

REQUEST FOR PROPOSAL
OREGON POPULATION SURVEY 2002

Oregon State Population Survey Task Force
Oregon Progress Board
Department of Administrative Services
State of Oregon
775 Summer Street NE, Suite 330
Salem, OR 97301-1283
503-986-0039

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I. INTRODUCTION{tc \l1 "I. INTRODUCTION}

A. Issuer{tc \l2 "A. Issuer}

The Request for Proposal (RFP) is issued on behalf of the State of Oregon, Department of Administrative Services, Oregon Progress Board (Agency).

B. Accuracy of Request for Proposal{tc \l2 "B. Accuracy of Request for Proposal}

The Request for Proposal (RFP) presents information which is, to the best of the State's knowledge, complete and accurate. The State cannot guarantee, however, this information is free of error and will not be held responsible for any loss resulting from any errors or omissions. Please submit a Preliminary Indication of Interest form in order to receive changes to this RFP (enclosed as Attachment A).

C. Description of the Oregon Progress Board{tc \l2 "C. Description of the Oregon Progress Board}

The Oregon Progress Board is an independent state planning and oversight agency housed in the Department of Administrative Services. Created by the Legislature in 1989 to keep Oregon focused on the future, the Board is responsible for implementing the state's 20-year strategic plan, *Oregon Shines*. The thirteen-member panel, chaired by the governor, is made up of citizen leaders and reflects the state's social, ethnic and political diversity. The Progress Board focuses Oregon's institutions on outcomes that support the overall goals of *Oregon Shines*: 1) Quality jobs for all Oregonians, 2) Safe, caring and engaged communities and 3) Healthy, sustainable surroundings.

D. Contact for Inquiries{tc \l2 "D. Contact for Inquiries}

Inquiries regarding this proposal should be directed to:

Jeffrey Tryens
Oregon Progress Board
775 Summer Street NE, Suite 330
Salem, OR 97301-1283
Tel: 503-986- 0173
Fax: 503-581-5115
Email: Jeffrey.L.Tryens@state.or.us

This Request for Proposals and any clarifications or addenda to it resulting from specific questions submitted by potential contractors will be posted on the Oregon Progress Board web page, URL <http://www.econ.state.or.us/opb/>

II. PROJECT INFORMATION{tc \11 "II. PROJECT INFORMATION}

A. Overview and Purpose of Project{tc \12 "A. Overview and Purpose of Project}

The Oregon Progress Board is seeking the services of a qualified firm to modify an existing survey instrument, and use the instrument to conduct and summarize the results of a statistically valid survey of the social, economic, and population characteristics of Oregonians. Oregon state government is sponsoring this seventh biennial survey in order to enhance the quality and timeliness of data available to decision makers. The statewide 2000 Oregon Population Survey (Base and Supplemental) was funded at \$247,534.

This survey builds on similar efforts in 1990, 1992, 1994, 1996, 1998 and 2000 and will increase the effectiveness of state agency decision-making and raise government and popular awareness of trends in Oregon's population. Survey results will be comparable with both the earlier surveys and with U.S. Census and other national data. The results will be used by many state agencies and other governmental, academic, and commercial groups to make better-informed decisions.

The primary objective of the survey is to gather demographic and socioeconomic data. The draft base questionnaire (enclosed as Attachment D) should be used for estimating the cost of administering the survey. The Oregon Progress Board may substitute questions of equal length (for questions included in the draft base or supplemental questionnaire) after consultation with the selected contractor. Survey design should accommodate possible inclusion of additional questions commissioned and paid for by agencies seeking other population information. It is expected that the survey will continue to be conducted biennially, but this request covers the 2002 survey only.

In addition, survey design, questionnaire design, definition of survey variables, and survey documentation will be stipulated, based on specifications of earlier surveys, to provide data consistent with those surveys, except as noted, and to use or augment data available through other sources, if possible. The survey should be coordinated with, for instance, the U.S. Bureau of the Census Current Population Survey (Annual Demographic File), which does not provide annual statistically representative information for Oregon.

The survey results should be based on a statistically representative sample (with 95 percent confidence intervals of plus or minus 2.5 percent at the state level). The sample design should provide representative regional sub-samples and allow cross tabulations. The base survey should also provide valid data at the state level for Oregonians of Hispanic origin, as well as Oregonians of Asian-American, African-American, American Indian, and White non-Hispanic origin. Statewide sample size for each racial and ethnic group will be a minimum of 400. Sample size for each of the nine (9) regions will be a minimum of 400. The final survey budget will depend upon both state agency contributions and on the quality and scope of the data that can be delivered.

B. Minimum Qualifications{tc \l2 "B. Minimum Qualifications}

The contract will be awarded only to a qualified consultant. Minimum qualifications are:

1. Knowledge and expertise sufficient to complete the contract.
2. Demonstrated capacity to manage and complete the project within budget and time lines.
3. Resources (financial, personnel, quality control, and facilities) necessary to complete the project.
4. Adequate past record of performance, verifiable through references and work product.
5. Being an Equal Opportunity Employer and otherwise qualified by law to receive this contract.

C. Scope of Work{tc \l2 "C. Scope of Work}

The selected firm(s) or individual(s) will be responsible for:

1. Developing and preparing an updated survey instrument based on information supplied in this RFP and the draft 2002 Base Survey Questionnaire, set forth in Attachment D. The final survey instrument is subject to approval by the Population Survey Task Force. The Population Survey Task Force is a group of individuals representing state agencies and other entities that will be using information gathered through the survey, or otherwise have a particular interest in the survey.
2. Conducting a survey drawn from a randomly selected, statistically representative statewide sample.
3. Sampling in such a way as to provide statistically representative data for each of the regions specified in Attachment B. (With 95 percent confidence intervals of plus or minus five (5) percent in each region).
4. Sampling to provide representative statewide data for Oregonians of Hispanic origin, as well as Oregonians of Asian-American, African-American, American Indian, and White non-Hispanic origin. This element of the survey includes weighting survey data to allow comparison with and within general population survey results. (With 95 percent confidence intervals of plus or minus five (5) percent in each region).
5. Sampling in such a way as to provide for statistically valid cross tabulations among major categories.
6. Conducting a separate supplemental survey of a statistically representative sample of Oregon households, drawn from the initial base survey. This supplemental survey will be conducted following the base survey. (The draft 2002 Supplemental Survey Questionnaire is enclosed as Attachment E.)

7. Sampling and constructing a database of survey information that: a.) Matches established data definitions and conventions; and b.) Permits analysis of respondent data relative to data for other household members (i.e., a unique household identifier).
8. Providing the Population Survey Task Force with a log of telephone numbers of all households contacted that characterizes how the household member responded to the survey: 1) refused from initial contact, 2) abandoned survey at question number *n*, 3) completed survey, and 4) willing to participate in supplemental survey.
9. Providing the Population Survey Task Force a list of telephone numbers, linkable to data files, drawn from the initial statewide sample, of respondent households that agree to be re-contacted for other related survey questions.
10. Maintaining strict quality control procedures that minimize the possibility of selectivity bias in the response rate.
11. Providing an explanation of methodology to the degree necessary to replicate the survey at a future time. This shall include explanation of any procedures or methods used to: a.) "Clean" data for inconsistencies and out of range responses; b.) Impute data; or c.) Construct categorized grouped data. In addition, this shall include instructions to interviewers and coders.
12. Providing lists of weights and weighting methodology used to adjust data (e.g., by county, by single-person household etc.)
13. Providing results in a form that is easy to disseminate, is readily accessible to users of computer database and statistical programs, including dBase, SPSS, and delimited ASCII files, uses data conventions compatible with those of the U.S. Census, and provides clear instructions and reference for use.
14. Providing a data dictionary. (See sample enclosed as Attachment C.)
15. Presenting a report on survey administration and results to the Population Survey Task Force on or before October 21, 2002.

D. Proposed Schedule{tc \l2 "D. Proposed Schedule}

The project is expected to proceed according to the following time line:

April 23 - Release of RFPs.

May 2 - Deadline for preliminary interest forms

May 13 - Deadline for submission of proposals.

May 24 - Population Survey Task Force interviews selected RFP respondents. (Contract Scheduled to be awarded within five (5) days of interview process completion.)

May 28 – Contract will be awarded on or before this date.

June 17 to July 12 - Field Survey.

August 18 - Contractor submits electronic copy of survey data to Population Survey Task Force for evaluation.

October 7 - Contractor and Population Survey Task Force complete data quality and Consistency evaluation and certify results.

October 21 - Written and oral report to Population Survey Task Force

III. PROPOSAL INFORMATION{tc \l1 "III. PROPOSAL INFORMATION}

A. Deadline and Place for Submission of Proposal{tc \l2 "A. Deadline and Place for Submission of Proposal}

To be considered for the contract, ten (10) copies of the proposal must be received by 5:00 p.m. on Monday, May 13. Proposals should be sent to:

Jeffrey Tryens
Oregon Progress Board
775 Summer Street NE, Suite 330
Salem, Oregon 97301-1283

B. Modification or Withdrawal of Proposal

Proposals must be complete. Any proposal may be modified or withdrawn by notice to the party receiving proposals at the place designated for receipt of proposals. Such notice shall be in writing by signature of the proposer and shall be delivered on or before the date and time set for receipt of proposal. Incomplete proposals cannot be considered and cannot be supplemented by submissions delivered after the closing time and date. If a proposal is unclear, respondents may be asked to provide written clarification.

C. Official Solicitation Protests{tc \l2 "C. Official Solicitation Protests}

A proposer who believes the RFP is unnecessarily restrictive or limits competition may submit to the Progress Board a written protest with a full description of the issue(s). To be considered, protests must be received by Monday, May 6. The purpose of this requirement is to permit the Board to correct, prior to the opening of proposals, technical or contractual requirements that may be unlawful, improvident, or which unjustifiably may restrict competition. This requirement, by permitting corrections prior to the opening of proposals,

will eliminate the waste inherent in protests and in the possible rejections of all proposals.

In order to have protests considered, proposers must submit them within the time established in the paragraph above. The State shall not at any subsequent time consider a proposer's objections to contract terms and conditions, method of contract award, or technical requirements or specifications unless those objections have been presented to the State under the aforementioned time lines. The State will consider all requested changes and, if appropriate, amend the RFP.

D. Proposal Requirements and Content

Each proposal must contain:

1. Cover Letter -- A one-page introduction of your organization and how it is compatible with this RFP.
2. Summary -- A one-page description of the major features of your proposal.
3. Work Plan -- Clear explanation of how your organization intends to accomplish the objectives of this project. These statements should include methods to be used, time lines, and any other relevant factors that will help your organization to provide the products described in this RFP under "Description" and "Scope of Work."
4. Quality Control Statement -- Outlines the steps your organization intends to take in order to ensure the randomness of survey non-response rate.
5. Base and Supplemental Survey Cost Estimate -- Specify the estimated personnel hours and costs assigned to individual tasks associated with the completion of this project including labor, materials, travel and any other costs associated with the completion of this project. A total dollar figure (including overhead and profits) for all aspects of the project for the statewide and racial/ethnic groups is required. Include also separate overall cost estimates for:
 - a) Base Survey (Attachment D)
 - b) Supplemental Survey (Attachment E)
6. Additional Questions and Surveys Costs Estimates (above the Base and Supplemental survey cost):

Estimated costs per additional closed-ended question included in the statewide sample.

7. Minimum Sample Size for Individual Counties (above Base and Supplemental Survey Cost):

Estimated costs per additional households surveyed for purposes of providing a minimum

sample size of 400 for a particular county.

8. Subcontractors -- If your organization intends to employ a subcontracting firm to assist in this project, a detailed description of your proposed relationship and means of interaction and control of the product is necessary.

9. Resumes -- A resume outlining the experience and abilities of each major participant in the project, including subcontractors, is required.

10. List of References and Discussion of Similar Survey Work -- Include a reference list of names of individuals, firms, or government agencies for which you have completed similar contractual work. Describe your firm's past project(s) that are most similar to the *2002 Population Survey*, with respect to: Overall scope, administrative complexity, cost, and performance, including ability to produce contracted deliverables on schedule. References for this project must also be provided.

11. Affirmative Action Program Statement -- A description of your organization's affirmative action program. If your organization is not of sufficient size to have a formal program, a statement to this effect should be included.

12. Nondiscrimination Statement -- An explicit affirmation that your organization has a policy of nondiscrimination in employment because of race, age, color, religion, national origin, mental or physical handicap, political affiliation, and marital status.

13. Proposal Certification Form - Attachment F.

E. Incurred Costs Liability{tc \l2 "E. Incurred Costs Liability}

The Population Survey Task Force and the Oregon Progress Board are not liable for any costs incurred by the individuals or firms in the preparation or presentation of the proposal.

IV. VENDOR SELECTION{tc \l1 "IV. VENDOR SELECTION}

A. Evaluation of Proposal/Criteria{tc \l2 "A. Evaluation of Proposal/Criteria}

The Population Survey Task Force will use the following criteria to evaluate proposals submitted: (All criteria are weighted equally.)

1. Proposal for the project and method of execution.
2. Sample design methods used to assure representativeness of survey results.
3. Quality control methods used to assure accuracy of survey results.
4. Ability of survey method to be replicated when re-administering the survey in future years.

