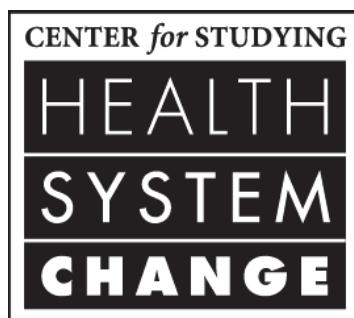


## **Health Tracking Household Survey**

Methodology Report  
2010 (Round Six)



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## **I. OVERVIEW**

### **A. OBJECTIVES OF THE HEALTH TRACKING HOUSEHOLD SURVEY**

The Health Tracking Household Survey (HTHS), formerly known as the Community Tracking Study (CTS) Household Survey, has been one of the core data collection efforts of the Center for Studying Health System Change (HSC), a nonpartisan policy research organization in Washington, D.C., affiliated with Mathematica Policy Research. HSC's mission is to inform health care decision makers about changes in the health care system at the local and national levels, as well as how such changes will affect people. Since 1995, HSC has conducted six rounds of the household survey as well as five physician surveys; an employer survey was conducted for the first round but discontinued for subsequent rounds. In addition, HSC conducted interviews with health care leaders in 12 communities for rounds one through four. All six household surveys have been funded by the Robert Wood Johnson Foundation.

Although all six rounds of the household survey were designed to generate national estimates, the first four rounds were focused on 60 nationally representative communities stratified by region, community size, and whether metropolitan or nonmetropolitan. Twelve of these 60 communities were examined in greater depth by conducting site visits and using survey samples large enough to draw conclusions about health system change in each community.

As a result of changing analytic priorities, the community-based design was replaced by a national-sample design for the fifth and sixth rounds of the household and the fifth round of the physician surveys. Although the community-based survey samples were dropped after round four, HSC continued to conduct site visits in the 12 communities visited in the first four rounds. (Community reports are available on HSC's web site, see



<http://www.hschange.com/index.cgi?func=pubs&what=5.>) To reflect the change from a community-based to national household survey sample, the fifth and sixth rounds of the household survey are referred to as the 2007 and 2010 Health Tracking Household Surveys (HTHS) in HSC publications and journal articles.

## **B. THE ROUND SIX HOUSEHOLD SURVEY**

Survey sample sizes have changed across the six household surveys as a result of design changes and budget constraints, although all surveys have been designed to be nationally representative. The first three rounds of the Household Survey included about 60,000 people in 33,000 family insurance units (FIUs). The FIU is based on groupings of people typically used by insurance carriers. It includes an adult household member, spouse, and dependent children up to age 18 (or ages 18 to 22 if the child is in school). For round four (2003), the sample consisted of about 47,000 people in 25,000 FIUs. With the shift from the clustered, 60-site community-based sample to a national sample design for round five, the sample size was substantially reduced. Round five (2007) interviews were conducted with 17,797 people in 9,407 FIUs. In round six, we introduced cell phones into the sample to account for the growing proportion of households in the U.S. that can only be reached by cell phone. Round six interviews were conducted between April 2010 and March 2011 with 16,671 people in 9,165 FIUs. The Round six household-level weighted response rates were 47.5 percent for the landline sample and 31.4 percent for the cell sample and the FIU-level response rates were 45.6 percent for the landline sample and 29.2 percent for the cell sample.<sup>1</sup>

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<sup>1</sup> The weighted and unweighted responses rates are virtually identical within sample types.

The sixth round of the Household Survey asks about health insurance, use of health services, medical costs and affordability of care, perceptions of care delivery and quality, satisfaction with care, consumer-directed health care, health status, factors affecting health care choices, and demographic information. After contacting selected households, we determined the composition of each household, grouped household members into FIUs, and obtained information about each adult and one randomly selected child in the FIU. A family informant provided information on most topics for each adult in the FIU and one randomly selected child. In addition, each adult answered subjective questions that a proxy respondent could not answer reliably. A Spanish version of the instrument was used when appropriate. The survey was administered by computer-assisted telephone interview (CATI).

This report describes the design and conduct of the sixth round of the Health Tracking Household Survey (HTHS6). HSC provided technical direction and oversight, and Mathematica Policy Research (Mathematica) was responsible for sample design, data collection, sample weights, and variance estimation for the household surveys. Social and Scientific Systems, Inc. (SSS) converted the raw survey data into an analysis file. HSC and SSS collaborated to prepare the documentation for the public and restricted use files. Documentation of rounds one through five are available on HSC's Web site (Technical Publications 15, 34, 46, 62, and 72, respectively, at [www.hschange.org](http://www.hschange.org)) as well as on the Interuniversity Consortium for Political and Social Research (ICPSR), at <http://www.icpsr.umich.edu/>.

Users of the HTHS6 may also wish to review the Household Survey public use file or restricted use file user's guide for round six (forthcoming), which provides less detail than this document on the technical aspects of survey data collection and survey weight construction, but provides additional information of particular relevance to the data users, on topics such as data

editing and imputation. In this report, we discuss the HTHS6 sample design (Chapter II), survey design and preparation (Chapter III), data collection (Chapter IV), and sample weighting (Chapter V). The appendices present the survey instrument (Appendix A), advance materials mailed to surveyed households (Appendix B), and training manual (Appendix C).

