TZONE:

Pacific 05
Mountain 07
Arizona 08
Central 12
Eastern 13
Unknown 00

ADDRESS:

CITY:

STATE:

New York 36

ZIP:

COUNTY:

Changed for Healthlink

Albany 001
Allegany 003
Bronx 005
Broome 007
Litchfield (CT) 009
Cayuga 011
Chautauqua 013
Chemung 015
Chenango 017
Clinton 019
Columbia 021
Cortland 023
Delaware 025
Dutchess 027
Erie 029
Essex 031
Franklin 033
Fulton 035
Genesee 037
Greene 039
Hamilton 041
Herkimer 043
Jefferson 045
Kings 047
Lewis 049
Livingston 051
Madison 053
Monroe 055
Montgomery 057
Nassau 059
New York 061
Niagara 063
Oneida 065
Onondaga 067
Ontario 069
Orange 071
Orleans 073
Oswego 075
Otsego 077
Putnam 079
Queens 081
Rensselaer 083
Richmond 085
Rockland 087
St. Lawrence 089
Saratoga 091
Schenectady 093
Schoharie 095
Schuyler 097
Seneca 099
Steuben 101
Suffolk 103
Sullivan 105

Tioga 107
Tompkins 109
Ulster 111
Warren 113
Washington 115
Wayne 117
Westchester 119
Wyoming 121
Yates 123

PHONE:

SMP:

SAMPLE
Landline 1
Cell 2

SVIM:

Hispanic 2
Low Income 4
Black 3

ACTIVITY:

cell phone activity
Active 1
Not active 2

SOURCE:

L2 1
SSI 2

INTRO:

Hi $I, today is $J and the current local time is $HDial: $NPlease indicate the status of the callCase Number: $QCall Attempts: $AProject Name: $PAgentID: $WStationID: $SDate: $D
Continue with call ..... OK
No Answer 01
Busy 02
Answering Machine 03
Fax/Modem 04
Temporarily Out of Service 05
Number is Changed 06
Non Working/Disconnected 07
Other Technical Barrier 08

INT00:

Dial: $NPlease indicate the status of the call
Continue with call.....OK
No Answer..... 01
Busy..... 02
Answering Machine..... 03
Fax/Modem..... 04
Temporarily Out of Service..... 05
Number is Changed..... 06
Non Working/Disconnected..... 07
Other Technical Barrier..... 08

INT04:

INTERVIEWER: LEAVE THE FOLLOWING MESSAGE:
Hello, this is _____ from the Siena College Research Institute. Your household has been selected at random to participate in a brief public opinion research project. We are sorry we were unable to reach you. We will try to contact you again at another time. Should you have any questions, feel free to contact us at 518-782-6808, that's 518-782-6808.Thank you.INTERVIEWER: DID YOU LEAVE A...
MESSAGE INCLUDING TELEPHONE NUMBER..... 61
PARTIAL MESSAGE NO TELEPHONE NUMBER..... 62
DID NOT LEAVE A MESSAGE..... 63
PERSON PICKED UP PHONE..... 64

INT19:

INTERVIEWER: ALREADY LEFT MESSAGE, DO NOT LEAVE MESSAGE. PRESS ENTER TO CONTINUE.
Already left message, do not leave a message..... 66

INT01:

The Siena College Poll along with the Orange County Department of Health is looking to survey area residents to better understand the health status and health-related values of people who live in the community. The questions relate to your health and to your thoughts about health-related resources in your community. Your responses will help to strengthen health policies and services.Are you 18 years of age or older?
Continue with survey.....OK
Call back at a later time..... 21
Appointment..... 22
Not a Private Residence..... 23
No Eligible Respondent..... 24
Soft Refusal..... 81
Hard Refusal..... 82
Do Not Call..... 83
Spanish Speaking..... 31
Not English or Spanish Speaking..... 32
No Male in Household..... 41
Yes..... 01
No..... 02

INT02:

Hello, this is _____ from the Siena College Research Institute. We are calling back to finish a survey that you or someone in your household had started.[PERSON WHO STARTED THE SURVEY WAS <GENDER2>]

Continue with survey.....OK
Call back at a later time 21
Appointment 22
Not a Private Residence..... 23
No Eligible Respondent..... 24
Soft Refusal 81
Hard Refusal..... 82
Do Not Call..... 83
Spanish Speaking..... 31
Not English or Spanish Speaking 32
No Male in Household..... 41

CELLPHONE:

Have I reached you on a cell phone?