5. Previous experience in and performance on similar projects.
6. Resources and expertise committed to the project.
7. Ability to meet performance schedules.
8. Costs in relationship to product quality.
9. Coordination of questionnaire with secondary data sources.
10. Response to questions in interview.

B. Interviews{tc \l2 "B. Interviews}

The Population Survey Task Force will interview the proposers whose proposals received the three highest scores based on criteria 1-9 above. However, if natural breaks occur in the proposal scores, the Agency reserves the right to increase or decrease the number of proposers interviewed. Proposers selected for interview finalists must interview before the Population Survey Task Force before final award of the contract. Finalists will be notified of the time and location of the interview, and will be responsible for their travel expenses and related expenses for the interview. Finalists' response to the interview questions will be evaluated against the criteria set forth in IV (A) above.

C. Investigation of References{tc \l2 "C. Investigation of References}

The Population Survey Task Force and the Oregon Progress Board reserve the right to investigate the references and past performance of any proposer with respect to its successful performance of similar services, compliance with the RFP and contractual obligations, and its lawful payment of suppliers, sub-contractors, and workers.

D. Selection of Vendor{tc \l2 "D. Selection of Vendor}

The Population Survey Task Force will evaluate all accepted proposals according to the requirements in the RFP.

The Population Survey Task Force will review the findings and recommend award of the contract to the firm or agency that is judged to best meet the criteria set forth in the RFP. The Task force reserves the right to reject any or all proposals.

V. CONTRACT INFORMATION AND REQUIREMENTS{tc \l1 "V. CONTRACT INFORMATION AND REQUIREMENTS}

A. Contract Award

A contract will be awarded to the contractor whose proposal would be most

advantageous to the State. The Population Survey Task Force and the Oregon Progress Board reserve the right to reject any and all proposals received as a result of this RFP, and, if doing so would be in the public interest, to cancel this solicitation. It is understood that all proposals will become part of the public file on this matter. The proposals will not be returned to the submitting firm or individual.

Agency will notify each proposer who submits a proposal of its selection status. Any proposer who claims to have been adversely affected or aggrieved by the selection of a competing proposer may submit a written selection protest to the individual and at the address set forth in Section I (D) of the RFP. To be considered, the written selection protest must be submitted within seven (7) calendar days after the proposer is notified of its selection status and the written protest must demonstrate that all higher ranked proposals were ineligible for selection. Agency will not consider any selection protest submitted after the deadline set forth above.

B. Clarification{tc \l2 "B. Clarification}

The Agency may require any clarification or change it needs to understand the selected contractor's project approach. Any changes will be made before executing the contract and will become part of the final contract.

C. Contractor Responsibilities{tc \l2 "C. Contractor Responsibilities}

The selected contractor will be required to assume responsibility for all services outlined in the RFP, whether the contractor or a representative produces them. The State considers the selected contractor responsible for any and all contractual matters. The responsible contractor shall also have adequate resources to perform the contract. Credit references may be conducted.

D. Public Record

This RFP and one (1) copy of every proposal received in response to it, together with copies of all documents pertaining to the award of a contract, shall be kept by the Agency and made a part of a file or record which shall be open to public inspection following the selection process. If a proposal contains any information that is considered a trade secret under ORS 192.501(2), each sheet of such information must be marked with the following legend:

"This data constitutes a trade secret under ORS 192.501 (2), and shall not be disclosed except in accordance with the Oregon Public Records Law, ORS Chapter 192."

The Oregon Public Records Law exempts from disclosure only bona fide trade secrets, and the exemption from disclosure applies only "unless the public interest requires disclosure in the particular instance." ORS 192.501 (2). Therefore, non-disclosure of documents or any portion of a document submitted as part of a proposal

may depend upon official or judicial determinations made pursuant to the Public Records Law. Identification of information as a trade secret will not necessarily result in a designation of that information as exempt from disclosure under the Oregon Public Records Law. Identifying the proposal in whole as a trade secret is not acceptable. Failure to identify a portion of the proposal as a trade secret shall be deemed a waiver of any future claim of that information as a trade secret for purposes of the Oregon Public Records Law.

E. The Contract

Any contract entered into as a result of this RFP will be: (a) a Personal Services Contract substantially in the form of Attachment G and (b) the most advantageous to the State, price and other factors considered. Agency will negotiate the final statement of work for the contract with the selected contractor and within the overall scope of work set forth in this RFP.

F. Amendments

Any contract awarded pursuant to this RFP may be amended, modified, or supplemented only by a written amendment signed by Agency and contractor that has been approved by the DAS and DOJ, as required by law. Any amendment that provides for additional services may only provide for services directly related to the scope of services described in the RFP, if applicable, and no amendment shall be effective until all requisite signatures and approvals are obtained.

Agency reserves the right to amend any contract awarded pursuant to this RFP to provide for additional close-ended questions or to provide for a minimum sample size in one or more counties.

G. Reservation of Rights

The Agency may, at any time prior to execution of a contract pursuant to this RFP, reject any and all proposals and cancel this RFP, without liability, therefore, upon finding that it would be in the public interest to cancel the solicitation. Further, regardless of the number and quality of proposals submitted, the Agency shall under no circumstances be responsible for any proposer's costs and expenses incurred in submitting a response to this RFP. Each proposer who submits a response does so solely at the proposer's cost, risk and expense. The Agency accepts no responsibility for the return of successful or unsuccessful proposals. This RFP in no way obligates the Agency to issue a contract.

H. Other Requirements

Vendors shall use recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.

VI. ATTACHMENTS

ATTACHMENT A

Preliminary Indication of Interest Form
Oregon Progress Board

Request for Proposal

Name of Vendor: _____

Check One:

- 9 Yes, we anticipate submitting a bid in response to the April 22, 2002 Request for Proposal. Please forward any Addenda to the RFP to my attention
- 9 No, we do not anticipate submitting a bid in response to the April 22, 2002 Request for Proposal. Comments regarding declination: _____

Signature Date

Title Phone

Address

Please return this form not later than May 2, 2002 to:

Jeffrey Tryens
Oregon Progress Board
775 Summer Street NE, Suite 330
Salem, OR 97301-1283

ATTACHMENT B

OREGON POPULATION SURVEY REGIONS

- Region 1: Clackamas, Multnomah, Washington
- Region 2: Clatsop, Columbia, Tillamook
- Region 3: Marion, Polk, Yamhill
- Region 4: Benton, Lane, Lincoln, Linn
- Region 5: Coos, Curry, Douglas, Jackson, Josephine
- Region 6: Gilliam, Hood River, Sherman, Wasco, Wheeler
- Region 7: Crook, Deschutes, Jefferson
- Region 8: Klamath, Lake
- Region 9: Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union, Wallowa

ATTACHMENT C

Sample Data Dictionary

Refer to data dictionary located on OPB web site:

www.econ.state.or.us/opb

A hard copy of the sample data dictionary can be furnished upon request.

ATTACHMENT D

2002 Base Survey Questionnaire

Explanation of notation:

=> -Skip to (variable name) if criteria is met

Code notation:

X -Exclusive, this code cannot be chosen together with another one.

O -Open, this code leads to an open-ended response text field.

R -Repeatable, this code can be chosen more than once.

I -Invisible, this code and its associated label will not be displayed during the interview.
However the interviewer can enter it.

N -Non available, this code and the associated label will neither be displayed nor available during the interview.

INT1

DIAL THE PHONE, THE COMPUTER IS TIMING YOU.

You are calling <conty > county.

	SOMEONE ANSWERED THE PHONE	12
=> INT	No Answer	01
=> INT	Busy Signal	02
=> INT	Answering Machine/Voicemail	03
=> INT	Fax/Modem	05
=> INT	Disconnected	06
=> INT	Business	10

Insert language about importance of survey.

Mention that Oregon is one of few states that conducts such a survey.

HELLO

Hello, this is \$I calling on behalf of the state of Oregon.

We are conducting a survey for the State of Oregon on a variety of topics.

The results of this survey will help guide policy decisions that affect

Oregonians.

*IF NEEDED:

Survey results will be tabulated by nine regions within Oregon to help understand residents in your area. You or your household will not be identified with any of your responses to the survey.]

For this survey, I need to speak to the adult head of your household who has had the most recent birthday. Would that be you?

("ADULT" = 18 YEARS OR OLDER)

A HEAD OF HOUSEHOLD IS A PERSON WHO OWNS, IS BUYING, OR RENTS HOUSE/APT

=> CTY	Respondent available	1
	Respondent not available	2
=> INT	NO HEAD OF HOUSEHOLD	3
=> INT	Language Barrier	7
=> INT	HOUSEHOLD REFUSAL	8

ST1

To start, I have a few questions about the State. Overall, today, how would you rate

your feelings about Oregon? Do you feel "very positive," "somewhat positive,"

"somewhat negative," or "very negative" about Oregon?

Very positive	1
Somewhat positive	2
Neutral (NOT PROMPTED)	3
Somewhat negative	4
Very negative	5
DK/REF	9I

COM3

Some people say they feel part of their community very strongly. Other people say they do not feel part of their community at all. Please think of a five-point scale, with 1 meaning you feel "not at all a part of your community" and 5 meaning you feel "very strongly a part of your community". 3 is in the middle. Which number comes closest to how much you feel a part of your community?

Not at all a part of community	1
	2
In the middle	3
	4
Very strongly part of the community	5
DK/REF	9I

ST20

READ LIST IF NEEDED

How good a job do you think Oregon is doing providing government services?

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

CTY

Now I have a few questions are about where you live. What county do you live in?

Baker	001
Benton	003
Clackamas	005
Clatsop	007
Columbia	009
Coos	011
Crook	013
Curry	015
Deschutes	017
Douglas	019
Gilliam	021
Grant	023
Harney	025
Hood River	027
Jackson	029
Jefferson	031
Josephine	033
Klamath	035
Lake	037
Lane	039
Lincoln	041
Linn	043
Malheur	045
Marion	047
Morrow	049
Multnomah	051
Polk	053
Sherman	055
Tillamook	057
Umatilla	059
Union	061
Wallowa	063
Wasco	065
Washington	067
Wheeler	069
Yamhill	071
=> INT None of the above/Not an Oregon County	088
dk/ref	999

ZIPCO

ENTER "99999" FOR DK/REF

What is your zip code?

BORNWHR

In what state or foreign country were you born?

ALABAMA	01
ALASKA	02
ARIZONA	04
ARKANSAS	05
CALIFORNIA	06
COLORADO	08
CONNECTICUT	09
DELAWARE	10
WASHINGTON D.C.	11
FLORIDA	12
GEORGIA	13
HAWAII	15
IDAHO	16
ILLINOIS	17
INDIANA	18
IOWA	19
KANSAS	20
KENTUCKY	21
LOUISIANA	22
MAINE	23
MARYLAND	24
MASSACHUSETTS	25
MICHIGAN	26
MINNESOTA	27
MISSISSIPPI	28
MISSOURI	29
MONTANA	30
NEBRASKA	31
NEVADA	32
NEW HAMPSHIRE	33
NEW JERSEY	34
NEW MEXICO	35
NEW YORK	36
NORTH CAROLINA	37
NORTH DAKOTA	38
OHIO	39
OKLAHOMA	40
=> ORBR OREGON	41
PENNSYLVANIA	42
RHODE ISLAND	44
SOUTH CAROLINA	45
SOUTH DAKOTA	46
TENNESSEE	47
TEXAS	48
UTAH	49
VERMONT	50
VIRGINIA	51
WASHINGTON	53
WEST VIRGINIA	54
WISCONSIN	55
WYOMING	56
EUROPE	62
LATIN AMERICA/MEXICO	63
AFRICA	64
ASIA/PACIFIC ISLANDS	65
CANADA	66
AUSTRALIA/NEW ZEALAND	67
OTHER (WRITE IN)	970
=> ORBR DK/REF	99

AGE

ENTER AGE (COMPLETED YEARS; DO NOT ROUND UP)
And, how old are you?

SEX

=> AGE if MOVYRS>AGE
I know this may sound silly, but I am required to ask... Are you male or female?

Male	1
Female	2
DK/REF	9

HISPAR

Are you Spanish, Hispanic, or Latino?

PROBE: Were your ancestors Mexican, Puerto Rican, Cuban, Central or South American, or from Spain or Portugal?

Yes	1
No	2
DK/REF	9

RACEA TO RACEE

I am going to read a list of race categories. Please choose one or more races you consider yourself to be:(READ LIST)

***CLARIFY "INDIAN" WITH "IS THAT AMERICAN INDIAN OR ASIAN INDIAN?"
 **ASIAN/PACIFIC ISLANDER INCLUDES GROUPS SUCH AS: CHINESE, FILIPINO, HAWAIIAN, INDIAN (ASIAN), VIETNAMESE, KOREAN, JAPANESE, AND SAMOAN.
 *** "Hispanic" should be tallied as "Some other race"

White	11
Black or African American	12
American Indian or Alaskan Native	13
Asian or Pacific Islander	14
Some other race (PLEASE SPECIFY)	900
DK/Refused	99X

MARR

What is your marital status? (READ LIST)

IF SINGLE/COHABITATING,PROBE: Would you say that is never married, divorced, separated or widowed?