## II. SAMPLE DESIGN

The percentage of cell-only households—those with no landline—has risen to nearly 30 percent of US households by 2010 (Blumberg and Luke, 2011). The dramatic increase in cell-only households has affected the ability of surveys like the HTHS, which use random digit dialing (RDD) sample designs, to cover the US population with samples based only on landline telephones. Consequently, for round six we introduced a dual frame RDD sample design of landline and cellular (mobile) telephone numbers to provide more complete coverage of the household population of the United States, excluding Alaska and Hawaii.

In interviewing households sampled from the cell frame, an overlap approach was used rather than a cell-only approach. A cell overlap design does not screen out households or individuals based on their telephone service or usage, while a cell-only approach screens from the cell frame individuals or households that could have also been reached on a landline. The overlap approach was chosen because it maximizes the number of respondents and minimizes screening costs. These benefits were determined to outweigh the increased chance of dual selection into both the landline and cell RDD samples, which was adjusted for in the weighting process (discussed in Chapter V).

The round six survey is the first in the series to sample cell phones, and its sampling frame differs in other respects from the samples employed in earlier rounds. In Section A we discuss the change in sample design from a landline to dual landline/cell design.<sup>2</sup> Section B describes the round six sample selection, and Section C covers formation of FIUs, sampling and coverage

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<sup>2</sup> The implications of the dual frame landline/cell phone sample design for related surveys is discussed in a recent Mathematica working paper: Hall, John, Barbara Lepidus Carlson, and Karen Cybulski, *RDD Unplugged: Findings From a Household Survey Using a Cell Overlap Design*, Working Paper, Mathematica Policy Research, Washington, D.C. (December 2011).

within households that were interviewed. Several changes in design were made in prior rounds to account for the change from a community-based to national survey design and to increase efficiency. These changes are summarized in Chapter II of HSC Technical Publication #72 (<http://www.hschange.com/CONTENT/1060/1060.pdf>). However, all six rounds of the household survey were designed to be nationally representative and to measure changes in health and health care measures over time.

#### **A. CHANGES IN SAMPLE DESIGN AND COVERAGE FOR ROUND SIX**

The Household Survey, like most earlier surveys based on RDD methods, excluded households with only cellular telephones since round one, except for a small number of cellular households included in an in-person supplement that was dropped after round four along with the community-based sample. As the fraction of the U.S. population living in cell-only households has increased, population coverage provided by the landline RDD sample frame has diminished. At the time of HTHS5 (conducted in 2007), it was estimated that 13.6 percent of households were cellular only (had cell but no landline service), and by HTHS6 (conducted in 2010) this proportion had risen to 26.6 percent (Blumberg and Luke, 2010).

Prior to conducting HTHS5, we reviewed research regarding the impact of cell-only exclusions on survey estimates of health care service use and health status. Earlier research based on the National Health Interview Survey (NHIS) suggests that the magnitude of potential biases for these estimates for all adults was less than two percentage points, when data were weighted to control for demographic differences between respondents and nonrespondents (Blumberg et

al., 2007, Blumberg, Luke, and Cynamon, 2006).<sup>3</sup> This report found that adults living in cell-only households were more likely than those in households with landline service to be uninsured, to be binge drinkers or smokers, and were less likely to have a usual place to go for medical care. The substantial increase in the prevalence of cell-only households between 2006 and 2010, and the continued differences between this group and others, made it unlikely that weighting procedures alone could be used to satisfactorily reduce the bias that would result from excluding cell-only households and relying on a landline RDD sample.

## **B. RDD SAMPLE SELECTION**

In this section, we describe the sampling frames used to select the RDD sample, as well as sample allocation and generation and release of the RDD sample.

### **1. Sampling Frame**

We used the Genesys Sampling System to select the RDD landline and cellular household samples.<sup>4</sup> Separate frames were used for the landline and cell phone samples. To develop the landline sampling frame, Genesys first assigns each area code/exchange combination to a unique county.<sup>5</sup> Assignment is based on the addresses of published telephone numbers; a published number is one that appears in a regular telephone company directory, such as the “White Pages.”

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<sup>3</sup> Even for 2006 NHIS analyses that are limited to subgroups that are more likely to live in cellular only households (young adults, poor adults, and young and poor adults), Blumberg and Luke (2007) indicated that measures of access to care that are based only on landline households are unbiased or differ by less than one percentage point from the total subgroup population after adjusting for demographic differences. Blumberg and Luke (2007) conclude that, with appropriate weighting and demographic controls, landline surveys of health conditions—such as asthma, diabetes, and measures of psychological distress—and of health insurance may be able to ignore biases resulting from the exclusion of cell-only households, even when focusing on subgroups with high cellular penetration.

<sup>4</sup> Marketing Systems Group, 565 Virginia Drive Fort Washington, PA 19034 (p)215-653-7100 (f)215-653-7114, [www.m-s-g.com](http://www.m-s-g.com). <http://m-s-g.com/genesys/genesyshme.htm>

<sup>5</sup>In the 10-digit telephone numbering system used in the United States (XXX-YYY-ZZZZ), the first three digits (XXX) are referred to as the area code, and the next three (YYY) as the exchange.

