

**METHODOLOGICAL REPORT**

**MICHIGAN STATE UNIVERSITY  
STATE OF THE STATE SURVEY  
[MSU SOSS-11]**

**Spring 1997 Round**

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## NOTE TO THE READER

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

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

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# 1. PURPOSE OF SURVEY

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

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

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

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

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

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

of a wider scientific community, the SOSS data will be deposited in an international data archive.

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

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

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

## 2. CALENDAR

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

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

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

**January/February.** The January/February round in each year focuses on the state of the state of Michigan, in particular on the performance of governmental institutions at all

levels, on the subjective quality of life of Michigan's citizens (satisfaction with public education, work, protection from crime, environmental preservation, and so forth), and on the desire for reform in Michigan's political economy. This information should help to inform the public discussion around the time of the Governor's annual budget message. In addition, questions on the public's perceptions of Michigan's higher educational institutions should help to inform public discussion around the time the annual "State of MSU" address by the President of the University.

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

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

From time to time, SOSS may depart from this thematic plan when particular sponsorship or pressing issues make it necessary or desirable. This occurred on this round of SOSS. The focus SOSS 11 was health and healthcare, particularly regarding confidence in elements of the health care institution and health information.

### **3. STRUCTURE OF THE QUESTIONNAIRE**

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

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

The non-demographic core contains additional questions that are repeated in every round of the survey in order to gauge broad shifts in the economic, social, and political orientations and status of the population. These include questions about consumer

confidence, self-identification on a liberal-conservative scale, partisan identification, assessments of presidential performance and gubernatorial performance, and other issues.

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

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

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

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

#### **4. MANAGEMENT AND ORGANIZATION**

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

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

**SOSS Advisory Committee.** The overall design of the SOSS project has been conducted by an Advisory Committee, which consists of representatives of all units at MSU

that have provided financial backing for the survey. Beginning in summer 1994, the Advisory Committee, under the direction of **Dr. Brian Silver** (then Chair of the Department of Political Science), approved the financial plan, principles for distribution and access to the data, the major themes of each survey, and the selection of principal investigators.

Members of the Advisory Committee include:

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

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

The Working Group for the Spring 1997 survey was comprised of:

- Dr. Larry A. Hembroff**, Senior Survey Methodologist, IPPSR
- Dr. Arlene Sierra**, Director of Clinical Services, Department of Radiology

**Dr. Brian D. Silver**, Professor of Political Science, and Director of Survey Research, IPPSR

**Dr. E. James Potchen**, Profesor, and Chairperson, Department of Radiology

**Dr. Robert Griffore**, Professor, Department of Family and Child Ecology

**Dr. Rosemary Walker**, Professor, Department of Family and Child Ecology

**Dr. Alice Whiren**, Professor, Department of Family and Child Ecology

**Dr. John Herrick**, Professor and Associate Director, School of Social Work

**Dr. Clifford Broman**, Associate Professor, Department of Sociology

## **5. FUNDING**

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

**Office of the Provost**

**Office of the Vice Provost for University Outreach**

**Agricultural Experiment Station**

**MSU Extension**

**College of Communication Arts and Sciences**

**Department of Radiology**

**School of Social Work**

**Department of Sociology**

**Legislative Leadership Program**

**Eli Broad College of Business**

**College of Osteopathic Medicine**

**College of Social Science**

**Urban Affairs Programs**

**Dept. of Political Science**

**School of Criminal Justice**

**Julian Samora Research Institute**

**The Institute for Public Policy and Social Research**

## 6. DISSEMINATION OF RESULTS

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

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

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

All data for the survey, however, are made available to offices within MSU for internal use as soon as the data are available and documentation is prepared.

All data for the survey are made available to instructors in courses at MSU to use the data for instructional purposes as soon as the data are available and documentation prepared.

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

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

## 7. SAMPLE DESIGN

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

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

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

1. Upper Peninsula (Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Ontonagon, Mackinac, Marquette, Menominee, Schoolcraft)
2. Northern Lower Peninsula (Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, Wexford)
3. West Central (Allegan, Barry, Ionia, Kent, Lake, Manistee, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa)
4. East Central (Arenac, Bay, Clare, Clinton, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, Sanilac, Shiawassee, Tuscola)
5. Southwest (Berrien, Branch, Calhoun, Cass, Eaton, Hillsdale, Ingham, Jackson, Kalamazoo, St. Joseph, Van Buren)
6. Southeast (Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, Wayne [excluding Detroit])
7. Detroit City

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

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

As a final step, SSI screens the phone numbers generated against directory-based information on the density of banks, i.e., the number of numbers from within a bank that appear in phone directory listings. Since other research has indicated that unlisted

numbers are not assigned to separate banks of phone numbers from those that are listed, then SSI excludes for efficiency purposes any numbers that are selected from banks with fewer than three published phone numbers. Of the remaining numbers selected, SSI expects that, on average, about 60-75% of the phone numbers generated at random will be working household numbers.

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

The sampling design for the State of the State Survey was a stratified sample based on regions of the state with the regions sampled somewhat disproportionate to the actual sizes of the populations within each region. The purpose of the stratification was to assure a sufficient minimum number of respondents from each of the strata to permit detailed analysis.

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

For this particular round of SOSS, IPPSR's Survey Research Division conducted an experiment to compare the sample yield of RDD samples drawn by SSI with those from another vendor, Genesys. About half the sample needed for each stratum of the overall sample was generated by SSI and the remaining nearly half was generated by Genesys following essentially the same design and protocol. A variable is stored in the data set (samp) to indicate from which vendor's sample each case was obtained.

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

To construct the weights, characteristics of the population of the regions were drawn from 1990 census data. To make generalizations about individuals' views and behaviors, it is necessary to ensure that each respondent in a survey sample had an equal probability of selection or is represented in the data set as having had equal probabilities of being selected. However, since households with multiple phone lines have more chances of being selected into the sample than those with only one phone line, this source

of unequal chances has to be adjusted for in analyzing the data. Consequently, the interview included a question asking respondents how many separate phone numbers the household has. Each case was then weighted by the reciprocal of the number of phone numbers and then adjusted so that the total number of cases matched the actual number of completed interviews. In the data set this weight is named PHWT.

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

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

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

Finally, since the sample was drawn disproportionately across six MSUE regions of the state (with Detroit in the Southeast region), statewide estimates of the citizenry's opinions require post-stratification weights to adjust for the over-sampling of some regions and the under-sampling of others. Thus each case was weighted so that the proportion of cases from each region in the total sample matched the proportion of adults from the

corresponding region in the state's population based on 1990 Census data. The weighting factor for this post-stratification weighting in the data set is named STATEWT.

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

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

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

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

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

| <u>REGION</u>            | <u>Number of Cases</u> | <u>Margin of Sampling Error</u> |
|--------------------------|------------------------|---------------------------------|
| Upper Peninsula          | 64                     | ± 13.1%                         |
| Northern Lower Peninsula | 79                     | ± 11.1%                         |
| West Central             | 187                    | ± 7.1%                          |
| East Central             | 147                    | ± 8.1%                          |
| Southwest                | 144                    | ± 8.2%                          |
| Southeast                | 181                    | ± 7.3%                          |
| Detroit                  | 150                    | ± 8.0%                          |
| Statewide Total          | 975                    | ± 3.2%                          |

## 8. FIELD PROCEDURES

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

The CASES software enables the interview to be fully programmable. The software integrates both closed-ended questions and open-ended questions. The software allows interviewers to record notes along with responses to closed questions. By default, the software moves directly from one item to the next in the sequence unless specific program commands are inserted to direct the execution path elsewhere. Different skip commands can be associated with separate responses to the same questions. For example, the interview can be directed to a separate battery of follow-up responses if the respondent answers "<1> YES" to a question on smoking cigarettes, and to an entirely different series of questions if the respondent answers "<5> NO." Commands can also be inserted between questions to direct the interview to a particular battery of questions based on the combination of responses to two or more previously answered questions. The programming features minimize the opportunities for many errors since inappropriate questions will not be asked and, as a result, appreciably less editing is necessary after the interview.

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

Experienced interviewers received approximately two hours of study specific training to acquaint them with the study protocols, the interview instrument, and the objectives of the various questions. New interviewers were also given this information as a part of their training. Seventy-four different interviewers were involved in data collection on the State

of the State Survey. Most had worked on a number of surveys prior to the State of the State Survey.

**Field Period and Respondent Selection in Household.** Interviewing began on June 10, 1997 and continued through the July 30, 1997. When interviewers successfully contacted a household, the study procedures required them to randomly select an adult from among those residing in the household to be the respondent. The "most recent birthday" technique developed by Salmon and Nichols was used as the mechanism for choosing a respondent within each household.

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

The average interview lasted approximately 22.8 minutes with the median being 22 minutes and the standard deviation 4.8 minutes.

In the case of an initial refusal, numbers were called back after five days (although this was shortened as the end of the field period neared). Efforts were made to persuade initially reluctant respondents to complete the interview. A total of 86 interviews were completed as a result of conversion efforts. The data set includes 1 case that was only a partial interview, but the interview was completed beyond the partial point at which enough of the background information for the case was completed to make the data useable.

**Completion Rate.** A total of 952 interviews were completed. The overall completion rate among eligible households for the study was 61.7%. Of those completing the interview, the average number of phone calls required was 5.9 with a median of 4. The refusal rate was 16.1%. Interviewers made more than 26,400 phone calls to complete the data collection.

## **9. DOCUMENTATION AVAILABLE**

The following documentation is available for this survey:

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

## **10. DATA FORMAT AND ARCHIVING**

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

## **11. APPENDIX**

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

Weighting Program for 1990 Census Profile of Michigan (MSUSOSS11: Spring, 1997, MSUE Regions)

Table 1. Phone Lines

Table 2. Number of Adults in Household

Table 3. Weighting for Race and Gender within Regions

Table 4. Weighting by Age within Region

Table 5. Weighting to fold Detroit into Southeast Region

Table 6. Weighting across Regions for Statewide Estimates

>U1< [loc 0/500]Before we begin, let me tell you that this interview is completely voluntary. Should we come to any question that you do not want to answer, please let me know and we will go onto the next question.

