
|---------------------|--------|-------|-------|--------|
| Total               | 21,675 | 21    | 5,634 | 27,330 |
| Adams County        | 78     | 0     | 32    | 110    |
| Allen County        | 169    | 0     | 53    | 222    |
| Ashland County      | 94     | 0     | 31    | 125    |
| Ashtabula County    | 169    | 0     | 55    | 224    |
| Athens County       | 113    | 0     | 33    | 146    |
| Auglaize County     | 85     | 0     | 31    | 116    |
| Belmont County      | 116    | 0     | 53    | 169    |
| Brown County        | 88     | 0     | 24    | 112    |
| Butler County       | 609    | 3     | 116   | 728    |
| Carroll County      | 86     | 0     | 29    | 115    |
| Champaign County    | 90     | 0     | 28    | 118    |
| Clark County        | 242    | 0     | 71    | 313    |
| Clermont County     | 333    | 0     | 81    | 414    |
| Clinton County      | 71     | 0     | 30    | 101    |
| Columbiana County   | 184    | 0     | 74    | 258    |
| Coshocton County    | 90     | 0     | 37    | 127    |
| Crawford County     | 79     | 0     | 19    | 98     |
| Cuyahoga County     | 2,239  | 2     | 520   | 2,761  |
| Darke County        | 99     | 0     | 35    | 134    |
| Defiance County     | 91     | 0     | 34    | 125    |
| Delaware County     | 333    | 0     | 47    | 380    |
| Erie County         | 133    | 0     | 49    | 182    |
| Fairfield County    | 247    | 0     | 61    | 308    |
| Fayette County      | 89     | 1     | 35    | 125    |
| Franklin County     | 2,372  | 1     | 345   | 2,718  |
| Fulton County       | 89     | 0     | 27    | 116    |
| Gallia County       | 90     | 0     | 24    | 114    |
| Geauga County       | 164    | 0     | 52    | 216    |

**Exhibit G-5. ABS Completes by county and mode.**

| County of Residence | Web   | Phone | Paper | Total |
|---------------------|-------|-------|-------|-------|
| Greene County       | 281   | 0     | 84    | 365   |
| Guernsey County     | 86    | 1     | 25    | 112   |
| Hamilton County     | 1,476 | 2     | 300   | 1,778 |
| Hancock County      | 139   | 0     | 43    | 182   |
| Hardin County       | 81    | 0     | 44    | 125   |
| Harrison County     | 97    | 0     | 38    | 135   |
| Henry County        | 72    | 0     | 26    | 98    |
| Highland County     | 91    | 0     | 36    | 127   |
| Hocking County      | 106   | 0     | 28    | 134   |
| Holmes County       | 55    | 0     | 67    | 122   |
| Huron County        | 94    | 0     | 32    | 126   |
| Jackson County      | 95    | 0     | 22    | 117   |
| Jefferson County    | 112   | 0     | 44    | 156   |
| Knox County         | 97    | 0     | 33    | 130   |
| Lake County         | 428   | 0     | 95    | 523   |
| Lawrence County     | 113   | 1     | 23    | 137   |
| Licking County      | 282   | 0     | 56    | 338   |
| Logan County        | 85    | 0     | 31    | 116   |
| Lorain County       | 532   | 0     | 126   | 658   |
| Lucas County        | 816   | 0     | 168   | 984   |
| Madison County      | 75    | 0     | 20    | 95    |
| Mahoning County     | 387   | 1     | 116   | 504   |
| Marion County       | 109   | 1     | 38    | 148   |
| Medina County       | 303   | 0     | 74    | 377   |
| Meigs County        | 81    | 0     | 29    | 110   |
| Mercer County       | 84    | 0     | 25    | 109   |
| Miami County        | 196   | 0     | 42    | 238   |
| Monroe County       | 84    | 0     | 55    | 139   |
| Montgomery County   | 1,003 | 2     | 214   | 1,219 |
| Morgan County       | 123   | 0     | 47    | 170   |

**Exhibit G-5. ABS Completes by county and mode.**

| County of Residence | Web | Phone | Paper | Total |
|---------------------|-----|-------|-------|-------|
| Morrow County       | 87  | 0     | 27    | 114   |
| Muskingum County    | 148 | 0     | 38    | 186   |
| Noble County        | 85  | 0     | 62    | 147   |
| Ottawa County       | 100 | 0     | 26    | 126   |
| Paulding County     | 98  | 0     | 43    | 141   |
| Perry County        | 88  | 0     | 30    | 118   |
| Pickaway County     | 104 | 0     | 25    | 129   |
| Pike County         | 76  | 0     | 26    | 102   |
| Portage County      | 267 | 0     | 65    | 332   |
| Preble County       | 82  | 0     | 32    | 114   |
| Putnam County       | 98  | 0     | 37    | 135   |
| Richland County     | 211 | 0     | 65    | 276   |
| Ross County         | 123 | 0     | 24    | 147   |
| Sandusky County     | 115 | 0     | 36    | 151   |
| Scioto County       | 114 | 1     | 47    | 162   |
| Seneca County       | 93  | 0     | 35    | 128   |
| Shelby County       | 88  | 0     | 21    | 109   |
| Stark County        | 642 | 1     | 190   | 833   |
| Summit County       | 917 | 1     | 239   | 1,157 |
| Trumbull County     | 364 | 0     | 148   | 512   |
| Tuscarawas County   | 175 | 0     | 49    | 224   |
| Union County        | 104 | 0     | 23    | 127   |
| Van Wert County     | 86  | 1     | 23    | 110   |
| Vinton County       | 78  | 0     | 22    | 100   |
| Warren County       | 383 | 0     | 73    | 456   |
| Washington County   | 111 | 1     | 23    | 135   |
| Wayne County        | 182 | 0     | 73    | 255   |
| Williams County     | 90  | 1     | 36    | 127   |
| Wood County         | 257 | 0     | 63    | 320   |
| Wyandot County      | 84  | 0     | 26    | 110   |

## Appendix H: Response Rate and Disposition Tables



**Exhibit H-1. Final Dispositions Overall**

| Sampling Frame | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|----------------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|                | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| ABS            | 26,865              | 465               | 82,215                  | --      | 6,360                                  |
| Medicaid       | 10,207              | 320               | 16,424                  | 13,599  | 869                                    |
| Overall        | 37,072              | 785               | 98,639                  | 13,599  | 7,229                                  |

**Exhibit H-2. Response Rates Overall (%)**

| Sampling Frame | RR1   | RR3   | RR4   | RR5   |
|----------------|-------|-------|-------|-------|
| ABS            | 24.5% | 24.5% | 24.9% | 24.5% |
| Medicaid       | 25.2% | 25.4% | 26.2% | 37.9% |
| Overall        | 24.7% | 24.8% | 25.3% | 27.2% |

**Exhibit H-3. Final Dispositions by County Type**

| County Type No. | County Type           | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|-----------------|-----------------------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|                 |                       | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| 1               | Rural Appalachian     | 6,794               | 134               | 16,938                  | 1,901   | 1,309                                  |
| 2               | Metro                 | 20,203              | 460               | 56,529                  | 9,287   | 4,559                                  |
| 3               | Rural Non-Appalachian | 4,694               | 89                | 11,704                  | 1,010   | 736                                    |
| 4               | Suburban              | 5,381               | 102               | 13,468                  | 1,401   | 625                                    |

**Exhibit H-4. Response Rates by County Type (%)**

| County Type No. | County Type           | RR1   | RR3   | RR4   | RR5   |
|-----------------|-----------------------|-------|-------|-------|-------|
| 1               | Rural Appalachian     | 26.4% | 26.5% | 27.0% | 28.5% |
| 2               | Metro                 | 23.4% | 23.5% | 24.0% | 26.2% |
| 3               | Rural Non-Appalachian | 26.8% | 26.9% | 27.4% | 28.5% |
| 4               | Suburban              | 26.4% | 26.5% | 27.0% | 28.4% |

**Exhibit H-5. Final Dispositions by ABS Sub-Stratum**

| ABS Sub-Stratum                        | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|----------------------------------------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|                                        | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| HIGH : Low Income                      | 1,703               | 27                | 5,214                   | --      | 798                                    |
| HIGH : Non-White                       | 3,676               | 76                | 12,968                  | --      | 1,104                                  |
| HIGH : Children                        | 4,954               | 85                | 13,892                  | --      | 548                                    |
| HIGH : Children, Non-White             | 1,317               | 33                | 4,821                   | --      | 391                                    |
| HIGH : Non-White, Low Income           | 1,765               | 31                | 6,548                   | --      | 1,029                                  |
| HIGH : Children, Low Income            | 288                 | 5                 | 933                     | --      | 112                                    |
| HIGH : Children, Non-White, Low Income | 552                 | 10                | 2,177                   | --      | 330                                    |