An exchange is assigned to the county by the plurality of such addresses. Each county is in turn part of a state. Within each set of area code/exchange combinations, Genesys selected telephone numbers from working banks. A working bank is defined as a set of 100 consecutive telephone numbers (XXX-YYY-ZZ00 to XXX-YYY-ZZ99) in which one or more numbers is a published residential number. We selected an equal probability sample of landline telephone numbers in the 48 contiguous states plus DC.

The Genesys Cellular RDD sample frame includes all numbers in thousand series blocks (the first seven digits – XXX-YYY-Z000 to XXX-YYY-Z999) that are dedicated to providing cellular service. The Cellular RDD database contains all cellular-dedicated thousand series blocks in the country. We selected an equal probability sample of cellular phone numbers covering the contiguous United States and DC.

## **2. Sample Selection and Release**

We obtained 32,069 landline and 21,669 cellular RDD samples during data collection, using Genesys software, from Marketing Systems Group (MSG). Each of the samples was divided into random replicates to allow for staged releases, although all replicates were ultimately released. For the landline samples, after each sample was drawn, we had MSG determine whether sampled telephone numbers were residential (published or non-published), nonresidential (business, fax, modem), cell phone, or nonworking. Only residential telephone numbers were retained. Each release was then checked against prior releases to remove any duplicate selections. We then had MSG attempt to match each phone number to an address. Those not matched to an address were sent to additional vendors (Accurint and Masterfile) for address matching. Among the 32,069 landline telephone numbers sampled, screened, and released for calling, we were able to match an address to 51.6 percent. We matched the first release of the cellular sample using Accurint

Phones Plus for address matching. We were able to match 17.9 percent of the cellular numbers to an address. Approximately 25 percent of the cellular numbers with an address match were disconnected telephone numbers, which dropped the effective match rate to 13.6 percent. The Phone Plus address matching incurs a cost for each phone number searched, rather than for each address matched. Given the cost of attempting the address match and the low yield, we did not send any additional cellular sample for address matching.

Each sample was then divided into subsamples of those with matched addresses (by vendor) and those without addresses. Those without addresses were then released to the automatic call scheduler (discussed in Chapter IV), which controlled the release of cases to interviewers. Those with addresses were sent advance mailings (also discussed below), and then released to the call scheduler about one week later.

The telephone numbers in each RDD sample release were randomly sorted before being released, as Genesys samples are ordered by area code and exchange. The initial sample was released during March of 2010 and subsequent samples were released to meet the data collection schedule and interviewer labor supply, and to adjust to response rates. The round six sample release schedule and numbers of telephone numbers in each release is shown below:

Landline:

1. 3/10/2010 - 9,907
2. 6/22/2010 - 5,886
3. 7/21/2010 - 5,529
4. 9/21/2010 - 6,175
5. 11/11/2010 - 3,125
6. 2/2/2011 - 1,447



Total: 32,069

Cell phone:

1. 3/25/2010 - 5,900
2. 6/12/2010 – 5,900
3. 8/18/2010 – 5,889
4. 11/9/2010 - 2,975
5. 1/26/2011 – 1,005

Total: 21,669

The automatic scheduler and data collection reports (discussed in Chapter IV) were used to control and monitor production.

## **C. HOUSEHOLD, FIU, AND INDIVIDUAL SELECTION**

### **1. Households**

At the beginning of the interview, a household informant was identified and asked about the composition of the household. Typically, the household informant was the person who answered the telephone, if he or she was an adult age 18 or older. The person who owned or rented the house was identified as the head of the household, or the householder. People who usually lived in the household but who were temporarily living elsewhere, such as college students, were included in the household enumeration.

### **2. FIUs**

The CATI program grouped people in the household into one or more FIUs. It did this to ensure that a knowledgeable informant would be able to answer questions about each family member's health insurance coverage, use of health resources in the 12 months preceding the interview, and usual source of health care. The family informant also provided information on

family income and on the employment, health insurance plan, and race or ethnicity of each adult in the FIU. An FIU reflects family groupings typically used by insurance carriers and is similar to the filing unit used by Medicaid and state-subsidized insurance programs. The FIU includes an adult household member, his or her spouse, if any, and any dependent children up to age 17, or 18 to 22 years of age if a full-time student (even if living outside the household).<sup>6</sup> For rounds one through four, domestic partners (same-sex partners and other unmarried partners) were assigned to separate FIUs. Because more health insurance policies now cover domestic partners, they have since been assigned to the same FIU.

All FIUs were selected to participate in the rest of the interview as long as the FIU contained at least one civilian adult.<sup>7</sup> In each FIU, one informant was responsible for providing much of the information about the family and its members. Figure II.1 shows how one household of seven people could be divided into three FIUs. In this example, the household head's spouse is the household informant because the spouse answered the telephone and is familiar with the composition of the household. The spouse is also familiar with the health care of the head of household and their children, so the spouse is also the informant for the first FIU (FIU1). The household head's father is the informant for the second FIU (FIU2), and the unrelated boarder responds for himself or herself (FIU3). The household head's daughter is the randomly selected child in FIU1, and the household head's son is not included in the survey. The use of separate FIU informants ensures that survey respondents provide information about the health

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<sup>6</sup>The HTHS definition of FIU differs from the Census Bureau's definition of a family, which includes all people living in the dwelling who are related to the householder by blood or by marriage. The Census family often is larger than an FIU. Adult relatives living in one household would be included in a Census primary family but would be assigned to separate FIUs for the CTS Household Survey.