Type <1> to proceed ==>

>gr1< [allow 4][copy gr1 in gr1]  
>gr2< [allow 4][copy gr2 in gr2]  
>gr3< [allow 4][copy gr3 in gr3]  
>gr4< [allow 4][copy gr4 in gr4]  
>cn1< [allow 4][copy cn1 in cn1]  
>cn2< [allow 4][copy cn2 in cn2]  
>hi1< [allow 4][copy hi1 in hi1]  
>hi2< [allow 4][copy hi2 in hi2]  
>rcm1< [allow 4][copy rcm1 in rcm1]  
>rcm2< [allow 4][copy rcm2 in rcm2]  
>ut1< [allow 4][copy ut1 in ut1]  
>ut2< [allow 4][copy ut2 in ut2]  
>br1a< [allow 4][copy br1a in br1a]  
>br1b< [allow 4][copy br1b in br1b]  
>br2a< [allow 4][copy br2a in br2a]  
>br2b< [allow 4][copy br2b in br2b]

>ID1< [allow 5][loc 13/1][#store csid in ID1][copy ID1 in ID1]  
>R1< [allow 1][#preset <1>][copy R1 in R1]  
>cnty< [allow 5][#inputloc 1/19][copy cnty in cnty]  
>regn< [allow 1][#inputloc 1/26][copy regn in regn]  
    1 upper penn  
    2 northern  
    3 west central  
    4 southwest  
    5 east central  
    6 southeast  
    7 Detroit

>samp< [allow 1][#inputloc 1/32][copy samp in samp]  
>dgt1< [allow 1][#inputloc 1/85][copy dgt1 in dgt1]  
>dgt2< [allow 1][#inputloc 1/87][copy dgt2 in dgt2]  
>lsdg< [allow 1][#inputloc 1/17][copy lsdg in lsdg]

>CC1< I'd like to start by asking you a few questions about how things are going for Michigan residents in general.

Would you say that you (and your family living there) are better off or worse off financially than you were a year ago?

<1> BETTER OFF  
<3> ABOUT THE SAME (R PROVIDED)  
<5> WORSE OFF

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

==>

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

<1> BETTER OFF  
<3> ABOUT THE SAME (R PROVIDED)  
<5> WORSE OFF

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

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

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

<1> EXCELLENT  
<2> GOOD  
<3> JUST FAIR  
<4> NOT SO GOOD  
<5> POOR

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

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

<1> UP  
<3> ABOUT THE SAME  
<5> DOWN

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

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

<1> BETTER  
<3> ABOUT THE SAME  
<5> WORSE

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

====>

>CC6< Now turning to business conditions in your community, do

you think that during the [u]next twelve months[n] your community will have [u]good times[n] financially, or [u]bad times[n] financially?

- <1> GOOD TIMES
- <5> BAD TIMES
- <3> NEITHER GOOD NOR BAD; MEDIOCRE STAY THE SAME(R PROVIDED)
  
- <8> DO NOT KNOW
- <9> REFUSED-NO ANSWER [##md1=9][##md2=8][##blank=9]
- ====>

>PO1< Now, I have a few questions about the performance of various public officials and branches of government.

How would you rate the way Bill Clinton is performing his job as President -- would you say excellent, good, fair, or poor?

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

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

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

\*\*\*\*\*

#### GRIFFORE'S QUESTIONS

\*\*\*\*\*

>tm1< [#settime gr1]

>PQ1< Now I'm going to ask you some questions about child care and how it relates to welfare reform.

In general, what role do you think the government should have in regulating child care? Do you think it should . . .

- <1> Regulate for minimal standards of health, safety, and adequate supervision, or
- <2> Regulate for educational value, or

<3> Act to improve safety, health, and education  
of infants and young children, or  
<4> Do you think government should have no role at all in regulating  
child care?

<8> DON'T KNOW

<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9]

====>

>PQ2< To the best of your knowledge, how difficult or easy is it for persons  
trying to get off welfare to find adequate child care in the area where  
you live?

Would you say it is very difficult, somewhat difficult,  
somewhat easy, or very easy?

<1> VERY DIFFICULT

<2> SOMEWHAT DIFFICULT

<3> NEITHER EASY NOR DIFFICULT (R PROVIDES)

<4> SOMEWHAT EASY

<5> VERY EASY

<8> DON'T KNOW

<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9]

====>

>PQ3< In your opinion, for how many months after birth do you think young  
children need to have a parent stay home with them?

<0-11> MONTHS

<12> THE FIRST YEAR

<18> 18 MONTHS

<24> THE FIRST TWO YEARS

<36> FIRST 3 YEARS (36 MONTHS)

<48> FIRST 4 YEARS (48 MONTHS)

<60> FIRST 5 YEARS (60 MONTHS)

<72> FIRST 6 YEARS (72 MONTHS)

0 OTHER [#specify] (Specify)

<75> UNTIL START SCHOOL

<80> 12 YEARS OLD

<77> FIRST SEVEN YEARS

<81> 13 - 17 YEARS OLD

<78> FIRST EIGHT YEARS

<85> 18 YEARS OLD (FINISH HS, LEAVE HOME)

<79> 9 - 11 YEARS OLD

<88> 21 YEARS OLD OR OLDER

<98> DON'T KNOW

<89> UP TO THE PARENT

<90> MISCELLANEOUS OTHER

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>tm2< [#settime gr2]  
[#settime cn1]

\*\*\*\*\*

THIS SECTION IS ON CONFIDENCE IN INSTITUTIONS TO PLAY OFF  
CONFIDENCE IN ASPECTS IN THE HEALTH CARE SYSTEM

\*\*\*\*\*

>CON1< Now I'd like to ask you about your confidence in several different kinds of professionals and organizations. I'd like you to think about how much you trust each to act responsibly, to do what's right, to be truthful, and to be dependable.

On a scale from one to ten, where [u]one is no[n] confidence at all and [u]ten is almost total confidence[n], how much confidence do you now have [bold]in advertisers?[n]

<1> NO CONFIDENCE AT ALL

<2-9> SOME CONFIDENCE

<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CON2< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In reporters for newspapers and television?[n]

<1> NO CONFIDENCE AT ALL

<2-9> SOME CONFIDENCE

<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CON3< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In elected officials, like mayors, city councilmen, and legislators?[n]

<1> NO CONFIDENCE AT ALL

<2-9> SOME CONFIDENCE

<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CON4< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In research scientists in fields such as chemistry, biology, astronomy, and genetics?[n]

<1> NO CONFIDENCE AT ALL

<2-9> SOME CONFIDENCE

<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CON5< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In psychiatrists and clinical psychologists[n]

<1> NO CONFIDENCE AT ALL

<2-9> SOME CONFIDENCE

<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>rota< [if dgt2 eq <1>][goto CN6b][endif]

>CN6a< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In law enforcement officials, such as police or sheriff deputies?[n]

<1> NO CONFIDENCE AT ALL

<2-9> SOME CONFIDENCE

<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>[goto CON7]

>CN6b< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In social workers[n]?

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CON7< Now I'd like to ask you the same sort of question about professionals and organizations involved in [u]health care[n].

Once again, on a scale from one to ten (where one is no confidence at all and ten is almost total confidence), how much confidence do you now have [bold]In general practice physicians? [n]

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CON9< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In specialist physicians, such as surgeons, cardiologists, neurologists, obstetricians, and radiologists?[n]

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CN10< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In medical lab technicians and technologists? [n]

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CN11< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In medical researchers?[n]

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CN12< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In pharmaceutical or drug companies? [n]

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CN13< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In health care insurance companies? [n]

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CN14< (On a scale from one to ten where one is no confidence at all and ten is almost total confidence, how much confidence do you now have . . .)

[bold]In hospital nurses? [n]

<1> NO CONFIDENCE AT ALL  
<2-9> SOME CONFIDENCE  
<10> ALMOST TOTAL CONFIDENCE

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>tm3< [#settime cn2]  
[#settime hi1]

\*\*\*\*\*

THIS SECTION WILL FOCUS ON SOURCES OF HEALTH INFO

\*\*\*\*\*

>rot1< [if lsdg le <1>][goto in1a][endif]  
[if lsdg eq <2>][goto in1b][endif]  
[if lsdg eq <3>][goto in1c][endif]  
[if lsdg eq <4>][goto in1d][endif]  
[if lsdg eq <5>][goto in1e][endif]  
[if lsdg eq <6>][goto in1f][endif]  
[if lsdg eq <7>][goto in1g][endif]  
[if lsdg eq <8>][goto in1h][endif]  
[if lsdg eq <9>][goto in1i][endif]

>in1a< Now I'd like to ask you a few questions about where you get information about health. People can get information about health from friends, newspapers, magazines, television, brochures, doctors, nurses, teachers, other family members, or from other sources. Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS                   <2> NEWSPAPERS  
<3> MAGAZINES               <4> TELEVISION  
<5> BROCHURES               <6> DOCTORS  
<7> NURSES                   <8> TEACHERS  
<9> FAMILY MEMBERS       <10> NEWSLETTERS  
<11> BOOKS                   <12> EMPLOYERS/WORK  
<13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
<15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
<17> UNIVERSITIES       <18> HOSPITALS  
<19> RADIO                   <20> EDUCATION  
<21> NEWS MEDIA           <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
<23> INSURANCE CO. OR PLAN <24> INTERNET  
<25> ALL COMBINED       <90> MISCELLANEOUS OTHER  
0 OTHER (#specify)[#specify]  
<98> DON'T KNOW       <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>[goto INF2]

>in1b< [equiv in1a]Now I'd like to ask you a few questions about where you get information about health. People can get information about health from newspapers, magazines, television, brochures, doctors,

nurses, teachers, other family members, friends or from other sources.

Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS                    <2> NEWSPAPERS  
<3> MAGAZINES                <4> TELEVISION  
<5> BROCHURES                <6> DOCTORS  
<7> NURSES                    <8> TEACHERS  
<9> FAMILY MEMBERS         <10> NEWSLETTERS  
<11> BOOKS                    <12> EMPLOYERS/WORK  
<13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
<15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
<17> UNIVERSITIES         <18> HOSPITALS  
<19> RADIO                    <20> EDUCATION  
<21> NEWS MEDIA             <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
<23> INSURANCE CO. OR PLAN <24> INTERNET  
<25> ALL COMBINED         <90> MISCELLANEOUS OTHER  
0 OTHER (#specify)[#specify]  
<98> DON'T KNOW             <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>[goto INF2]

>in1c< [equiv in1a]Now I'd like to ask you a few questions about where you get information about health. People can get information about health from magazines, television, brochures, doctors, nurses, teachers, other family members, friends, or newspapers or from other sources. Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS                    <2> NEWSPAPERS  
<3> MAGAZINES                <4> TELEVISION  
<5> BROCHURES                <6> DOCTORS  
<7> NURSES                    <8> TEACHERS  
<9> FAMILY MEMBERS         <10> NEWSLETTERS  
<11> BOOKS                    <12> EMPLOYERS/WORK  
<13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
<15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
<17> UNIVERSITIES         <18> HOSPITALS  
<19> RADIO                    <20> EDUCATION  
<21> NEWS MEDIA             <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
<23> INSURANCE CO. OR PLAN <24> INTERNET  
<25> ALL COMBINED         <90> MISCELLANEOUS OTHER  
0 OTHER (#specify)[#specify]  
<98> DON'T KNOW             <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>[goto INF2]

>in1d< [equiv in1a]Now I'd like to ask you a few questions about where you get information about health. People can get information about health from television, brochures, doctors, nurses, teachers, other family members, friends, newspapers, magazines or from other sources. Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n],

from what source would you say you've gotten the most health information?

<1> FRIENDS                    <2> NEWSPAPERS  
<3> MAGAZINES                <4> TELEVISION  
<5> BROCHURES                <6> DOCTORS  
<7> NURSES                    <8> TEACHERS  
<9> FAMILY MEMBERS        <10> NEWSLETTERS  
<11> BOOKS                    <12> EMPLOYERS/WORK  
<13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
<15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
<17> UNIVERSITIES        <18> HOSPITALS  
<19> RADIO                    <20> EDUCATION  
<21> NEWS MEDIA            <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
<23> INSURANCE CO. OR PLAN <24> INTERNET  
<25> ALL COMBINED        <90> MISCELLANEOUS OTHER  
0 OTHER (#specify)[#specify]  
<98> DON'T KNOW        <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>[goto INF2]

>in1e< [equiv in1a]Now I'd like to ask you a few questions about where you get information about health. People can get information about health from brochures, doctors, nurses, teachers, other family members, friends, newspapers, magazines, television or from other sources.

Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS                    <2> NEWSPAPERS  
<3> MAGAZINES                <4> TELEVISION  
<5> BROCHURES                <6> DOCTORS  
<7> NURSES                    <8> TEACHERS  
<9> FAMILY MEMBERS        <10> NEWSLETTERS  
<11> BOOKS                    <12> EMPLOYERS/WORK  
<13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
<15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
<17> UNIVERSITIES        <18> HOSPITALS  
<19> RADIO                    <20> EDUCATION  
<21> NEWS MEDIA            <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
<23> INSURANCE CO. OR PLAN <24> INTERNET  
<25> ALL COMBINED        <90> MISCELLANEOUS OTHER  
0 OTHER (#specify)[#specify]  
<98> DON'T KNOW        <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>[goto INF2]

>in1f< [equiv in1a]Now I'd like to ask you a few questions about where you get information about health. People can get information about health from doctors, nurses, teachers, other family members, friends, newspapers, magazines, television, brochures or from other sources.

Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS                    <2> NEWSPAPERS

<3> MAGAZINES            <4> TELEVISION  
 <5> BROCHURES           <6> DOCTORS  
 <7> NURSES               <8> TEACHERS  
 <9> FAMILY MEMBERS      <10> NEWSLETTERS  
 <11> BOOKS               <12> EMPLOYERS/WORK  
 <13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
 <15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
 <17> UNIVERSITIES       <18> HOSPITALS  
 <19> RADIO               <20> EDUCATION  
 <21> NEWS MEDIA         <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
 <23> INSURANCE CO. OR PLAN <24> INTERNET  
 <25> ALL COMBINED       <90> MISCELLANEOUS OTHER  
 0 OTHER (#specify)[#specify]  
 <98> DON'T KNOW         <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
 ==>[goto INF2]

>in1g< [equiv in1a]Now I'd like to ask you a few questions about where you get information about health. People can get information about health from nurses, teachers, other family members, friends, newspapers, magazines, television, brochures, doctors or from other sources.

Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS               <2> NEWSPAPERS  
 <3> MAGAZINES           <4> TELEVISION  
 <5> BROCHURES           <6> DOCTORS  
 <7> NURSES               <8> TEACHERS  
 <9> FAMILY MEMBERS      <10> NEWSLETTERS  
 <11> BOOKS               <12> EMPLOYERS/WORK  
 <13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
 <15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
 <17> UNIVERSITIES       <18> HOSPITALS  
 <19> RADIO               <20> EDUCATION  
 <21> NEWS MEDIA         <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
 <23> INSURANCE CO. OR PLAN <24> INTERNET  
 <25> ALL COMBINED       <90> MISCELLANEOUS OTHER  
 0 OTHER (#specify)[#specify]  
 <98> DON'T KNOW         <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
 ==>[goto INF2]

>in1h< [equiv in1a]Now I'd like to ask you a few questions about where you get information about health. People can get information about health from teachers, other family members, friends, newspapers, magazines, television, brochures, doctors, nurses or from other sources.

Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS               <2> NEWSPAPERS  
 <3> MAGAZINES           <4> TELEVISION  
 <5> BROCHURES           <6> DOCTORS  
 <7> NURSES               <8> TEACHERS

<9> FAMILY MEMBERS    <10> NEWSLETTERS  
 <11> BOOKS            <12> EMPLOYERS/WORK  
 <13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
 <15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
 <17> UNIVERSITIES    <18> HOSPITALS  
 <19> RADIO            <20> EDUCATION  
 <21> NEWS MEDIA      <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
 <23> INSURANCE CO. OR PLAN <24> INTERNET  
 <25> ALL COMBINED    <90> MISCELLANEOUS OTHER  
 0 OTHER (#specify)[#specify]  
 <98> DON'T KNOW      <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
 ==>[goto INF2]

>in1i< Now I'd like to ask you a few questions about where you get information about health. People can get information about health from other family members, friends, newspapers, magazines, television, brochures, doctors, teachers or from other sources. Now thinking about the information you've gotten over the past few years about health, [u]regardless how reliable you think it is[n], from what source would you say you've gotten the most health information?

<1> FRIENDS            <2> NEWSPAPERS  
 <3> MAGAZINES        <4> TELEVISION  
 <5> BROCHURES        <6> DOCTORS  
 <7> NURSES            <8> TEACHERS  
 <9> FAMILY MEMBERS    <10> NEWSLETTERS  
 <11> BOOKS            <12> EMPLOYERS/WORK  
 <13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
 <15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
 <17> UNIVERSITIES    <18> HOSPITALS  
 <19> RADIO            <20> EDUCATION  
 <21> NEWS MEDIA      <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
 <23> INSURANCE CO. OR PLAN <24> INTERNET  
 <25> ALL COMBINED    <90> MISCELLANEOUS OTHER  
 0 OTHER (#specify)[#specify]  
 <98> DON'T KNOW      <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
 ==>

>INF2< Regardless how reliable you think it is, from which source would you say you've gotten the [u]second[n] greatest amount of health information?

(Friends, newspapers, magazines, television, brochures, doctors, nurses, teachers, other family members, or some other source)?

<1> FRIENDS            <2> NEWSPAPERS  
 <3> MAGAZINES        <4> TELEVISION  
 <5> BROCHURES        <6> DOCTORS  
 <7> NURSES            <8> TEACHERS  
 <9> FAMILY MEMBERS    <10> NEWSLETTERS  
 <11> BOOKS            <12> EMPLOYERS/WORK  
 <13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
 <15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
 <17> UNIVERSITIES    <18> HOSPITALS  
 <19> RADIO            <20> EDUCATION  
 <21> NEWS MEDIA      <22> HEALTH ORGS.-AGENCIES (I.E., ss)

<23> INSURANCE CO. OR PLAN <24> INTERNET  
<25> ALL COMBINED <90> MISCELLANEOUS OTHER  
0 OTHER (#specify)[#specify]  
<98> DON'T KNOW <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>

>INF4< In general, how [u]reliable or unreliable[n] would you say most of the health information you have gotten is?

Would you say it is almost always reliable, mostly reliable, somewhat reliable, mostly unreliable, or almost always unreliable?

<1> ALMOST ALWAYS RELIABLE  
<2> MOSTLY RELIABLE  
<3> SOMEWHAT RELIABLE  
<4> MOSTLY UNRELIABLE  
<5> ALMOST ALWAYS UNRELIABLE

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

====>

>INF5< Of all of the health information sources available, which do you think is the [u]most reliable[n]?

<1> FRIENDS <2> NEWSPAPERS  
<3> MAGAZINES <4> TELEVISION  
<5> BROCHURES <6> DOCTORS  
<7> NURSES <8> TEACHERS  
<9> FAMILY MEMBERS <10> NEWSLETTERS  
<11> BOOKS <12> EMPLOYERS/WORK  
<13> PERSONAL EXPERIENCE <14> OTHER HEALTH CARE WORKERS  
<15> LIBRARY RESRCH, SCI JOURNALS <16> CO-WORKERS  
<17> UNIVERSITIES <18> HOSPITALS  
<19> RADIO <20> EDUCATION  
<21> NEWS MEDIA <22> HEALTH ORGS.-AGENCIES (I.E., ss)  
<23> INSURANCE CO. OR PLAN <24> INTERNET  
<25> ALL COMBINED <90> MISCELLANEOUS OTHER  
0 OTHER (#specify)[#specify]  
<98> DON'T KNOW <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>

>INF6< How often does it seem that one piece of health information or advice contradicts or suggests doing something just the opposite of some other new piece of health information?