**Exhibit H-6. Response Rates by ABS Sub-Stratum (%)**

| ABS Sub-Stratum                        | RR1   | RR3   | RR4   | RR5   |
|----------------------------------------|-------|-------|-------|-------|
| HIGH : Low Income                      | 24.5% | 24.5% | 24.9% | 24.5% |
| HIGH : Non-White                       | 22.0% | 22.0% | 22.4% | 22.0% |
| HIGH : Children                        | 26.2% | 26.2% | 26.6% | 26.2% |
| HIGH : Children, Non-White             | 21.3% | 21.3% | 21.9% | 21.3% |
| HIGH : Non-White, Low Income           | 21.2% | 21.2% | 21.5% | 21.2% |
| HIGH : Children, Low Income            | 23.5% | 23.5% | 23.9% | 23.5% |
| HIGH : Children, Non-White, Low Income | 20.2% | 20.2% | 20.5% | 20.2% |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County    | Strata Details               | Frame | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|--------|-----------|------------------------------|-------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|        |           |                              |       | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| 1      | Adams     | Reference                    | ABS   | 48                  | --                | 171                     | --      | 16                                     |
| 2      | Adams     | HIGH %: Children             | ABS   | 62                  | --                | 170                     | --      | 8                                      |
| 3      | Allen     | Reference                    | ABS   | 175                 | 2                 | 367                     | --      | 36                                     |
| 4      | Allen     | HIGH %: Non-White            | ABS   | 41                  | 4                 | 207                     | --      | 24                                     |
| 5      | Ashland   | Reference                    | ABS   | 89                  | 2                 | 253                     | --      | 12                                     |
| 6      | Ashland   | HIGH %: Children             | ABS   | 33                  | 1                 | 93                      | --      | 15                                     |
| 7      | Ashtabula | Reference                    | ABS   | 104                 | 2                 | 326                     | --      | 14                                     |
| 8      | Ashtabula | HIGH %: Low Income           | ABS   | 61                  | 1                 | 156                     | --      | 28                                     |
| 9      | Ashtabula | HIGH %: Children             | ABS   | 28                  | --                | 84                      | --      | 6                                      |
| 10     | Ashtabula | HIGH %: Children, Low Income | ABS   | 28                  | --                | 68                      | --      | 15                                     |
| 11     | Athens    | Reference                    | ABS   | 110                 | 1                 | 237                     | --      | 18                                     |
| 12     | Athens    | HIGH %: Children             | ABS   | 35                  | --                | 65                      | --      | 8                                      |
| 13     | Auglaize  | Reference                    | ABS   | 78                  | 2                 | 160                     | --      | 12                                     |
| 14     | Auglaize  | HIGH %: Children             | ABS   | 36                  | --                | 83                      | --      | 2                                      |
| 15     | Belmont   | Reference                    | ABS   | 121                 | 1                 | 340                     | --      | 46                                     |
| 16     | Belmont   | HIGH %: Children             | ABS   | 47                  | --                | 122                     | --      | 20                                     |
| 17     | Brown     | Reference                    | ABS   | 76                  | 2                 | 227                     | --      | 17                                     |
| 18     | Brown     | HIGH %: Children             | ABS   | 33                  | 1                 | 108                     | --      | 5                                      |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County    | Strata Details                          | Frame | 1.1 | 1.2 | 2.0 | 3.0 | 4.0 |
|--------|-----------|-----------------------------------------|-------|-----|-----|-----|-----|-----|
| 19     | Butler    | Reference                               | ABS   | 137 | 5   | 368 | --  | 9   |
| 20     | Butler    | HIGH %: Low Income                      | ABS   | 93  | 1   | 288 | --  | 70  |
| 21     | Butler    | HIGH %: Non-White                       | ABS   | 78  | 1   | 313 | --  | 22  |
| 22     | Butler    | HIGH %: Non-White, Low Income           | ABS   | 34  | 1   | 156 | --  | 11  |
| 23     | Butler    | HIGH %: Children                        | ABS   | 248 | 6   | 779 | --  | 25  |
| 24     | Butler    | HIGH %: Children, Low Income            | ABS   | 34  | --  | 117 | --  | 5   |
| 25     | Butler    | HIGH %: Children, Non-White             | ABS   | 68  | 2   | 267 | --  | 8   |
| 26     | Butler    | HIGH %: Children, Non-White, Low Income | ABS   | 20  | --  | 148 | --  | 11  |
| 27     | Carroll   | Reference                               | ABS   | 113 | 2   | 305 | --  | 24  |
| 28     | Champaign | Reference                               | ABS   | 61  | --  | 232 | --  | 8   |
| 29     | Champaign | HIGH %: Children                        | ABS   | 57  | --  | 161 | --  | 12  |
| 30     | Clark     | Reference                               | ABS   | 198 | 6   | 613 | --  | 35  |
| 31     | Clark     | HIGH %: Non-White                       | ABS   | 33  | 1   | 118 | --  | 12  |
| 32     | Clark     | HIGH %: Children                        | ABS   | 44  | --  | 165 | --  | 7   |
| 33     | Clark     | HIGH %: Children, Non-White             | ABS   | 30  | 1   | 138 | --  | 9   |
| 34     | Clermont  | Reference                               | ABS   | 238 | 5   | 771 | --  | 41  |
| 35     | Clermont  | HIGH %: Children                        | ABS   | 169 | 2   | 506 | --  | 22  |
| 36     | Clinton   | Reference                               | ABS   | 80  | --  | 302 | --  | 13  |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County     | Strata Details                          | Frame | 1.1 | 1.2 | 2.0   | 3.0 | 4.0 |
|--------|------------|-----------------------------------------|-------|-----|-----|-------|-----|-----|
| 37     | Clinton    | HIGH %: Low Income                      | ABS   | 21  | --  | 76    | --  | 7   |
| 38     | Columbiana | Reference                               | ABS   | 195 | 4   | 547   | --  | 58  |
| 39     | Columbiana | HIGH %: Children                        | ABS   | 58  | 1   | 154   | --  | 7   |
| 40     | Coshocton  | Reference                               | ABS   | 89  | 3   | 329   | --  | 19  |
| 41     | Coshocton  | HIGH %: Children                        | ABS   | 35  | --  | 127   | --  | 10  |
| 42     | Crawford   | Reference                               | ABS   | 72  | --  | 248   | --  | 23  |
| 43     | Crawford   | HIGH %: Children                        | ABS   | 26  | --  | 77    | --  | 3   |
| 44     | Cuyahoga   | Reference                               | ABS   | 385 | 5   | 1,111 | --  | 51  |
| 45     | Cuyahoga   | HIGH %: Low Income                      | ABS   | 236 | 4   | 892   | --  | 123 |
| 46     | Cuyahoga   | HIGH %: Non-White                       | ABS   | 755 | 13  | 2,823 | --  | 218 |
| 47     | Cuyahoga   | HIGH %: Non-White, Low Income           | ABS   | 710 | 6   | 2,966 | --  | 475 |
| 48     | Cuyahoga   | HIGH %: Children                        | ABS   | 215 | 3   | 593   | --  | 20  |
| 49     | Cuyahoga   | HIGH %: Children, Low Income            | ABS   | 34  | --  | 150   | --  | 19  |
| 50     | Cuyahoga   | HIGH %: Children, Non-White             | ABS   | 186 | 3   | 555   | --  | 52  |
| 51     | Cuyahoga   | HIGH %: Children, Non-White, Low Income | ABS   | 202 | 4   | 842   | --  | 116 |
| 52     | Darke      | Reference                               | ABS   | 88  | --  | 230   | --  | 7   |
| 53     | Darke      | HIGH %: Low Income                      | ABS   | 45  | 1   | 157   | --  | 26  |
| 54     | Defiance   | Reference                               | ABS   | 79  | 2   | 178   | --  | 11  |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County    | Strata Details                          | Frame | 1.1 | 1.2 | 2.0   | 3.0 | 4.0 |
|--------|-----------|-----------------------------------------|-------|-----|-----|-------|-----|-----|
| 55     | Defiance  | HIGH %: Children                        | ABS   | 44  | --  | 95    | --  | 3   |
| 56     | Delaware  | Reference                               | ABS   | 101 | 1   | 296   | --  | 7   |
| 57     | Delaware  | HIGH %: Children                        | ABS   | 271 | 7   | 820   | --  | 19  |
| 58     | Erie      | Reference                               | ABS   | 141 | 2   | 368   | --  | 26  |
| 59     | Erie      | HIGH %: Non-White                       | ABS   | 38  | 1   | 102   | --  | 16  |
| 60     | Fairfield | Reference                               | ABS   | 244 | 4   | 673   | --  | 24  |
| 61     | Fairfield | HIGH %: Non-White                       | ABS   | 59  | 1   | 202   | --  | 12  |
| 62     | Fayette   | Reference                               | ABS   | 62  | 2   | 253   | --  | 13  |
| 63     | Fayette   | HIGH %: Low Income                      | ABS   | 60  | 1   | 180   | --  | 20  |
| 64     | Franklin  | Reference                               | ABS   | 154 | 5   | 456   | --  | 14  |
| 65     | Franklin  | HIGH %: Low Income                      | ABS   | 127 | 5   | 502   | --  | 63  |
| 66     | Franklin  | HIGH %: Non-White                       | ABS   | 855 | 18  | 3,183 | --  | 192 |
| 67     | Franklin  | HIGH %: Non-White, Low Income           | ABS   | 405 | 14  | 1,471 | --  | 142 |
| 68     | Franklin  | HIGH %: Children                        | ABS   | 485 | 12  | 1,394 | --  | 29  |
| 69     | Franklin  | HIGH %: Children, Low Income            | ABS   | 29  | 1   | 111   | --  | 4   |
| 70     | Franklin  | HIGH %: Children, Non-White             | ABS   | 421 | 12  | 1,727 | --  | 76  |
| 71     | Franklin  | HIGH %: Children, Non-White, Low Income | ABS   | 172 | 3   | 601   | --  | 55  |
| 72     | Fulton    | Reference                               | ABS   | 84  | --  | 195   | --  | 9   |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County   | Strata Details              | Frame | 1.1 | 1.2 | 2.0   | 3.0 | 4.0 |
|--------|----------|-----------------------------|-------|-----|-----|-------|-----|-----|
| 73     | Fulton   | HIGH %: Children            | ABS   | 32  | --  | 75    | --  | 5   |
| 74     | Gallia   | Reference                   | ABS   | 78  | --  | 201   | --  | 9   |
| 75     | Gallia   | HIGH %: Low Income          | ABS   | 36  | --  | 88    | --  | 28  |
| 76     | Geauga   | Reference                   | ABS   | 159 | 2   | 368   | --  | 6   |
| 77     | Geauga   | HIGH %: Children            | ABS   | 53  | 2   | 124   | --  | 3   |
| 78     | Greene   | Reference                   | ABS   | 261 | 3   | 750   | --  | 29  |
| 79     | Greene   | HIGH %: Children            | ABS   | 100 | 1   | 333   | --  | 8   |
| 80     | Guernsey | Reference                   | ABS   | 68  | --  | 185   | --  | 16  |
| 81     | Guernsey | HIGH %: Low Income          | ABS   | 44  | --  | 105   | --  | 12  |
| 82     | Hamilton | Reference                   | ABS   | 371 | 6   | 1,218 | --  | 73  |
| 83     | Hamilton | HIGH %: Non-White           | ABS   | 804 | 22  | 2,777 | --  | 245 |
| 84     | Hamilton | HIGH %: Children            | ABS   | 307 | 5   | 851   | --  | 22  |
| 85     | Hamilton | HIGH %: Children, Non-White | ABS   | 256 | 7   | 926   | --  | 89  |
| 86     | Hancock  | Reference                   | ABS   | 110 | --  | 288   | --  | 8   |
| 87     | Hancock  | HIGH %: Low Income          | ABS   | 32  | --  | 100   | --  | 11  |
| 88     | Hancock  | HIGH %: Children            | ABS   | 39  | 1   | 92    | --  | 5   |
| 89     | Hardin   | Reference                   | ABS   | 123 | 2   | 397   | --  | 40  |
| 90     | Harrison | Reference                   | ABS   | 135 | --  | 419   | --  | 53  |
| 91     | Henry    | Reference                   | ABS   | 97  | 1   | 285   | --  | 14  |
| 92     | Highland | Reference                   | ABS   | 77  | 1   | 274   | --  | 14  |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County    | Strata Details               | Frame | 1.1 | 1.2 | 2.0   | 3.0 | 4.0 |
|--------|-----------|------------------------------|-------|-----|-----|-------|-----|-----|
| 93     | Highland  | HIGH %: Children             | ABS   | 47  | 2   | 132   | --  | 8   |
| 94     | Hocking   | Reference                    | ABS   | 104 | --  | 303   | --  | 14  |
| 95     | Hocking   | HIGH %: Low Income           | ABS   | 28  | 2   | 69    | --  | 4   |
| 96     | Holmes    | Reference                    | ABS   | 37  | 1   | 144   | --  | 6   |
| 97     | Holmes    | HIGH %: Children             | ABS   | 83  | 1   | 366   | --  | 30  |
| 98     | Huron     | Reference                    | ABS   | 91  | 3   | 331   | --  | 22  |
| 99     | Huron     | HIGH %: Children             | ABS   | 32  | --  | 72    | --  | 3   |
| 100    | Jackson   | Reference                    | ABS   | 81  | 2   | 242   | --  | 17  |
| 101    | Jackson   | HIGH %: Children             | ABS   | 34  | --  | 69    | --  | 5   |
| 102    | Jefferson | Reference                    | ABS   | 111 | 3   | 292   | --  | 33  |
| 103    | Jefferson | HIGH %: Low Income           | ABS   | 42  | --  | 102   | --  | 31  |
| 104    | Knox      | Reference                    | ABS   | 70  | 2   | 171   | --  | 9   |
| 105    | Knox      | HIGH %: Children             | ABS   | 57  | 1   | 164   | --  | 7   |
| 106    | Lake      | Reference                    | ABS   | 513 | 10  | 1,346 | --  | 79  |
| 107    | Lawrence  | Reference                    | ABS   | 35  | --  | 70    | --  | 3   |
| 108    | Lawrence  | HIGH %: Low Income           | ABS   | 32  | 1   | 112   | --  | 6   |
| 109    | Lawrence  | HIGH %: Children             | ABS   | 43  | 1   | 92    | --  | 11  |
| 110    | Lawrence  | HIGH %: Children, Low Income | ABS   | 25  | --  | 77    | --  | 1   |
| 111    | Licking   | Reference                    | ABS   | 217 | 1   | 604   | --  | 18  |
| 112    | Licking   | HIGH %: Children             | ABS   | 117 | 3   | 374   | --  | 14  |