<sup>7</sup>People who were not on active military duty at the time of the interview were considered to be civilians.

experiences of family members usually covered under the same health insurance plan. The main exception is families in which spouses are covered under separate plans. Here, we allowed the FIU informant to answer for his or her spouse's plan.

FIGURE II.1

EXAMPLE OF FAMILY INSURANCE UNITS IN A HYPOTHETICAL HOUSEHOLD

Members of Household	FIU
Head of Household Head of Household's Spouse (Informant for HH and FIU1) Head of Household's Daughter (Selected) Head of Household's Son (Not Selected)	FIU 1
Head of Household's Father (Informant for FIU2) Head of Household's Mother	FIU 2
Unrelated Boarder	FIU 3

### 3. Individuals

The FIU informant answers questions about the FIU and about the health care situation and experiences of each adult FIU member and about one child (if the FIU included children). For FIUs containing more than one child, one was randomly selected. (A "child" was defined as an unmarried individual younger than 18.) Full-time students age 18 or older were treated as adults in the survey; that is, they were asked all the questions asked of adults and could not be the randomly selected child.

Each adult in the FIU (not just the informant) was also asked to self-respond to questions that could not be reliably answered by another member of the family; these questions are described below in Chapter III.

#### **4. Individuals Excluded from the Survey**

The CATI survey instrument imposed a maximum of eight people per household for inclusion in the survey. The household informant identified all members of the household; in the rare instance of a household with more than eight people, interviewers were instructed to first list all the adults in the household, and then list as many children as possible up to the maximum.

Some household members were classified as ineligible and were not included on the file. To avoid giving unmarried full-time college students multiple chances of selection, they were excluded from sampled dwellings in which their parents did not reside. Unmarried children younger than age 18 with no parent or guardian in the household also were excluded. Adults on active military duty were classified as ineligible; however, they could have acted as an FIU informant if there was at least one civilian adult in the family. FIUs in which all adults were active-duty military personnel were considered ineligible for the survey.

Some FIUs (those listed by, but not including, the household informant) did not respond to the interview. Nonresponding FIUs were excluded from the file but were statistically represented by responding FIUs in the weighting process. Adult family members who did not respond to the self-response module were included on the file if the core interview contained responses for them; however, a separate weight was constructed for the self-response module that accounts for these types of nonrespondents.

### **III. SURVEY DESIGN AND PREPARATION**

#### **A. OVERVIEW**

The Household Survey is the primary instrument for tracking changes in health insurance coverage, access to care, affordability of medical care, use of health services, perceptions of care delivery and quality of care, and consumerism in health care. As described in Chapter II, the FIU is the primary interviewing unit for the survey, with selected subjective questions also asked of each adult FIU member. Within each FIU, questions are asked about all adults and about one randomly selected child. An adult familiar with the health care experiences of the people in the FIU is the informant for other adults on questions about health insurance, employment, demographics, and health services use during the 12 months preceding the survey. Each adult in the FIU (including the informant) also is asked to self-respond to questions that the FIU informant would not be able to answer, for example, questions on health status, chronic diseases, risk behavior, health care quality, and opinions. The adult who knows the most about the health care of the randomly selected child was asked questions about the child's health and health care.

The length of the interview varied with the number of people in the FIU and the complexity of their experiences with health care. The round six core interview, which is asked of the family informant, averaged 30 minutes, and the self-response module averaged 19 minutes, a level of burden that is comparable to rounds four and five.

## **B. INSTRUMENTATION**

### **1. Household Survey**

The survey instruments for all six rounds were developed by staff at HSC and Mathematica, with consultation and review by several experts.<sup>8</sup> Respondents to the round six survey were questioned about the following topics:

- Household composition
- Health insurance coverage
- Use of health services
- Access to health care
- Medical costs and affordability
- Perceptions of care delivery and quality
- Consumerism and health care
- Health Status, including chronic conditions
- Employment, earnings, and income
- Demographic characteristics

The content of the round six survey is shown in Table III.1 and an English version of the entire questionnaire is provided in Appendix A; a Spanish version is available upon request to HSC. Questions new in round six are shown in italics in Table III.1. New questions were cognitively tested and the instrument was pretested to evaluate skip patterns, interviewer comprehension, and respondent burden. Some questions that had been included on prior rounds were dropped because they were rarely used, had been superseded by other variables, had small samples, or no longer had a high analytic priority. Several questions appearing in previous

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<sup>8</sup>See Chapter III in Technical Publications 15, 34, 46, 62 and 72 respectively, for a discussion of the initial instrument design and changes made for prior rounds.

rounds were moved in round 6 for analytic and organizational purposes. All changes to the survey instrument (additions, deletions and rearrangements) are summarized in Table III.2.

Different respondents were asked different questions, and not all questions were asked of all respondents (see Table III.3). For example, only the household informant was asked about household composition. Family informants were asked to answer questions about the family and individual family members. Each adult also provided information on topics that the informant could not provide, such as unmet need for medical care, usual source of care, health status, chronic diseases, and opinions. If the family had children younger than age 18, the family informant answered questions for him or her.