Now Married	1
Widowed.....	2
Divorced or annulled	3
Separated	4
Never Married.....	5
DK/Refused	9

WRK1

SELF EMPLOYED="WHATEVER THAT MEANS TO YOU."

Now I have some questions about your work situation in 2001. At any time during 2001 were you working (including self-employed) or looking for work?

Yes	1
=> EMP No	2
=> EMP DK/REF	9

WRK2

SELF EMPLOYED="WHATEVER THAT MEANS TO YOU."

In 2001, was your main source of work-related income from being self employed?

Yes	1
No	2
DK/REF	9

WRK3

How many months in 2001 were you not working but were looking for work?

DK/REF	99
--------------	----

WRK5

=> EMP if WRK3>11

How many months in 2001 were you employed (please include time you were on paid sick leave, paid vacation or military service)?

DK/REF	99
--------------	----

WRK6

=> EMP if WRK5<1

How many different employers did you work for in 2001?

[SELF-EMPLOYMENT-- COUNT EACH BUSINESS ONCE IF MORE THAN ONE BUSINESS IN 2001]

DK/REF	99
--------------	----

WRK7

=> JOBZR if WRK6<2

At any time during 2001 did you work for more than one employer or business at the same time?

Yes	1
=> JOBZR No	2
=> JOBZR DK/REF	9

WRK8

How many months during 2001 did you work for more than one employer or business at the same time?

DK/REF	99
--------------	----

ALLUHR

ENTER NUMBER OF HOURS (ROUND TO NEAREST HOUR)

How many hours per week did you usually work at all your jobs or businesses during 2001?

ENTER 168 FOR 168 OR MORE

168 OR MORE	168
DK/REF	999

JOBZR

ENTER "76" FOR 76 OR MORE

How many hours per week did you usually work at your primary job or business during 2001?

[IF MORE THAN 1 JOB CLARIFY: "HERE, YOUR PRIMARY JOB IS THE ONE YOU WORKED THE MOST HOURS AT DURING 2001."]

76 OR MORE	76
DK/REF	99

EMP

SELF EMPLOYED="WHATEVER THAT MEANS TO YOU."

Now I have some questions about your current work situation. Are you currently employed (including self-employment or farm) for pay?

(THIS INCLUDES ANY JOB FROM WHICH YOU ARE TEMPORARILY ABSENT)

Yes	1
=> UNEMP No	2
=> UNEMP DK/REF	9

OCC

TYPE IN VERBATIM RESPONSE

What is your occupation in your primary job?

PROBES: What is your job title?

What are your most important duties?

What do you do that earns you income?

IF MORE THAN ONE JOB: Here, your primary job is the one you work the most hours at.

Answer	980
Managerial	01N
Owner	02N
Professional Specialty, Technical, Technicians ..	03N
Sales - Wholesale and Retail	04N
Clerical, Office, Administrative Support	05N
Craftsmen, Repair, Blue Collar, Precision	06N
Production, Foremen	
Machine Operator, Assembler, Fabricator,	07N
Inspector, Mill Work, Transportation, Material	
Moving, Truck Driver	
Laborer, Equipment Cleaner, Helper, Handler	08N
Agriculture, Farm-related	09N
Fishing, Forestry, Ranch, Logger	10N
Service - Food, Health, Cleaning, Personal	11N
Service - Protective (Police, Fire, Ambulance) ..	12N
Service - Private Household (Housekeeper, Maid,	13N
Child Care in Another Person's Home)	
Classification uncertainty	66N
Refused	77X
Don't know/Not sure	88X
No answer	99X

SALUNIT

Next I have a couple questions about your salary at your primary job. Are you paid according to an hourly, weekly, monthly, or yearly rate at your current primary job?

- HOURLY 1
- => SALWE WEEKLY 2
- => SALMO MONTHLY 3
- => SALYR YEARLY 4
- => RETIR DK/REF 9

**SALARY is a computed variable (\$ per hour) based on the following 4 variables.

SALHO

ENTER DOLLAR AMOUNT (NO COMMAS, 2 DECIMAL PLACES)
HOURLY, WEEKLY, MONTHLY, ANNUAL - TAKEN AS REPORTED
What is your current hourly salary at your primary job, not including overtime pay, tips, or commissions?

- PROMPT: How many dollars per hour are you earning?
- PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER
- RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME
- 99999.98=\$99,999.98 OR MORE 99999.99=DON'T KNOW/REFUSED
- \$99,999.98 OR MORE 99999.98
- DK/REF 99999.99

SALWE

=> RETIR if SALHO>0
ENTER DOLLAR AMOUNT (NO COMMAS)
What is your current weekly salary at your primary job, not including overtime pay, tips, or commissions?

- PROMPT: How many dollars per week were you earning?
- PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER
- RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME
- 99999=\$99,999 OR MORE 99999=DON'T KNOW/REFUSED
- \$99,998 OR MORE 99998
- DK/REF 99999

SALMO

=> RETIR if SALWE>0
ENTER DOLLAR AMOUNT (NO COMMAS)
What is your current monthly salary at your primary job, excluding overtime pay, tips, and commissions?

- PROMPT: How many dollars per month were you earning?
- PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER
- RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME
- 99998=\$99,998 OR MORE 99999=DON'T KNOW/REFUSED
- \$99,998 OR MORE 99998
- DK/REF 99999

SALYR

=> RETIR if SALMO>0
ENTER DOLLAR AMOUNT (NO COMMAS)
What is your current yearly salary at your primary job, excluding overtime pay, tips, and commissions?

- PROMPT: How many dollars per year were you earning?
- PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER
- RESPONDENT SALARY ONLY, NOT HOUSEHOLD INCOME
- 9999998=\$9,999,998 OR MORE 9999999=DON'T KNOW/REFUSED
- \$99,998 OR MORE 9999998
- DK/REF 9999999

RETIR

Does your employer offer a retirement or pension plan?
Yes 1
=> LBRUN No 2
=> LBRUN DK/REF 9

RETR1

Does your employer contribute any money into your retirement account?
Yes 1
No 2
DK/REF 9

RETR2

Do you contribute part of your salary into your retirement account?
Yes 1
No 2
DK/REF 9

LBRUN

ANY UNION IS O.K.

Are you represented by a labor or work related union?

Yes	1
No	2
DK/REF	9

WKHOM

Do you ever do work for your primary job from home?

Yes	1
=> WKHM2 No	2
=> WKHM2 DK/REF	9

WKHM2

Do you feel your primary job is of the type that you could work from home one or two days a week instead of working from where your company is located?

Yes	1
=> OCC1 No	2
=> WKHM3 DK/REF	9

WKHM3

Given the opportunity, how interested would you be in doing this at least one day a week - would you be very interested, somewhat interested, not too interested, or not at all interested?

Very Interested	1
Somewhat Interested	2
Not too Interested	3
Not at all Interested	4
DK/REF	9

SKL8

=> ROT3 if WRK1>1
 ENTER "9998" FOR 9998 OR MORE. ENTER "9999" FOR DK/REF.
 How many hours, if any, of job skills training or job related education, other than for safety, did you receive altogether in 2001?

=> ROT3 None	0000I
9998 or more	9998
DK/REF	9999

OCC1

During 2001, were you injured on the job or did you have an occupational illness that required the services of a medical provider (such as a doctor, a physician's assistant or a nurse)?

Yes	1
=> TRANSAR No	2
=> TRANSAR DK/REF	9

OCC1A

Did you suffer more than one work related injury or illness during the past 12 months?

Yes	1
=> OCC2 No	2
=> OCC2 DK/REF	9

NEW

How many work related injuries or illnesses did you suffer in the past 12 months?
 ENTER NUMBER OF INJURIES OR ILLNESSES.

For my next few questions, please think about your most recent work-related injury or illness.

OCC2

Did you file a Worker's Compensation Claim for this work-related illness or injury?

=> OCC3 Yes	1
No	2
=> OCC3 DK/REF	9

OCC2A_1 TO OCC2A_9, OCC2A_98

Why didn't you file a Worker's Compensation Claim?

ENTER ALL THAT APPLY (DO NOT READ LIST)

Not covered by Worker's Compensation Insurance .	01
You did not think eligible	02
The injury was not serious enough	03
Did not believe claim would be accepted	04
Felt filing claim would affect your job	05
Felt to blame/were responsible for injury/illness	06
Recovered quickly did not need extended/ further	07
care	
You did not receive a bill for your medical	08
treatment	
You felt the medical costs would be covered by .	09
your medical insurance	
Some other reason (SPECIFY)	980
DK/REF	99X

OCC3

=> OCC4 if OCC2<>2

Was the Worker's Compensation claim that you filed accepted, partially accepted or denied or is it still under consideration?

Accepted	1
Partially Accepted	2
Denied	3
Still Under Consideration	4
DK/REF	9

OCC4

After the day of the injury did you miss any time from work because of this illness or injury?

Yes	1
=> TRANSAR No	2
=> TRANSAR DK/REF	9

OCC4A

ENTER NUMBER OF DAYS.

How many days did you miss from work because of this work-related illness or injury?

ENTER "998" FOR 998 OR MORE	
998 OR MORE	998
DK/REF	999

TRANSAR

TYPE IN NUMBER OF MINUTES.

Now I have some questions about commuting. How many minutes did it usually take you to get from home to work each day last week?

PROBE: ON AVERAGE, HOW MANY MINUTES?
PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER
"97" FOR 97 OR MORE OR "98" IF WORKS AT HOME/NO COMMUTING TIME

97 OR MORE	97
=> UNEM1 WORKS AT HOME (NO COMMUTING TIME)	98
DK/REF	99

VEHICLR

PROBE: What was your main source of transportation?

How did you usually get to work last week? (SELECT ONE)

=> TRANSCR Car, truck, van	01
Bus, streetcar	02
Railroad, lightrail, MAX	03
Taxi	04
Motorcycle	05
Bicycle	06
Walked	07
=> UNEM1 Worked at home	08
=> TRANSDR Equal combination of modes (e.g. bike+MAX or	10
car+walk)	
=> UNEM1 Retired/ Did not work	25
=> TRANSDR Other (WRITE IN)	110
=> TRANSDR DK/REF	99

ALTACSS

Did you have access to a car, truck, or van that you could have driven to work last week?

=> TRANSDR YES	1
=> TRANSDR NO	2
=> TRANSDR DK/REF	9

TRANSCR

ENTER NUMBER OF PEOPLE
 Including yourself, how many people usually rode to work in that vehicle last week?

8 OR MORE	8
DK/REF	9

TRANSDR

Did you commute to or from work between 4 p.m. and 6 p.m. in the last week?

Yes	1
No	2
DK/REF	9

HI

The next questions are about health insurance. Are you currently covered by some type of health insurance?

Yes	1
=> HIUMOR No	2
=> HIUMOR DK/REF	9

HISORCR

Is your primary health insurance plan obtained through...?(READ LIST)
 NOTE: "PRIMARY PLAN" IS THE PLAN THAT IS RESPONSIBLE FOR PAYING FOR HEALTH BENEFITS FIRST. GOVERNMENT MEANS GOVERNMENT SERVICES. INDIVIDUALS EMPLOYED BY THE GOVERNMENT SHOULD ANSWER "Your employer" IF EMPLOYER PROVIDES BENEFITS

Your employer	11
Your spouse or partner's employer	12
Your parent's employer	13
Government	20
Medicare	21
Medicaid, including the Oregon Health Plan	22
Indian Health Services	23
Yourself, or otherwise privately insured	30
Some family member other than a spouse or parent	40
School	50
Named plan or HMO	55
Some other way (WRITE IN)	600
DK/REF	99

NEW

Who pays for your health insurance?

Employer pays 100%	11
Employer pays part and I pay part	12
I pay 100%	13
The government pays 100%.....	20
The government pays part and I pay part.....	21
Other	22
DK/REF	99

NEW

As health insurance costs are rising, what one basic strategy do you prefer to help to reduce health care costs? (Please select the one best approach)

Increase the cost of monthly health insurance premiums that you will pay.....	1
Increase the cost of co-payments to doctors, hospitals, and pharmacies that you will pay.....	2
Reduce the health insurance benefits that you will receive.....	3
Limit your choice of doctors and hospitals....	4
Other	5
DK/REF	9

HIUNR

At any time in the last 12 months, were you without health insurance?

Yes	1
=> HIJOBR No	2
=> HIJOBR DK/REF	9

HIUMOR

ENTER NUMBER OF MONTHS (ROUND TO THE NEAREST MONTH)
 In the last twelve months, how many months were you uninsured?

PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
 ENTER "00" FOR LESS THAN ONE MONTH.

LESS THAN ONE MONTH	00
DK/REF	99

HIJOB

=> DENT1 if EMP<>1 OR HISORCR=11
Is health care coverage offered through your job?

[THIS INCLUDES AN EMPLOYER MAKING A HEALTH INSURANCE PLAN AVAILABLE TO
EMPLOYEES EVEN IF THE EMPLOYER DOES NOT PAY ANY OF THE PREMIUM]

- Yes 1
- No 2
- DK/REF 9

DENT1

READ LIST

The next few questions are about dental care. Which of the following best describes how long it has been since you last visited the dentist?