**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County   | Strata Details                          | Frame | 1.1 | 1.2 | 2.0 | 3.0 | 4.0 |
|--------|----------|-----------------------------------------|-------|-----|-----|-----|-----|-----|
| 113    | Logan    | Reference                               | ABS   | 79  | 1   | 213 | --  | 9   |
| 114    | Logan    | HIGH %: Children                        | ABS   | 36  | --  | 99  | --  | 7   |
| 115    | Lorain   | Reference                               | ABS   | 341 | 3   | 982 | --  | 52  |
| 116    | Lorain   | HIGH %: Non-White                       | ABS   | 161 | 1   | 487 | --  | 46  |
| 117    | Lorain   | HIGH %: Children                        | ABS   | 124 | 3   | 312 | --  | 9   |
| 118    | Lorain   | HIGH %: Children, Non-White             | ABS   | 25  | --  | 70  | --  | 9   |
| 119    | Lucas    | Reference                               | ABS   | 110 | 1   | 238 | --  | 10  |
| 120    | Lucas    | HIGH %: Low Income                      | ABS   | 133 | 1   | 299 | --  | 57  |
| 121    | Lucas    | HIGH %: Non-White                       | ABS   | 164 | 1   | 465 | --  | 60  |
| 122    | Lucas    | HIGH %: Non-White, Low Income           | ABS   | 291 | 2   | 868 | --  | 147 |
| 123    | Lucas    | HIGH %: Children                        | ABS   | 130 | 2   | 306 | --  | 14  |
| 124    | Lucas    | HIGH %: Children, Low Income            | ABS   | 27  | --  | 77  | --  | 12  |
| 125    | Lucas    | HIGH %: Children, Non-White             | ABS   | 53  | 1   | 203 | --  | 29  |
| 126    | Lucas    | HIGH %: Children, Non-White, Low Income | ABS   | 67  | 1   | 308 | --  | 57  |
| 127    | Madison  | Reference                               | ABS   | 50  | --  | 150 | --  | 9   |
| 128    | Madison  | HIGH %: Children                        | ABS   | 45  | --  | 130 | --  | 2   |
| 129    | Mahoning | Reference                               | ABS   | 294 | 3   | 778 | --  | 43  |
| 130    | Mahoning | HIGH %: Non-White                       | ABS   | 125 | 2   | 493 | --  | 75  |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County     | Strata Details                | Frame | 1.1 | 1.2 | 2.0   | 3.0 | 4.0 |
|--------|------------|-------------------------------|-------|-----|-----|-------|-----|-----|
| 131    | Mahoning   | HIGH %: Children              | ABS   | 34  | --  | 87    | --  | 3   |
| 132    | Mahoning   | HIGH %: Children, Non-White   | ABS   | 46  | --  | 154   | --  | 21  |
| 133    | Marion     | Reference                     | ABS   | 35  | 1   | 124   | --  | 15  |
| 134    | Marion     | HIGH %: Low Income            | ABS   | 42  | 2   | 117   | --  | 6   |
| 135    | Marion     | HIGH %: Children              | ABS   | 38  | 2   | 68    | --  | --  |
| 136    | Marion     | HIGH %: Children, Low Income  | ABS   | 27  | 1   | 103   | --  | 16  |
| 137    | Medina     | Reference                     | ABS   | 249 | 4   | 706   | --  | 26  |
| 138    | Medina     | HIGH %: Children              | ABS   | 122 | 2   | 306   | --  | 6   |
| 139    | Meigs      | Reference                     | ABS   | 23  | --  | 73    | --  | 12  |
| 140    | Meigs      | HIGH %: Low Income            | ABS   | 87  | --  | 292   | --  | 52  |
| 141    | Mercer     | Reference                     | ABS   | 78  | --  | 243   | --  | 9   |
| 142    | Mercer     | HIGH %: Children              | ABS   | 31  | --  | 81    | --  | 2   |
| 143    | Miami      | Reference                     | ABS   | 141 | 4   | 455   | --  | 18  |
| 144    | Miami      | HIGH %: Children              | ABS   | 92  | 1   | 265   | --  | 11  |
| 145    | Monroe     | Reference                     | ABS   | 138 | 1   | 386   | --  | 50  |
| 146    | Montgomery | Reference                     | ABS   | 342 | 12  | 1,016 | --  | 41  |
| 147    | Montgomery | HIGH %: Low Income            | ABS   | 157 | 2   | 511   | --  | 107 |
| 148    | Montgomery | HIGH %: Non-White             | ABS   | 173 | 4   | 586   | --  | 70  |
| 149    | Montgomery | HIGH %: Non-White, Low Income | ABS   | 227 | 3   | 797   | --  | 216 |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County     | Strata Details                          | Frame | 1.1 | 1.2 | 2.0 | 3.0 | 4.0 |
|--------|------------|-----------------------------------------|-------|-----|-----|-----|-----|-----|
| 150    | Montgomery | HIGH %: Children                        | ABS   | 139 | 2   | 377 | --  | 13  |
| 151    | Montgomery | HIGH %: Children, Low Income            | ABS   | 25  | 1   | 98  | --  | 9   |
| 152    | Montgomery | HIGH %: Children, Non-White             | ABS   | 67  | 1   | 253 | --  | 34  |
| 153    | Montgomery | HIGH %: Children, Non-White, Low Income | ABS   | 62  | 2   | 213 | --  | 76  |
| 154    | Morgan     | Reference                               | ABS   | 165 | 5   | 434 | --  | 15  |
| 155    | Morrow     | Reference                               | ABS   | 110 | 4   | 318 | --  | 29  |
| 156    | Muskingum  | Reference                               | ABS   | 75  | 1   | 214 | --  | 13  |
| 157    | Muskingum  | HIGH %: Low Income                      | ABS   | 45  | --  | 111 | --  | 19  |
| 158    | Muskingum  | HIGH %: Children                        | ABS   | 26  | 1   | 64  | --  | 2   |
| 159    | Muskingum  | HIGH %: Children, Low Income            | ABS   | 36  | 2   | 59  | --  | 11  |
| 160    | Noble      | Reference                               | ABS   | 47  | --  | 106 | --  | 3   |
| 161    | Noble      | HIGH %: Low Income                      | ABS   | 98  | 2   | 316 | --  | 38  |
| 162    | Ottawa     | Reference                               | ABS   | 82  | 2   | 211 | --  | 26  |
| 163    | Ottawa     | HIGH %: Children                        | ABS   | 42  | --  | 61  | --  | 5   |
| 164    | Paulding   | Reference                               | ABS   | 137 | 4   | 432 | --  | 15  |
| 165    | Perry      | Reference                               | ABS   | 79  | 1   | 238 | --  | 10  |
| 166    | Perry      | HIGH %: Children                        | ABS   | 38  | --  | 83  | --  | 7   |
| 167    | Pickaway   | Reference                               | ABS   | 42  | --  | 129 | --  | 8   |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County   | Strata Details     | Frame | 1.1 | 1.2 | 2.0 | 3.0 | 4.0 |
|--------|----------|--------------------|-------|-----|-----|-----|-----|-----|
| 168    | Pickaway | HIGH %: Low Income | ABS   | 29  | --  | 96  | --  | 8   |
| 169    | Pickaway | HIGH %: Children   | ABS   | 56  | 2   | 168 | --  | 8   |
| 170    | Pike     | Reference          | ABS   | 51  | --  | 177 | --  | 7   |
| 171    | Pike     | HIGH %: Children   | ABS   | 51  | --  | 185 | --  | 9   |
| 172    | Portage  | Reference          | ABS   | 268 | 5   | 815 | --  | 44  |
| 173    | Portage  | HIGH %: Children   | ABS   | 59  | --  | 125 | --  | 7   |
| 174    | Preble   | Reference          | ABS   | 113 | 1   | 303 | --  | 20  |
| 175    | Putnam   | Reference          | ABS   | 93  | 1   | 183 | --  | 6   |
| 176    | Putnam   | HIGH %: Children   | ABS   | 40  | 1   | 118 | --  | 4   |
| 177    | Richland | Reference          | ABS   | 233 | 4   | 626 | --  | 45  |
| 178    | Richland | HIGH %: Non-White  | ABS   | 39  | --  | 105 | --  | 14  |
| 179    | Ross     | Reference          | ABS   | 117 | 2   | 353 | --  | 16  |
| 180    | Ross     | HIGH %: Children   | ABS   | 28  | --  | 87  | --  | 3   |
| 181    | Sandusky | Reference          | ABS   | 113 | 4   | 344 | --  | 13  |
| 182    | Sandusky | HIGH %: Children   | ABS   | 33  | 1   | 70  | --  | 3   |
| 183    | Scioto   | Reference          | ABS   | 121 | 1   | 398 | --  | 27  |
| 184    | Scioto   | HIGH %: Children   | ABS   | 40  | --  | 133 | --  | 8   |
| 185    | Seneca   | Reference          | ABS   | 52  | 1   | 141 | --  | 9   |
| 186    | Seneca   | HIGH %: Low Income | ABS   | 25  | 1   | 96  | --  | 16  |
| 187    | Seneca   | HIGH %: Children   | ABS   | 46  | 3   | 91  | --  | 6   |
| 188    | Shelby   | Reference          | ABS   | 72  | 1   | 254 | --  | 7   |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County   | Strata Details                          | Frame | 1.1 | 1.2 | 2.0   | 3.0 | 4.0 |
|--------|----------|-----------------------------------------|-------|-----|-----|-------|-----|-----|
| 189    | Shelby   | HIGH %: Children                        | ABS   | 36  | --  | 104   | --  | 2   |
| 190    | Stark    | Reference                               | ABS   | 387 | 5   | 965   | --  | 53  |
| 191    | Stark    | HIGH %: Low Income                      | ABS   | 137 | 2   | 324   | --  | 44  |
| 192    | Stark    | HIGH %: Non-White                       | ABS   | 25  | 1   | 78    | --  | 4   |
| 193    | Stark    | HIGH %: Non-White, Low Income           | ABS   | 98  | 5   | 290   | --  | 38  |
| 194    | Stark    | HIGH %: Children                        | ABS   | 88  | 1   | 257   | --  | 7   |
| 195    | Stark    | HIGH %: Children, Low Income            | ABS   | 23  | --  | 73    | --  | 20  |
| 196    | Stark    | HIGH %: Children, Non-White             | ABS   | 31  | 1   | 106   | --  | 14  |
| 197    | Stark    | HIGH %: Children, Non-White, Low Income | ABS   | 29  | --  | 65    | --  | 15  |
| 198    | Summit   | Reference                               | ABS   | 604 | 8   | 1,743 | --  | 95  |
| 199    | Summit   | HIGH %: Non-White                       | ABS   | 273 | 4   | 900   | --  | 80  |
| 200    | Summit   | HIGH %: Children                        | ABS   | 153 | 2   | 424   | --  | 19  |
| 201    | Summit   | HIGH %: Children, Non-White             | ABS   | 108 | 5   | 354   | --  | 42  |
| 202    | Trumbull | Reference                               | ABS   | 349 | 8   | 989   | --  | 63  |
| 203    | Trumbull | HIGH %: Non-White                       | ABS   | 53  | 2   | 129   | --  | 14  |
| 204    | Trumbull | HIGH %: Children                        | ABS   | 73  | 1   | 210   | --  | 18  |
| 205    | Trumbull | HIGH %: Children, Non-White             | ABS   | 26  | --  | 68    | --  | 8   |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County     | Strata Details       | Frame    | 1.1   | 1.2 | 2.0   | 3.0   | 4.0 |
|--------|------------|----------------------|----------|-------|-----|-------|-------|-----|
| 206    | Tuscarawas | Reference            | ABS      | 174   | 2   | 431   | --    | 37  |
| 207    | Tuscarawas | HIGH %: Children     | ABS      | 46    | 2   | 143   | --    | 5   |
| 208    | Union      | Reference            | ABS      | 45    | --  | 149   | --    | 5   |
| 209    | Union      | HIGH %: Children     | ABS      | 81    | 1   | 232   | --    | 8   |
| 210    | Van Wert   | Reference            | ABS      | 69    | 1   | 155   | --    | 14  |
| 211    | Van Wert   | HIGH %: Children     | ABS      | 40    | --  | 65    | --    | 3   |
| 212    | Vinton     | Reference            | ABS      | 99    | 1   | 312   | --    | 22  |
| 213    | Warren     | Reference            | ABS      | 223   | 1   | 708   | --    | 21  |
| 214    | Warren     | HIGH %: Children     | ABS      | 225   | 7   | 648   | --    | 8   |
| 215    | Washington | Reference            | ABS      | 101   | 2   | 298   | --    | 14  |
| 216    | Washington | HIGH %: Low Income   | ABS      | 32    | --  | 89    | --    | 5   |
| 217    | Wayne      | Reference            | ABS      | 191   | 2   | 443   | --    | 22  |
| 218    | Wayne      | HIGH %: Children     | ABS      | 62    | --  | 179   | --    | 5   |
| 219    | Williams   | Reference            | ABS      | 96    | --  | 197   | --    | 14  |
| 220    | Williams   | HIGH %: Children     | ABS      | 30    | 1   | 74    | --    | 2   |
| 221    | Wood       | Reference            | ABS      | 254   | 4   | 499   | --    | 34  |
| 222    | Wood       | HIGH %: Low Income   | ABS      | 61    | 1   | 136   | --    | 17  |
| 223    | Wyandot    | Reference            | ABS      | 108   | 2   | 289   | --    | 21  |
| 224    | --         | G-VIII Rural App     | Medicaid | 1,019 | 35  | 1,540 | 1,321 | 103 |
| 225    | --         | G-VIII Metro         | Medicaid | 4,125 | 125 | 7,851 | 6,750 | 446 |
| 226    | --         | G-VIII Rural non-App | Medicaid | 559   | 11  | 874   | 675   | 57  |

**Exhibit H-7. Final Dispositions by Sampling Stratum**

| Strata | County | Strata Details                    | Frame    | 1.1   | 1.2 | 2.0   | 3.0   | 4.0 |
|--------|--------|-----------------------------------|----------|-------|-----|-------|-------|-----|
| 227    | --     | G-VIII Suburban                   | Medicaid | 822   | 22  | 1,331 | 1,002 | 94  |
| 228    | --     | CFC                               | Medicaid | 1,545 | 66  | 2,050 | 1,513 | 95  |
| 229    | --     | ABD/MBIWD only (adult, non-duals) | Medicaid | 1,076 | 32  | 1,467 | 1,284 | 51  |
| 230    | --     | Dual                              | Medicaid | 1,061 | 29  | 1,311 | 1,054 | 23  |