Would you say never or almost never, seldom, occasionally, frequently, or always or almost always?

<1> NEVER OR ALMOST NEVER  
<2> SELDOM  
<3> OCCASIONALLY,

<4> FREQUENTLY  
<5> ALWAYS OR ALMOST ALWAYS

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

====>

>INF7< In general, do you think that the reporting on health issues by newspapers, magazines and television mostly helps people understand health issues more clearly or mostly confuses people?

<1> MOSTLY HELPS PEOPLE UNDERSTAND  
<2> MOSTLY CONFUSES PEOPLE  
<3> BOTH ABOUT EQUALLY (R PROVIDED)

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

====>

>tm4< [#settime hi2]  
[#settime rcm1]

\*\*\*\*\*  
THIS SECTION WILL FOCUS ON RECOMMENDATION, CONFUSION  
AND DECISION-MAKING  
\*\*\*\*\*

>RC1< Now I'd like to ask you about a few specific health recommendations. As I read each one, I would like you to tell me if you think there are current clear and consistent guidelines or recommendations on the health recommendation -or- whether there is currently controversy or confusion about the recommendation.

How about the exercise?

Do you think there are clear and consistent recommendations on the amount and frequency of exercise, or do you think there is controversy or confusion on the amount and frequency of exercise?

<1> CLEAR CONSISTENT RECOMMENDATIONS  
<2> CONTROVERSY OR CONFUSION IN RECOMMENDATIONS [goto RC2]

<8> DON'T KNOW [goto RC2]  
<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9] [goto RC2]

====>

>RC1a< What are the recommendations regarding exercise?  
CORRECT ANSWER IS EVERYONE SHOULD EXERCISE AT LEAST AS MUCH  
AS INDICATED IN # 1

<1> MODERATE EXERCISE (20 min.) 3 TIMES PER WEEK

- <2> EXERCISE MORE THAN 3 TIMES PER WEEK
- <3> EXERCISE LONGER THAN 20 MINUTES AT A TIME
- <4> EXERCISE: LESS OFTEN, SHORTER DURATION THAN 20 MIN. 3X/WK
- <5> EXERCISE: SPECIFIC ACTIVITY NAMED, DURATION-FREQ NOT MENTIONED
- <6> EXERCISE: EVERYBODY SHOULD DO IT
- <7> EXERCISE: OTHER UNSPECIFIC COMMENT
- <8> OTHER HEALTH COMMENT NOT ABOUT EXERCISE
- <90> MISCELLANEOUS OTHER

0 OTHER (#specify) [#specify]

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>RC2< How about when women should start having regular mammograms and how often?

(Do you think there are current clear and consistent recommendations on mammograms or do you think there is controversy or confusion about mammograms?)

<1> CLEAR CONSISTENT RECOMMENDATIONS

<2> CONTROVERSY OR CONFUSION IN RECOMMENDATIONS [goto rot]

<8> DON'T KNOW [goto rot]

<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9] [goto rot]

====>

>RC2a< What are the recommendations regarding mammograms?

CORRECT ANSWER IS 18-35 GET MAMMOGRAM ONLY IF THERE IS A PROBLEM OR PARTICULAR FAMILY HISTORY

35-40 GET A BASELINE MAMMOGRAM FOR LATER COMPARISON PURPOSE

40-49 MAMMOGRAM EVERY TWO YEARS

50 OR OLDER GET MAMMOGRAM EVERY YEAR (ANNUALLY)

<1> START AROUND AGE 40 (EVERY 2 YEARS IN 40'S, ANNUALLY AFTER 50)  
(CORRECT ANSWER)

<2> GET EXAMS ANNUALLY (NO AGE SPECIFICATION)

<3> GET EXAMS MORE OFTEN OR START YOUNGER THAN THE GUIDELINE RECOMMENDS  
(E.G., EVERY 6 MONTHS, ANNUALLY AGE 30+)

<4> GET EXAMS LESS OFTEN OR START LATER THAN RECOMMENDED

<5> OTHER WRONG ANSWER

<6> TOO UNSPECIFIC TO TELL

<7> UNRELATED COMMENT

<90> MISCELLANEOUS OTHER COMMENT 0 OTHER (#specify) [#specify]

<98> DON'T KNOW

<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>rot< [if dgt2 eq <2>][goto RC4][endif]

>RC3< How about smoking?

(Do you think there are clear and consistent recommendations on smoking or do you think there is controversy or confusion about smoking?)

- <1> CLEAR CONSISTENT RECOMMENDATIONS
- <2> CONTROVERSY OR CONFUSION IN RECOMMENDATIONS [goto RC5]
- <8> DON'T KNOW [goto RC5]
- <9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9][goto RC5]

====>

>RC3a< What are the recommendations regarding smoking?  
CORRECT ANSWER IS # 1

- <1> DO NOT SMOKE, SMOKING CAUSES CANCER
- <2> PARTIAL CORRECT: DON'T SMOKE IF PREGNANT
- <3> OTHER NEGATIVE COMMENT ABOUT SMOKING
- <4> INDIVIDUAL CHOICE
- 0 OTHER (#specify) [#specify]
- <98> DON'T KNOW
- <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>[goto RC5]

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

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

>RC4< How about whether drinking alcoholic beverages is good for your health?

Do you think there are clear and consistent recommendations about alcohol being good for your health or do you think there is controversy or confusion about this?

- <1> CLEAR CONSISTENT RECOMMENDATIONS
- <2> CONTROVERSY OR CONFUSION IN RECOMMENDATIONS [goto RC5]
- <8> DON'T KNOW [goto RC5]
- <9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9] [goto RC5]

====>

>RC4a< What are the current recommendations regarding alcohol?  
CORRECT ANSWER (?): SOME ALCOHOL OCCASIONALLY (E.G., ABOUT 1 GLASS PER DAY OR LESS) PROMOTES HEALTH;  
MORE THAN 1 PER HOUR IS EXCESSIVE, 2 OR MORE PER DAY IS HEAVY AND UNHEALTHY; DON'T DRINK DURING PREGNANCY, DON'T DRINK AND DRIVE.

<1> GAVE CORRECT ANSWER  
<2> PARTIAL: SOME ALCOHOL (1 PER DAY) IS HEALTHY  
<3> PARTIAL: DON'T DRINK AND DRIVE  
<4> PARTIAL: DONT DRINK IF PREGNANT  
<5> PARTIAL: ONLY DRINK IN MODERATION  
<6> PARTIAL: 1-2 DRINKS PER DAY  
<7> DON'T DRINK AT ALL  
<8> OTHER UNSPECIFIC NEGATIVE COMMENT ABOUT ALCOHOL  
<90> MISCELLANEOUS OTHER 0 OTHER (#specify) [#specify]

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>RC5< How about whether or not women should take estrogen after  
menopause?

(Do you think there are current clear and consistent recommendations  
about estrogen replacement or do you think there is controversy or  
confusion about estrogen replacement?)

<1> CLEAR CONSISTENT RECOMMENDATIONS  
<2> CONTROVERSY OR CONFUSION IN RECOMMENDATIONS [goto EXB]

<8> DON'T KNOW [goto EXB]  
<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9] [goto EXB]

====>

>RC5a< What are the current recommendations regarding estrogen replacement?  
CORRECT (?) ANSWER IS # 1: E.R.T. IS FOR MENOPAUSAL, POST-MENOPAUSAL  
WOMEN OR WOMEN WHO HAVE HAD HYSTERECTOMY; REDUCES SYMPTOMS  
OF MENOPAUSE, REDUCES CALCIUM LOSS FROM OSTEOPOROSIS,  
REDUCES RISK OF HEART DISEASES, REDUCES RISK OF ALZHEIMER'S;  
INCREASES RISK OF BREAST CANCER.

<1> TAKE ESTROGEN UNLESS IN RELATIVELY RARE HI RISK GROUP FOR  
BREAST CANCER (BENEFIT OUTWEIGHS RISK)  
<2> TAKE IT (ONE FORM OR ANOTHER, WITHOUT QUALIFICATION)  
<3> COMMENT SPECIFYING ITS BENEFITS OR EFFECTS  
<4> COMMENT CLOSE BUT NOT QUITE RIGHT (E.G., REPLACES CALCIUM)  
<5> LISTEN TO, BE IN CONTACT WITH YOUR DOCTOR  
<6> DON'T TAKE IF FAMILY HISTORY OF CANCER  
<7> DEPENDS ON EXTENSIVE TESTING AND EXAMS  
<8> DON'T TAKE (UNSPECIFIC REASON)

0 OTHER (#specify) [#specify]

<98> DON'T KNOW  
<99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>EXB< Now I'd like to ask you about how you would go about deciding what to do if the recommendations are unclear.