TABLE III.1  
 CONTENT OF THE ROUND SIX HOUSEHOLD SURVEY  
 (New questions are in italics)

<b>Health Insurance</b>	
Private insurance coverage (Section B)	Covered by employer- or union-related private insurance Covered by other private insurance: Purchased directly Premium for directly purchased private insurance Covered by non-group insurance Duration of coverage under non-group plan Prescription drug coverage Whether enrolled in a consumer directed health plan (CDHP) Deductible amount <sup>c</sup> Participation in a health reimbursement account Whether plan is an HMO Provided by someone not in household
Public insurance coverage (Section B)	Covered by Medicare Enrolled in Medicare Advantage HMO or non-HMO plan Prescription drug coverage through Medicare Part D Covered by both Medicare and supplemental private insurance Covered by both Medicare and Medicaid Covered by Medicaid Enrolled in Medicaid HMO plan Covered by other public insurance (military, Indian Health Service, other state and local)
Uninsured (Section B)	Not covered by public or private insurance
Continuity of coverage/ changes in coverage (Section B)	Currently insured; lost coverage in past 12 months Currently uninsured; obtained coverage during previous 12 months Uninsured during all of past 12 months Uninsured at some point during the previous 12 months Reasons for losing health insurance coverage Any type of change in health coverage: Changed private insurance plans Reasons for changing private plans Changed from public or private plans Obtained or lost coverage



CONTENT OF THE ROUND SIX HOUSEHOLD SURVEY (cont'd.)

<b>Access to Health Care</b>	
Usual source of care (Section D)	<p>Currently has/does not have a usual source of care <sup>a</sup></p> <p>Type of place of usual source of care <sup>a</sup></p> <p>Type of professional seen at usual source of care <sup>a</sup></p> <p>Whether usual source of care offers reduced fees <sup>a</sup></p> <p><i>Length of time going to usual source of care</i> <sup>a</sup></p> <p>Waiting time between making appointment and seeing provider at usual source of care <sup>a,b</sup></p> <p><i>Whether usual source of care has late-night or weekend hours</i> <sup>a</sup></p> <p><i>Difficulty contacting usual source of care after regular hours</i> <sup>a</sup></p> <p><i>Able to ask/asked a medical question by e-mail or via website</i> <sup>a</sup></p> <p><i>How often received response to e-mail or web question as soon as needed</i> <sup>a</sup></p> <p><i>Did usual provider discuss all prescription medicines</i> <sup>a</sup></p> <p><i>Number of visits to usual provider</i> <sup>a</sup></p> <p><i>Follow-up by usual provider regarding test results</i> <sup>a</sup></p> <p><i>Use of computer or handheld devices by usual provider</i> <sup>a</sup></p>
Difficulty getting needed services in past year (Section C)	<p>Did not get needed services <sup>a</sup></p> <p>Delayed getting needed medical services or prescription medicines <sup>a</sup></p> <p>Reasons for delaying or not getting needed services <sup>a</sup></p>
Medical Costs and Problems paying medical bills (Section C)	<p>Total family out-of-pocket expenses for health care during previous 12 months</p> <p>Problems paying for medical bills during the previous 12 months</p> <p>Impact of medical bill problems on family finances</p> <p>    Contacted by collection agency; problems paying for necessities; put off purchases; used savings; had to borrow; filed for bankruptcy; been denied medical care</p> <p>Amount of medical debt</p> <p>Cause of medical debt/ problems paying bills</p> <p>Insurance status at time debt-related expenses incurred</p> <p>Anticipated duration to pay off all current medical debt</p>
<b>Resource Use</b>	
Use of ambulatory services in past 12 months (Section C)	<p>Number of physician visits</p> <p>Number of emergency room visits</p> <p>Number of visits to nonphysician providers (nurse practitioner, physician assistant, midwife)</p> <p>Visit to a retail clinic</p> <p>    Purpose of visit <sup>c</sup></p> <p>    Factors in choosing retail clinic</p> <p>    Health insurance coverage for visit</p> <p>Visit to a workplace clinic</p> <p>    Purpose of visit <sup>c</sup></p> <p>    Factors in choosing workplace clinic</p>
Use of inpatient services in past 12 months (Section C)	<p>Number of overnight hospital stays</p> <p>Number of overnight hospital stays excluding delivery/birth</p> <p>Number of inpatient medical treatment</p> <p>Total number of nights spent in hospital</p>