"YEAR" REFERS TO THE PREVIOUS 12 MONTHS (NOT CALENDAR YEAR)

- => DENT3 Less than 1 year ago 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
- You have never visited a dentist 5
- => DENT3 DK/REF 9

DENT2A

What is the primary reason you have not visited the dentist within the last year?(DO NOT READ LIST)

"YEAR" REFERS TO THE PREVIOUS 12 MONTHS (NOT CALENDAR YEAR)

- Fear, apprehension, nervousness, pain, dislike . 01
- going
- Cost 02
- Do not have/know a dentist 03
- Cannot get to the office/no transportation 04
- No reason to go 05
- Other priorities 06
- Have not thought of it 07
- No teeth 08N
- Too young 09N
- Other (SPECIFY) 98O
- DK/Not sure 99

DENT3

Are you covered for any dental care by dental insurance, an HMO plan, Medicaid, public assistance, or the military?

- YES 1
- NO 2
- DK/REF 9

DISABCR

"LASTING" MEANS AT LEAST ONE YEAR

Next, I have some questions about disabilities. Do you have a lasting mental, developmental, or physical disability that has lasted or will last more than a year?

- YES 1
- => DISBL6 NO 2
- => DISBL6 DK/REF 9

DISTYP_1 TO DISTYP_3

Which of those disabilities do you have? (SELECT ALL THAT APPLY)

- MENTAL DISABILITY..... 1
- DEVELOPMENTAL DISABILITY..... 2
- PHYSICAL DISABILITY..... 3
- LEARNING DISABILITY..... 4
- DK/REF 9X

DISABBR

Does this disability prevent you from working at a job?

- => DISCA YES 1
- NO 2
- DK/REF 9

DISABAR

Does this disability limit the kind of work you can do?

- YES 1
- NO 2
- DK/REF 9

DISCA

Are you receiving personal care or assistance for daily activities from someone who lives in your household?

"CARE" MEANS HELP WITH SUCH THINGS AS BATHING, PERSONAL HYGIENE, WALKING, ETC.
Yes 1
No 2
DK/REF 9

DISBL6

INCLUDES MONEY MANAGEMENT, TRANSPORTATION, YARD WORK, ECT.

Do you or does anyone in your household currently provide some type of personal care or assistance for daily activities for (a) disabled or elderly relative(s) who does not live in your home?

"CARE" MEANS HELP WITH SUCH THINGS AS BATHING, PERSONAL HYGIENE, WALKING, ETC.
YES 1
=> CCOR NO 2
=> CCOR DK/REF 9

DISBL_1, DISBL_2

Does this disabled or elderly relative live in their own home, or in a care home, center or facility?

"CARE HOME" MEANS NURSING FACILITY, ASSISTED LIVING FACILITY, GROUP CARE HOME, ADULT FOSTER HOME, ETC.

IF CARING FOR MORE THAN 1 RELATIVE IT IS OK TO HAVE BOTH OWN HOME AND CARE HOME AS RESPONSES.

Own Home 1
Care Home/facility 2
DK/REF 9X

DSBL1

How many relatives do you provide care for that don't live in your home?

"CARE" MEANS HELP WITH SUCH THINGS AS BATHING, PERSONAL HYGIENE, WALKING, ETC.
8 OR MORE 8
DK/REF 9

DSBL2_1 TO DSBL2_6

What is/are the age(s) of the person/people you care for?

ACCEPT UP TO 6 RESPONSES

98 OR OLDER 98R
DK/REF 99R

CCOR

2002/2001 SCHOOL YEAR

The next topic is childcare. During the past month, did any adult (18 or over) who lives in your household get paid for providing childcare in your home for any children who do not live in your home?

PROBE: That is children who come to your home for care. This does not include foster care (i.e. 24 hour care) or care of children by nannies who live in the same house.

WE ARE INTERESTED IN THE LAST MONTH AS LONG AS IT FELL WITHIN THE SCHOOL YEAR. IF NOT CURRENTLY IN THE SCHOOL YEAR (PAST JUNE 15, 2000), REPORT FOR THE LAST MONTH OF THE SCHOOL YEAR.

YES 1
=> HHNUMAR NO 2
=> HHNUMAR DK/REF 9

CHILDCR4

MUST BE 3 MONTHS IN A ROW

Is this care provided on an ongoing, regular basis; that is, for more than 3 months in a row?

FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN CARED FOR IN PRIMARY SITUATION

YES 1
NO 2
DK/REF 9

CHILDCR2

How many of these children are unrelated to the primary caregiver?

PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER.

DO NOT COUNT CHILDREN IN EXTENDED FAMILY, E.G. NIECES AND NEPHEWS

FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN CARED FOR IN PRIMARY SITUATION.

98 OR MORE 98
DK/REF 99

CHILDCR5

Other than your own children, what is the maximum number of children that are cared for at any one time?

RELATIVES SUCH AS NIECES AND NEPHEWS SHOULD BE COUNTED
PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN
CARED FOR IN PRIMARY SITUATION
CURRENT (NOT TYPICAL/USUAL) MAXIMUM
98 OR MORE 98
DK/REF 99

CHILDCR6

Other than your own children, what is the total number of children that are cared for on a typical day?

CURRENTLY TYPICAL (NOT HISTORICALLY USUAL);
RELATIVES SUCH AS NIECES AND NEPHEWS SHOULD BE COUNTED
FOR MULTIPLE QUALIFYING CAREGIVERS IN HOUSEHOLD, CONSIDER ONLY CHILDREN CARED
FOR IN PRIMARY SITUATION
PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
98 OR MORE 98
DK/REF 99

NEW

In 2001, did you have trouble finding childcare to meet your children's needs?

YES 1
NO 2
DK/REF 9

LIBMO1

Now I have a couple of questions about public libraries. Have you used a public library or library program in the last 30 days?

=> VOLASTYR YES 1
NO 2
DK/REF 9

LIBYR1

Have you used a public library or library program in the last 12 months?

YES 1
NO 2
DK/REF 9

VOLASTYR

DO NOT INCLUDE INVOLUNTARY "COMMUNITY SERVICE"

Now I have a question about volunteer work. Over the last 12 months, how many hours, if any, did you volunteer your time to civic, community or non-profit activities?

PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
TYPE IN NUMBER OF HOURS (NO COMMAS, ROUND TO THE NEAREST HOUR)
ENTER "9998" FOR 9998 OR MORE "9999" FOR DON'T KNOW/REF
9998 OR MORE 9998
DK/REF 9999

EDUC

BUSINESS/SECRETARIAL SCHOOL/OTHER "CERTIFICATE" PROGRAMS DO NOT COUNT

The next few questions are about your education. What is the highest level of education you have completed??

IF ASSOCIATE DEGREE: Was that an occupational program or an academic program?

IF SOME COLLEGE, NO DEGREE: Did you finish at least one year of college?

BUSINESS, SECRETARIAL SCHOOL, OTHER "CERTIFICATE" PROGRAMS DO NOT COUNT

PROMPT: How far did you get in school

Doctorate (PhD, EdD) 11
Professional (MD, JD, DVM, DDS) 12
Masters (MA, MS, MBA, MEd) 20
Bachelors (BA, BS, AB) 30
Associate-Academic, Transferable to 4-year college 41
Associate-Occupational, applied science. 42
(bookkeeping, electronic tech)
=> CERTIF Some college, no degree, 1+ year college completed 51
=> CERTIF Some college, no degree, less than 1 year college 52
=> CERTIF High school diploma 61
=> CERTIF GED 62
=> CERTIF 12th grade, no diploma 71
=> CERTIF 11th grade 72
=> CERTIF 10th grade 73
=> CERTIF 9th grade 74
=> CERTIF 5th, 6th, 7th, 8th grade 81
=> CERTIF 4th grade or less 82
=> CERTIF DK/REF 99

EDSUB

ENTER VERBATIM RESPONSE

What is the subject matter of your <educ > degree?

[PROMPT: YOUR HIGHEST OR MOST RECENT DEGREE]

VERBATIM RESPONSE..... 980
DK/REF 99

EDOR

=> CERTIF if EDUC>30

Did you attend undergraduate school at any Oregon public four-year university or college?

YES 1
=> CERTIF NO 2
=> CERTIF DK/REF 9

EDUC3

=> CERTIF if EDUC>30

Did you receive your bachelor's degree from an Oregon public four-year university or college?

YES 1
=> CERTIF NO 2
=> CERTIF DK/REF 9

EDUC4

From which Oregon public university or college did you receive your bachelor's degree?

EASTERN OREGON UNIVERSITY (FORMERLY EASTERN ... 01
OREGON STATE COLLEGE)
OREGON INSTITUTE OF TECHNOLOGY 02
OREGON STATE UNIVERSITY 03
PORTLAND STATE UNIVERSITY 04
SOUTHERN OREGON UNIVERSITY 05
UNIVERSITY OF OREGON 06
WESTERN OREGON UNIVERSITY (FORMERLY WESTERN STATE 07
COLLEGE AND OREGON COLLEGE OF EDUCATION)
OREGON HEALTH SCIENCES UNIVERSITY 08
OTHER 09
DK/REF 99

CERTIF

=> TRAFFR if EDUC<=30

Have you completed an occupational, vocational, or career certificate program?

DOES NOT INCLUDE OCCUPATIONAL OR APPLIED DEGREES THROUGH ACEDEMIC PROGRAMS (E.G. JUNIOR COLLEGE DEGREES IN APPLIED SCIENCE, BOOKEEPING, ELECTRONIC TECH, ECT.)

These certificate programs could include (but are not restricted to):

- **TEACHING CERTIFICATES (elementary education, teaching music or some other specific field, English as a second language, special education, for example)
**BUSINESS CERTIFICATES (accounting for example)
**HEALTH PROGRAM CERTIFICATES (speech, hearing, medical technology or equipment, for example)
**ENGINEERING TECHNOLOGY PROGRAMS (circuit design or testing, computer design digital signal processing, for example)
**CONSTRUCTION TRADES (welding, for example)

Yes 1
No 2
DK/REF 9

TRAFFR

Now, let's talk a little bit about transportation in Oregon. How serious a problem is auto traffic congestion in your community? Is it a ... (READ LIST)

Critical Problem 1
Very Serious Problem 2
Moderate Problem 3
Only a Small Problem 4
Not a Problem 5
DK/REF 9

HWYSAFR

On a scale of 1 to 5, where 1 is "not at all safe" and 5 is "completely safe", how safe do you feel when you're on freeways and highways in Oregon?

Completely Safe 5
4
3
2
Not at all Safe 1
DK/REF 9

Rotation Beginning.

LOTGAMR1

Next, I have a few questions about the Oregon Lottery.

NEW

Have you played in Oregon Lottery Games in the last 12 months

=> LOTGAMR2 Yes 1
No 2
=> LOTGAMR2 DK/REF 9

LOTGAMR2

Which of the following Oregon Lottery games have you played?
ANSWER "YES" or "NO" to each selection"

Instant Scratch-its..... 1
Megabucks..... 2
Keno 3
Breakopens..... 4
Powerball..... 5
Sports Action..... 6
Video Poker..... 7
Pick 4..... 8
Sports Action..... 9
Win For Life..... 10

LOTGAMR3

=> GAMCASHR if LOTGAMR1>1 AND LOTGAMR2>1 AND LOTGAMR3>1 AND LOTGAMR4>1 AND
LOTGAMR5>1 AND LOTGAMR6>1 AND LOTGAMR7>1 AND LOTGAMR8>1

ENTER DOLLAR AMOUNT (NO COMMAS, ROUND TO THE NEAREST DOLLAR)

In a typical month how much do you spend on all Oregon Lottery games?

PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER

99998=\$99,998 OR MORE 99999=REFUSED, DON'T KNOW, NO ANSWER
\$99,998 OR MORE 99998
DK/REF 99999

GAMCASHR

ENTER DOLLAR AMOUNT (NO COMMAS, ROUND TO NEAREST DOLLAR)

In a typical month, how much do you spend on other gambling activities
including Bingo, horse or dog racing, Indian Casinos, sports betting, or
Nevada casinos?

PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
TRIPS TO NEVADA AND INDIAN CASINOS ONLY INCLUDES MONEY LOST
GAMBLING, NOT TRAVEL EXPENSES.

99998=\$99,998 OR MORE---99999=REFUSED, DON'T KNOW, NO ANSWER
\$99,998 OR MORE 99998
DK/REF 99999

LOTFEELR

What are your feelings about the Oregon Lottery? Would you say you are...(READ
LIST)

=> DISABCR Definitely in favor 5
=> DISABCR Somewhat in favor 4
=> DISABCR Somewhat opposed 2
=> DISABCR Definitely opposed 1
=> DISABCR DK/REF 9

LOTFEELR1

Definitely opposed 1
Somewhat opposed 2
Somewhat in favor 4
Definitely in favor 5
DK/REF 9

HHNUMAR

PROBE: How many people live and sleep in your house most of the time?

Now I have some questions about others in your household. First, how many
people live in your household at this point in time, NOT counting yourself?