Yes..... 1
No 2

SAFE:

Are you in a place where you can safely talk on the phone and answer my questions?[IF NEEDED: We are asking this to make sure you can safely share your opinions.]

Yes..... 1
No 2

INT51:

When would be a better time to call you back?

Call back at a later time - no specific time given..... 51
Appointment..... 52
Refusal (at safety)..... 53

STATE2:

Do you live in New York state?

Yes..... 1
No 2
Refused..... 9

INT54:

Thank you, that is all the questions I have for you today.

No Eligible Respondent - Not live in NY..... 54

BUSCELL:

Is the cell phone I have reached you on used only for personal use, only for business use, or used for both personal and business use?[IF NEEDED: We are asking this to make sure we are not contacting a business.]

Personal use 1
Business use 2
Both 3
[DO NOT READ] Refused 9

INT55:

Thank you, that is all the questions I have for you today.

No Eligible Respondent - Business Cell 55

COUNTY2:

What county in New York State do you live in?

Albany 001
Allegany 003
Bronx 005
Broome 007
Cattaraugus 009
Cayuga 011
Chautauqua 013
Chemung 015
Chenango 017
Clinton 019
Columbia 021
Cortland 023
Delaware 025
Dutchess 027
Erie 029
Essex 031
Franklin 033
Fulton 035
Genesee 037
Greene 039
Hamilton 041
Herkimer 043
Jefferson 045
Kings - Brooklyn 047
Lewis 049
Livingston 051
Madison 053
Monroe 055
Montgomery 057
Nassau 059
New York - Manhattan 061
Niagara 063
Oneida 065
Onondaga 067
Ontario 069
Orange 071
Orleans 073
Oswego 075
Otsego 077
Putnam 079
Queens 081
Rensselaer 083
Richmond - Staten Island 085
Rockland 087
St. Lawrence 089
Saratoga 091
Schenectady 093
Schoharie 095
Schuyler 097
Seneca 099
Steuben 101
Suffolk 103
Sullivan 105

Tioga 107
Tompkins 109
Ulster 111
Warren 113
Washington 115
Wayne 117
Westchester 119
Wyoming 121
Yates 123
Don't know/Refused 999

INT56:

Thank you, that is all the questions I have for you today.
No Eligible Respondent - Not live in Counties NY 56

QSCRINC:

We are looking to speak to a specific group of people in Orange County.Generally, would you say your household income is above or below $60,000 [sixty thousand dollars] a year?
ABOVE $60,000 a year 1
BELOW $60,000 a year 2
[DO NOT READ] Refused 9

INT70:

Thank you, that is all the questions I have for you today.
No Eligible Respondent - Not Latino or low income 70

QLIVE:

How long have you lived in <county2> County?
Less than 1 year 1
At least 1 year but less than 2 years 2
At least 2 years but less than 5 years 3
5 years or more 4
[DO NOT READ] Don't know/Refused 9

Q1:

Do you think that the overall quality of life for people in Orange County is...
Improving 1
Staying the same 2
Getting worse 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q2:

Thinking now about the job county agencies are doing here in Orange County how would you rate the job county agencies are doing providing information to Orange County

residents...during weather emergencies? Would you say they are doing an excellent job, good, fair, or poor job?
Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

Q3:

during public health emergencies? Would you say they are doing an excellent job, good, fair, or poor job?
Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

QWALKKEY:

For each of the following two statements about your neighborhood, please tell me to what degree you agree or disagree with each.
Continue 1

Q4A:

Do you agree or disagree that there are places to walk or bicycle for recreation or exercise in my neighborhood that are safe from traffic?
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
Don't know 8
[DO NOT READ] Refused 9

Q4B:

Do you agree or disagree that you can safely walk or bicycle from your home to places such as stores, restaurants and other businesses?
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
Don't know 8
[DO NOT READ] Refused 9

Q5:

Overall, how would you rate the community you live in as a place for people to live as they age?

