

# Seek, Test, Treat and Retain for Criminal Justice Populations: Data Harmonization Measure

## DEMOGRAPHICS

### Demographic Measure

<b>Current Age – Date of Birth</b>	<p><i>What is your birthdate? (Include year only)</i>          _____ YYYY</p> <p><input type="checkbox"/> 9997 Refused  <input type="checkbox"/> 9999 Don't Know [ask follow-up question]</p> <p><i>[Follow-up question if "don't know":] About how old are you?</i>          AGE _____ (top code at 89)</p> <p><input type="checkbox"/> 97 Refused  <input type="checkbox"/> 99 Don't Know</p>
<b>Ethnicity</b>	<p><i>Do you consider yourself Hispanic/Latino? [Where did your ancestors come from?]</i></p> <p><input type="checkbox"/> 1 YES  <input type="checkbox"/> 0 NO  <input type="checkbox"/> 7 REFUSED  <input type="checkbox"/> 9 DON'T KNOW</p>
<b>Race</b>	<p><i>How would you describe your racial or ethnic background: that is, which group or groups describe you best? (Check all that apply)</i></p> <p><input type="checkbox"/> 10 WHITE  <input type="checkbox"/> 11 BLACK/AFRICAN AMERICAN  <input type="checkbox"/> 12 INDIAN (AMERICAN)  <input type="checkbox"/> 13 ALASKA NATIVE  <input type="checkbox"/> 17 PACIFIC ISLANDER (SPECIFY)  <input type="checkbox"/> 24 OTHER ASIAN (SPECIFY)  <input type="checkbox"/> 25 SOME OTHER RACE (SPECIFY)____  <input type="checkbox"/> 97 REFUSED  <input type="checkbox"/> 99 DON'T KNOW</p>
<b>Gender</b>	<p><i>Do you consider yourself to be:</i></p> <p><input type="checkbox"/> 1 MALE  <input type="checkbox"/> 2 FEMALE  <input type="checkbox"/> 3 TRANSGENDER  <input type="checkbox"/> 7 REFUSED  <input type="checkbox"/> 9 DON'T KNOW</p>
<b>Current Relationship Status</b>	<p><i>Are you now married, widowed, divorced, separated, never married, or living with a partner? (Check all that apply)</i></p> <p><input type="checkbox"/> 1 MARRIED  <input type="checkbox"/> 2 WIDOWED  <input type="checkbox"/> 3 DIVORCED  <input type="checkbox"/> 4 SEPARATED  <input type="checkbox"/> 5 NEVER MARRIED  <input type="checkbox"/> 6 LIVING WITH PARTNER  <input type="checkbox"/> 97 REFUSED  <input type="checkbox"/> 99 DON'T KNOW</p>