ENTER "14" FOR 14 OR MORE

ENTER NUMBER OF HOUSEHOLD MEMBERS (0-14) EXCLUDING RESPONDENT
14 OR MORE 14
=> D10 DK/REF 99

 *****START OF HOUSEHOLD GRID*****

REL

```
=> D10          if HHNUMAR<1
I have a few questions about each member of your household. Please don't tell
me any names, just the relationship of the person to you. So that we can both
keep track of the person I'm asking questions about, I'd like to start with
the oldest person and go in order from oldest to youngest. Who is the oldest
member of your household?
  Wife/husband/spouse ..... 01
  *Daughter (natural-born or adopted) ..... 02
  *Son (natural-born or adopted) ..... 22
  *CODED TOGETHER IN DATASET
  Step-daughter/step-son ..... 03
  Brother/sister/sibling ..... 04
  Mother/father/step-parent ..... 05
  Grandchild ..... 06
  Grandparent ..... 07
  Other relative ..... 08
  Roomer, boarder, foster child ..... 09
  Roommate, housemate ..... 10
  Unmarried partner/cohabitant ..... 11
  Other non-relative ..... 12
  Other (NOT SPECIFIED RELATIVE OR NON RELATIVE) . 980
  Refused ..... 77
  Don't know/Not sure ..... 88
  No answer ..... 99
=> D10      No other members of household ..... 00
```

XAC0 (HOUSEHOLD MEMBER COUNTER)

```
=> *          if IF((REL<>00),1-14,0)
```

SEX

```
ASK ONLY IF NECESSARY: Is that person male or female?
  Male ..... 1
  Female ..... 2
  DK/Refused ..... 7
```

AGE

```
ENTER "96" FOR 96 OR OVER. ENTER "0" FOR CHILDREN UNDER ONE YEAR.
How old is your/the <REL >? -----ENTER AGE (COMPLETED YEARS; DO NOT
ROUND UP) -----PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF AGE OR
BIRTHDATE -----PROBE: In what year and month was your <REL > born? (DO
THE MATH) So they must be ____ years old now. Is that correct?
IF UNSURE OF AGE, TYPE IN "98" FOR "ENTER DATE OF BIRTH".
  DOB ..... 980
  DK/REF ..... 99
```

BORNWHR

In what state or foreign country was your/the <REL > born?
*****You are on household member <XAC0> of <HHNUMAR>*****

	ALABAMA	01
	ALASKA	02
	ARIZONA	04
	ARKANSAS	05
	CALIFORNIA	06
	COLORADO	08
	CONNECTICUT	09
	DELAWARE	10
	WASHINGTON D.C.	11
	FLORIDA	12
	GEORGIA	13
	HAWAII	15
	IDAHO	16
	ILLINOIS	17
	INDIANA	18
	IOWA	19
	KANSAS	20
	KENTUCKY	21
	LOUISIANA	22
	MAINE	23
	MARYLAND	24
	MASSACHUSETTS	25
	MICHIGAN	26
	MINNESOTA	27
	MISSISSIPPI	28
	MISSOURI	29
	MONTANA	30
	NEBRASKA	31
	NEVADA	32
	NEW HAMPSHIRE	33
	NEW JERSEY	34
	NEW MEXICO	35
	NEW YORK	36
	NORTH CAROLINA	37
	NORTH DAKOTA	38
	OHIO	39
	OKLAHOMA	40
=> ORBR	OREGON	41
	PENNSYLVANIA	42
	RHODE ISLAND	44
	SOUTH CAROLINA	45
	SOUTH DAKOTA	46
	TENNESSEE	47
	TEXAS	48
	UTAH	49
	VERMONT	50
	VIRGINIA	51
	WASHINGTON	53
	WEST VIRGINIA	54
	WISCONSIN	55
	WYOMING	56
	EUROPE	62
	LATIN AMERICA/MEXICO	63
	AFRICA	64
	ASIA/PACIFIC ISLANDS	65
	CANADA	66
	AUSTRALIA/NEW ZEALAND	67
	OTHER (WRITE IN)	970
=> ORBR	DK/REF	99

ORBR

=> HISPAN	if AGE<5	
PROMPT: 5 YEARS AGO WAS MAY/JUNE 1995		
Did your/the <REL > live in Oregon 5 years ago?		
*****You are on household member <XAC0 > of <HHNUMAR>*****		
	YES	1
=> STATEBR	NO	2
=> STATEBR	DK/REF	9

HISPAN

Is your/the <REL > Spanish, Hispanic, or Latino? -----PROMPT: WERE THEIR ANCESTORS MEXICAN, PUERTO RICAN, CUBAN, CENTRAL OR SOUTH AMERICAN, OR FROM SPAIN OR PORTUGAL?		
*****You are on household member <XAC0 > of <HHNUMAR>*****		
	YES	1
	NO	2
	DK/REF	9

RACEA TO RACEE

I'm going to read a list of race categories. Please choose one or more races your/the <REL > considers himself/herself to be: (READ LIST)
***CLARIFY "INDIAN" WITH "IS THAT AMERICAN INDIAN OR ASIAN INDIAN?"
**ASIAN/PACIFIC ISLANDER INCLUDES GROUPS SUCH AS: CHINESE, FILIPINO, HAWAIIAN, INDIAN (ASIAN), VIETNAMESE, KOREAN, JAPANESE, AND SAMOAN.
*** "Hispanic" should be tallied as "Some other race"

Table with 2 columns: Race Category and Count. Rows include White (11), Black or African American (12), American Indian or Alaska Native (13), Asian or Pacific Islander (14), Other (PLEASE SPECIFY) (900), and DK/Refused (99X).

WRK1

=> HI if AGE<14
IF ON VACATION, CODE AS NO
Was your/the <REL > employed in 2001?
Yes 1
=> HI No 2
=> HI DK/REF 9

WRK5

ENTER NUMBER OF MONTHS
How many months was your/the <REL > employed in 2001?
[APPROXIMATE IF NOT SURE]
DK/REF 99

OCC

[ENTER "77" FOR REFUSED, "88" FOR DK/NOT SURE, "99 FOR NO ANSWER]
What was the primary occupation of this person in 2001?
TYPE IN VERBATIM RESPONSE
Answer 980
Managerial 01N
Owner 02N
Professional Specialty, Technical, Technicians . 03N
Sales - Wholesale and Retail 04N
Clerical, Office, Administrative Support 05N
Craftsmen, Repair, Blue Collar, Precision 06N
Production, Foremen
Machine Operator, Assembler, Fabricator, 07N
Inspector, Mill Work, Transportation, Material
Moving, Truck Driver
Laborer, Equipment Cleaner, Helper, Handler 08N
Agriculture, Farm-related 09N
Fishing, Forestry, Ranch, Logger 10N
Service - Food, Health, Cleaning, Personal 11N
Service - Protective (Police, Fire, Ambulance) . 12N
Service - Private Household (Housekeeper, Maid, 13N
Child Care in Another Person's Home)
Classification uncertainty 66N
Refused 77X
Don't know/Not sure 88X
No answer 99X

HI

Is your/the <REL > currently covered by some type of health insurance?
*****You are on household member <XAC0 > of <HNUMAR>*****
Yes 1
=> HIUMOR No 2
=> HIUMOR DK/REF 9

HISORCR

NOTE: "PRIMARY PLAN" IS THE PLAN THAT IS RESPONSIBLE FOR PAYING FOR HEALTH BENEFITS FIRST. Is your/the <REL >'s primary health insurance plan obtained through...?(READ LIST)

- ****You are on household member <XAC0 > of <HNUMAR>****
Their employer 11
Their spouse's or partner's employer 12
Their parent's employer 13
Medicare 21
Medicaid (INCLUDING THE OREGON HEALTH PLAN) 22
Government 20
Indian Health Services 23
His/her self, or otherwise privately insured ... 30
Some family member other than a spouse or parent 40
School 50
Named Plan or HMO 55
Some other way (WRITE IN) 600
DK/REF 99

HIUNR

At any time in the last 12 months, was your/the <REL > without health insurance?

- ****You are on household member <XAC0 > of <HNUMAR>****
Yes 1
=> DENT1 No 2
=> DENT1 No answer 9

HIUMOR

ENTER NUMBER OF MONTHS (ROUND TO THE NEAREST MONTH) In the last 12 months, how many months was your/the <REL > uninsured? PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER

- ****You are on household member <XAC0 > of <HNUMAR>****
DK/REF 99

DENT1

"YEAR" REFERS TO THE PREVIOUS 12 MONTHS (NOT CALENDAR YEAR) Which of the following best describes how long it has been since your/the <REL > last visited the dentist?

- ****You are on household member <XAC0 > of <HNUMAR>****
LESS THAN ONE YEAR AGO 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
YOUR/THE <REL > HAS NEVER VISITED A DENTIST 5
DK/REF 9

DENT3

Is your/the <REL > covered for any dental care by dental insurance, an HMO plan, Medicaid, public assistance, or the military?

- ****You are on household member <XAC0 > of <HNUMAR>****
YES 1
NO 2
DK/REF 9

EDUC

=> DISABCR if AGE<25 BUSINESS/SECRETARIAL SCHOOL/OTHER "CERTIFICATE" PROGRAMS DO NOT COUNT What is the highest level of education your/the <REL > has completed? -----IF ASSOCIATE DEGREE: Was that an occupational program, or an academic program? ---IF SOME COLLEGE/NO DEGREE: Did he/she finish at least one year of college?

- Doctorate (PhD, EdD) 11
Professional (MD, JD, DVM, DDS) 12
Masters (MA, MS, MBA, MEd)..... 20
Bachelors (BA, BS, AB) 30
Associate-Academic, transferable to 4-year college 41
Associate-Occupational, bookkeeping, dental hygiene 42
electronic tech
Some college, no degree, 1+ year completed 51
Some college, no degree, less than 1 year college 52
High school diploma 61
GED 62
12th grade, no diploma 71
11th grade 72
10th grade 73
9th grade 74
5th, 6th, 7th, 8th grade 81
4th grade or less 82
DK/REF 99

CERTIF

Has your/the <REL > completed an occupational, vocational, or career certificate program? -----DOES NOT INCLUDE OCCUPATIONAL OR APPLIED DEGREES THROUGH ACADEMIC PROGRAMS (E.G. JUNIOR COLLEGE DEGREES IN APPLIED SCIENCE, BOOKEEPING, ELECTRONIC TECH, ECT.)

*****You are on household member <XAC0 > of <HNUMAR>*****
YES 1
NO 2
DK/REF 9

DISABCR

"LASTING" MEANS AT LEAST ONE YEAR

Does your/the <REL > have a lasting mental, developmental, physical or learning disability?

*****You are on household member <XAC0 > of <HNUMAR>*****
YES 1
=> CCRNGA NO 2
=> CCRNGA DK/REF 9

DISTYP_1 TO DISTYP_3

SELECT ALL THAT APPLY

Which of those disabilities does your/the <REL > have?

PROMPT RESPONSE CATAGORIES 1-3 IF NECESSARY
MENTAL DIABILITY..... 1
DEVELPOMENTAL DIABILITY..... 2
PHYSICAL DIABILITY..... 3
LEARNING DIABILITY..... 4
DK/REF 9X

DISABBR

=> DISCA if AGE<14

Does this lasting disability prevent your/the <REL > from working at a job?

*****You are on household member <XAC0 > of <HNUMAR>*****
=> DISCA YES 1
NO 2
DK/REF 9

DISABAR

Does this lasting disability limit the kind of work your/the <REL > can do?

*****You are on household member <XAC0 > of <HNUMAR>*****
YES 1
NO 2
DK/REF 9

DISCA

Does your/the <REL > receive care from someone who lives in your household?

Yes 1
No 2
DK/REF 9

CCRNGA TO CCRNGH

=> LIBM01 if AGE>13

ENTER ALL MENTIONED, SELECTING PRIMARY TYPE FIRST

Did you have any type of paid childcare arrangements for your/the <REL > during the last school year? If "yes", was it...? (READ LIST) IF MORE THAN ONE: Which of these is the primary type of child care used for your/the <REL>

2001/2000 SCHOOL YEAR
YES-Day care center 10
YES-Paid care in home/babysitter in home 20
YES-Paid care in relative's home 31
YES-Paid care in non-relative's home 32
YES-Paid group activities 50
=> LIBM01 NO-Unpaid care, any type 60
=> LIBM01 NO-No day care, paid or unpaid for this child .. 70X
OTHER 800
=> LIBM01 DK/REF 99X

CCB1

=> LIBM01 if (NBR(CCRNGA TO CCRNGH))==1 AND CCRNGA TO CCRNGH=60)OR CCRNGA TO CCRNGH=70 OR CCRNGA TO CCRNGH = 99)

ENTER NUMBER OF HOURS -- ROUND TO NEAREST HOUR-- 3 DIGITS

How many hours altogether in a typical week during the school year does your/the <REL > spend in paid childcare? PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER PROBE: THIS IS THE TOTAL AMOUNT FOR ALL TYPES OF PAID CARE IN AN AVERAGE WEEK IN THE SCHOOL YEAR

(2001/2000 SCHOOL YEAR)
ENTER "168" FOR 168 OR MORE
168 OR MORE 168
DK/REF 999

CCSAFE1

I'm going to read three statements about the paid child care your/the <REL > receives. For each statement, please tell me whether you feel it is true " never", "sometimes", "often", or "always".