<b>Health Care Quality</b>	
Coordination of Care (Section E)	How well do doctors work together to manage patients health care (asked only of persons with chronic conditions) <sup>a</sup> Does PCP seem informed about care received from specialists <sup>a</sup> After seeing specialist, does PCP talk to you about your visit with specialist <sup>a</sup>
<b>Satisfaction with Care</b>	
General satisfaction (Section E)	Overall satisfaction with health care received by family Satisfaction with choice of primary care doctors <sup>a</sup> Satisfaction with choice of specialists <sup>a</sup> <i>Self-referrals to specialists</i> <sup>a</sup>
<b>Consumerism and Health Care</b>	
Consumer Engagement (Section E)	Agreement (5-point scale) with statements about personal health <sup>a</sup> : <i>Usually, you go to the doctor as soon as you start to feel bad</i> <sup>d</sup> <i>You will do just about anything to avoid going to the doctor</i> <sup>d</sup> <i>I'm healthy enough that I really don't need health insurance</i> <sup>e</sup> <i>Health insurance is not worth the money that it costs</i> <sup>e</sup>
Information seeking behavior (Section E)	Sought or obtained health information for a personal health concern from Internet, family/friends, TV or radio, <i>hardcopy</i> newspapers, books or magazines <sup>a</sup> <i>Perceived effect of information on:</i> <i>Understanding about how to treat an illness or condition</i> <i>Overall approach to maintaining health</i> <i>Way of coping with chronic condition or managing pain</i> <i>Decision about whether to see a doctor</i> <i>Decision to seek a second opinion</i> <i>Approach to diet, exercise, or stress management</i> Sought or obtained health information for another adult (family, friend) <sup>a</sup> <i>Frequency of online search for personal health information</i> <sup>a</sup> <i>Usefulness of health information found online</i> <sup>a</sup>
Consumer "Shopping" for Health Care (Section E)	Looked for new personal doctor, new specialist, or facility for a procedure in previous 12 months <sup>a</sup> Sources used to look for new personal doctor/specialist facility Used reports to compare costs Used reports to compare quality and performance Factors used in choosing a new doctor/ specialist/ facility <sup>a</sup> Cost of care; recommendation of doctor; reputation; short wait time for appointments; location; in health plan's network
<b>Employment and Earnings</b>	
Employment status and Characteristics (Section F)	Whether adult respondent has the following characteristics: Owned a business or farm Worked for pay or profit in the past week Had more than one job or business Worked for private company/government/self-employed/family business

	<p>Average hours worked per week, at primary job and at other jobs  Size of firm (number employees), at site where respondent works; at all sites  Type of industry  <i>Worked in a temporary or seasonal job</i></p>
<p>Health insurance options at Place of employment (Sections B and F)</p>	<p>Whether eligible for health insurance coverage by employer  Reasons for ineligibility  Whether offered health insurance coverage by employer  Reasons for declining coverage (if eligible but not covered)  <i>Whether passed up job opportunity to keep current health insurance</i>  <i>Whether spouse passed up job opportunity to keep your current health insurance</i></p>
<b>Other Variables</b>	
<p>Demographics (Section A)</p>	<p>Age  Gender  Highest education level completed  Whether the interview was administered in Spanish <sup>c</sup>  State <sup>c</sup>  County <sup>c</sup>  Citizenship <sup>c</sup>  Length of time in country <sup>c</sup>  Race/ethnicity</p>
<p>Health status (Section E)</p>	<p>Overall health status (5-point scale from excellent to poor) <sup>a</sup></p>
<p>Chronic conditions (Section E)</p>	<p>Presence of chronic conditions including diabetes or high blood sugar, arthritis, asthma, chronic obstructive pulmonary disease, hypertension or high blood pressure, coronary heart disease, skin cancer, benign prostate disease, or depression. <sup>a, c</sup></p>
<p>Family income (Section G)</p>	<p>Family Income</p>

Note: New or changed questions shown in italics

<sup>a</sup> Information was obtained from self-response module.

<sup>b</sup> Question moved and modified from previous round. In 2007, question referred to appointments made at any doctor's office or clinic. In 2010, question asks about appointments at usual source of care only.

<sup>c</sup> Available on the Restricted Use File only

<sup>d</sup> Questions come from the Medicare Current Beneficiary Survey (MCBS).

<sup>e</sup> Questions come from the Medical Expenditure Panel Survey Household Component (MEPS-HC).

TABLE III.2  
CHANGES TO THE ROUND SIX HOUSEHOLD SURVEY

Variables Dropped in the Round 6 Household Survey			
Section	Variable name	Question number	Question text
B	ESICST1- ESICST3	b31111	For coverage through this plan, does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?
B	ESIPRM1- ESIPRM3	b31121_at	How much is (POLICYHOLDER's NAME) premium for health insurance through (your/his/her) employer?
B	ESIPMU1- ESIPMU3	b31121_p	INTERVIEWER: CODE TIME PERIOD for employer-sponsored health insurance premium
B	ESIFLX1	CDHP31	[ESI ONLY] Some employers offer flexible spending accounts that allow employees to set aside pre-tax dollars of their own money that can be used to reimburse them for health care expenses incurred during the year. A similar type of account is sometimes available for child care expenses, as well. (Do you/Does POLICY HOLDER) currently participate in a flexible spending account to obtain reimbursement for health expenses? (Commonwealth/EBRI modified)
B	PRVMOR1	b381	Does POLICY HOLDER'S employer offer more than one health insurance plan to its employees?
B	MCDPRMF	b69prem	Does anyone in the family pay anything for the coverage through (STATE NAME/Medicaid)? Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay. [MEPS]
B	MCDPREM, MCDPRMU	b69prem2, b69prem3	How much does your family pay for [STATE NAME/Medicaid] coverage? [MEPS]
B	STPRMF	b78prem	Does anyone in the family pay anything for the coverage through (NAME OF STATE/SCHIP PROGRAM)? Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.[MEPS]
B	STPREM, STPRMU	b78prem2, b78prem3	How much does your family pay for [NAME OF STATE/SCHIP PROGRAM] coverage? [MEPS]
B	EINFDR1- EINFDR3	CDHP5a	ESI PLANS:Please tell me if your health plan provides this information or not. a. Background information on doctors in the plan
B	EDRCHG1- EDRCHG3	CDHP5b	ESI PLANS:Please tell me if your health plan provides this information or not. b. Information comparing what local doctors charge for the same service
B	EHSPCH1- EHSPCH3	CDHP5c	ESI PLANS:Please tell me if your health plan provides this information or not. c. Information comparing what local hospitals charge for the same service.
B	EDRQUA1- EDRQUA3	CDHP5d	ESI PLANS:Please tell me if your health plan provides this information or not. d. Information comparing the quality and performance of local doctors.
B	EHSPQU1- EHSPQU3	CDHP5e	ESI PLANS:Please tell me if your health plan provides this information or not. e. Information comparing the quality and performance of local hospitals.