**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County    | Strata Details                          | Frame | RR1   | RR3   | RR4   | RR5   |
|--------|-----------|-----------------------------------------|-------|-------|-------|-------|-------|
| 1      | Adams     | Reference                               | ABS   | 21.9% | 21.9% | 21.9% | 21.9% |
| 2      | Adams     | HIGH %: Children                        | ABS   | 26.7% | 26.7% | 26.7% | 26.7% |
| 3      | Allen     | Reference                               | ABS   | 32.2% | 32.2% | 32.5% | 32.2% |
| 4      | Allen     | HIGH %: Non-White                       | ABS   | 16.3% | 16.3% | 17.9% | 16.3% |
| 5      | Ashland   | Reference                               | ABS   | 25.9% | 25.9% | 26.5% | 25.9% |
| 6      | Ashland   | HIGH %: Children                        | ABS   | 26.0% | 26.0% | 26.8% | 26.0% |
| 7      | Ashtabula | Reference                               | ABS   | 24.1% | 24.1% | 24.5% | 24.1% |
| 8      | Ashtabula | HIGH %: Low Income                      | ABS   | 28.0% | 28.0% | 28.4% | 28.0% |
| 9      | Ashtabula | HIGH %: Children                        | ABS   | 25.0% | 25.0% | 25.0% | 25.0% |
| 10     | Ashtabula | HIGH %: Children, Low Income            | ABS   | 29.2% | 29.2% | 29.2% | 29.2% |
| 11     | Athens    | Reference                               | ABS   | 31.6% | 31.6% | 31.9% | 31.6% |
| 12     | Athens    | HIGH %: Children                        | ABS   | 35.0% | 35.0% | 35.0% | 35.0% |
| 13     | Auglaize  | Reference                               | ABS   | 32.5% | 32.5% | 33.3% | 32.5% |
| 14     | Auglaize  | HIGH %: Children                        | ABS   | 30.3% | 30.3% | 30.3% | 30.3% |
| 15     | Belmont   | Reference                               | ABS   | 26.2% | 26.2% | 26.4% | 26.2% |
| 16     | Belmont   | HIGH %: Children                        | ABS   | 27.8% | 27.8% | 27.8% | 27.8% |
| 17     | Brown     | Reference                               | ABS   | 24.9% | 24.9% | 25.6% | 24.9% |
| 18     | Brown     | HIGH %: Children                        | ABS   | 23.2% | 23.2% | 23.9% | 23.2% |
| 19     | Butler    | Reference                               | ABS   | 26.9% | 26.9% | 27.8% | 26.9% |
| 20     | Butler    | HIGH %: Low Income                      | ABS   | 24.3% | 24.3% | 24.6% | 24.3% |
| 21     | Butler    | HIGH %: Non-White                       | ABS   | 19.9% | 19.9% | 20.2% | 19.9% |
| 22     | Butler    | HIGH %: Non-White, Low Income           | ABS   | 17.8% | 17.8% | 18.3% | 17.8% |
| 23     | Butler    | HIGH %: Children                        | ABS   | 24.0% | 24.0% | 24.6% | 24.0% |
| 24     | Butler    | HIGH %: Children, Low Income            | ABS   | 22.5% | 22.5% | 22.5% | 22.5% |
| 25     | Butler    | HIGH %: Children, Non-White             | ABS   | 20.2% | 20.2% | 20.8% | 20.2% |
| 26     | Butler    | HIGH %: Children, Non-White, Low Income | ABS   | 11.9% | 11.9% | 11.9% | 11.9% |
| 27     | Carroll   | Reference                               | ABS   | 26.9% | 26.9% | 27.4% | 26.9% |
| 28     | Champaign | Reference                               | ABS   | 20.8% | 20.8% | 20.8% | 20.8% |



**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County     | Strata Details                          | Frame | RR1   | RR3   | RR4   | RR5   |
|--------|------------|-----------------------------------------|-------|-------|-------|-------|-------|
| 29     | Champaign  | HIGH %: Children                        | ABS   | 26.1% | 26.1% | 26.1% | 26.1% |
| 30     | Clark      | Reference                               | ABS   | 24.2% | 24.2% | 25.0% | 24.2% |
| 31     | Clark      | HIGH %: Non-White                       | ABS   | 21.7% | 21.7% | 22.4% | 21.7% |
| 32     | Clark      | HIGH %: Children                        | ABS   | 21.1% | 21.1% | 21.1% | 21.1% |
| 33     | Clark      | HIGH %: Children, Non-White             | ABS   | 17.8% | 17.8% | 18.3% | 17.8% |
| 34     | Clermont   | Reference                               | ABS   | 23.5% | 23.5% | 24.0% | 23.5% |
| 35     | Clermont   | HIGH %: Children                        | ABS   | 25.0% | 25.0% | 25.3% | 25.0% |
| 36     | Clinton    | Reference                               | ABS   | 20.9% | 20.9% | 20.9% | 20.9% |
| 37     | Clinton    | HIGH %: Low Income                      | ABS   | 21.6% | 21.6% | 21.6% | 21.6% |
| 38     | Columbiana | Reference                               | ABS   | 26.1% | 26.1% | 26.7% | 26.1% |
| 39     | Columbiana | HIGH %: Children                        | ABS   | 27.2% | 27.2% | 27.7% | 27.2% |
| 40     | Coshocton  | Reference                               | ABS   | 21.1% | 21.1% | 21.9% | 21.1% |
| 41     | Coshocton  | HIGH %: Children                        | ABS   | 21.6% | 21.6% | 21.6% | 21.6% |
| 42     | Crawford   | Reference                               | ABS   | 22.5% | 22.5% | 22.5% | 22.5% |
| 43     | Crawford   | HIGH %: Children                        | ABS   | 25.2% | 25.2% | 25.2% | 25.2% |
| 44     | Cuyahoga   | Reference                               | ABS   | 25.6% | 25.6% | 26.0% | 25.6% |
| 45     | Cuyahoga   | HIGH %: Low Income                      | ABS   | 20.8% | 20.8% | 21.2% | 20.8% |
| 46     | Cuyahoga   | HIGH %: Non-White                       | ABS   | 21.0% | 21.0% | 21.4% | 21.0% |
| 47     | Cuyahoga   | HIGH %: Non-White, Low Income           | ABS   | 19.3% | 19.3% | 19.4% | 19.3% |
| 48     | Cuyahoga   | HIGH %: Children                        | ABS   | 26.5% | 26.5% | 26.9% | 26.5% |
| 49     | Cuyahoga   | HIGH %: Children, Low Income            | ABS   | 18.5% | 18.5% | 18.5% | 18.5% |
| 50     | Cuyahoga   | HIGH %: Children, Non-White             | ABS   | 25.0% | 25.0% | 25.4% | 25.0% |
| 51     | Cuyahoga   | HIGH %: Children, Non-White, Low Income | ABS   | 19.3% | 19.3% | 19.7% | 19.3% |
| 52     | Darke      | Reference                               | ABS   | 27.7% | 27.7% | 27.7% | 27.7% |
| 53     | Darke      | HIGH %: Low Income                      | ABS   | 22.2% | 22.2% | 22.7% | 22.2% |
| 54     | Defiance   | Reference                               | ABS   | 30.5% | 30.5% | 31.3% | 30.5% |
| 55     | Defiance   | HIGH %: Children                        | ABS   | 31.7% | 31.7% | 31.7% | 31.7% |
| 56     | Delaware   | Reference                               | ABS   | 25.4% | 25.4% | 25.6% | 25.4% |
| 57     | Delaware   | HIGH %: Children                        | ABS   | 24.7% | 24.7% | 25.3% | 24.7% |

**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County    | Strata Details                          | Frame | RR1   | RR3   | RR4   | RR5   |
|--------|-----------|-----------------------------------------|-------|-------|-------|-------|-------|
| 58     | Erie      | Reference                               | ABS   | 27.6% | 27.6% | 28.0% | 27.6% |
| 59     | Erie      | HIGH %: Non-White                       | ABS   | 27.0% | 27.0% | 27.7% | 27.0% |
| 60     | Fairfield | Reference                               | ABS   | 26.5% | 26.5% | 26.9% | 26.5% |
| 61     | Fairfield | HIGH %: Non-White                       | ABS   | 22.5% | 22.5% | 22.9% | 22.5% |
| 62     | Fayette   | Reference                               | ABS   | 19.6% | 19.6% | 20.2% | 19.6% |
| 63     | Fayette   | HIGH %: Low Income                      | ABS   | 24.9% | 24.9% | 25.3% | 24.9% |
| 64     | Franklin  | Reference                               | ABS   | 25.0% | 25.0% | 25.9% | 25.0% |
| 65     | Franklin  | HIGH %: Low Income                      | ABS   | 20.0% | 20.0% | 20.8% | 20.0% |
| 66     | Franklin  | HIGH %: Non-White                       | ABS   | 21.1% | 21.1% | 21.5% | 21.1% |
| 67     | Franklin  | HIGH %: Non-White, Low Income           | ABS   | 21.4% | 21.4% | 22.2% | 21.4% |
| 68     | Franklin  | HIGH %: Children                        | ABS   | 25.6% | 25.6% | 26.3% | 25.6% |
| 69     | Franklin  | HIGH %: Children, Low Income            | ABS   | 20.6% | 20.6% | 21.3% | 20.6% |
| 70     | Franklin  | HIGH %: Children, Non-White             | ABS   | 19.5% | 19.5% | 20.0% | 19.5% |
| 71     | Franklin  | HIGH %: Children, Non-White, Low Income | ABS   | 22.2% | 22.2% | 22.6% | 22.2% |
| 72     | Fulton    | Reference                               | ABS   | 30.1% | 30.1% | 30.1% | 30.1% |
| 73     | Fulton    | HIGH %: Children                        | ABS   | 29.9% | 29.9% | 29.9% | 29.9% |
| 74     | Gallia    | Reference                               | ABS   | 28.0% | 28.0% | 28.0% | 28.0% |
| 75     | Gallia    | HIGH %: Low Income                      | ABS   | 29.0% | 29.0% | 29.0% | 29.0% |
| 76     | Geauga    | Reference                               | ABS   | 30.1% | 30.1% | 30.4% | 30.1% |
| 77     | Geauga    | HIGH %: Children                        | ABS   | 29.6% | 29.6% | 30.7% | 29.6% |
| 78     | Greene    | Reference                               | ABS   | 25.7% | 25.7% | 26.0% | 25.7% |
| 79     | Greene    | HIGH %: Children                        | ABS   | 23.0% | 23.0% | 23.3% | 23.0% |
| 80     | Guernsey  | Reference                               | ABS   | 26.9% | 26.9% | 26.9% | 26.9% |
| 81     | Guernsey  | HIGH %: Low Income                      | ABS   | 29.5% | 29.5% | 29.5% | 29.5% |
| 82     | Hamilton  | Reference                               | ABS   | 23.3% | 23.3% | 23.6% | 23.3% |
| 83     | Hamilton  | HIGH %: Non-White                       | ABS   | 22.3% | 22.3% | 22.9% | 22.3% |
| 84     | Hamilton  | HIGH %: Children                        | ABS   | 26.4% | 26.4% | 26.8% | 26.4% |
| 85     | Hamilton  | HIGH %: Children, Non-White             | ABS   | 21.5% | 21.5% | 22.1% | 21.5% |
| 86     | Hancock   | Reference                               | ABS   | 27.6% | 27.6% | 27.6% | 27.6% |

**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County    | Strata Details               | Frame | RR1   | RR3   | RR4   | RR5   |
|--------|-----------|------------------------------|-------|-------|-------|-------|-------|
| 87     | Hancock   | HIGH %: Low Income           | ABS   | 24.2% | 24.2% | 24.2% | 24.2% |
| 88     | Hancock   | HIGH %: Children             | ABS   | 29.5% | 29.5% | 30.3% | 29.5% |
| 89     | Hardin    | Reference                    | ABS   | 23.6% | 23.6% | 23.9% | 23.6% |
| 90     | Harrison  | Reference                    | ABS   | 24.4% | 24.4% | 24.4% | 24.4% |
| 91     | Henry     | Reference                    | ABS   | 25.3% | 25.3% | 25.6% | 25.3% |
| 92     | Highland  | Reference                    | ABS   | 21.9% | 21.9% | 22.2% | 21.9% |
| 93     | Highland  | HIGH %: Children             | ABS   | 26.0% | 26.0% | 27.1% | 26.0% |
| 94     | Hocking   | Reference                    | ABS   | 25.6% | 25.6% | 25.6% | 25.6% |
| 95     | Hocking   | HIGH %: Low Income           | ABS   | 28.3% | 28.3% | 30.3% | 28.3% |
| 96     | Holmes    | Reference                    | ABS   | 20.3% | 20.3% | 20.9% | 20.3% |
| 97     | Holmes    | HIGH %: Children             | ABS   | 18.4% | 18.4% | 18.7% | 18.4% |
| 98     | Huron     | Reference                    | ABS   | 21.4% | 21.4% | 22.1% | 21.4% |
| 99     | Huron     | HIGH %: Children             | ABS   | 30.8% | 30.8% | 30.8% | 30.8% |
| 100    | Jackson   | Reference                    | ABS   | 24.9% | 24.9% | 25.5% | 24.9% |
| 101    | Jackson   | HIGH %: Children             | ABS   | 33.0% | 33.0% | 33.0% | 33.0% |
| 102    | Jefferson | Reference                    | ABS   | 27.3% | 27.3% | 28.1% | 27.3% |
| 103    | Jefferson | HIGH %: Low Income           | ABS   | 29.2% | 29.2% | 29.2% | 29.2% |
| 104    | Knox      | Reference                    | ABS   | 28.8% | 28.8% | 29.6% | 28.8% |
| 105    | Knox      | HIGH %: Children             | ABS   | 25.7% | 25.7% | 26.1% | 25.7% |
| 106    | Lake      | Reference                    | ABS   | 27.4% | 27.4% | 28.0% | 27.4% |
| 107    | Lawrence  | Reference                    | ABS   | 33.3% | 33.3% | 33.3% | 33.3% |
| 108    | Lawrence  | HIGH %: Low Income           | ABS   | 22.1% | 22.1% | 22.8% | 22.1% |
| 109    | Lawrence  | HIGH %: Children             | ABS   | 31.6% | 31.6% | 32.4% | 31.6% |
| 110    | Lawrence  | HIGH %: Children, Low Income | ABS   | 24.5% | 24.5% | 24.5% | 24.5% |
| 111    | Licking   | Reference                    | ABS   | 26.4% | 26.4% | 26.5% | 26.4% |
| 112    | Licking   | HIGH %: Children             | ABS   | 23.7% | 23.7% | 24.3% | 23.7% |
| 113    | Logan     | Reference                    | ABS   | 27.0% | 27.0% | 27.3% | 27.0% |
| 114    | Logan     | HIGH %: Children             | ABS   | 26.7% | 26.7% | 26.7% | 26.7% |
| 115    | Lorain    | Reference                    | ABS   | 25.7% | 25.7% | 25.9% | 25.7% |
| 116    | Lorain    | HIGH %: Non-White            | ABS   | 24.8% | 24.8% | 25.0% | 24.8% |