Your/the <REL > feels safe and secure in care.

- Never 1
Rarely 2
Sometimes 3
Often 4
Always 5
DK/REF 9

CCATTN1

I'm going to read three statements about the paid child care your/the <REL > receives. For each statement, please tell me whether you feel it is true " never", "sometimes", "often", or "always".

Your <REL > gets lots of individual attention.

- Never 1
Rarely 2
Sometimes 3
Often 4
Always 5
DK/REF 9

CCINFO1

I'm going to read three statements about the paid child care your/the <REL > receives. For each statement, please tell me whether you feel it s true " never", "sometimes", "often", or "always".

Your/the <REL >'s caregiver is open to new information and learning.

- Never 1
Rarely 2
Sometimes 3
Often 4
Always 5
DK/REF 9

LIBM01

INCLUDES NURSERY AND STORY PROGRAMS FOR INFANTS AND CHILDREN

Has your/the <REL > used a public library or library program in the last 30 days?

*****You are on household member <XAC0 > of <HNUMAR>*****

- => ENDL00P YES 1
NO 2
DK/REF 9

LIBYR1

INCLUDES NURSERY AND STORY PROGRAMS FOR INFANTS AND CHILDREN

Has your/the <REL > used a public library or library program in the last 12 months?

*****You are on household member <XAC0 > of <HNUMAR>*****

- YES 1
NO 2
DK/REF 9

*****END OF HOUSEHOLD GRID*****

D10

- => * if IF((HNUMAR>0),1,2)
you and the other members of your household 1
you 2

D11

- => * if IF((HNUMAR>0),1,2)
your household 1
you 2

CST1

To finish up, I need to ask a few questions about your household's expenses.

CCCHR

=> * counts of children in child care (paid) in HH grid for "CCCOSTR" skip.

CCOSTR
=> ELECTMOR if CCCHR<1
ENTER "9998" FOR \$9,998 OR MORE
Overall, how much does your household spend on child care in an average month during the school year, for all of the children you mentioned previously.

PROBE: Including babysitters, day care centers, and all other paid child care arrangements.

NOTE: Include gross amount to household, excluding tax breaks or subsidies.
ENTER DOLLAR AMOUNT (NO COMMAS, ROUND TO NEAREST DOLLAR)

\$9,998 OR MORE 9998
DK/REF 9999

ELECTMOR
ENTER "998" FOR \$998 OR MORE
On average, what is the monthly cost for electricity in your household?
PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
ENTER DOLLAR AMOUNT (ROUND TO NEAREST DOLLAR)
\$998 OR MORE 998
DK/REF 999

GASMOR
ENTER "998" FOR \$998 OR MORE
On average what is the monthly cost for natural gas in your household?
PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
ENTER DOLLAR AMOUNT (ROUND TO NEAREST DOLLAR)
\$998 OR MORE 998
DK/REF 999

WATERMOR
ENTER "998" FOR \$998 OR MORE
On average, what is the monthly cost for water and sewer in your household?
PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
ENTER DOLLAR AMOUNT (ROUND TO NEAREST DOLLAR)
\$998 OR MORE 998
DK/REF 999

FUELMOR
ENTER "998" FOR \$998 OR MORE
On average what is the monthly cost for heating oil, kerosene, propane, wood or other fuels in your household?
PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
ENTER DOLLAR AMOUNT (ROUND TO NEAREST DOLLAR)
\$998 OR MORE 998
DK/REF 999

NEW
In 2001, was your household without telephone service in your home?
YES 1
NO 2
DK/REF 9

NEW
How long were you without a telephone in your home?
Less than one month 1
More than one month but less than three months 2
More than three months but less than six months 3
Six months or more 4
DK/REF 9

HOMER
READ LIST
Which of the following best describes your living unit?
=> HOMR1 One-family manufactured dwelling (mobile home or 01
manufactured home)
=> OWNR A one-family house detached from any other house 03
=> OWNR A one-family house or condominium attached to one 04
or more houses
=> OWNR A building with 2 or 3 apartments 05
=> OWNR A building with 4 or more apartments 06
=> OWNR Other (Boat, RV, van, etc.)--PLEASE SPECIFY 070
=> OWNR DK/not sure 08
=> OWNR REF/NO ANSWER 99

HOMR1
Is it located...(READ LIST)
In a rental park or on leased land 1
On land owned by you or someone in this household 2
DK/REF 9

OWNR

```

Is your living unit...(READ LIST)
    Owned by you or someone in this household with a 1
    mortgage or loan?
    Owned by you or someone in this household free . 2
    and clear (without a mortgage or loan)?
=> RENTR Rented for cash rent? ..... 3
=> CREDIT Occupied without payment of cash rent? ..... 4
=> CREDIT SOMETHING ELSE (SPECIFY) ..... 50
=> CREDIT Don't know/not sure (DO NOT READ) ..... 8
=> CREDIT DK/REF ..... 9

```

HVLAR

```

ENTER "999998" FOR $999,998 OR MORE, ENTER "888888" FOR DK/NOT SURE
What is the value of this property - that is, how much do you think your
living unit would sell for if it were for sale?

```

```

    ENTER DOLLAR AMOUNT (NO COMMAS, ROUND TO THE NEAREST DOLLAR)
    PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER
    ENTER "777777" FOR REFUSED, "999999" FOR NO ANSWER
    REFUSED ..... 777777
    DK/NOT SURE ..... 888888
    $999,998 OR MORE ..... 999998
    NO ANSWER ..... 999999

```

HCOSTR

```

ENTER "999998" FOR $999,998 OR MORE, ENTER "888888" FOR DK/NOT SURE
What is the total monthly amount that your household spends on housing costs,
including mortgage, insurance, and taxes?

```

```

    PROMPT FOR BEST GUESS OR ESTIMATE IF UNSURE OF EXACT NUMBER
    ENTER DOLLAR AMOUNT (NO COMMAS, ROUND TO NEAREST DOLLAR)
    ENTER "777777" FOR REFUSED, "999999" FOR NO ANSWER
    REFUSED ..... 777777
    DK/NOT SURE ..... 888888
    $999,998 OR MORE ..... 999998
    NO ANSWER ..... 999999

```

RENTR

```

=> CREDIT if HCOSTR > 0
ENTER "999998" FOR $999,998 OR MORE, ENTER "888888" FOR DK/NOT SURE
What is the total monthly rent?

```

```

    ENTER DOLLAR AMOUNT (NO COMMAS, ROUND TO THE NEAREST DOLLAR)
    PROMPT FOR BEST GUESS IF UNSURE OF EXACT NUMBER
    ENTER "777777" FOR REFUSED, "999999" FOR NO ANSWER
    REFUSED ..... 777777
    DK/NOT SURE ..... 888888
    $999,998 OR MORE ..... 999998
    NO ANSWER ..... 999999

```

INCOME

Finally, I am going to read some broad categories of yearly household income. This includes money from jobs, net income from a business, farm or rent, pensions, dividends, interest, social security payments, child support, alimony, public assistance unemployment food stamps and any other money income by members of this household. Please do not tell me how much your household earns exactly. When I come to the category that best represents the total combined income before taxes of all members of this household during 2001, please let me know. Was your household's 2001 income...(READ LIST)

10--Less than \$5,000	50--Between \$35,000 and \$44,999
21--Between \$5,000 and \$7,499	60--Between \$45,000 and \$54,999
22--Between \$7,500 and \$9,999	70--Between \$55,000 and \$64,999
23--Between \$10,000 and \$12,499	80--Between \$65,000 and \$74,999
24--Between \$12,500 and \$14,999	91--Between \$75,000 and \$84,999
31--Between \$15,000 and \$19,999	92--Between \$85,000 and \$99,999
32--Between \$20,000 and \$24,999	93--Between \$100,000 and \$124,999
41--Between \$25,000 and \$29,999	94--Over \$125,000
42--Between \$30,000 and \$34,999	99--DK/REF

POV100 is a computed variable (above/below poverty level) based on INCOME, HHNUMAR, and the following 16 variables:

```

POV0
=> SUPP if INCOME<22 OR INCOME>60
else => POV1

```

POV1
=> POV2 if INCOME<>22 OR HHNUMAR<>0
Is your gross household annual income less than \$8,050 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV2
=> POV3 if INCOME<>23 OR HHNUMAR<>1
Is your gross household annual income less than \$10,850 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV3
=> POV4 if INCOME<>24 OR HHNUMAR<>2
Is your gross household annual income less than \$13,650 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV4
=> POV5 if INCOME<>31 OR HHNUMAR<>3
Is your gross household annual income less than \$16,450 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV5
=> POV6 if INCOME<>31 OR HHNUMAR<>4
Is your gross household annual income less than \$19,250 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV6
=> POV7 if INCOME<>32 OR HHNUMAR<>5
Is your gross household annual income less than \$22,050 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV7
=> POV8 if INCOME<>32 OR HHNUMAR<>6
Is your gross household annual income less than \$24,850 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV8
=> POV9 if INCOME<>41 OR HHNUMAR<>7
Is your gross household annual income less than \$27,650 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV9
=> POV10 if INCOME<>42 OR HHNUMAR<>8
Is your gross household annual income less than \$30,450 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV10
=> POV11 if INCOME<>42 OR HHNUMAR<>9
Is your gross household annual income less than \$33,250 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV11
=> POV12 if INCOME<>50 OR HHNUMAR<>10
Is your gross household annual income less than \$36,050 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV12
=> POV13 if INCOME<>50 OR HHNUMAR<>11
Is your gross household annual income less than \$38,850 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV13
=> POV14 if INCOME<>50 OR HHNUMAR<>12
Is your gross household annual income less than \$41,650 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV14
=> POV15 if INCOME<>50 OR HHNUMAR<>13
Is your gross household annual income less than \$44,450 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

POV15
=> SUPP if INCOME<>60 OR HHNUMAR<>14
Is your gross household annual income less than \$47,250 dollars?
=> SUPP YES 1
=> SUPP NO 2
=> SUPP DK/REF 9

SUPP
Would you be interested in participating in another research study this summer?
=> D23 Yes 1
=> BYE No 2

D23
Could you please tell me your first name?

[ENTER THE RESPONDENT'S FIRST NAME]

BYE
Those are all the questions on the survey. On behalf of the State of Oregon,
thank you very much for your participation.

ATTACHMENT E

2002 Supplemental Survey Questionnaire

INT1

DIAL THE PHONE, THE COMPUTER IS TIMING YOU.
You are calling <name > in <conty > county.

	SOMEONE ANSWERED THE PHONE	12
=> INT	No Answer	01
=> INT	Busy Signal	02
=> INT	Answering Machine/Voicemail	03
=> INT	Fax/Modem	05
=> INT	Disconnected	06
=> INT	Business	10

INT2

Hello, my name is \$i , calling from B&N Research. May I please speak with < name >?

RESPONDENT IS:

<sex>, <age> years old, and we last spoke to them on <date > .
Respondent speaks <ilang >

	OK	12
=> INT	Callback later	04
=> INT	Bad number	06
=> INT	Language barrier	07
=> INT	Refused	08

INT3

Hello, this is \$i with B&N Research. Earlier this year you participated in a survey we conducted for the State of Oregon. At that time you agreed to be surveyed again about your opinions and experiences, and I'm calling back to conduct that survey. It takes about 5 to 10 minutes to complete the survey. Would now be a good time for you?

	OK	12
=> INT	Callback later	04
=> INT	Refused	08

The first few questions have to do with how good a job you think Oregon is doing in several areas. For each question I ask, please tell me if you think Oregon is doing a "very good" job, "somewhat good", "somewhat bad," or a "very bad" job.

ROTATION BEGINNING.

ST16

READ LIST IF NEEDED

How good a job do you think Oregon is doing creating jobs?

	Very good job	1
	Somewhat good job	2
	Neutral (NOT PROMPTED)	3
	Somewhat bad job	4
	Very bad job	5
	DK/REF	9I

ST2

READ LIST IF NEEDED

How good a job do you think Oregon is doing helping individuals and families in need?

	Very good job	1
	Somewhat good job	2
	Neutral (NOT PROMPTED)	3
	Somewhat bad job	4
	Very bad job	5
	DK/REF	9I

ST13

READ LIST IF NEEDED

How good a job do you think Oregon is doing providing affordable access to health care?

	Very good job	1
	Somewhat good job	2
	Neutral (NOT PROMPTED)	3
	Somewhat bad job	4
	Very bad job	5
	DK/REF	9I

ST4
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing providing primary and secondary education?
 [PROMPT:
 Primary education is Kindergarten to Grade 8, secondary is Grades 9-12.]

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

ST8
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing maintaining highways, roads, and bridges?

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

ST10
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing developing mass transit, such as bus systems and light rail?

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

ST20
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing providing government services?

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

ST21
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing providing community college education?

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

ST22
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing providing undergraduate and graduate education at public four-year colleges and universities?

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

ST5
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing controlling drug use?