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

Q7:

In general, how would you rate your physical health? Would you say that your physical health is excellent, good, fair or poor?

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

Q8:

Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health (including things like hopefulness, level of anxiety and depression) is excellent, good, fair or poor?

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 8
[DO NOT READ] Refused 9

QCTEST1:

This question is a little different. While most people carefully read and respond to the questions in our surveys a small number do not. To verify that you have read this question carefully, please select the second response from the list below.

Excellent 1
Good 2
Fair 3
Poor 4
Don't know 9

Q9KEY:

Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each.

Continue 1

Q9A:

Over the past 12 months how many days in an average week did you eat a balanced, healthy diet?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q9B:

Over the past 12 months how many days in an average week did you exercise for 30 minutes or more a day?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q9C:

Over the past 12 months how many days in an average week did you get 7 to 9 hours of sleep in a night?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q10:

On an average day, how stressed do you feel?[Stress is when someone feels tense, nervous, anxious, or can´t sleep at night because their mind is troubled.]

Not at all stressed..... 1
Not very stressed 2
Somewhat stressed..... 3
Very stressed 4
Don't know 8
Prefer not to answer..... 9

Q11:

In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you?[For example, talking to friends on the phone, visiting friends or family, going to church or club meetings]
Less than once a week 1
1 to 2 times a week 2
3 to 5 times a week 3
More than 5 times a week 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q12:

How frequently in the past year, on average, did you drink alcohol?
Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
Prefer not to answer 9

Q14:

How frequently in the past year have you used a drug whether it was a prescription medication or not, for non-medical reasons?
Never 1
Less than once per month 2
More than once per month, but less than weekly 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
Prefer not to answer 9

QCANN:

During the past 30 days, did you consume cannabis every day, some days or not at all?
Every day 1
Some days 2
Not at all 3
Prefer not to answer 9

Q16KEY:

In the past 12 months, have you or any other member of your household been unable to get any of the following when it was really needed? Please answer yes or no for each item.
Continue 1

Q16A:

Food
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16B:

Utilities, including heat and electric
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16D:

Any healthcare, including dental or vision
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16E:

Phone service
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16F:

Transportation
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16G:

Housing
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16H:

Childcare
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16I:

Access to the internet
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q17:

Have you visited a primary care physician for a routine physical or checkup within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q18:

In the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup?
Did not have insurance 01
Did not have enough money [For things like co-payments, medications, etc] 02
.....
Did not have transportation 03
Did not have time 04
Chose not to go due to concerns over COVID 05
Chose not to go for another reason 06
Couldn’t get an appointment for a routine physical or checkup 07
Other (specify) 97
Don't know 98
[DO NOT READ] Refused 99

QCTEST:

For quality control purposes, please select 'Yes' for your answer below:
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q19:

Have you visited a dentist for a routine check-up or cleaning within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q20:

In the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning?
Did not have insurance 01
Did not have enough money [For things like co-payments, medications, etc] 02
Did not have transportation 03
Did not have time 04
Chose not to go due to concerns over COVID 05
Chose not to go for another reason 06
Couldn’t get an appointment for a routine check-up or cleaning 07
Other (specify) 97
Don't know 98
[DO NOT READ] Refused 99

Q21:

Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor´s office.Have you visited an emergency room for a medical issue that was not an emergency in the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q22:

In the last 12 months, for which of the following reasons did you visit the emergency room for a health-related issue or injury that was NOT an emergency?
Do not have a regular doctor/primary care doctor 01
The emergency room was more convenient because of location 02
The emergency room was more convenient because of cost 03
The emergency room was more convenient because of hours of operation 04
At the time, thought it was a health-related emergency, though later learned it was NOT an emergency 05
Primary care doctor was not available due to COVID 06
COVID-19 Testing 07
Don't know 98
[DO NOT READ] Refused 99

Q23:

Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions (either in-person or online), etc. within the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q24:

In the last 12 months, were any of the following reasons that you did not visit a mental health provider?