**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County   | Strata Details                          | Frame | RR1   | RR3   | RR4   | RR5   |
|--------|----------|-----------------------------------------|-------|-------|-------|-------|-------|
| 117    | Lorain   | HIGH %: Children                        | ABS   | 28.2% | 28.2% | 28.9% | 28.2% |
| 118    | Lorain   | HIGH %: Children, Non-White             | ABS   | 26.3% | 26.3% | 26.3% | 26.3% |
| 119    | Lucas    | Reference                               | ABS   | 31.5% | 31.5% | 31.8% | 31.5% |
| 120    | Lucas    | HIGH %: Low Income                      | ABS   | 30.7% | 30.7% | 30.9% | 30.7% |
| 121    | Lucas    | HIGH %: Non-White                       | ABS   | 26.0% | 26.0% | 26.2% | 26.0% |
| 122    | Lucas    | HIGH %: Non-White, Low Income           | ABS   | 25.1% | 25.1% | 25.2% | 25.1% |
| 123    | Lucas    | HIGH %: Children                        | ABS   | 29.7% | 29.7% | 30.1% | 29.7% |
| 124    | Lucas    | HIGH %: Children, Low Income            | ABS   | 26.0% | 26.0% | 26.0% | 26.0% |
| 125    | Lucas    | HIGH %: Children, Non-White             | ABS   | 20.6% | 20.6% | 21.0% | 20.6% |
| 126    | Lucas    | HIGH %: Children, Non-White, Low Income | ABS   | 17.8% | 17.8% | 18.1% | 17.8% |
| 127    | Madison  | Reference                               | ABS   | 25.0% | 25.0% | 25.0% | 25.0% |
| 128    | Madison  | HIGH %: Children                        | ABS   | 25.7% | 25.7% | 25.7% | 25.7% |
| 129    | Mahoning | Reference                               | ABS   | 27.3% | 27.3% | 27.6% | 27.3% |
| 130    | Mahoning | HIGH %: Non-White                       | ABS   | 20.2% | 20.2% | 20.5% | 20.2% |
| 131    | Mahoning | HIGH %: Children                        | ABS   | 28.1% | 28.1% | 28.1% | 28.1% |
| 132    | Mahoning | HIGH %: Children, Non-White             | ABS   | 23.0% | 23.0% | 23.0% | 23.0% |
| 133    | Marion   | Reference                               | ABS   | 21.9% | 21.9% | 22.5% | 21.9% |
| 134    | Marion   | HIGH %: Low Income                      | ABS   | 26.1% | 26.1% | 27.3% | 26.1% |
| 135    | Marion   | HIGH %: Children                        | ABS   | 35.2% | 35.2% | 37.0% | 35.2% |
| 136    | Marion   | HIGH %: Children, Low Income            | ABS   | 20.6% | 20.6% | 21.4% | 20.6% |
| 137    | Medina   | Reference                               | ABS   | 26.0% | 26.0% | 26.4% | 26.0% |
| 138    | Medina   | HIGH %: Children                        | ABS   | 28.4% | 28.4% | 28.8% | 28.4% |
| 139    | Meigs    | Reference                               | ABS   | 24.0% | 24.0% | 24.0% | 24.0% |
| 140    | Meigs    | HIGH %: Low Income                      | ABS   | 23.0% | 23.0% | 23.0% | 23.0% |
| 141    | Mercer   | Reference                               | ABS   | 24.3% | 24.3% | 24.3% | 24.3% |
| 142    | Mercer   | HIGH %: Children                        | ABS   | 27.7% | 27.7% | 27.7% | 27.7% |
| 143    | Miami    | Reference                               | ABS   | 23.5% | 23.5% | 24.2% | 23.5% |
| 144    | Miami    | HIGH %: Children                        | ABS   | 25.7% | 25.7% | 26.0% | 25.7% |
| 145    | Monroe   | Reference                               | ABS   | 26.3% | 26.3% | 26.5% | 26.3% |

**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County     | Strata Details                          | Frame | RR1   | RR3   | RR4   | RR5   |
|--------|------------|-----------------------------------------|-------|-------|-------|-------|-------|
| 146    | Montgomery | Reference                               | ABS   | 25.0% | 25.0% | 25.8% | 25.0% |
| 147    | Montgomery | HIGH %: Low Income                      | ABS   | 23.4% | 23.4% | 23.7% | 23.4% |
| 148    | Montgomery | HIGH %: Non-White                       | ABS   | 22.7% | 22.7% | 23.2% | 22.7% |
| 149    | Montgomery | HIGH %: Non-White, Low Income           | ABS   | 22.1% | 22.1% | 22.4% | 22.1% |
| 150    | Montgomery | HIGH %: Children                        | ABS   | 26.8% | 26.8% | 27.2% | 26.8% |
| 151    | Montgomery | HIGH %: Children, Low Income            | ABS   | 20.2% | 20.2% | 21.0% | 20.2% |
| 152    | Montgomery | HIGH %: Children, Non-White             | ABS   | 20.9% | 20.9% | 21.2% | 20.9% |
| 153    | Montgomery | HIGH %: Children, Non-White, Low Income | ABS   | 22.4% | 22.4% | 23.1% | 22.4% |
| 154    | Morgan     | Reference                               | ABS   | 27.3% | 27.3% | 28.1% | 27.3% |
| 155    | Morrow     | Reference                               | ABS   | 25.5% | 25.5% | 26.4% | 25.5% |
| 156    | Muskingum  | Reference                               | ABS   | 25.9% | 25.9% | 26.2% | 25.9% |
| 157    | Muskingum  | HIGH %: Low Income                      | ABS   | 28.8% | 28.8% | 28.8% | 28.8% |
| 158    | Muskingum  | HIGH %: Children                        | ABS   | 28.6% | 28.6% | 29.7% | 28.6% |
| 159    | Muskingum  | HIGH %: Children, Low Income            | ABS   | 37.1% | 37.1% | 39.2% | 37.1% |
| 160    | Noble      | Reference                               | ABS   | 30.7% | 30.7% | 30.7% | 30.7% |
| 161    | Noble      | HIGH %: Low Income                      | ABS   | 23.6% | 23.6% | 24.0% | 23.6% |
| 162    | Ottawa     | Reference                               | ABS   | 27.8% | 27.8% | 28.5% | 27.8% |
| 163    | Ottawa     | HIGH %: Children                        | ABS   | 40.8% | 40.8% | 40.8% | 40.8% |
| 164    | Paulding   | Reference                               | ABS   | 23.9% | 23.9% | 24.6% | 23.9% |
| 165    | Perry      | Reference                               | ABS   | 24.8% | 24.8% | 25.2% | 24.8% |
| 166    | Perry      | HIGH %: Children                        | ABS   | 31.4% | 31.4% | 31.4% | 31.4% |
| 167    | Pickaway   | Reference                               | ABS   | 24.6% | 24.6% | 24.6% | 24.6% |
| 168    | Pickaway   | HIGH %: Low Income                      | ABS   | 23.2% | 23.2% | 23.2% | 23.2% |
| 169    | Pickaway   | HIGH %: Children                        | ABS   | 24.8% | 24.8% | 25.7% | 24.8% |
| 170    | Pike       | Reference                               | ABS   | 22.4% | 22.4% | 22.4% | 22.4% |
| 171    | Pike       | HIGH %: Children                        | ABS   | 21.6% | 21.6% | 21.6% | 21.6% |
| 172    | Portage    | Reference                               | ABS   | 24.6% | 24.6% | 25.1% | 24.6% |
| 173    | Portage    | HIGH %: Children                        | ABS   | 32.1% | 32.1% | 32.1% | 32.1% |
| 174    | Preble     | Reference                               | ABS   | 27.1% | 27.1% | 27.3% | 27.1% |

**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County   | Strata Details                          | Frame | RR1   | RR3   | RR4   | RR5   |
|--------|----------|-----------------------------------------|-------|-------|-------|-------|-------|
| 175    | Putnam   | Reference                               | ABS   | 33.6% | 33.6% | 33.9% | 33.6% |
| 176    | Putnam   | HIGH %: Children                        | ABS   | 25.2% | 25.2% | 25.8% | 25.2% |
| 177    | Richland | Reference                               | ABS   | 27.0% | 27.0% | 27.5% | 27.0% |
| 178    | Richland | HIGH %: Non-White                       | ABS   | 27.1% | 27.1% | 27.1% | 27.1% |
| 179    | Ross     | Reference                               | ABS   | 24.8% | 24.8% | 25.2% | 24.8% |
| 180    | Ross     | HIGH %: Children                        | ABS   | 24.3% | 24.3% | 24.3% | 24.3% |
| 181    | Sandusky | Reference                               | ABS   | 24.5% | 24.5% | 25.4% | 24.5% |
| 182    | Sandusky | HIGH %: Children                        | ABS   | 31.7% | 31.7% | 32.7% | 31.7% |
| 183    | Scioto   | Reference                               | ABS   | 23.3% | 23.3% | 23.5% | 23.3% |
| 184    | Scioto   | HIGH %: Children                        | ABS   | 23.1% | 23.1% | 23.1% | 23.1% |
| 185    | Seneca   | Reference                               | ABS   | 26.8% | 26.8% | 27.3% | 26.8% |
| 186    | Seneca   | HIGH %: Low Income                      | ABS   | 20.5% | 20.5% | 21.3% | 20.5% |
| 187    | Seneca   | HIGH %: Children                        | ABS   | 32.9% | 32.9% | 35.0% | 32.9% |
| 188    | Shelby   | Reference                               | ABS   | 22.0% | 22.0% | 22.3% | 22.0% |
| 189    | Shelby   | HIGH %: Children                        | ABS   | 25.7% | 25.7% | 25.7% | 25.7% |
| 190    | Stark    | Reference                               | ABS   | 28.5% | 28.5% | 28.9% | 28.5% |
| 191    | Stark    | HIGH %: Low Income                      | ABS   | 29.6% | 29.6% | 30.0% | 29.6% |
| 192    | Stark    | HIGH %: Non-White                       | ABS   | 24.0% | 24.0% | 25.0% | 24.0% |
| 193    | Stark    | HIGH %: Non-White, Low Income           | ABS   | 24.9% | 24.9% | 26.2% | 24.9% |
| 194    | Stark    | HIGH %: Children                        | ABS   | 25.4% | 25.4% | 25.7% | 25.4% |
| 195    | Stark    | HIGH %: Children, Low Income            | ABS   | 24.0% | 24.0% | 24.0% | 24.0% |
| 196    | Stark    | HIGH %: Children, Non-White             | ABS   | 22.5% | 22.5% | 23.2% | 22.5% |
| 197    | Stark    | HIGH %: Children, Non-White, Low Income | ABS   | 30.9% | 30.9% | 30.9% | 30.9% |
| 198    | Summit   | Reference                               | ABS   | 25.6% | 25.6% | 26.0% | 25.6% |
| 199    | Summit   | HIGH %: Non-White                       | ABS   | 23.2% | 23.2% | 23.5% | 23.2% |
| 200    | Summit   | HIGH %: Children                        | ABS   | 26.4% | 26.4% | 26.8% | 26.4% |
| 201    | Summit   | HIGH %: Children, Non-White             | ABS   | 23.1% | 23.1% | 24.2% | 23.1% |
| 202    | Trumbull | Reference                               | ABS   | 25.9% | 25.9% | 26.5% | 25.9% |
| 203    | Trumbull | HIGH %: Non-White                       | ABS   | 28.8% | 28.8% | 29.9% | 28.8% |