Suppose you had a friend who was told that she was very likely to get a bone disease that would gradually make her crippled. Suppose the doctor said that there was a medication she could take on a daily basis that would greatly reduce her chances of getting the bone disease.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)  
<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

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

====>

>ROT1< [if dgt1 eq <1>][goto EX10][endif]  
[if dgt1 eq <2>][goto EX20][endif]  
[if dgt1 eq <3>][goto EX30][endif]  
[if dgt1 eq <4>][goto EX40][endif]

>EX10< Suppose that by taking the medication she would also double her risk of breast cancer.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)  
<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

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

====>

>ROT2< [if dgt2 eq <1>][goto EX04][endif]  
[if dgt2 eq <2>][goto EX12][endif]

>EX20< Suppose that by taking the medication she would also reduce her risk of heart disease by more than half.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)  
<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

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

====>

>ROT3< [if dgt2 eq <1>][goto EX04][endif]  
[if dgt2 eq <2>][goto EX08][endif]

>EX30< Suppose that by taking the medication she would also increase her risk of breast cancer from 1 in 10,000 to 2 in 10,000.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)

<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

<8> DON'T KNOW

<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9]

====>

>ROT4< [if dgt2 eq <1>][goto EX08][endif]  
[if dgt2 eq <2>][goto EX16][endif]

>EX40< Suppose that by taking the medicine she would also reduce her risk of heart disease from 1 in 200 to 1 in 500.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)

<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

<8> DON'T KNOW

<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9]

====>

>ROT5< [if dgt2 eq <1>][goto EX12][endif]  
[if dgt2 eq <2>][goto EX16][endif]

>EX04< Suppose that by taking the medication she would reduce her risk of heart disease by more than half but she would double her risk of breast cancer.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)

<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

<8> DON'T KNOW

<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9]

====> [goto tm5]

>EX12< Suppose that by taking the medication she would reduce her risk of heart disease from 1 in 200 to 1 in 500 but would double her risk of breast cancer.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)

<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

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

====> [goto tm5]

>EX08< Suppose that by taking the medication she would reduce her risk of heart disease by more than half but would increase her risk of breast cancer from 1 in 10,000 to 2 in 10,000.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably)  
<2> DO NOT TAKE THE MEDICATION (definitely vs. probably)

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

====> [goto tm5]

>EX16< Suppose that by taking the medication she would reduce her risk of heart disease from 1 in 200 to 1 in 500 but would increase her risk of breast cancer from 1 in 10,000 to 2 in 10,000.

Would you recommend that she take the medication or not?

<1> TAKE THE MEDICATION (definitely vs. probably?)  
<2> DO NOT TAKE THE MEDICATION (definitely vs. probably?)

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

====> [goto tm5]

>tm5< [#settime rcm2]  
[#settime br1a]

\*\*\*\*\*  
HEALTH STATUS AND HEALTH RISK BEHAVIORS (SHORTENED AND SIMPLIFIED)  
\*\*\*\*\*

The next 3 are from BRFS1-96

>Q1< The next few questions are about your own health and health practices.

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

<1> EXCELLENT  
<2> VERY GOOD  
<3> GOOD  
<4> FAIR  
<5> POOR

<8> DON'T KNOW/NOT SURE  
<9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>Q2< Now thinking about your [bold]physical health[n], which includes physical illness and injury, for how many [bold]days[n] during the [bold]past 30 days[n] was your physical health not good?

<1-30> DAYS

<0> NONE

<98> DO NOT KNOW

<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>Q3< Now thinking about your [bold]mental health[n], which includes stress, depression, and problems with emotions, for how many [bold]days[n] during the [bold]past 30 days[n] was your mental health not good?

<1-30> DAYS

<0> NONE

<98> DO NOT KNOW

<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>ic3< [if Q2 eq <0>][if Q3 eq <0>][goto tm6][endif][endif]

If Q. 2 = 0 and Q. 3 = 0, go to question Ut1. Otherwise, go to Q. 4.

>Q4< During the [bold]past 30 days[n], for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

<0> NOT APPLICABLE

<1-30> DAYS

<88> NONE

<77> DO NOT KNOW

<99> REFUSED [##md1=99][##md2=0][##blank=0]

====>

>tm6< [#settime br1b]

[#settime ut1]

\*\*\*\*\*  
THIS SECTION IS ON HEALTH SYSTEM UTILIZATION  
\*\*\*\*\*

>Ut1< Now I'd like to ask you some questions about health care.

When you need health care, do you usually go to a private physician's office, an HMO clinic, an urgent or ready care facility, a health clinic the emergency room of a hospital, or some other place?

- <1> PRIVATE DR.S OFFICE (INCLUDING SPECIALISTS)
- <2> HMO CLINIC
- <3> URGENT/READY CARE FACILITY
- <4> HEALTH CLINIC
- <5> EMERGENCY ROOM OF HOSPITAL
- <6> ALTERNATIVE HEALTH CARE PROVIDER (E.G., HOLISTIC HEALTH COUNSELOR, HERBALIST, CHIROPRACTOR, ETC.)
- <7> HOME HEALTH CARE COMES TO R
- <90> MISCELLANEOUS OTHER COMMENTS AND PLACES
- 0 SOME OTHER PLACE [#specify] (specify)
  
- <88> NO PLACE; NEVER GET HEALTH CARE
- <98> DON'T KNOW
- <99> REFUSED - NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>Utl2< About how long has it been since you last visited a doctor because of a [bold]particular illness or injury?[n]

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

- <1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
- <2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
- <3> WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
- <4> 5 OR MORE YEARS AGO
  
- <7> NEVER
- <8> DON'T KNOW/NOT SURE
- <9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

The next q was Q13 in BRFS1-96

>Utl3< About how long has it been since you [u]last[n] visited a doctor for a routine check-up?

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

- <1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
- <2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
- <3> WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
- <4> 5 OR MORE YEARS AGO
  
- <7> NEVER
- <8> DON'T KNOW/NOT SURE
- <9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>UtI4< About how long has it been since you last visited the emergency room of a hospital because of a problem you personally - or another member of your family was having?

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

- <1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
- <2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
- <3> WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
- <4> 5 OR MORE YEARS AGO

- <7> NEVER
- <8> DON'T KNOW/NOT SURE
- <9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>UtI5< About how long has it been since you last visited an urgent care or ready care facility because of a problem you personally - or another member of your family was having?

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

- <1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
- <2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
- <3> WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
- <4> 5 OR MORE YEARS AGO

- <7> NEVER
- <8> DON'T KNOW/NOT SURE

- <9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>UtI6< About how long has it been since you or another member of your household had to spend at least one night in a hospital because of a health problem?

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

- <1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
- <2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
- <3> WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
- <4> 5 OR MORE YEARS AGO

- <7> NEVER
- <8> DON'T KNOW/NOT SURE
- <9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>UtI7< About how long has it been since you personally last had lab tests done at a health facility because of a problem you were having?

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

- <1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
- <2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
- <3> WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
- <4> 5 OR MORE YEARS AGO

- <7> NEVER
  - <8> DON'T KNOW/NOT SURE
  - <9> REFUSED [##md1=9][##md2=8][##blank=9]
- ====>

>UtI8< About how long has it been since you last had x-rays, mammograms, MRI, or CT scans?

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

- <1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)
- <2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)
- <3> WITHIN THE PAST 5 YEARS (2 TO 5 YEARS AGO)
- <4> 5 OR MORE YEARS AGO

- <7> NEVER
  - <8> DON'T KNOW/NOT SURE
  - <9> REFUSED [##md1=9][##md2=8][##blank=9]
- ====>

>UtI9< In general, when you think about the quality of health care you have received, would you say you have been very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- <1> VERY SATISFIED
  - <2> SOMEWHAT SATISFIED
  - <3> NEUTRAL; EQUALLY SATISFIED AND DISSATISFIED
  - <4> SOMEWHAT DISSATISFIED
  - <5> VERY DISSATISFIED
- 
- <8> DON'T KNOW
  - <9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9]

====>

>tm7< [#settime ut2]  
[#settime br2a]

THIS IS Q15 from BRFS1: 1996

>BR1< Now I'd like to ask you a few questions about your own health practices.

During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise [bold]other than your regular job duties?.[n]

<1> YES

<5> NO

<8> DON'T KNOW/NOT SURE

<9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>BR3< Now I have few questions about tobacco and alcohol use.

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

[r]IWER: 5 packs equals 100 cigarettes.[n]

<1> YES

<5> NO [goto BR5]

<8> DON'T KNOW/NOT SURE[goto BR5]

<9> REFUSED[goto BR5] [##md1=9][##md2=8][##blank=9]

====>

THIS IS Q27 FROM BRFS97

>BR4< Do you [bold]now[n] smoke cigarettes everyday, some days, or not at all?

<1> EVERYDAY

<2> SOME DAYS

<3> NOT AT ALL

<8> DO NOT KNOW

<9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

\*\*\*\*\* SECTION 8: ALCOHOL CONSUMPTION \*\*\*\*\*

>BR5< During the past month, have you had at least one drink of any alcoholic beverages such as beer, wine, wine coolers, or liquor?

<1> YES

<5> NO [goto BR9]

<8> DON'T KNOW/NOT SURE [goto BR9]

<9> REFUSED [goto BR9] [##md1=9][##md2=8][##blank=9]

====>

>BR6< During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

[r]IWER: RECORD THE FREQUENCY HERE, WHETHER IT IS DAYS OR MONTH THEN AT THE NEXT SCREEN, ENTER HOW MANY TIMES[n]

<1> DAYS PER WEEK  
<2> DAYS PER MONTH

<8> DON'T KNOW/NOT SURE  
<9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>if16< [if BR6 eq <7>][#store <77> in BR7][copy BR7 in BR7][goto BR9][endif]  
[if BR6 eq <9>][#store <99> in BR7][copy BR7 in BR7][goto BR9][endif]

>BR7< [no erase](During the past month, how many days per week or per month  
did you drink any alcoholic beverages, on the average?)

<1-31> DAYS

<88> DO NOT KNOW  
<99> REFUSED [##md1=99][##md2=88][##blank=99]

====>

>BR8< A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of  
wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you  
drank, about how many drinks did you drink on the average?

<1-11> DRINKS  
<12-30> DRINKS

<88> DON'T KNOW/NOT SURE  
<99> REFUSED [##md1=99][##md2=88][##blank=99]

====>

>BR9< Next, I will ask you about your current height and weight.

About how much do you weigh without shoes?