Did not have a need for mental health services 01
Did not have insurance 02
Did not have enough money [For things like co-payments, medications, etc] 03
.....
Did not have transportation 04
Did not have time 05
Chose not to go 06
A mental health provider was not available due to COVID 07
Other (specify) 97
Don't know 98
[DO NOT READ] Refused 99

Q27:

Have you ever had COVID?

Yes 1
No 2
[DO NOT READ] Not sure 8
[DO NOT READ] Refused 9

Q29:

Have you or any other household member had ongoing COVID symptoms that have lasted more than four weeks - otherwise known as long-COVID?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q30:

Have you ever been vaccinated for COVID?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q30A:

How likely are you to get an updated COVID vaccine?
Very likely 1
Somewhat likely 2
Not too likely 3
Not at all likely 4
Don't know 8
[DO NOT READ] Refused 9

QFLUV:

During the past 12 months, did you get a flu vaccine?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

BYR2:

In what year were you born?
REFUSAL ..... RF

AGE:

AGE.

QAGERF:

What is your age? Are you...[READ LIST]
Under 60 1
60 or older 2
[DO NOT READ] Refused 9

AGER:

AGE GROUPED
18 to 34 1
35 to 49 2
50 to 64 3
65 and older 4
[DO NOT READ] Refused 9

AGER2B:

AGE GROUPED - 2 Categories
18 to 59 1
60 and older 2
[DO NOT READ] Refused 9

QRSVV:

During the past 12 months, did you get an RSV vaccine?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QCTEST2:

It is important that we verify you are paying attention and reading instructions. There is an open-text box below, but you should not write anything in that text box, please skip this question and click through to the next page to show you have read the instructions.
Specify 1

Q31KEY:

The next questions are about how you have been feeling during the past 30 days. Thinking back over the past 30 days, please tell me if you felt this way, all of the time, most of the time, some of the time, a little of the time, or none of the time.
Continue 1

Q31A:

About how often during the past 30 days did you feel nervous?
All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31B:

About how often during the past 30 days did you feel hopeless?
All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31C:

About how often during the past 30 days did you feel restless or fidgety?
All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31D:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31E:

About how often during the past 30 days did you feel that everything was an effort?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31F:

About how often during the past 30 days did you feel worthless?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31AR:

About how often during the past 30 days did you feel nervous?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31BR:

About how often during the past 30 days did you feel hopeless?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31CR:

About how often during the past 30 days did you feel restless or fidgety?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31DR:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31ER:

About how often during the past 30 days did you feel that everything was an effort?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31FR:

About how often during the past 30 days did you feel worthless?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

K6SCORE:

Kessler K6

KESSLERCAT:

Kessler Score Categorized
None/Low Mental Distress..... 1
Moderate Mental Distress..... 2
Serious Mental Distress..... 3

GENDERB:

What was your sex assigned at birth?
Male..... 1
Female 2
[DO NOT READ] Prefer not to answer/Refused 9

Q32:

Have you had a child in the last 10 years?
Yes 1
No 2
[DO NOT READ] Refused 9

Q33:

Did you breastfeed any of your children (this includes expressing milk or pumping including using milk from a milk bank)?
I breastfed all of my children 1
I breastfed some, but not all 2
I did not breastfeed any of them 3
[DO NOT READ] Refused 9

Q35:

On average, how long did you breastfeed your child(ren) for?
Less than one month 1
One month to just under 3 months 2
Three months to just under 6 months 3
Six months to just under a year 4
A year or more 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QCHILD6:

Do you have a child under 6 years old?
Yes 1
No 2
[DO NOT READ] Refused 9

QHELPBN:

Who would you be most likely to contact if you needed help with basic needs, for example, housing, transportation, food, diapers, etc.?
Pediatrician or healthcare provider 01
Day care provider 02
Community organization 03
Early Intervention (i.e. County Health Department) 04
County Social Services or Mental Health Departments 05
211 06
311 07
Other (specify) 97
I wouldn't know who to contact 98
[DO NOT READ] Refused 99

QHELPD:

Who would you be most likely to contact if you had concerns about your child´s behavior or development?