**Exhibit H-8. Response Rates by Sampling Stratum (%)**

| Strata | County     | Strata Details                    | Frame    | RR1   | RR3   | RR4   | RR5   |
|--------|------------|-----------------------------------|----------|-------|-------|-------|-------|
| 204    | Trumbull   | HIGH %: Children                  | ABS      | 25.7% | 25.7% | 26.1% | 25.7% |
| 205    | Trumbull   | HIGH %: Children, Non-White       | ABS      | 27.7% | 27.7% | 27.7% | 27.7% |
| 206    | Tuscarawas | Reference                         | ABS      | 28.7% | 28.7% | 29.0% | 28.7% |
| 207    | Tuscarawas | HIGH %: Children                  | ABS      | 24.1% | 24.1% | 25.1% | 24.1% |
| 208    | Union      | Reference                         | ABS      | 23.2% | 23.2% | 23.2% | 23.2% |
| 209    | Union      | HIGH %: Children                  | ABS      | 25.8% | 25.8% | 26.1% | 25.8% |
| 210    | Van Wert   | Reference                         | ABS      | 30.7% | 30.7% | 31.1% | 30.7% |
| 211    | Van Wert   | HIGH %: Children                  | ABS      | 38.1% | 38.1% | 38.1% | 38.1% |
| 212    | Vinton     | Reference                         | ABS      | 24.0% | 24.0% | 24.3% | 24.0% |
| 213    | Warren     | Reference                         | ABS      | 23.9% | 23.9% | 24.0% | 23.9% |
| 214    | Warren     | HIGH %: Children                  | ABS      | 25.6% | 25.6% | 26.4% | 25.6% |
| 215    | Washington | Reference                         | ABS      | 25.2% | 25.2% | 25.7% | 25.2% |
| 216    | Washington | HIGH %: Low Income                | ABS      | 26.4% | 26.4% | 26.4% | 26.4% |
| 217    | Wayne      | Reference                         | ABS      | 30.0% | 30.0% | 30.3% | 30.0% |
| 218    | Wayne      | HIGH %: Children                  | ABS      | 25.7% | 25.7% | 25.7% | 25.7% |
| 219    | Williams   | Reference                         | ABS      | 32.8% | 32.8% | 32.8% | 32.8% |
| 220    | Williams   | HIGH %: Children                  | ABS      | 28.6% | 28.6% | 29.5% | 28.6% |
| 221    | Wood       | Reference                         | ABS      | 33.6% | 33.6% | 34.1% | 33.6% |
| 222    | Wood       | HIGH %: Low Income                | ABS      | 30.8% | 30.8% | 31.3% | 30.8% |
| 223    | Wyandot    | Reference                         | ABS      | 27.1% | 27.1% | 27.6% | 27.1% |
| 224    | --         | G-VIII Rural App                  | Medicaid | 26.0% | 26.4% | 27.3% | 39.3% |
| 225    | --         | G-VIII Metro                      | Medicaid | 21.9% | 22.2% | 22.8% | 34.1% |
| 226    | --         | G-VIII Rural non-App              | Medicaid | 26.4% | 26.7% | 27.2% | 38.7% |
| 227    | --         | G-VIII Suburban                   | Medicaid | 25.9% | 26.2% | 26.9% | 37.8% |
| 228    | --         | CFC                               | Medicaid | 29.9% | 30.1% | 31.4% | 42.2% |
| 229    | --         | ABD/MBIWD only (adult, non-duals) | Medicaid | 27.9% | 28.1% | 28.9% | 41.8% |
| 230    | --         | Dual                              | Medicaid | 30.7% | 30.8% | 31.6% | 44.2% |

**Exhibit H-9. Final Dispositions by County**

| County Number | County Name       | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|---------------|-------------------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|               |                   | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| 1             | Adams County      | 144                 | 1                 | 381                     | 38      | 26                                     |
| 2             | Allen County      | 320                 | 8                 | 727                     | 117     | 75                                     |
| 3             | Ashland County    | 157                 | 3                 | 396                     | 45      | 32                                     |
| 4             | Ashtabula County  | 336                 | 6                 | 790                     | 127     | 67                                     |
| 5             | Athens County     | 200                 | 1                 | 399                     | 56      | 38                                     |
| 6             | Auglaize County   | 129                 | 2                 | 268                     | 15      | 17                                     |
| 7             | Belmont County    | 245                 | 2                 | 552                     | 60      | 75                                     |
| 8             | Brown County      | 162                 | 3                 | 394                     | 43      | 25                                     |
| 9             | Butler County     | 1,016               | 31                | 2,950                   | 471     | 188                                    |
| 10            | Carroll County    | 131                 | 2                 | 328                     | 19      | 25                                     |
| 11            | Champaign County  | 153                 | 2                 | 433                     | 28      | 25                                     |
| 12            | Clark County      | 451                 | 12                | 1,324                   | 213     | 82                                     |
| 13            | Clermont County   | 532                 | 15                | 1,468                   | 152     | 74                                     |
| 14            | Clinton County    | 131                 | 1                 | 430                     | 43      | 22                                     |
| 15            | Columbiana County | 353                 | 6                 | 837                     | 103     | 74                                     |
| 16            | Coshocton County  | 156                 | 4                 | 516                     | 36      | 30                                     |
| 17            | Crawford County   | 137                 | --                | 390                     | 49      | 27                                     |
| 18            | Cuyahoga County   | 3,892               | 73                | 12,159                  | 2,061   | 1,169                                  |
| 19            | Darke County      | 163                 | 5                 | 426                     | 30      | 36                                     |
| 20            | Defiance County   | 138                 | 4                 | 313                     | 40      | 15                                     |
| 21            | Delaware County   | 435                 | 9                 | 1,211                   | 82      | 31                                     |
| 22            | Erie County       | 233                 | 6                 | 560                     | 74      | 47                                     |
| 23            | Fairfield County  | 432                 | 10                | 1,050                   | 126     | 47                                     |
| 24            | Fayette County    | 143                 | 3                 | 466                     | 36      | 36                                     |



**Exhibit H-9. Final Dispositions by County**

| County Number | County Name      | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|---------------|------------------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|               |                  | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| 25            | Franklin County  | 3,797               | 113               | 11,400                  | 1,692   | 695                                    |
| 26            | Fulton County    | 136                 | 1                 | 309                     | 12      | 17                                     |
| 27            | Gallia County    | 148                 | 4                 | 326                     | 38      | 37                                     |
| 28            | Geauga County    | 246                 | 5                 | 544                     | 30      | 13                                     |
| 29            | Greene County    | 489                 | 7                 | 1,294                   | 151     | 44                                     |
| 30            | Guernsey County  | 146                 | 1                 | 334                     | 51      | 31                                     |
| 31            | Hamilton County  | 2,462               | 58                | 7,009                   | 1,158   | 494                                    |
| 32            | Hancock County   | 239                 | 1                 | 557                     | 43      | 26                                     |
| 33            | Hardin County    | 149                 | 2                 | 433                     | 15      | 44                                     |
| 34            | Harrison County  | 146                 | --                | 436                     | 12      | 53                                     |
| 35            | Henry County     | 110                 | 1                 | 310                     | 16      | 15                                     |
| 36            | Highland County  | 165                 | 4                 | 468                     | 54      | 24                                     |
| 37            | Hocking County   | 159                 | 4                 | 411                     | 25      | 23                                     |
| 38            | Holmes County    | 126                 | 2                 | 523                     | 10      | 36                                     |
| 39            | Huron County     | 183                 | 4                 | 463                     | 32      | 27                                     |
| 40            | Jackson County   | 156                 | 3                 | 366                     | 44      | 26                                     |
| 41            | Jefferson County | 228                 | 6                 | 479                     | 76      | 66                                     |
| 42            | Knox County      | 172                 | 3                 | 383                     | 37      | 18                                     |
| 43            | Lake County      | 653                 | 12                | 1,562                   | 154     | 88                                     |
| 44            | Lawrence County  | 204                 | 4                 | 489                     | 109     | 25                                     |
| 45            | Licking County   | 476                 | 8                 | 1,183                   | 142     | 51                                     |
| 46            | Logan County     | 150                 | 3                 | 353                     | 46      | 16                                     |
| 47            | Lorain County    | 916                 | 21                | 2,256                   | 330     | 140                                    |
| 48            | Lucas County     | 1,502               | 21                | 3,614                   | 676     | 425                                    |
| 49            | Madison County   | 133                 | 1                 | 331                     | 29      | 15                                     |
| 50            | Mahoning County  | 791                 | 12                | 1,976                   | 418     | 165                                    |
| 51            | Marion County    | 214                 | 7                 | 536                     | 91      | 45                                     |

**Exhibit H-9. Final Dispositions by County**

| County Number | County Name       | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|---------------|-------------------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|               |                   | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| 52            | Medina County     | 450                 | 7                 | 1,145                   | 96      | 40                                     |
| 53            | Meigs County      | 151                 | 1                 | 397                     | 21      | 65                                     |
| 54            | Mercer County     | 127                 | 1                 | 350                     | 13      | 13                                     |
| 55            | Miami County      | 305                 | 7                 | 812                     | 72      | 34                                     |
| 56            | Monroe County     | 155                 | 2                 | 404                     | 7       | 52                                     |
| 57            | Montgomery County | 1,752               | 41                | 4,891                   | 862     | 603                                    |
| 58            | Morgan County     | 177                 | 5                 | 448                     | 8       | 17                                     |
| 59            | Morrow County     | 143                 | 5                 | 357                     | 28      | 30                                     |
| 60            | Muskingum County  | 285                 | 8                 | 580                     | 95      | 60                                     |
| 61            | Noble County      | 156                 | 2                 | 433                     | 8       | 41                                     |
| 62            | Ottawa County     | 147                 | 2                 | 302                     | 19      | 34                                     |
| 63            | Paulding County   | 156                 | 4                 | 453                     | 15      | 18                                     |
| 64            | Perry County      | 154                 | 3                 | 375                     | 46      | 23                                     |
| 65            | Pickaway County   | 188                 | 4                 | 458                     | 58      | 27                                     |
| 66            | Pike County       | 138                 | --                | 413                     | 47      | 17                                     |
| 67            | Portage County    | 445                 | 10                | 1,108                   | 148     | 63                                     |
| 68            | Preble County     | 142                 | 3                 | 349                     | 24      | 20                                     |
| 69            | Putnam County     | 143                 | 2                 | 325                     | 13      | 11                                     |
| 70            | Richland County   | 423                 | 10                | 934                     | 148     | 70                                     |
| 71            | Ross County       | 247                 | 4                 | 547                     | 96      | 25                                     |
| 72            | Sandusky County   | 188                 | 6                 | 479                     | 50      | 19                                     |
| 73            | Scioto County     | 276                 | 6                 | 679                     | 158     | 41                                     |
| 74            | Seneca County     | 177                 | 7                 | 385                     | 38      | 35                                     |
| 75            | Shelby County     | 149                 | 2                 | 398                     | 37      | 10                                     |
| 76            | Stark County      | 1,141               | 24                | 2,688                   | 436     | 215                                    |
| 77            | Summit County     | 1,648               | 37                | 4,382                   | 805     | 283                                    |
| 78            | Trumbull County   | 732                 | 24                | 1,695                   | 248     | 118                                    |

**Exhibit H-9. Final Dispositions by County**

| County Number | County Name       | 1.1                 | 1.2               | 2.0                     | 3.0     | 4.0                                    |
|---------------|-------------------|---------------------|-------------------|-------------------------|---------|----------------------------------------|
|               |                   | Completed Interview | Partial Interview | Refusals and break-offs | Unknown | No eligible respondent / undeliverable |
| 79            | Tuscarawas County | 280                 | 6                 | 675                     | 57      | 50                                     |
| 80            | Union County      | 148                 | 1                 | 417                     | 31      | 15                                     |
| 81            | Van Wert County   | 129                 | 2                 | 250                     | 22      | 20                                     |
| 82            | Vinton County     | 112                 | 1                 | 330                     | 14      | 22                                     |
| 83            | Warren County     | 543                 | 11                | 1,543                   | 113     | 37                                     |
| 84            | Washington County | 194                 | 4                 | 465                     | 43      | 23                                     |
| 85            | Wayne County      | 316                 | 5                 | 717                     | 69      | 37                                     |
| 86            | Williams County   | 150                 | 1                 | 312                     | 30      | 18                                     |
| 87            | Wood County       | 394                 | 8                 | 720                     | 57      | 58                                     |
| 88            | Wyandot County    | 126                 | 2                 | 310                     | 12      | 23                                     |

**Exhibit H-10. Response Rates by County (%)**

| County Number | County Name       | RR1   | RR3   | RR4   | RR5   |
|---------------|-------------------|-------|-------|-------|-------|
| 1             | Adams County      | 25.5% | 25.6% | 25.8% | 27.4% |
| 2             | Allen County      | 27.3% | 27.5% | 28.2% | 30.3% |
| 3             | Ashland County    | 26.1% | 26.2% | 26.7% | 28.2% |
| 4             | Ashtabula County  | 26.7% | 26.8% | 27.3% | 29.7% |
| 5             | Athens County     | 30.5% | 30.6% | 30.8% | 33.3% |
| 6             | Auglaize County   | 31.2% | 31.2% | 31.7% | 32.3% |
| 7             | Belmont County    | 28.5% | 28.7% | 28.9% | 30.7% |
| 8             | Brown County      | 26.9% | 27.0% | 27.5% | 29.0% |
| 9             | Butler County     | 22.7% | 22.8% | 23.5% | 25.4% |
| 10            | Carroll County    | 27.3% | 27.3% | 27.8% | 28.4% |
| 11            | Champaign County  | 24.8% | 24.9% | 25.2% | 26.0% |
| 12            | Clark County      | 22.6% | 22.7% | 23.3% | 25.2% |
| 13            | Clermont County   | 24.6% | 24.6% | 25.3% | 26.4% |
| 14            | Clinton County    | 21.7% | 21.7% | 21.9% | 23.3% |
| 15            | Columbiana County | 27.2% | 27.3% | 27.8% | 29.5% |
| 16            | Coshocton County  | 21.9% | 22.0% | 22.5% | 23.1% |
| 17            | Crawford County   | 23.8% | 23.9% | 23.9% | 26.0% |
| 18            | Cuyahoga County   | 21.4% | 21.6% | 22.0% | 24.1% |
| 19            | Darke County      | 26.1% | 26.2% | 27.0% | 27.4% |
| 20            | Defiance County   | 27.9% | 28.0% | 28.8% | 30.3% |
| 21            | Delaware County   | 25.0% | 25.1% | 25.6% | 26.3% |
| 22            | Erie County       | 26.7% | 26.8% | 27.5% | 29.2% |
| 23            | Fairfield County  | 26.7% | 26.8% | 27.4% | 29.0% |
| 24            | Fayette County    | 22.1% | 22.1% | 22.6% | 23.4% |
| 25            | Franklin County   | 22.3% | 22.4% | 23.1% | 24.8% |
| 26            | Fulton County     | 29.7% | 29.7% | 29.9% | 30.5% |
| 27            | Gallia County     | 28.7% | 28.8% | 29.6% | 31.0% |
| 28            | Geauga County     | 29.8% | 29.8% | 30.4% | 30.9% |
| 29            | Greene County     | 25.2% | 25.2% | 25.6% | 27.3% |