[r] IWER: Interviewer instructions - Round fractions up.[n]

<40-80> POUNDS  
<81-350> POUNDS  
<351-700> POUNDS

<8> DON'T KNOW/NOT SURE  
<9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>BR10< About how tall are you without shoes? [allow 3]

[r] IWER: Interviewer instructions - Round fractions down.[n]

[r] IF THE PERSON SAY 5 FEET 5 INCHES ENTER 505[n]  
[r] IF THE PERSON SAYS 6 FEET 1 INCH ENTER 601[n]  
[r] IF THE PERSON SAYS 5 FEET 10 INCHES ENTER 510[n]

<200-211> FEET/INCHES  
<300-311> FEET/INCHES  
<400-411> FEET/INCHES  
<500-511> FEET/INCHES  
<600-611> FEET/INCHES  
<700-711> FEET/INCHES

<8> DON'T KNOW/NOT SURE  
<9> REFUSED [##md1=9][##md2=8][##blank=9]  
====>

>BR11< INDICATE SEX OF RESPONDENT.

<1> MALE [goto INND]  
<5> FEMALE

====>

>BR12< Now I have some questions about other health services you may have received.

A mammogram is an x-ray of each breast to look for breast cancer.  
Have you ever had a mammogram?

<1> YES  
<5> NO [goto INND]  
  
<8> DON'T KNOW/NOT SURE[goto INND]  
<9> REFUSED [goto INND] [##md1=9][##md2=8][##blank=9]

====>

>BR13< How long has it been since you had your last mammogram?

(Was it within the past year, within the past 2 years, within the past 3 years, within the past 5 years, or more than 5 years ago)?

<1> WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)  
<2> WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)  
<3> WITHIN THE PAST 3 YEARS (2 TO 3 YEARS AGO)  
<4> WITHIN THE PAST 5 YEARS (3 TO 5 YEARS AGO)  
<5> 5 OR MORE YEARS AGO

<8> DON'T KNOW/NOT SURE  
<9> REFUSED [##md1=9][##md2=8][##blank=9]  
====>

>BR14< Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

<1> ROUTINE CHECKUP

<2> BREAST PROBLEM OTHER THAN CANCER  
<3> HAD BREAST CANCER

<8> DON'T KNOW/NOT SURE  
<9> REFUSED [##md1=9][##md2=8][##blank=9]  
====>

>INND< [goto tm8]

>tm8< [#settime br2b]

\*\*\*\*\*

>CD1< Now I have a few background questions. These are for  
statistical analysis purposes.

RECORD GENDER OF RESPONDENT HERE, ASK ONLY IF IN DOUBT:

<1> MALE  
<5> FEMALE

====>

>CD2< In what year were you born?[allow 3]

18 <95-99> YEAR  
19 <00-94> YEAR

<998> DON'T KNOW  
<999> REFUSED [##md1=999][##md2=998][##blank=999]  
====>

>cp4< [#if CD2 eq <d>][#store <998> in CD2][#endif]  
[#if CD2 eq <r>][#store <999> in CD2][#endif]

>CD3< What is the highest level of education that you have completed?[allow 2]

<0> DID NOT GO TO SCHOOL  
<1-11> GRADE  
<12> HIGH SCHOOL GRADUATE OR GED HOLDER  
<13-15> SOME COLLEGE (ONE TO THREE YEARS)  
<16> COLLEGE GRADUATE (FOUR YEARS)  
<17> SOME POST GRADUATE  
<18> GRADUATE DEGREE  
  
<20> TECHNICAL SCHOOL OR JUNIOR COLLEGE GRADUATE  
  
<98> DO NOT KNOW  
<99> REFUSED-NO ANSWER [##md1=99][##md2=98][##blank=99]  
====>

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

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

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

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

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

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

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

<1> REPUBLICAN  
<4> INDEPENDENT [goto CD7C]  
<7> DEMOCRAT [goto CD7B]  
  
<5> SOME OTHER PARTY MENTIONED[goto CD7D]  
<0> SOMETHING ELSE, NO PARTY MENTIONED: [#specify]SPECIFY [goto ptid]  
  
<8> DO NOT KNOW [goto ptid]

<9> REFUSED-NO ANSWER [##md1=9][##md2=8][##blank=9] [goto ptid]

====>

IF REPUBLICAN. . .

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

<0> NOT APPLICABLE

<1> STRONG REPUBLICAN

<2> NOT A VERY STRONG REPUBLICAN

<8> DO NOT KNOW

<9> REFUSED-NO ANSWER [##md1=9][##md2=8][##blank=9]

====> [goto ptid]

IF DEMOCRAT. . .

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

<0> NOT APPLICABLE

<7> STRONG DEMOCRAT

<6> NOT A VERY STRONG DEMOCRAT

<8> DO NOT KNOW

<9> REFUSED-NO ANSWER [##md1=9][##md2=8][##blank=9]

====> [goto ptid]

IF INDEPENDENT. . .

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

<0> NOT APPLICABLE

<3> REPUBLICAN

<4> NEITHER (R PROVIDED)

<5> DEMOCRAT

<8> DO NOT KNOW

<9> REFUSED-NO ANSWER [##md1=9][##md2=8][##blank=9]

====> [goto ptid]

>CD7D< What is [u]other[n] party (you usually vote for)?

<0> MENTIONED PARTY: SPECIFY[#specify]

<1> LIBERTARIAN

<2> BEST PERSON FOR JOB

<95> NO MENTION

<98> DO NOT KNOW

<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

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

>CD8< Are you currently married, divorced, separated,  
 widowed, member of an unmarried couple, or have you never been married?

<0> REMARRIED  
 <1> MARRIED  
 <2> DIVORCED  
 <3> SEPARATED  
 <4> WIDOWED  
 <5> MEMBER OF AN UNMARRIED COUPLE  
 <6> SINGLE, NEVER BEEN MARRIED  
  
 <7> OTHER [#specify](R PROVIDED; SPECIFY)  
 <98> DO NOT KNOW  
 <99> REFUSED-NO ANSWER [##md1=99][##md2=98][##blank=99]  
 ==>

>ID3< [allow 5][loc 15/1][#store csid in ID3][copy ID3 in ID3]  
 >R3< [allow 1][#preset <3>][copy R3 in R3]

>CD10< Next, I have a few questions about the others who may be living in  
 your household.

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

<1> PERSON, ONLY RESPONDENT[goto CD12]  
 <2-10> ADULTS  
  
 <98> DO NOT KNOW  
 <99> REFUSED-NO ANSWER[goto CD12] [##md1=99][##md2=98][##blank=99]  
 ==>

>CD11< How many of these adults are [bold]over 64 years of age?[n]

[r]COUNT ONLY THE ADULTS WHO ARE 65 YEARS OF AGE AND OLDER[n]

<0-9> ADULTS 65+

<98> DO NOT KNOW

<99> REFUSED-NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CD12< How many children younger than 18 live in your household?

<0> NONE [goto CD14]

<1-10> CHILDREN

<98> DO NOT KNOW[goto CD14 ]

<99> REFUSED-NO ANSWER[goto CD14] [##md1=99][##md2=98][##blank=99]

====>

>CD13< How many of these children are [bold]under 5 years of age?[n]

<0> NONE [goto tm9]

<1-10> CHILDREN UNDER 5

<98> DO NOT KNOW [goto CD14]

<99> REFUSED-NO ANSWER [goto CD14] [##md1=99][##md2=98][##blank=99]

====>

>tm9< [#settime gr3]

[if CD13 eq <0>][goto GRF5][endif]

>GRF1< What type of child care do you use most of the time  
for your child(ren) under 5?

(Does your spouse provide care, a child care center, a family  
or group day care home, a relative, an in-home caregiver, an  
older child, or do you take care of them yourself?)

<1> SPOUSE OR RESPONDENT PROVIDES CARE (E.G. STAY AT HOME PARENT)

<2> CHILD CARE CENTER

<3> A FAMILY OR GROUP HOME CHILD CARE

<4> RELATIVE OF FAMILY MEMBER

<5> IN-HOME CAREGIVER-BABYSITTER

<6> OLDER CHILD PROVIDES CARE, LEAVE ON THEIR OWN

<7> TAKE CARE CHILDREN MYSELF

<8> FRIEND OR NEIGHBOR

<9> COMBINATION OF PROVIDERS

0 OTHER [#specify](specify)

<98> DON'T KNOW

<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>GRF2< What is the most important reason for having this type of  
child care?

(Is it the price of care, the location of care, the quality of  
care, convenience, your work schedule, or some other reason)?

<1> PRICE OF CHILDCARE  
<2> LOCATION OF CHILDCARE  
<3> QUALITY OF CHILDCARE  
<4> CONVENIENCE  
<5> YOUR WORK SCHEDULE  
<6> COMBINATION OF TWO OR MORE OF ABOVE  
<7> ALL OF THE ABOVE  
<8> SO CHILD CAN BE WITH PARENT DURING YOUNG YEARS, PARENT STAYS HOME  
<9> TRUST  
<10> SO CHILD CAN PLAY WITH OTHER KIDS  
<90> MISCELLANEOUS OTHER COMMENTS  
0 OTHER [#specify](Specify)

<98> DON'T KNOW  
<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>GRF3< Are you satisfied with your current child care arrangements for your children under 5, or would you prefer some other arrangements?

<1> SATISFIED WITH CURRENT ARRANGEMENTS[goto kdch]  
<5> PREFER OTHER ARRANGEMENTS

<8> DO NOT KNOW[goto kdch]  
<9> REFUSED[goto kdch] [##md1=9][##md2=8][##blank=9]  
====>

>GR4< What type of child care would you prefer?

(Does your spouse provide care, a child care center, a family or group day care home, a relative, an in-home caregiver, an older child, or do you take care of them yourself?)

<1> SPOUSE PROVIDES CARE  
<2> CHILD CARE CENTER  
<3> A FAMILY OR GROUP HOME CHILD CARE  
<4> RELATIVE OF FAMILY MEMBER  
<5> IN-HOME CAREGIVER - BABYSITTER  
<6> OLDER CHILD PROVIDES CARE, LEAVE ON THEIR OWN  
<7> TAKE CARE CHILDREN MYSELF  
<90> MISCELLANEOUS OTHER COMMENT  
0 OTHER [#specify](specify)

<98> DON'T KNOW  
<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>kdch< [if CD13 eq CD12][goto GR9][endif]

>GRF5< What type of child care do you use most of the time for your child(ren) between 5 and 17?