<b>Current Educational Attainment</b>	<p><i>What is the highest grade or level of school you have completed or the highest degree you have received? [HAND CARD – READ HAND CARD CATEGORIES IF NECESSARY. ENTER HIGHEST LEVEL OF SCHOOL.]</i></p> <p><input type="checkbox"/> 1 MIDDLE SCHOOL (JR. HIGH SCHOOL) OR LESS  <input type="checkbox"/> 2 SOME HIGH SCHOOL, NO DIPLOMA  <input type="checkbox"/> 3 HIGH SCHOOL GRADUATE / GED OR EQUIVALENT  <input type="checkbox"/> 4 JUNIOR (2-YEAR) COLLEGE  <input type="checkbox"/> 5 TECHNICAL/ TRADE/ VOCATIONAL SCHOOL  <input type="checkbox"/> 6 SOME COLLEGE (4-YEAR COLLEGE OR UNIVERSITY)  <input type="checkbox"/> 7 COLLEGE GRADUATE (4-YEAR COLLEGE OR UNIVERSITY)  <input type="checkbox"/> 8 POST-COLLEGE/GRADUATE  <input type="checkbox"/> 97 REFUSED  <input type="checkbox"/> 99 DON'T KNOW</p>
<b>Annual Family Income</b>	<p><i>What is your best estimate of the total income of all family members <u>from all legal sources</u>, before taxes, in [last calendar year in 4-digit format]?</i></p> <p>[ENTER INCOME] _____</p> <p>Codes:  000000-999994 for \$0-\$999,994  999995 for \$999,995+  999997 for Refused  999999 for Don't know</p> <p><i>[Respondents who don't know or refuse to provide their income]</i>  <i>Which of the following is the category that your total family income <u>from legal sources</u> would be in?</i></p> <p><input type="checkbox"/> 1 Less than \$5,000  <input type="checkbox"/> 2 \$5,001 - \$10,000  <input type="checkbox"/> 3 \$10,001 - \$25,000  <input type="checkbox"/> 4 \$25,001 - \$50,000  <input type="checkbox"/> 5 \$50,001 or more  <input type="checkbox"/> 7 Refused  <input type="checkbox"/> 9 Don't know</p>
<b>Current Employment Status</b>	<p><i>We would like to know about what you do --are you working now, looking for work, retired, keeping house, a student, or what?</i></p> <p><input type="checkbox"/> 1 WORKING NOW  <input type="checkbox"/> 2 TEMPORARILY LAID OFF, SICK LEAVE OR MATERNITY LEAVE  <input type="checkbox"/> 3 LOOKING FOR WORK, UNEMPLOYED  <input type="checkbox"/> 4 RETIRED  <input type="checkbox"/> 5 DISABLED, PERMANENTLY OR TEMPORARILY  <input type="checkbox"/> 6 KEEPING HOUSE  <input type="checkbox"/> 7 STUDENT  <input type="checkbox"/> 8 CURRENTLY INCARCERATED  <input type="checkbox"/> 9 OTHER (SPECIFY):  <input type="checkbox"/> 97 REFUSED  <input type="checkbox"/> 99 DON'T KNOW</p>

<p><b>Health Insurance Coverage</b></p>	<p><i>Are you covered by health insurance or some other kind of health care plan?</i></p> <p><input type="checkbox"/> 1 YES  <input type="checkbox"/> 0 NO  <input type="checkbox"/> 7 REFUSED  <input type="checkbox"/> 9 DON'T KNOW</p> <p><i>What kind of health insurance or health care coverage do you have? Include those that pay for only one type of service (such as nursing home care, accidents, or dental care). Exclude private plans that only provide extra cash while hospitalized. If you have more than one kind of health insurance, tell me all plans that you have.</i></p> <p><i>[CODE ALL THAT APPLY, HAND CARD WITH LIST OF ANSWERS. CAPI INSTRUCTION: DO NOT ALLOW MORE THAN ONE ANSWER WHEN 40 (NO COVERAGE OF ANY TYPE) IS CODED.]</i></p> <p><input type="checkbox"/> 14 PRIVATE HEALTH INSURANCE  <input type="checkbox"/> 15 MEDICARE  <input type="checkbox"/> 16 MEDI-GAP  <input type="checkbox"/> 17 MEDICAID (IF AVAILABLE, DISPLAY STATE PLAN NAME)  <input type="checkbox"/> 18 SCHIP (CHIP/CHILDREN'S HEALTH INSURANCE PROGRAM)  <input type="checkbox"/> 19 MILITARY HEALTH CARE (TRICARE/VA/CHAMP-VA)  <input type="checkbox"/> 20 INDIAN HEALTH SERVICE  <input type="checkbox"/> 21 STATE-SPONSORED HEALTH PLAN (IF AVAILABLE, DISPLAY STATE PLAN NAME)  <input type="checkbox"/> 22 OTHER GOVERNMENT PROGRAM  <input type="checkbox"/> 23 SINGLE SERVICE PLAN (E.G., DENTAL, VISION, PRESCRIPTIONS)  <input type="checkbox"/> 40 NO COVERAGE OF ANY TYPE  <input type="checkbox"/> 97 REFUSED  <input type="checkbox"/> 99 DON'T KNOW</p>
---	--