B	NINFDR1- NINFDR3	CDHPNG5a	NON-EMPLOYER AND NON-UNION PLANS: Please tell me if your health plan provides this information or not.a. Background information on doctors in the plan
B	NDRCHG1- NDRCHG3	CDHPNG5b	NON-EMPLOYER AND NON-UNION PLANS: Please tell me if your health plan provides this information or not.b. Information comparing what local doctors charge for the same service
B	NHSPCH1- NHSPCH3	CDHPNG5c	NON-EMPLOYER AND NON-UNION PLANS: Please tell me if your health plan provides this information or not.c. Information comparing what local hospitals charge for the same service.
B	NDRQUA1- NDRQUA3	CDHPNG5d	NON-EMPLOYER AND NON-UNION PLANS: Please tell me if your health plan provides this information or not.d. Information comparing the quality and performance of local doctors.
B	NHSPQU1- NHSPQU3	CDHPNG5e	NON-EMPLOYER AND NON-UNION PLANS: Please tell me if your health plan provides this information or not.e. Information comparing the quality and performance of local hospitals.
B	NGTRY	NGI1	Some people buy health insurance on their own, rather than through an employer, union, or government program. In the past three years, that is, since (month, yr), have you or [insert other adults in FIU] ever tried to buy health insurance on your own?
B	NGPRBLM	NGI2	When you [or INSERT OTHER ADULTS IN FIU] tried to buy health insurance on your own, did any company turn you down, charge a higher price because of health problems, or exclude a specific health problem?
B	NGPRB3Y	NGI2A	[FIU HAS NON-GROUP POLICY]: In the past three years, that is, since (month, yr), has any health insurance company from which you tried to buy health insurance ever turned you down, charged a higher price because of health problems
B	NGPURCH	NGI3	Did you [or INSERT OTHER ADULTS IN FIU] end up buying a health insurance policy on your own?
B	NGPURMN	NGI4_mo	In what month and year did you [or INSERT OTHER ADULTS IN FIU] buy (this/your current) health insurance policy?
B	NGPURYR	NGI4_mo	In what month and year did you [or INSERT OTHER ADULTS IN FIU] buy (this/your current) health insurance policy?
B	NGNMON	NGI5	For how many months did you [or INSERT OTHER ADULTS IN FIU] keep this health insurance policy?
B	MCHOICE	b951	In choosing among alternative health plans, some people have concerns that are especially important to them.
C	BP_COVR	C98	Did (your/this person's) health insurance plan cover a little, some, or most of the cost of these medical services?
C	BPDSCNT	c99a	Did the doctor's office, hospital, or other provider where (you/your family) owe(d) money offer any of the following assistance? a. Offer to discount the bill
C	BPFREE	c99b	Did the doctor's office, hospital, or other provider where (you/your family) owe(d) money offer any of the following assistance? b. Inform you about free care
C	BPPUBL	c99c	Did the doctor's office, hospital, or other provider where (you/your family) owe(d) money offer any of the following assistance? c. Inform you about public assistance
C	BPPPLN	c99d	Did the doctor's office, hospital, or other provider where (you/your family) owe(d) money offer any of the following assistance? d. Suggest a payment plan

C	BPLOAN	c99e	Did the doctor's office, hospital, or other provider where (you/your family) owe(d) money offer any of the following assistance? e. Suggest you take out a loan to pay a bill
C	BPREFR	c99f	Did the doctor's office, hospital, or other provider where (you/your family) owe(d) money offer any of the following assistance? Refer you to another provider?
D	AFFRDCR	sn2	Thinking of the area where you live, is there a place that offers affordable medical care for people without health insurance?
D	AFFDTYP	sn3	Is that place a doctor's office, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?
D	AFFTRVT	sn4	How long [does/would] it take you to get to [IF sn1 EQUALS 0: INSERT PLACE NAMED IN D11, ELSE INSERT PLACE FROM sn3: the doctor's office, the HMO, the hospital outpatient clinic, the clinic or health center, the hospital emergency room, that place]?
D	AFFTRVU	sn4per	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS sn4]
D	AFFTRAV	CV	Travel time to the place that offers affordable medical care for people without health insurance (in minutes)
D	AFFSEEN	sn5	During the last 12 months, have you (or has anyone in your family) seen a physician or other health professional at [PLACE NAMED IN D111 OR sn3] when you did not have health insurance?
E	DIFFLNG	CAHPSLANG	In the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages—never, sometimes, usually or always?
E	HAVBABY	cc1	During the past two years, have you had a baby?
E	UTRNBLD	cc2c	During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?
E	CQEXPLN	CCQ3A	When discussing your condition and its treatment with your health care providers, did they...A. Explain things in a way you could understand
E	CQTIME	CCQ3B	When discussing your condition and its treatment with your health care providers, did they...B. Spend enough time with you
E	CQRSPCT	CCQ3C	When discussing your condition and its treatment with your health care providers, did they...C. Treat you with respect and dignity
E	CQDIET	CCQ3D	When discussing your condition and its treatment with your health care providers, did they... D. Help you set specific goals to improve your diet
E	CQEXRCS	CCQ3E	When discussing your condition and its treatment with your health care providers, did they...E. Help you set specific goals for exercise
E	CQMNTOR	CCQ3F	When discussing your condition and its treatment with your health care providers, did they...F. Teach you how to monitor your condition(s) so you could tell how you are
E	CQSIDE	CCQ4	Do you strongly agree, agree, disagree or strongly disagree with the following statement. When I am prescribed a new medication, I read about the possible side effects.
E	CQFOLW	CCQ5	In the last 6 months, did you receive a phone call from any of your health care providers to see how you were doing without you calling them first?