Very good job	1
Somewhat good job	2
Neutral (NOT PROMPTED)	3
Somewhat bad job	4
Very bad job	5
DK/REF	9I

ST14
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing controlling crime?
 Very good job 1
 Somewhat good job 2
 Neutral (NOT PROMPTED) 3
 Somewhat bad job 4
 Very bad job 5
 DK/REF 9I

ST6
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing protecting natural resources such as forests, rivers and farmland?
 Very good job 1
 Somewhat good job 2
 Neutral (NOT PROMPTED) 3
 Somewhat bad job 4
 Very bad job 5
 DK/REF 9I

ST7
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing maintaining clean air and water?
 Very good job 1
 Somewhat good job 2
 Neutral (NOT PROMPTED) 3
 Somewhat bad job 4
 Very bad job 5
 DK/REF 9I

ST9
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing providing parks and open spaces?
 Very good job 1
 Somewhat good job 2
 Neutral (NOT PROMPTED) 3
 Somewhat bad job 4
 Very bad job 5
 DK/REF 9I

GRWTH
 READ LIST IF NEEDED
 How good a job do you think Oregon is doing managing growth and preventing sprawl?
 Very good job 1
 Somewhat good job 2
 Neutral (NOT PROMPTED) 3
 Somewhat bad job 4
 Very bad job 5
 DK/REF 9I

END ROTATION
 BENCH
 How familiar are you with Oregon Benchmarks? Are you "very familiar," "somewhat familiar," "not too familiar," or "not at all familiar"?
 Very familiar 1
 Somewhat familiar 2
 Not too familiar 3
 Not at all familiar 4
 DK/REF 9I

SAL1
 As you may know, salmon runs are declining in Oregon. How important do you feel it is to improve salmon runs in Oregon? Is it...(READ LIST)
 Very important 1
 Somewhat important 2
 Not too important 3
 Not at all important 4
 DK/REF 9I

SAL2

How much per month would you be willing to pay for water quality and habitat improvement efforts to help improve salmon runs in Oregon? Would it be...(READ LIST)

- Zero dollars 1
- One to three dollars 2
- Four to six dollars 3
- Seven to ten dollars 4
- More than ten dollars 5
- DK/REF 9I

ROTATION BEGINNING.

WIMP2

READ LIST. NOTE: NOT A STANDARD SCALE.

Now I have a question to ask about the importance you place on certain job characteristics. This is not about your satisfaction level with your job, but how important each item is to you. How important is/are...

Employer provided health benefits.

- Very important 1
- Somewhat important 2
- Not important 3
- DK/REF 9I

C1

- => * if IF((ADULT>1),1,0)
- you or other adults in your household 1
- you 0

CMP4

Now I have a few questions about computers. Do <c1 > have a personal computer in your home?

- Yes 1
- No 2
- DK/REF 9I

CMP6

Do you use a computer or other device to access the Internet?

- Yes 1
- (DO NOT READ)--Yes, a little 2
- No 3
- DK/REF 9I

CMP8

Do you use a computer to create or edit documents or graphics, or to analyze data?

- Yes 1
- (DO NOT READ)--Yes, a little 2
- No 3
- DK/REF 9I

TAX1

Now, I am going to ask you a few questions about state revenues and expenses. Don't be too concerned about your answers here -- just your best guess is fine. Which of the following do you think is the biggest source of revenue for Oregon State government? Do you think it is...(READ LIST)

- rotation => 5
- Corporate -income tax 1
- Property tax 2
- Personal income tax 3
- Lottery revenues 4
- Licenses and fees 5
- DK/REF 9

TAX2

And, now thinking about how state revenues are spent, which of the following do you think makes up the biggest portion of the state government's general fund spending? Do you think it is...(READ LIST)

- rotation => 4
- Public safety (police, corrections, etc.) 1
- Human resources (welfare, social programs, etc) 2
- Education 3
- All other state expenditures (including natural resources, economic development, environmental protection, etc.) 4
- DK/REF 9

BYE

Those are all the questions I have. On behalf of the State of Oregon, thank you very much for participating in this survey.

ATTACHMENT F

Proposal Certification Statement

**THIS PAGE MUST BE COMPLETED, SIGNED AND RETURNED
WITH THE PROPOSAL PRIOR TO THE CLOSING DATE AND TIME.
FAILURE TO DO SO WILL RESULT IN REJECTION OF THE PROPOSAL.**

Our/my proposal, of which this statement is a part, identifies certain staffing fees and compensation for services identified in the Request for Proposal for Population Survey for the State of Oregon. Our/my proposal also provides a Schedule of Completion for the project that either meets or exceeds the requirements stated in the RFP.

The undersigned hereby a) acknowledges he/she has read and understands all requirements and specifications of this Request for Proposal, b) agrees to all requirements, specifications, terms, and conditions contained in this Request for Proposal, and c) offers and agrees to perform the services with the staffing identified for the fees and compensation stated with the proposed schedule time.

Company Name

Typed or Printed Name

Title

Address

City

State

Zip

Authorized Signature

Date

Telephone Number

ATTACHMENT G

STATE OF OREGON PERSONAL/PROFESSIONAL SERVICES CONTRACT

This Contract is between the State of Oregon, acting by and through its Department of Administrative Services, _____ Division, hereafter called Agency, and _____, hereafter called Contractor. Agency's Contract Administrator for this Contract is _____.

1. **Effective Date and Duration.** This Contract shall become effective on the date this Contract has been signed by every party hereto and, when required, approved by Department of Administrative services and Department of Justice. Unless terminated or extended, this Contract shall expire when Agency accepts Contractor's completed performance or on _____, _____ whichever date occurs first. Expiration shall not extinguish or prejudice Agency's right to enforce this Contract with respect to any breach of a Contractor warranty or any default or defect in Contractor performance that has not been cured.
2. **Statement of Work.** The statement of work (the "Work"), including the delivery schedule for such Work, is contained in Exhibit A attached and incorporated by reference into this Contract. Contractor agrees to perform the Work in accordance with the terms and conditions of this Contract.
3. **Consideration**
 - 3.1 Agency agrees to pay Contractor the [sum of \$ _____] [at the hourly rate of \$ _____] for accomplishing the Work required by this Contract. The maximum, not-to-exceed compensation payable to Contractor under this Contract, which includes any allowable expenses, is \$ _____.
 - 3.2 Interim payments to Contractor shall be made only in accordance with the schedule and requirements in Exhibit A.
4. **Contract Documents.** This Contract consists of the following documents which are listed in descending order of precedence and are attached and incorporated by reference: The Personal Services Contract, Exhibits A, B, C (and any other exhibits deemed necessary).
5. **Independent Contractor; Responsibility for Taxes and Withholding**
 - 5.1. Contractor shall perform all required Work as an independent contractor. Although the Agency reserves the right (i) to determine (and modify) the delivery schedule for the Work to be performed and (ii) to evaluate the quality of the completed performance, Agency cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work.
 - 5.2. If Contractor is currently performing work for the State of Oregon or the federal government, Contractor by signature to this Contract declares and certifies that: Contractor's Work to be performed under this Contract creates no potential or actual conflict of interest as defined by ORS 244 and no rules or regulations of Contractor's employing agency (state or federal) would prohibit Contractor's Work under this Contract. Contractor is not an "officer", "employee", or "agent" of the Agency, as those terms are used in ORS 30.265.
 - 5.3. Contractor shall be responsible for all federal or state taxes applicable to compensation or payments paid to Contractor under this Contract and, unless Contractor is subject to backup withholding, Agency will not withhold from such compensation or payments any amount(s) to cover Contractor's federal or state tax obligations. Contractor is not eligible for any social security, unemployment insurance or workers' compensation benefits from compensation or payments paid to Contractor under this Contract, except as a self-employed individual.
6. **Subcontracts and Assignment; Successors and Assigns**
 - 6.1. Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract, without Agency's prior written consent. In addition to any other provisions Agency may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by Sections 6, 10, 11, 15, and 17 of this Contract as if the subcontractor were the Contractor. Agency's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
 - 6.2. The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective successors and permitted assigns, if any.
7. **No Third Party Beneficiaries.** Agency and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.

8. Funds Available and Authorized; Payments
 - 8.1. Contractor shall not be compensated for work performed under this Contract by any other agency or department of the State of Oregon. Agency has sufficient funds currently available and authorized for expenditure to finance the costs of this Contract within the Agency's biennial appropriation or limitation. Contractor understands and agrees that Agency's payment of amounts under this Contract attributable to Work performed after the last day of the current biennium is contingent on Agency receiving from the Oregon Legislative Assembly appropriations, limitations, or other expenditure authority sufficient to allow Agency, in the exercise of its reasonable administrative discretion, to continue to make payments under this Contract.
 - 8.2. Agency will only pay for completed work that is accepted by Agency.
9. Representations and Warranties.
 - 9.1. Contractor's Representations and Warranties. Contractor represents and warrants to Agency that (1) Contractor has the power and authority to enter into and perform this Contract, (2) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms, (3) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards, (4) Contractor shall, at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work, (5) all computer hardware and software delivered under this Contract will, individually and in combination, correctly process, sequence, and calculate all date and date related data for all dates prior to, through and after January 1, 2000, and (6) any software products delivered under this Contract that process date or date related data shall recognize, store and transmit date data in a format which explicitly and unambiguously specifies the correct century.
 - 9.2. Contractor's Limitation of Liability. Contractor's liability with respect to items (5) and (6) of 9a. above shall not exceed: (1) twice the total contract amount (including any amendments) or (2) \$100,000, whichever is greater.
 - 9.3. Warranties cumulative. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
10. Ownership of Work Product. All work product of Contractor that results from this Contract (the "Work Product") is the exclusive property of Agency. Agency and Contractor intend that such Work Product be deemed "work made for hire" of which Agency shall be deemed the author. If for any reason the Work Product is not deemed "work made for hire", Contractor hereby irrevocably assigns to Agency all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark, trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as Agency may reasonably request in order to fully vest such rights in Agency. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC §106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
11. Indemnity. Contractor shall defend, save, hold harmless, and indemnify the State of Oregon and Agency and their officers, employees and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever resulting from, arising out of, or relating to the activities of Contractor or its officers, employees, subcontractors, or agents under this Contract.
12. Insurance. Contractor shall provide insurance as indicated on Exhibit B, attached hereto and by this reference made a part hereof.
13. Termination
 - 13.1. Parties' Right to Terminate for Convenience. This Contract may be terminated at any time by mutual written consent of the parties.
 - 13.2. Agency's Right To Terminate for Convenience. Agency may, at its sole discretion, terminate this Contract, in whole or in part, upon 30 days notice to Contractor.
 - 13.3. Agency's Right to Terminate for Cause. Agency may terminate this Contract, in whole or in part, immediately upon notice to Contractor, or at such later date as Agency may establish in such notice, upon the occurrence of any of the following events:
 - 13.3.1 Agency fails to receive funding, or appropriations, limitations or other expenditure authority at levels sufficient to pay for Contractor's Work;
 - 13.3.2 Federal or state laws, regulations or guidelines are modified or interpreted in such a way that either the Work under this Contract is prohibited or Agency is prohibited from paying for such Work from the planned funding source;
 - 13.3.3 Contractor no longer holds any license or certificate that is required to perform the Work; or
 - 13.3.4 Contractor commits any material breach or default of any covenant, warranty, obligation or agreement under this Contract, fails to perform the Work under this Contract within the time specified herein or any extension thereof, or so fails to pursue the Work as to endanger Contractor's performance under this Contract in accordance with its terms, and such breach, default or failure is not cured within 10 business days after delivery of Agency's notice, or such longer period as Agency may specify in such notice.
 - 13.4. Contractor's Right to Terminate for Cause. Contractor may terminate this Contract upon 30 days' notice to Agency if Agency fails to pay Contractor pursuant to the terms of this Contract and Agency fails to cure within 30 business days after receipt of Contractor's notice, or such longer period of cure as Contractor may specify in such notice.
 - 13.5. Remedies
 - 13.5.1 In the event of termination pursuant to Sections 13.1, 13.2, 13.3.1, 13.3.2 or 13.4, Contractor's sole remedy shall be a claim for the sum designated for accomplishing the Work multiplied by the percentage of Work completed and accepted by Agency, less previous amounts paid and any claim(s) which State has against Contractor. If previous amounts paid to Contractor exceed the amount due to Contractor under this subsection, Contractor shall pay any excess to Agency upon demand.
 - 13.5.2 In the event of termination pursuant to Section 13.3.3 or 13.3.4, Agency shall have any remedy available to it in law or equity. If it is determined for any reason that Contractor was not in default under Section 13.3.3 or 13.3.4, the rights and obligations of the parties shall be the same as if the Contract was terminated pursuant to Section 13.2.
 - 13.6. Contractor's Tender upon Termination. Upon receiving a notice of termination of this Contract, Contractor shall immediately cease all activities under this Contract, unless Agency expressly directs otherwise in such notice of termination. Upon termination of this

Contract, Contractor shall deliver to Agency all documents, information, works-in-progress and other property that are or would be deliverables had the Contract been completed. Upon Agency's request, Contractor shall surrender to anyone Agency designates, all documents, research or objects or other tangible things needed to complete the Work.