(Does your spouse provide care, a child care center, a family or group day care home, a relative, an in-home caregiver, an older child, or do you take care of them yourself?)

- <1> SPOUSE OR RESPONDENT PROVIDES CARE (E.G. STAY AT HOME PARENT)
- <2> CHILD CARE CENTER, PRE-SCHOOL, AFTER SCHOOL CARE CENTER (LATCHKEY)
- <3> A FAMILY OR GROUP HOME CHILD CARE
- <4> RELATIVE OF FAMILY MEMBER
- <5> IN-HOME CAREGIVER-BABYSITTER
- <6> OLDER CHILD PROVIDES CARE, LEAVE ON THEIR OWN
- <7> TAKE CARE CHILDREN MYSELF
- <8> FRIEND OR NEIGHBOR
- <9> COMBINATION OF PROVIDERS

0 OTHER [#specify](specify)

<90> NONE: CHILDREN OLD ENOUGH TO TAKE CARE OF SELVES [goto CD14]

<98> DON'T KNOW

<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>GRF6< What is the most important reason for having this type of child care for your child(ren) between 5 and 17?  
(Is it the price of care, the location of care, the quality of care, convenience, your work schedule, or some other reason)?

- <1> PRICE OF CHILDCARE
- <2> LOCATION OF CHILDCARE
- <3> QUALITY OF CHILDCARE
- <4> CONVENIENCE
- <5> YOUR WORK SCHEDULE
- <6> COMBINATION OF ABOVE (MOST PRACTICAL)
- <7> ALL OF THE ABOVE
- <8> ONE ON ONE (PERSONAL) CONTACT
- <9> TRUST, SAFETY
- <10> OLD ENOUGH TO CARE FOR SELF
- <11> WANT TO TAKE CARE OF CHILDREN HERSELF
- <12> NOTHING ELSE ACCEPTABLE THAT IS AVAILABLE
- <13> IMPORTANT FOR PARENT TO BE WITH CHILD
- <14> DONT TRUST OTHER PROVIDERS
- <15> INTERACTION WITH OTHERS

<90> MISCELLANEOUS OTHER COMMENTS-REASONS 0 OTHER [#specify](Specify)

<98> DON'T KNOW

<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>GRF7< Are you satisfied with your current child care arrangements for your children between 5 and 17, or would you prefer some other arrangements?

<1> SATISFIED WITH CURRENT ARRANGEMENTS[goto if1]  
<5> PREFER OTHER ARRANGEMENTS

<8> DO NOT KNOW[goto if1]  
<9> REFUSED[goto if1] [##md1=9][##md2=8][##blank=9]  
====>

>GR8< What type of child care would you prefer (for your child(ren)  
between 5 and 17)?

<1> SPOUSE PROVIDES CARE  
<2> CHILD CARE CENTER, AFTER SCHOOL CARE CENTER (E.G. LATCHKEY)  
<3> A FAMILY OR GROUP HOME CHILD CARE  
<4> RELATIVE OF FAMILY MEMBER  
<5> IN-HOME CAREGIVER - BABYSITTER  
<6> OLDER CHILD PROVIDES CARE, LEAVE ON THEIR OWN  
<7> TAKE CARE CHILDREN MYSELF  
<90> MISCELLANEOUS OTHER COMMENT 0 OTHER [#specify](specify)

<98> DON'T KNOW  
<99> REFUSED [##md1=99][##md2=98][##blank=99]

====>

>if1< [if CD12 eq CD13][if GRF1 eq <1>][goto tm10][endif][endif]  
[if CD12 eq CD13][if GRF1 eq <7>][goto tm10][endif][endif]  
[if GRF1 eq <1>][if GRF5 eq <1>][goto tm10][endif][endif]  
[if GRF1 eq <1>][if GRF5 eq <7>][goto tm10][endif][endif]  
[if GRF1 eq <7>][if GRF5 eq <1>][goto tm10][endif][endif]  
[if GRF1 eq <7>][if GRF5 eq <7>][goto tm10][endif][endif]

>GR9< What type of transportation do you usually use to get your  
child(ren) to child care?

<1> YOUR OWN CAR  
<2> CAR OF A FRIEND  
<3> PUBLIC TRANSPORTATION  
0 OTHER [#specify](Specify)

<7> DON'T USE TRANSPORTATION TO GET CHILD(REN) TO CHILDCARE  
<8> DON'T KNOW  
<9> REFUSED - NO ANSWER [##md1=9][##md2=8][##blank=9]

====>

>GR10< How frequently do you have problems with this transportation?  
Would you say much of the time, frequently, sometimes, only  
occasionally, rarely, or never?

<1> MUCH OF THE TIME  
<2> FREQUENTLY  
<3> SOMETIMES  
<4> ONLY OCCASIONALLY  
<5> RARELY  
<6> NEVER

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

====>

>tm10< [#settime gr4]

>CD14< Altogether, how many children have you had or adopted? (Please include any you had from a previous marriage)

<0> NONE, NEVER HAD CHILDREN  
<1-20> CHILDREN

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

====>

>D14a< Do you rent or do you own your own home?

[r] CODER: LIVE WITH PARENTS IS SAME AS OWN HOME[n]

<1> RENT [goto D16]  
<5> OWN (INCLUDES PAYING MORTGAGE CURRENTLY)[goto D16]  
<7> OTHER: SPECIFY [#specify][goto D16]

<8> DO NOT KNOW [goto D16]  
<9> REFUSED-NO ANSWER [##md1=9][##md2=8][##blank=9] [goto D16]

====>

>D16< How long have you lived in your current home (or apartment)?

<0> LESS THAN ONE YEAR  
<1-9> YEARS  
<10-97> YEARS[goto D16b]

<98> DO NOT KNOW[goto D16b]  
<99> REFUSED-NO ANSWER[goto D16b] [##md1=99][##md2=98][##blank=99]

====>

>D16a< How many times have you moved in the past ten years?

<0> NOT APPLICABLE  
<1-20> TIMES MOVED

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

====>

>D16b< Would you say you live in a rural community, a small city or town, a suburb, or an urban community?

<1> RURAL COMMUNITY

<2> SMALL CITY OR TOWN, VILLAGE  
<3> A SUBURB  
<4> URBAN COMMUNITY

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

====>

>CD15< We are interested in learning about the different ways people may earn their living. Last week, were you working full-time, part-time, going to school, a home-maker or something else?

[r]IF THE R MENTIONS TWO THINGS, ASK 'Which one would you say you do the most or takes up most of your time?[n]

<0> SELF EMPLOYED EITHER FULL OR PART TIME  
<1> WORK FULL TIME  
<2> WORK PART TIME  
<3> WORK AND GO TO SCHOOL  
<4> IN THE ARMED FORCES  
<5> HAVE A JOB, BUT NOT AT WORK LAST WEEK (ON VACATION OR LEAVE)  
<6> UNEMPLOYED, LAID OFF, LOOK FOR WORK[goto CD20]  
<7> RETIRED [goto CD22]  
<8> SCHOOL FULL TIME[goto CD22]  
<9> HOME-MAKER [goto CD22]  
<10> DISABLED[goto CD22]  
<90> OTHER (s) [#specify] <98> DO NOT KNOW[goto CD22]  
<99> REFUSED-NO ANSWER[goto CD22] [##md1=99][##md2=98][##blank=99] ====>

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

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

====>

>CD18< On average, how many hours per week do you work at your main job?[allow 3]

<0> NOT APPLICABLE  
<1-75> HOURS PER WEEK  
[##md1=99][##md2=98][##blank=99]  
<98> DO NOT KNOW  
<99> REFUSED-NO ANSWER

====>

>c01< [if CD17 ge <5> goto CD20] IF YES TO HAVING MORE THAN ONE JOB GO TO CD19,

OTHERWISE SKIP TO CD21

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

<0> NOT APPLICABLE

<1-40> HOURS PER WEEK

<98> DO NOT KNOW

<99> REFUSED-NO ANSWER [##md1=99][##md2=98][##blank=99]

====>

>CD20< Have you been actively looking for work or a different job?

<0> NOT APPLICABLE

<1> YES

<5> NO

<8> DO NOT KNOW

<9> REFUSED TO ANSWER [##md1=9][##md2=8][##blank=9]

====>

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

<0> NOT APPLICABLE: NEVER WORKED[goto INC1]

<1> SELF-EMPLOYED

<5> WORK FOR SOMEONE ELSE

<8> DO NOT KNOW

<9> REFUSED TO ANSWER [##md1=9][##md2=8][##blank=9]

====>

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

<0> NOT APPLICABLE

<1> HOURLY WAGE

<3> ANNUAL SALARY

<5> ON COMMISSION (R PROVIDED)

<7> OTHER [#specify]

<8> DO NOT KNOW

<9> REFUSED TO ANSWER [##md1=9][##md2=8][##blank=9]

====>

>CD21< In your main (last) job, what kind of work do (did) you normally do? That is, what is (was) your job called?  
[allow 4]

0 OCCUPATION (TYPE IN OCCUPATION TITLE AND NOTES)[#specify]

<1-9995> CODE OCCUPATIONS OFF OF CODING SHEET

<9998> DO NOT KNOW <d>

<9999> REFUSED <r>

<9997> NEVER WORKED <n> [##md1=9999][##md2=9998][##blank=9999]

====>

>cp21< [if CD21 eq <d>][#store <9998> in CD21][endif]

[if CD21 eq <r>][#store <9999> in CD21][endif]

[if CD21 eq <n>][#store <9997> in CD21][endif]

>INC1< To get a picture of people's financial situations, we'd like to know the general [u]range of incomes[n] of all households we interview. This is for statistical analysis purposes and your answers will be kept strictly confidential. Now, thinking about your household's total annual income from all sources (including your job), did your household receive \$30,000 or more in 1996?