**Exhibit H-10. Response Rates by County (%)**

| County Number | County Name       | RR1   | RR3   | RR4   | RR5   |
|---------------|-------------------|-------|-------|-------|-------|
| 30            | Guernsey County   | 27.4% | 27.6% | 27.8% | 30.4% |
| 31            | Hamilton County   | 23.0% | 23.2% | 23.7% | 25.8% |
| 32            | Hancock County    | 28.5% | 28.5% | 28.6% | 30.0% |
| 33            | Hardin County     | 24.9% | 24.9% | 25.3% | 25.5% |
| 34            | Harrison County   | 24.6% | 24.6% | 24.6% | 25.1% |
| 35            | Henry County      | 25.2% | 25.2% | 25.4% | 26.1% |
| 36            | Highland County   | 23.9% | 23.9% | 24.5% | 25.9% |
| 37            | Hocking County    | 26.5% | 26.6% | 27.3% | 27.7% |
| 38            | Holmes County     | 19.1% | 19.1% | 19.4% | 19.4% |
| 39            | Huron County      | 26.8% | 26.9% | 27.5% | 28.2% |
| 40            | Jackson County    | 27.4% | 27.5% | 28.0% | 29.7% |
| 41            | Jefferson County  | 28.9% | 29.1% | 29.9% | 32.0% |
| 42            | Knox County       | 28.9% | 29.0% | 29.5% | 30.8% |
| 43            | Lake County       | 27.4% | 27.5% | 28.0% | 29.3% |
| 44            | Lawrence County   | 25.3% | 25.4% | 25.9% | 29.3% |
| 45            | Licking County    | 26.3% | 26.4% | 26.8% | 28.6% |
| 46            | Logan County      | 27.2% | 27.2% | 27.8% | 29.6% |
| 47            | Lorain County     | 26.0% | 26.1% | 26.7% | 28.7% |
| 48            | Lucas County      | 25.8% | 26.1% | 26.4% | 29.2% |
| 49            | Madison County    | 26.9% | 27.0% | 27.2% | 28.6% |
| 50            | Mahoning County   | 24.7% | 24.9% | 25.3% | 28.5% |
| 51            | Marion County     | 25.2% | 25.4% | 26.2% | 28.3% |
| 52            | Medina County     | 26.5% | 26.5% | 27.0% | 28.1% |
| 53            | Meigs County      | 26.5% | 26.6% | 26.8% | 27.5% |
| 54            | Mercer County     | 25.9% | 25.9% | 26.1% | 26.6% |
| 55            | Miami County      | 25.5% | 25.5% | 26.1% | 27.1% |
| 56            | Monroe County     | 27.3% | 27.3% | 27.7% | 27.6% |
| 57            | Montgomery County | 23.2% | 23.4% | 24.0% | 26.2% |
| 58            | Morgan County     | 27.7% | 27.8% | 28.5% | 28.1% |

**Exhibit H-10. Response Rates by County (%)**

| County Number | County Name       | RR1   | RR3   | RR4   | RR5   |
|---------------|-------------------|-------|-------|-------|-------|
| 59            | Morrow County     | 26.8% | 26.9% | 27.8% | 28.3% |
| 60            | Muskingum County  | 29.4% | 29.6% | 30.5% | 32.6% |
| 61            | Noble County      | 26.0% | 26.1% | 26.4% | 26.4% |
| 62            | Ottawa County     | 31.3% | 31.4% | 31.8% | 32.6% |
| 63            | Paulding County   | 24.8% | 24.9% | 25.5% | 25.4% |
| 64            | Perry County      | 26.6% | 26.7% | 27.3% | 28.9% |
| 65            | Pickaway County   | 26.6% | 26.6% | 27.2% | 28.9% |
| 66            | Pike County       | 23.1% | 23.1% | 23.1% | 25.0% |
| 67            | Portage County    | 26.0% | 26.1% | 26.7% | 28.5% |
| 68            | Preble County     | 27.4% | 27.5% | 28.0% | 28.7% |
| 69            | Putnam County     | 29.6% | 29.6% | 30.0% | 30.4% |
| 70            | Richland County   | 27.9% | 28.1% | 28.7% | 30.9% |
| 71            | Ross County       | 27.6% | 27.7% | 28.2% | 31.0% |
| 72            | Sandusky County   | 26.0% | 26.1% | 26.9% | 27.9% |
| 73            | Scioto County     | 24.7% | 24.8% | 25.3% | 28.7% |
| 74            | Seneca County     | 29.2% | 29.3% | 30.4% | 31.1% |
| 75            | Shelby County     | 25.4% | 25.5% | 25.8% | 27.1% |
| 76            | Stark County      | 26.6% | 26.7% | 27.3% | 29.6% |
| 77            | Summit County     | 24.0% | 24.1% | 24.6% | 27.2% |
| 78            | Trumbull County   | 27.1% | 27.2% | 28.1% | 29.9% |
| 79            | Tuscarawas County | 27.5% | 27.6% | 28.2% | 29.1% |
| 80            | Union County      | 24.8% | 24.8% | 25.0% | 26.1% |
| 81            | Van Wert County   | 32.0% | 32.1% | 32.6% | 33.9% |
| 82            | Vinton County     | 24.5% | 24.5% | 24.8% | 25.3% |
| 83            | Warren County     | 24.6% | 24.6% | 25.1% | 25.9% |
| 84            | Washington County | 27.5% | 27.5% | 28.1% | 29.3% |
| 85            | Wayne County      | 28.5% | 28.6% | 29.1% | 30.4% |
| 86            | Williams County   | 30.4% | 30.5% | 30.7% | 32.4% |
| 87            | Wood County       | 33.4% | 33.5% | 34.2% | 35.1% |

**Exhibit H-10. Response Rates by County (%)**

| County Number | County Name    | RR1   | RR3   | RR4   | RR5   |
|---------------|----------------|-------|-------|-------|-------|
| 88            | Wyandot County | 28.0% | 28.0% | 28.5% | 28.8% |

## Appendix I: Data Usage



## I.1 Instructions for Using Weights

For the purposes of design-based (variance) estimation, the data file includes the following design variables:

- STRATUM: a stratum indicator for generating design-based variance estimators
- WT\_MED: adjusted survey weight for analysis of respondents from the Medicaid sample frame. This weight maintains the population counts by enrollment type (G-VIII, ABD, etc.) and should be used for Medicaid by plan analyses (STRATUM > 223). If analysis of a particular enrollment type is desired, the specific stratum number can be used to subset the population using the variable STRATUM as detailed in **Table I-1**.

**Table I-1. Stratum Numbers and Description for Medicaid Frame**

| Stratum | Stratum Details       |
|---------|-----------------------|
| 224     | G-VIII: Metro         |
| 225     | G-VIII: Rural non-App |
| 226     | G-VIII: Rural App     |
| 227     | G-VIII: Suburban      |
| 228     | CFC                   |
| 229     | ABD/MBIWD only        |
| 230     | Dual                  |

- WT\_A\_ABS: adjusted analysis weight for adult respondents from the ABS frame. This weight should be used if wanting to analyze only respondents from the ABS sampling frame (STRATUM <=223)
- WT\_A, WT\_C: adjusted survey weights for adult-level and child-level estimates and analyses

Sampling variances for the weighted estimates that account for the complex sample design can be computed with statistical software such as SUDAAN, STATA, SAS, R, or SPSS.

### I.1.1 SUDAAN

An example SUDAAN statement would necessitate a Nest statement where STRATUM is specified, and a Design statement with a “WR” specification for a with-replacement sampling design (approximation).

An example follows for a health insurance variable (INSRD\_A) that is tabulated by region.

```
data temp;
  set dat.OMAS2025_100PCT_FINAL;
  *create 0/1 variable for insured;
  if INSRD_A_IMP=1 then INSURED=1;
  else if INSRD_A_IMP =2 then INSURED=0;
run;
```

```
Proc Descript Data=temp Filetype=sas Design=WR NOTSORTED;
    Weight WT_A;
    Nest    STRATUM / missunit;
    Var INSURED;
    Tables  S9_REGION_IMP;
    Class   S9_REGION_IMP;
    Title   "OMAS, Percent of adults insured by region";

run;
```

For analysis of respondents from the Medicaid frame only, the analysis weight WT\_MED should be used along with a subpopulation statement limiting to STRATUM > 223 as shown below.

```
data temp;
    set dat.OMAS2025_100PCT_FINAL;
    *create 0/1 variable for employed;
    if G71_IMP=1 then EMPLOYED=1;
    else if G71_IMP =2 then EMPLOYED=0;
run;

Proc Descript Data=temp Filetype=sas Design=WR NOTSORTED;
    Weight WT_MED;
    Nest    STRATUM / missunit;
    Var EMPLOYED;
    Tables  STRATUM;
    Class   STRATUM;
    subpopn STRATUM > 223;
    Title   "OMAS, Percent of Medicaid Frame adults Employed by Plan Type";

run;
```

### I.1.2 STATA

The following example STATA code shows how to compute the weighted percentage of adults uninsured statewide.

```
* Import data
import sas "dat.OMAS2025_100PCT_FINAL"

* Create 0/1 variable for insured
gen INSURED =.
replace INSURED = 1 if INSRD_A_IMP == 1
replace INSURED = 0 if INSRD_A_IMP == 2

* Descriptive statistics
summarize INSURED [aw=WT_A], detail

* Tabulate by region
tabulate S9_REGION_IMP [aw=WT_A] INSURED
```

```
Svysset _n [pweight=WT_A], strata(STRATUM) vce(linearized) singleunit(certainty)
```

To limit STATA analyses to the Medicaid frame respondents, use the analysis weight WT\_MED and subpopulation estimation as shown below.

```
* Import data
import sas "dat.OMAS2025_100PCT_FINAL"

* Create 0/1 variable for employed
gen EMPLOYED =.
replace EMPLOYED = 1 if G71_IMP == 1
replace EMPLOYED = 0 if G71_IMP == 2

* Descriptive statistics
summarize EMPLOYED [aw=WT_MED], detail

* Tabulate by stratum
tabulate STRATUM [aw=WT_MED] EMPLOYED if STRATA > 223
```

```
Svysset _n [pweight=WT_A], strata(STRATUM) vce(linearized) singleunit(certainty)
```

### I.1.3 SAS

This example SAS code shows how to compute the weighted percentage of adults insured statewide:

```
Proc Surveymeans Data= dat.OMAS2025_100PCT_FINAL mean;
    Stratum STRATUM;
    Weight WT_A;
    Var INSRD_A_IMP;
    Class INSRD_A_IMP;

run;
```

To limit SAS analyses to the Medicaid frame respondents, use the analysis weight WT\_MED and subpopulation estimation as shown below.

```
data temp;
    set dat.OMAS2025_100PCT_FINAL;
    *create 0/1 variable for Medicaid frame respondents to use as domain;
    if STRATA > 223 then MEDFRAME=1;
    else MEDFRAME =0;
run;

Proc Surveymeans Data= temp mean;
    Stratum STRATUM;
```

```

Weight WT_MED;
Var G71_IMP; *Last week job status, Imputed;
Class G71_IMP;
Domain MEDFRAME;

run;

```

#### I.1.4 R

The following example R code shows how to compute the weighted percentage of adults uninsured statewide.

```

library(survey)
options(survey.lonely.psu="adjust")

omas2025_design = svydesign(ids = ~1, strata=~ STRATUM, data=omas_2025, weights =
omas_2025$WT_A)

svytotal(~as.factor(INSRD_A_IMP), design = omas2025_design)
svymean(~as.factor(INSRD_A_IMP), design = omas2025_design)

```

To limit R analyses to the Medicaid Frame respondents, use the analysis weight WT\_MED and subpopulation estimation as shown below.

```

library(survey)
omas_med <- omas_2025 %>% mutate(WT_MED=case_when(is.na(WT_MED) ~ 1,
TRUE ~ WT_MED))
options(survey.lonely.psu="adjust")
omasmed_design = svydesign (ids = ~1, strata=~ STRATUM, data=omas2, weights =
omas2$WT_MED)

medframe<- subset(omasmed_design, STRATUM >223)

svytotal(~as.factor(G71_IMP), design = medframe)
svymean(~as.factor(G71_IMP), design = medframe)

```

#### I.1.5 SPSS

The following example SPSS code shows how to compute the weighted percentage of adults uninsured statewide.

```

GET FILE='dat.OMAS2025_100PCT_FINAL'.

* Create 0/1 variable for insured.
DO IF (INSRD_A_IMP = 1).
  COMPUTE INSURED = 1.
ELSE IF (INSRD_A_IMP = 2).
  COMPUTE INSURED = 0.
END IF.
EXECUTE.