14. **Limitation of Liabilities.** EXCEPT FOR LIABILITY ARISING UNDER OR RELATED TO SECTIONS 13.(e)(ii) or 9(a), NEITHER PARTY SHALL BE LIABLE FOR (i) ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES UNDER THE CONTRACT OR (ii) ANY DAMAGES OF ANY SORT ARISING SOLELY FROM THE TERMINATION OF THIS CONTRACT IN ACCORDANCE WITH ITS TERMS.
15. **Records Maintenance; Access.** Contractor shall maintain all fiscal records relating to this Contract in accordance with generally accepted accounting principles. In addition, Contractor shall maintain any other records pertinent to this Contract in such a manner as to clearly document Contractor's performance. Contractor acknowledges and agrees that Agency and the Oregon Secretary of State's Office and the federal government and their duly authorized representatives shall have access to such fiscal records and other books, documents, papers, plans and writings of Contractor that are pertinent to this Contract to perform examinations and audits and make excerpts and transcripts. Contractor shall retain and keep accessible all such fiscal records, books, documents, papers, plans, and writings for a minimum of three (3) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
16. **Compliance with Applicable Law.** Contractor shall comply with all federal, state and local laws, regulations, executive orders and ordinances applicable to the Work under this Contract. Without limiting the generality of the foregoing, Contractor expressly agrees to comply with: (1) Title VII of Civil Rights Act of 1964; (2) Section V of the Rehabilitation Act of 1973; (3) the Americans with Disabilities Act of 1990 and ORS 659.425; (4) all regulations and administrative rules established pursuant to the foregoing laws; and (5) all other applicable requirements of federal and state civil rights and rehabilitation statutes, rules and regulations. Agency's performance under this Contract is conditioned upon Contractor's compliance with the provisions of ORS 279.312, 279.314, 279.316, 279.320, and 279.555, which are incorporated by reference herein.
17. **Foreign Contractor.** If Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State Corporation Division all information required by those agencies relative to this Contract. Contractor shall demonstrate its legal capacity to perform the Work under this Contract in the State of Oregon prior to entering into this Contract.
18. **Force Majeure.** Neither Agency nor Contractor shall be held responsible for delay or default caused by fire, riot, acts of God, or war where such cause was beyond the reasonable control of Agency or Contractor, respectively. Contractor shall, however, make all reasonable efforts to remove or eliminate such a cause of delay or default and shall, upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.
19. **Survival.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Sections 1, 9, 10, 11, 13, 14, 15, 19 and 26.
20. **Time is of the Essence.** Contractor agrees that time is of the essence under this Contract.
21. **Notice.** Except as otherwise expressly provided in this Contract, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, or mailing the same, postage prepaid, to Contractor or Agency at the address or number set forth on the signature page of this Contract, or to such other addresses or numbers as either party may hereafter indicate pursuant to this Section 21. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing. Any communication or notice delivered by facsimile shall be deemed to be given when the transmitting machine generates receipt of the transmission. To be effective against Agency, such facsimile transmission must be confirmed by telephone notice to Agency's Contract Administrator. Any communication or notice by personal delivery shall be deemed to be given when actually delivered.
22. **Severability.** The parties agree that if any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
23. **Counterparts.** This Contract may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of the Contract so executed shall constitute an original.
24. **Department of Administrative Services Approval.** Department of Administrative Services, and in certain cases Department of Justice, approval is required before any work may begin under this Contract or an amendment to this Contract.
25. **Disclosure of Social Security Number.** Contractor must provide Contractor's Social Security number unless Contractor provides a federal tax ID number. This number is requested pursuant to ORS 305.385, OAR 125-20-410(3) and OAR 150-305.100. Social Security numbers provided pursuant to this authority will be used for the administration of state, federal and local tax laws.
26. **Governing Law; Venue; Consent to Jurisdiction.** This Contract shall be governed by and construed in accordance with the laws of the State

of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between Agency (and/or any other agency or department of the State of Oregon) and Contractor that arises from or relates to this Contract shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF SAID COURTS.

27. Year 2000 Compliance Notice. In the event Contractor learns or has reason to believe that Agency's computer hardware or software environment fails to use a date format that explicitly specifies century in any date data, Contractor shall promptly advise Agency of such failure.
28. Merger Clause; Waiver. This Contract and attached exhibits constitute the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Contract. No waiver, consent, modification or change of terms of this Contract shall bind either party unless in writing and signed by both parties and all necessary State approvals have been obtained. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of Agency to enforce any provision of this Contract shall not constitute a waiver by Agency of that or any other provision.

CONTRACTOR, BY EXECUTION OF THIS CONTRACT, HEREBY ACKNOWLEDGES THAT CONTRACTOR HAS READ THIS CONTRACT, UNDERSTANDS IT, AND AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

CONTRACTOR DATA AND CERTIFICATION

Name (tax filing):
Address:

Citizenship, if applicable: Non-resident alien Yes No
Business Designation (check one):
 Corporation Partnership Limited Partnership Limited Liability Company Limited Liability Partnership
 Sole Proprietorship Other

Federal Tax ID#: _____ or SSN#: _____

Above payment information must be provided prior to Contract approval. This information will be reported to the Internal Revenue Service (IRS) under the name and taxpayer identification submitted. (See IRS 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records could subject Contractor to 31 percent backup withholding.

Certification: The individual signing on behalf of Contractor hereby certifies and swears under penalty of perjury: (a) the number shown on this form is Contractor's correct taxpayer identification; (b) Contractor is not subject to backup withholding because (i) Contractor is exempt from backup withholding, (ii) Contractor has not been notified by the IRS that Contractor is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Contractor that Contractor is no longer subject to backup withholding; (c) s/he is authorized to act on behalf of Contractor, s/he has authority and knowledge regarding Contractor's payment of taxes, and to the best of her/his knowledge, Contractor is not in violation of any Oregon tax laws (including, without limitation, those listed in Exhibit B); (d) Contractor is an independent contractor as defined in ORS 670.600; and (e) the above Contractor data is true and accurate.

CONTRACTORS: YOU WILL NOT BE PAID FOR SERVICES RENDERED PRIOR TO NECESSARY STATE APPROVALS

Contractor _____ Date _____

Phone Number _____ Fax Number _____

Agency Authorized Signature _____ Date _____

Other DAS Division Signature _____ Date _____

Marscy Stone, DAS Contracts Officer _____ Date _____

Approved by the Department of Administrative Services _____ Date _____

Assistant Attorney General _____ Date _____

All Contracts & Amendments to Contracts over \$75,000 must be approved as to Legal Sufficiency by the Attorney General's Office

Division Contracts Coordinator _____ Date _____

EXHIBIT A

PERSONAL/PROFESSIONAL SERVICES CONTRACT

Contractor:

Contract #:

STATEMENT OF WORK:

a. Statement of Work (be specific and complete):

b. Delivery Schedule (must be complete):

Work can begin on the date this contract is fully executed and approved by the Department of Administrative Services.

CONSIDERATION:

- a. Payment for all work performed under this Contract shall be subject to the provisions of ORS 293.462 and shall not exceed the total maximum sum of \$_____, which includes any allowable expenses and any travel and other expense reimbursement when noted below.
- b. Interim payments shall be made to Contractor following Agency's review and approval of invoices submitted by Contractor.
- c. Contractor shall not submit invoices for, and Agency will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs work subject to the amendment. Contractor shall notify Agency's Contract Administrator in writing thirty (30) calendar days before this Contract expires of the upcoming expiration of the Contract. No payment will be made for any services performed before the beginning date or after the expiration date of this Contract, as it may be amended from time to time in accordance with its terms.
- d. Contractor shall submit monthly invoices for work performed. The invoices shall describe all work performed with particularity and by whom it was performed and shall itemize and explain all expenses for which reimbursement is claimed. The invoices also shall include the total amount invoiced to date by Contractor prior to the current invoice. Contractor will specifically note in the appropriate invoice when one-third and two-thirds of the maximum Contract amount, including expense reimbursement, has been expended. Contractor shall send invoices to Agency's contract administrator.
- e. The terms of this agreement shall not be waived, altered, modified, supplemented, in any manner whatsoever, except by written instrument signed by the parties. The initial period of this contract shall be for a _____ time period. Agency reserves the right to amend the contract for additional time and/or money, consistent with the RFP that resulted in this contract and contingent upon need and the availability of approved funding.

TRAVEL AND OTHER EXPENSES:

Travel and other expenses of the Contractor shall not be reimbursed by the Agency.

EXHIBIT B

PERSONAL SERVICE CONTRACT

OAR 150-305.385(6)-(B) For purposes of this certificate, 'Oregon tax laws' means the state inheritance tax, gift tax, personal income tax, withholding tax, corporation income and excise taxes, amusement device tax, timber taxes, cigarette tax, other tobacco tax, 9-1-1 emergency communications tax, the homeowners and renters property tax relief program and local taxes administered by the Department of Revenue (Multnomah County Business Income Tax, Lane Transit District Tax, Tri-Metropolitan Transit District Employer Payroll Tax, and Tri-Metropolitan Transit District Self-Employment Tax).

INSURANCE

During the term of this Contract Contractor shall maintain in force at its own expense, each insurance noted below:

(Agency must check boxes for #2, #3, & #4 as to whether insurance is required or not.)

1. Required by Agency of contractors with one or more workers, as defined by ORS 656.027.

Workers' Compensation: All employers, including Contractor, that employ subject workers who work under this contract in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126. Contractor shall ensure that each of its subcontractors complies with these requirements.

2. Required by Agency Not required by Agency.

Professional Liability insurance with a combined single limit, or the equivalent, of not less than \$200,000, \$500,000, \$1,000,000, or \$2,000,000 each claim, incident or occurrence This is to cover damages caused by error, omission or negligent acts related to the professional services to be provided under this Contract.

3. Required by Agency Not required by Agency.

General Liability insurance with a combined single limit, or the equivalent, of not less than \$200,000, \$500,000, \$1,000,000, or \$2,000,000 each occurrence for Bodily Injury and Property Damage. It shall include contractual liability coverage for the indemnity provided under this Contract. It shall provide that the State of Oregon, _____ (Agency) and their divisions, officers and employees are Additional Insureds but only with respect to the Contractor's services to be provided under this Contract;

4. Required by Agency Not required by Agency.

Automobile Liability insurance with a combined single limit, or the equivalent, of not less than Oregon Financial Responsibility Law (ORS 806.060), \$200,000, \$500,000, or \$1,000,000 each accident for Bodily Injury and Property Damage, including coverage for owned, hired or non-owned vehicles, as applicable.

5. Notice of cancellation or change. There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without 30 days prior written notice from the Contractor or its insurer(s) to _____ (Agency);

6. Certificates of insurance. As evidence of the insurance coverages required by this Contract, the Contractor shall furnish acceptable insurance certificates to _____ (Agency) prior to commencing the work. The certificate will specify all of the parties who are Additional Insureds. Insuring companies or entities are subject to State acceptance. If requested, complete copies of insurance policies, trust agreements, etc. shall be provided to the State. The Contractor shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

EXHIBIT C

CERTIFICATION STATEMENT FOR INDEPENDENT CONTRACTOR

(Contractor completes if Contractor is not a corporation)

A. CONTRACTOR IS INDEPENDENT CONTRACTOR.

Contractor certifies he/she meets the following standards:

- 1. I am registered under ORS chapter 701 to provide labor or services for which such registration is required.
2. I have filed federal and state income tax returns in the name of my business or a business Schedule C as part of the personal income tax return, for the previous year, or expect to file federal and state income tax returns, for labor or services performed as an independent contractor in the previous year.
3. I will furnish the tools or equipment necessary for the contracted labor or services.
4. I have the authority to hire and fire employees who perform the labor or services.
5. I represent to the public that the labor or services are to be provided by my independently established business as four (4) or more of the following circumstances exist. (Please check four or more of the following;)
___ A. The labor or services are primarily carried out at a location that is separate from my residence or is primarily carried out in a specific portion of my residence, which is set-aside as the location of the business.
___ B. Commercial advertising or business cards are purchased for the business, or I have a trade association membership.
___ C. Telephone listing is used for the business that is separate from the personal residence listing.
___ D. Labor or services are performed only pursuant to written contracts.
___ E. Labor or services are performed for two or more different persons within a period of one year.
___ F. I assume financial responsibility for defective workmanship or for service not provided as evidenced by the ownership of performance bonds, warranties, errors and omission insurance or liability insurance relating to the labor or services to be provided.

Contractor Signature

Date

(Agency completes B below when Contractor completes Section A above.)

B. AGENCY APPROVAL.

ORS. 670.600. Independent Contractor standards. As used in various provisions of ORS chapters 316, 656, 657 and 701, and individual or business entity that performs labor or services for remuneration shall be considered to perform the labor or services as an "independent contractor" if the standards of this section are met. State agency certifies the contracted work meets the following standards:

- 1. The Contractor is free from direction and control over the means and manner of providing the labor or services, subject only to the specifications of the desired results.
2. The Contractor is responsible for obtaining all assumed business registrations or professional occupation licenses required by state law or local ordinances.
3. The Contractor furnishes the tools or equipment necessary for the contracted labor or services.
4. The Contractor has the authority to hire and fire employees to perform the labor or services.
5. Payment to the Contractor is made upon completion of the performance or is made on the basis of a periodic retainer.

Marscy Stone, DAS Contracts Officer

Date