<0> NOT APPLICABLE

<1> YES (\$30,000 OR MORE)[goto INC4]

<5> NO (LESS THAN \$30,000)

<98> DON'T KNOW-NO OPINION[goto lh31]

<99> REFUSED-NO ANSWER[goto lh31] [##md1=99][##md2=98][##blank=99]

====>

>INC2< Was it \$20,000 or more?

<0> NOT APPLICABLE

<1> YES (\$20,000 - 29,999)[goto inca]

<5> NO (LESS THAN \$20,000)[goto INC3]

<98> DON'T KNOW-NO OPINION[goto lh31]

<99> REFUSED-NO ANSWER[goto lh31] [##md1=99][##md2=98][##blank=99]

====>

>inca< Was it \$25,000 or more?

<0> NOT APPLICABLE

<1> YES (\$25,000 - 29,999)[goto lh31]

<5> NO (LESS THAN \$25,000)[goto lh31]

<98> DON'T KNOW-NO OPINION[goto lh31]

<99> REFUSED-NO ANSWER[goto lh31] [##md1=99][##md2=98][##blank=99]

====>

>INC3< Was it \$10,000 or more?

<0> NOT APPLICABLE

<1> YES (\$10,000 - 19,999)

<5> NO (LESS THAN \$10,000) [goto lh31]

<98> DON'T KNOW-NO OPINION [goto lh31]

<99> REFUSED-NO ANSWER [goto lh31] [##md1=99][##md2=98][##blank=99]

====>

>incb< Was it \$15,000 or more?

<0> NOT APPLICABLE

<1> YES (\$15,000 - 19,999)

<5> NO (LESS THAN \$15,000)

<98> DON'T KNOW-NO OPINION

<99> REFUSED-NO ANSWER [##md1=99][##md2=98][##blank=99]

====> [goto lh31]

>INC4< Was it \$60,000 or more?

<0> NOT APPLICABLE

<1> YES[goto INC7] (\$60,000 OR MORE)

<5> NO (MORE THAN \$30,000 LESS THAN \$60,000)

<98> DON'T KNOW-NO OPINION[goto lh31]

<99> REFUSED-NO ANSWER[goto lh31] [##md1=99][##md2=98][##blank=99]

====>

>INC5< Was it \$40,000 or more?

<0> NOT APPLICABLE

<1> YES (\$40,000 OR MORE)[goto INC6]

<5> NO (\$30,000 - 39,999)

<98> DON'T KNOW-NO OPINION[goto lh31]

<99> REFUSED-NO ANSWER [goto lh31] [##md1=99][##md2=98][##blank=99]

====>

>incc< Was it \$35,000 or more?

<0> NOT APPLICABLE

<1> YES (\$35,000 - 39,999)

<5> NO (\$30,000 - 34,999)[goto lh31]

<98> DON'T KNOW-NO OPINION[goto lh31]

<99> REFUSED-NO ANSWER [goto lh31] [##md1=99][##md2=98][##blank=99]

====> [goto lh31]

>INC6< Was it \$50,000 or more?

<0> NOT APPLICABLE

<1> YES (\$50,000 - 59,999)

<5> NO (\$40,000 - 49,999)

<98> DON'T KNOW/NO OPINION

<99> REFUSED/NO ANSWER [##md1=99][##md2=98][##blank=99]

====> [goto lh31]

>INC7< Was it \$80,000 or more?

<0> NOT APPLICABLE

<1> YES (\$80,000 OR MORE)[goto INC9]

<5> NO (\$60,000 - 79,999)

<98> DON'T KNOW-NO OPINION [goto lh31]

<99> REFUSED-NO ANSWER [goto lh31] [##md1=99][##md2=98][##blank=99]

====>

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

>R4< [allow 1][#preset <4>][copy R4 in R4]

>INC8< Was it \$70,000 or more?

<0> NOT APPLICABLE

<1> YES (\$70,000 - 79,999)

<5> NO (\$60,000 - 69,999)

<98> DON'T KNOW-NO OPINION

<99> REFUSED-NO ANSWER [##md1=99][##md2=98][##blank=99]

====> [goto lh31]

>INC9< Was it \$100,000 or more?

<0> NOT APPLICABLE

<1> YES (\$100,000 OR MORE)[goto NC11]

<5> NO (\$80,000 - 99,999)

<98> DON'T KNOW-NO OPINION[goto lh31]

<99> REFUSED-NO ANSWER[goto lh31] [##md1=99][##md2=98][##blank=99]

====>

>NC10< Was it \$90,000 or more?

<0> NOT APPLICABLE

<1> YES (\$90,000 - 99,999)

<5> NO (\$80,000 - 89,999)

<98> DON'T KNOW-NO OPINION

<99> REFUSED-NO ANSWER [##md1=99][##md2=98][##blank=99]

====>[goto lh31]

>NC11< Was it \$110,000 or more?

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

>lh31< [if NC11 eq <1>][#store <15> in INC][endif] 110,000 or more  
[if NC11 eq <5>][#store <14> in INC][endif] 100,000 - 109,999  
[if NC10 eq <1>][#store <13> in INC][endif] 90,000 - 99,999  
[if NC10 eq <5>][#store <12> in INC][endif] 80,000 - 89,999  
[if INC8 eq <1>][#store <11> in INC][endif] 70,000 - 79,999  
[if INC8 eq <5>][#store <10> in INC][endif] 60,000 - 69,999  
[if INC6 eq <1>][#store < 9> in INC][endif] 50,000 - 59,999  
[if INC6 eq <5>][#store < 8> in INC][endif] 40,000 - 49,999  
[if incc eq <1>][#store < 7> in INC][endif] 35,000 - 39,999  
[if incc eq <5>][#store < 6> in INC][endif] 30,000 - 34,999  
[if inca eq <1>][#store < 5> in INC][endif] 25,000 - 29,999  
[if inca eq <5>][#store < 4> in INC][endif] 20,000 - 24,999  
[if incb eq <1>][#store < 3> in INC][endif] 15,000 - 19,999  
[if incb eq <5>][#store < 2> in INC][endif] 10,000 - 14,999  
[if INC3 eq <5>][#store < 1> in INC][endif] \$10,000 or less  
  
[if INC1 eq <98>][#store <98> in INC][endif]  
[if INC1 eq <99>][#store <99> in INC][endif]

>INC< [allow 2][copy INC in INC]  
15 110,000 or more  
14 100,000 - 109,999  
13 90,000 - 99,999  
12 80,000 - 89,999  
11 70,000 - 79,999  
10 60,000 - 69,999  
9 50,000 - 59,999  
8 40,000 - 49,999  
7 35,000 - 39,999  
6 30,000 - 34,999  
5 25,000 - 29,999  
4 20,000 - 24,999  
3 15,000 - 19,999  
2 10,000 - 14,999  
1 \$10,000 or less  
98 DONT KNOW  
99 REFUSED ##md1=99 ##md2=98 ##blank=99

>c02< [if CD15 le <5>][goto CD25]  
[else]  
[goto CD26]  
[endif]

>1w< [store <> in CD25][store <> in cka1]

>CD25< What is the gross annual income from your main job --

that is, before taxes or other deductions?

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

<1-100000000> \$ DOLLARS

<999999998> DO NOT KNOW (d)

<999999999> REFUSED (r) [##md1=99999999][##md2=999999998][##blank=999999999]

====>

>cka1< YOU HAVE ENTERED THE FOLLOWING DOLLAR AMOUNT AS THEIR SALARY

(I have entered:

\$ [bold][fill CD25:.] per YEAR/ANNUAL SALARY[n]

is this correct?)

IF THIS IS CORRECT, TYPE <1>, YOU WILL CONTINUE WITH THE INTERVIEW

IF THIS IS [r]NOT[n] CORRECT, TYPE <5> TO RETURN TO CD25

TO CORRECT[goto 1w]

====>

>CD26< How many phone [bold]numbers[n] does your household have?

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

[r] extensions[n]

<1-8> DIFFERENT PHONE NUMBERS

<9> REFUSED [##md1=9][##md2=8][##blank=9]

====>

>RI< In a couple of months, we'd like to recontact some of the people we've spoken with for a short 5 or 6 minute interview. Would you be willing to participate again in a couple of months if it would only take 5 or 6 minutes?

<1> YES

<5> NO[goto grf1]

<8> DO NOT KNOW

<9> REFUSED[goto grf1] [##md1=9][##md2=8][##blank=9]

====>

>RI2< So we'll know whom to ask for when we call back, could I get your first name? [allow 10]

[r]IWER: PLEASE TYPE IN THE PERSON'S FIRST NAME WITHOUT ///[n]

====>[goto grf1]

```
>grf1< [allow 4][equiv br2b position 5][#subtime gr1 from gr2 into grf1][copy grf1 in grf1]
>grf2< [allow 4][#subtime gr3 from gr4 into grf2][copy grf2 in grf2]
>cnfd< [allow 4][#subtime cn1 from cn2 into cnfd][copy cnfd in cnfd]
>hinf< [allow 4][#subtime hi1 from hi2 into hinf][copy hinf in hinf]
>rcmd< [allow 4][#subtime rcm1 from rcm2 into rcmd][copy rcmd in rcmd]
>utlz< [allow 4][#subtime ut1 from ut2 into utlz][copy utlz in utlz]
>ris1< [allow 4][#subtime br1a from br1b into ris1][copy ris1 in ris1]
>ris2< [allow 4][#subtime br2a from br2b into ris2][copy ris2 in ris2]
>grft< [allow 4][#preset <0>][copy grft in grft]
    [#add grf1 to grft]
    [#add grf2 to grft]
>FNL1< [allow 2][loc 16/40]
>DAT1< [allow 6]
>TCT1< [allow 2]
>INV1< [allow 3]
>TIM1< [allow 4][goto MOD7]
```

[goto MOD7]