Pediatrician or healthcare provider 01
Day care provider 02
Community organization 03
Early Intervention (i.e. County Health Department) 04
County Social Services or Mental Health Departments..... 05
211 06
311 07
Other (specify)..... 97
I wouldn't know who to contact..... 98
[DO NOT READ] Refused..... 99

QDIFF:

Have you ever had difficulty getting information or help pertaining to your child?

Yes..... 1
No 2
[DO NOT READ] Refused..... 9

CELLLL:

Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

No (Landline Only) 1
Yes..... 2
No 3
[DO NOT READ] Refused..... 9

LLCELL:

Do you have a working cell phone?

Yes..... 2
No 1
No (Cell Phone Only)..... 3
[DO NOT READ] Refused..... 9

PHONETYP:

Do you have a landline telephone, a cell phone, or do you have both a landline and cell phone?

Landline Only..... 1
Landline and Cell Phone..... 2
Cell Phone Only 3
[DO NOT READ] Refused..... 9
No phone 4

HISP:

Are you of Hispanic origin or descent, such as Mexican, Dominican, Puerto Rican, Cuban, or some other Spanish background?

Yes 1
No 2
[DO NOT READ] Refused 9

RACE:

Would you consider yourself:

African American or Black 1
American Indian or Alaska Native 2
Asian 3
Native Hawaiian or Other Pacific Islander 4
White 5
Other/Something else (specify) 7
[DO NOT READ] Refused 9

RACER:

Race Combined

African American or Black 1
American Indian or Alaska Native 2
Asian 3
Native Hawaiian or Other Pacific Islander 4
White 5
Hispanic 6
[DO NOT READ] Other/Something else (specify) 7
[DO NOT READ] Refused 9

AGESNY:

AGE GROUPED - SNY

18 to 34 1
35 to 54 2
55 and older 3
[DO NOT READ] Refused 9

OWN:

What is your living arrangement? Do you...

Rent an apartment or home 1
Own your home 2
Other living arrangement 3
[DO NOT READ] Refused 9

EMPLOY:

Which of the following categories best describes your current employment situation?
Employed full-time 1
Employed part-time 2
Unemployed, looking for work 4
Unemployed, not looking for work 5
Retired 6
Disabled 7
Other (specify) 8
[DO NOT READ] Refused 9

CHILD:

Are there children under the age of 18 living in your household?
Yes 1
No 2
[DO NOT READ] Refused 9

MILITARY:

Are you or anyone in your household a veteran or a member of active duty military service?
Yes 1
No 2
[DO NOT READ] Refused 9

DISABILITY:

Do you or anyone in your household have a disability?
Yes 1
No 2
[DO NOT READ] Refused 9

EDUC:

What is the highest level of education you have completed?
No formal schooling 1
Grade school completed 2
Some secondary school 3
High school or GED completed 4
Some college or Associate's degree completed 5
Bachelor's completed 6
Some or completed post-graduate degree 7
[DO NOT READ] Refused 9

INCOME:

About how much is your total household income, before any taxes?
Less than $25,000 1
$25,000 to just under $50,000 2
$50,000 to just under $100,000 3
$100,000 to just under $150,000 4
$150,000 or more 5
[DO NOT READ] Refused 9

GENDER:

How do you describe your gender? Do you..
Identify as a man..... 1
Identify as a woman..... 2
Identify as gender queer, gender nonconforming or non-binary..... 3
Identify as transgender, man..... 4
Identify as transgender, woman..... 5
Identify as transgender, gender non-conforming..... 6
Identify as another gender not listed, please specify..... 7
[DO NOT READ]Don't know/Refused..... 9

GENDERW:

Used for weighting
Identify as a man..... 1
Identify as a woman..... 2
Other/Refused..... 3

RACEW:

Used for weighting
White..... 1
Black..... 2
Hispanic..... 3
Other..... 4
Refused..... 5

RACEW2:

Used for weighting
White..... 1
Other..... 2
Refused..... 3

INCW:

Used for weighting
Less than $50,000..... 1
$50,000-$100,000..... 2
$100,000 +..... 3
Refused..... 4

WEIGHT:

Weight value