```

\* Descriptive statistics.

```
DESCRIPTIVES VARIABLES=INSURED
/WEIGHT=WT_A
/MISSING=ANALYSIS.
```

\* Tabulate by region.

```
CROSSTABS
/TABLES S9_REGION_IMP BY INSURED
/WEIGHTS=WT_A
/CELLS=COUNT
/MISSING=INCLUDE
/STATISTICS=CHISQ.
```

To limit STATA analyses to the Medicaid Frame respondents, use the analysis weight WT\_MED and subpopulation estimation as shown below.

```
GET FILE='dat.OMAS2025_100PCT_FINAL'.
```

\* Create 0/1 variable for employed.

```
DO IF (G71_IMP = 1).
  COMPUTE EMPLOYED = 1.
ELSE IF (G71_IMP = 2).
  COMPUTE EMPLOYED = 0.
END IF.
EXECUTE.
```

\* Descriptive statistics.

```
DESCRIPTIVES VARIABLES=EMPLOYED
/WEIGHT=WT_MED
/MISSING=ANALYSIS.
```

\* Tabulate by stratum.

```
CROSSTABS
/TABLES STRATUM BY EMPLOYED
/WEIGHTS=WT_MED
/SUBCOUNT=YES
/STATISTICS=CHISQ
/CELLS=COUNT
/MISSING=INCLUDE.
```

### **I.1.6 Limitations and Cautions When Using the Data**

The 2025 OMAS carries with it the following limitations and cautions regarding use of the data:

- Responses were predominantly provided through web administration or paper administration. A small number of respondents called-in to take the survey, but no

outbound calling by interviewers was conducted for the ABS frame. The predominance of web administration merits limits relating to do the following:

Web administration may lead to different response distributions than telephone. Because OMAS iterations prior to 2023 predominantly relied on telephone interviewing a mode effect may exist with prior years for some outcome.

- Paper administration was utilized more heavily in rural counties. This could lead to mode effects as well in rural counties compared to non-rural counties.
- Persons with Medicaid were identified through self-reporting (if sampled through the ABS frame) or assumed to have Medicaid (if sampled from the Medicaid administrative file). Because there is some error in self-reporting, there could be differences in how Medicaid members respond depending on which frame they were sampled from. Separate weights were created to ensure each sample group accurately represents the Medicaid population, but some differences may still remain.
- Interviews were only conducted with households that could speak English or Spanish well enough to be interviewed. Thus, non-English- and non-Spanish-speaking households were excluded from the survey. As identified by the final dispositions, less than one-tenth of 1% of households contacted were unable to complete the survey because of a language barrier.
- The literature indicates that using proxies can introduce bias to the survey results. Several studies have shown consistent differences between self- and proxy reporting (Bassett et al., 1990; Ellis et al., 2233; Epstein et al., 1989; Kovar & Wright, 1974; Mathiowetz & Groves, 1985; Todorov, 2233). The research has shown that proxies have difficulty measuring another person's behaviors or disabilities because they have a different perception of the behavior or disability when it is not their own. Availability of information also can be an issue when using proxies because they may not have the direct knowledge to respond accurately about another person's behavior or opinions. Proxies were limited to cases where the selected household member had a long-term or permanent physical or mental impairment. Of the 37,857 cases in the final data file, fewer than 3% were completed by proxy. Unrelated to the adult section, the child section was always by proxy.
- The inability to verify the information collected, and the reliance on self-reported insurance status and health behaviors, are further limitations of the study. Although both live monitoring of interviewers and review of their recordings verified the information as recorded, this survey's protocols did not allow for the verification of respondent insurance status by obtaining a copy of their insurance card. Research has shown that differences occur when comparing claims data and medical records to self-reported information provided in a telephone survey (Fowles et al., 1999).

These limitations, as they relate to the ability to use the 2025 OMAS data, are common to all ABS frame surveys in the following ways:

- The data can only be generalized to the population surveyed (i.e., the information cannot be generalized to persons not living in a household).
- Comparisons made to other data sources for Ohio must be done with the understanding that differences in the data could result from differences in how the survey was designed and conducted—not necessarily because of actual differences in the population of interest.

- When considering subpopulation sizes with OMAS data analysis, the OMAS EC recommends using the NCHS guidelines for health-surveillance suppression of cell sizes of 10 or fewer to protect against possible identification breaches (NCHS, 2234).

## Appendix J: Control Totals



Table J-1. Population Totals, All Adults

| Demographic Characteristic | Population | Percent |
|----------------------------|------------|---------|
| <b>Total</b>               | 9,160,740  | 100.0   |
| <b>Gender</b>              |            |         |
| Male                       | 4,471,879  | 48.8    |
| Female                     | 4,688,861  | 51.2    |
| <b>Age, years</b>          |            |         |
| 19–24                      | 906,138    | 9.9     |
| 25–34                      | 1,565,250  | 17.1    |
| 35–44                      | 1,528,509  | 16.7    |
| 45–54                      | 1,390,805  | 15.2    |
| 55–64                      | 1,502,733  | 16.4    |
| 65+                        | 2,267,305  | 24.8    |
| <b>Race</b>                |            |         |
| White                      | 7,094,439  | 77.4    |
| Black/African American     | 1,039,684  | 11.3    |
| Other                      | 1,026,617  | 11.2    |
| <b>Medicaid Status</b>     |            |         |
| Medicaid only              | 1,424,009  | 15.5    |
| Medicaid and Medicare      | 198,215    | 2.2     |
| No Medicaid                | 7,538,516  | 82.3    |
| <b>County Type</b>         |            |         |
| Rural Appalachian          | 1,349,164  | 14.7    |
| Metro                      | 5,215,116  | 56.9    |
| Rural Non-Appalachian      | 1,042,841  | 11.4    |
| Suburban                   | 1,553,619  | 17.0    |
| <b>Education</b>           |            |         |
| Less than high school      | 710,557    | 7.8     |
| High school                | 2,951,235  | 32.2    |
| Some college               | 2,678,189  | 29.2    |
| College or more            | 2,820,759  | 30.8    |
| <b>Age, Gender</b>         |            |         |
| 19-44, Male                | 2,024,250  | 22.1    |
| 45-64, Male                | 1,427,678  | 15.6    |
| 65+, Male                  | 1,019,951  | 11.1    |
| 19-44, Female              | 1,975,647  | 21.6    |
| 45-64, Female              | 1,465,860  | 16.0    |
| 65+, Female                | 1,247,354  | 13.6    |

| Demographic Characteristic    | Population | Percent |
|-------------------------------|------------|---------|
| <b>Gender, Age, Race</b>      |            |         |
| Male, White, 19-44            | 1,450,332  | 15.8    |
| Male, Non-White, 19-44        | 573,918    | 6.3     |
| Male, White, 45-64            | 1,142,207  | 12.5    |
| Male, Non-White, 45-64        | 285,471    | 3.1     |
| Male, White, 65+              | 881,470    | 9.6     |
| Male, Non-White, 65+          | 138,481    | 1.5     |
| Female, White, 19-44          | 1,407,616  | 15.4    |
| Female, Non-White, 19-44      | 568,031    | 6.2     |
| Female, White, 45-64          | 1,153,654  | 12.6    |
| Female, Non-White, 45-64      | 312,206    | 3.4     |
| Female, White, 65+            | 1,059,160  | 11.6    |
| Female, Non-White, 65+        | 188,194    | 2.1     |
| <b>Gender, County Type</b>    |            |         |
| Male, Rural Appalachian       | 670,723    | 7.3     |
| Male, Metro                   | 2,514,678  | 27.5    |
| Male, Rural Non-Appalachian   | 519,038    | 5.7     |
| Male, Suburban                | 767,440    | 8.4     |
| Female, Rural Appalachian     | 678,441    | 7.4     |
| Female, Metro                 | 2,700,438  | 29.5    |
| Female, Rural Non-Appalachian | 523,803    | 5.7     |
| Female, Suburban              | 786,179    | 8.6     |
| <b>Age, County Type</b>       |            |         |
| 19-44, Rural Appalachian      | 540,708    | 5.9     |
| 19-44, Metro                  | 2,378,127  | 26.0    |
| 19-44, Rural Non-Appalachian  | 421,447    | 4.6     |
| 19-44, Suburban               | 659,615    | 7.2     |
| 45-64, Rural Appalachian      | 443,163    | 4.8     |
| 45-64, Metro                  | 1,603,481  | 17.5    |
| 45-64, Rural Non-Appalachian  | 338,810    | 3.7     |
| 45-64, Suburban               | 508,084    | 5.5     |
| 65+, Rural Appalachian        | 365,293    | 4.0     |
| 65+, Metro                    | 1,233,508  | 13.5    |
| 65+, Rural Non-Appalachian    | 282,584    | 3.1     |
| 65+, Suburban                 | 385,920    | 4.2     |

| Demographic Characteristic                  | Population | Percent |
|---------------------------------------------|------------|---------|
| <b>Gender, Age, Medicaid Status</b>         |            |         |
| Male, 19-44, Medicaid Only                  | 343,241    | 3.7     |
| Male, 19-44, Medicaid and Medicare          | 21,475     | 0.2     |
| Male, 19-44, No Medicaid                    | 1,659,534  | 18.1    |
| Male, 45-64, Medicaid Only                  | 200,559    | 2.2     |
| Male, 45-64, Medicaid and Medicare          | 26,693     | 0.3     |
| Male, 45-64, No Medicaid                    | 1,200,426  | 13.1    |
| Male, 65+, Medicaid Only                    | 44,963     | 0.5     |
| Male, 65+, Medicaid and Medicare            | 36,002     | 0.4     |
| Male, 65+, No Medicaid                      | 938,986    | 10.3    |
| Female, 19-44, Medicaid Only                | 536,222    | 5.9     |
| Female, 19-44, Medicaid and Medicare        | 18,770     | 0.2     |
| Female, 19-44, No Medicaid                  | 1,420,655  | 15.5    |
| Female, 45-64, Medicaid Only                | 228,255    | 2.5     |
| Female, 45-64, Medicaid and Medicare        | 35,738     | 0.4     |
| Female, 45-64, No Medicaid                  | 1,201,867  | 13.1    |
| Female, 65+, Medicaid Only                  | 70,769     | 0.8     |
| Female, 65+, Medicaid and Medicare          | 59,537     | 0.6     |
| Female, 65+, No Medicaid                    | 1,117,048  | 12.2    |
| <b>Gender, County Type, Medicaid Status</b> |            |         |
| Male, Rural Appalachian, Medicaid           | 113,677    | 1.2     |
| Male, Rural Appalachian, No Medicaid        | 557,046    | 6.1     |
| Male, Metro, Medicaid                       | 426,285    | 4.7     |
| Male, Metro, No Medicaid                    | 2,088,393  | 22.8    |
| Male, Rural Non-Appalachian, Medicaid       | 58,359     | 0.6     |
| Male, Rural Non-Appalachian, No Medicaid    | 460,679    | 5.0     |
| Male, Suburban, Medicaid                    | 74,612     | 0.8     |
| Male, Suburban, No Medicaid                 | 692,828    | 7.6     |
| Female, Rural Appalachian, Medicaid         | 159,902    | 1.7     |
| Female, Rural Appalachian, No Medicaid      | 518,539    | 5.7     |
| Female, Metro, Medicaid                     | 590,386    | 6.4     |
| Female, Metro, No Medicaid                  | 2,110,052  | 23.0    |
| Female, Rural Non-Appalachian, Medicaid     | 88,834     | 1.0     |
| Female, Rural Non-Appalachian, No Medicaid  | 434,969    | 4.7     |
| Female, Suburban, Medicaid                  | 110,169    | 1.2     |
| Female, Suburban, No Medicaid               | 676,010    | 7.4     |

| Demographic Characteristic          | Population | Percent |
|-------------------------------------|------------|---------|
| <b>Race, Age, Medicaid Status</b>   |            |         |
| White, 19-44, Medicaid Only         | 535,007    | 5.8     |
| White, 19-44, Medicaid and Medicare | 27,787     | 0.3     |
| White, 19-44, No Medicaid           | 2,295,154  | 25.1    |
| White, 45+, Medicaid Only           | 367,077    | 4.0     |
| White, 45+, Medicaid and Medicare   | 100,326    | 1.1     |
| White, 45+, No Medicaid             | 3,769,088  | 41.1    |
| Black, 19-44, Medicaid Only         | 267,751    | 2.9     |
| Black, 19-44, Medicaid and Medicare | 10,603     | 0.1     |
| Black, 19-44, No Medicaid           | 245,719    | 2.7     |
| Black, 45+, Medicaid Only           | 137,944    | 1.5     |
| Black, 45+, Medicaid and Medicare   | 46,705     | 0.5     |
| Black, 45+, No Medicaid             | 330,962    | 3.6     |
| Other, 19-44, Medicaid Only         | 76,705     | 0.8     |
| Other, 19-44, Medicaid and Medicare | 1,855      | 0.0     |
| Other, 19-44, No Medicaid           | 539,316    | 5.9     |
| Other, 45+, Medicaid Only           | 39,525     | 0.4     |
| Other, 45+, Medicaid and Medicare   | 10,939     | 0.1     |
| Other, 45+, No Medicaid             | 358,277    | 3.9     |