E	CCEACTV	CE1_1	FOR CHRONIC CONDITION SUB-SAMPLE: Please tell me whether you strongly agree, agree, disagree, or strongly disagree with each statement as it applies to you personally. 1. Taking an active role in my own health care is the most important factor in deterini
E	CCERESP	CE1_2	FOR CHRONIC CONDITION SUB-SAMPLE: 2. When all is said and done, I am the person who is responsible for managing my health
E	CCEKWRX	CE1_3	FOR CHRONIC CONDITION SUB-SAMPLE: 3. I know what each of my prescribed medications does.
E	CCEFOLW	CE1_4	FOR CHRONIC CONDITION SUB-SAMPLE: 4. I am confident that I can follow through on medical treatments I need to do at home.
E	CCEPRDR	CE1_5	FOR CHRONIC CONDITION SUB-SAMPLE: 5. I am confident I can tell my health care provider concerns I have even when he or she does not ask.
E	CCETDIF	CE1_6	FOR CHRONIC CONDITION SUB-SAMPLE: 6. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
E	CCEACTN	CE1_7	FOR CHRONIC CONDITION SUB-SAMPLE: 7. I am confident that I can take actions that will help prevent or minimize some sympt
E	CCEKNOW	CE1_8	FOR CHRONIC CONDITION SUB-SAMPLE: 8. I understand the nature and causes of my health condition(s).
E	CCEOPTN	CE1_9	FOR CHRONIC CONDITION SUB-SAMPLE: 9. I know the different medical treatment options available for my health condition(s).
E	CCEPRNT	CE1_10	FOR CHRONIC CONDITION SUB-SAMPLE: 10. I know how to prevent further problems with my health condition(s).
E	CCESTYL	CE1_11	FOR CHRONIC CONDITION SUB-SAMPLE: 11. I have been able to maintain the lifestyle changes for my health that I have made.
E	CCEPRBM	CE1_12	FOR CHRONIC CONDITION SUB-SAMPLE: 12. I am confident I can figure out solutions when new situations or problems arise with my health.
E	CCESTRS	CE1_13	FOR CHRONIC CONDITION SUB-SAMPLE: 13. I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress.
E	NCERESP	CE2_1	NON-CHRONIC CONDITION SAMPLE : Please tell me whether you disagree strongly, disagree, agree, or agree strongly with each statement as it applies to you personally. 1. When all is said and done, I am the person who is responsible for managing my health.
E	NCEACTV	CE2_2	NON-CHRONIC CONDITION SAMPLE : 2. Taking an active role in my own health care is the most important factor in determining my health and ability to function.
E	NCEACTN	CE2_3	NON-CHRONIC CONDITION SAMPLE : 3. I am confident that I can take actions that will help prevent or minimize some symptoms
E	NCEKWRX	CE2_4	NON-CHRONIC CONDITION SAMPLE : . 4. I know what each of my prescribed medications does.
E	NCETDIF	CE2_5	NON-CHRONIC CONDITION SAMPLE : 5. I am confident that I can tell when I need to go get medical care and when I can hand a health problem myself.
E	NCEPRDR	CE2_6	NON-CHRONIC CONDITION SAMPLE : 6. I am confident that I can tell a doctor concerns I have, even when he or she does not ask.
E	NCEFOLW	CE2_7	NON-CHRONIC CONDITION SAMPLE : 7. I am confident that I can follow through on medical treatments I may need to do at home
E	NCEKNOW	CE2_8	NON-CHRONIC CONDITION SAMPLE : . 8. I understand the nature and causes of my health problems.

E	NCEOPTN	CE2_9	NON-CHRONIC CONDITION SAMPLE : 9. I know the different medical treatment options available for my health conditions.
E	NCESTYL	CE2_10	NON-CHRONIC CONDITION SAMPLE : 10. I have been able to maintain the lifestyle changes for my health that I have made.
E	NCEPRNT	CE2_11	NON-CHRONIC CONDITION SAMPLE : 11. I know how to prevent problems with my health.
E	NCEPRBM	CE2_12	NON-CHRONIC CONDITION SAMPLE : 12. I am confident I can figure out solutions when new situations or problems arise with my health.
E	NCESTRS	CE2_13	NON-CHRONIC CONDITION SAMPLE : 13. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.
E	TAKRISK	e521	I'm more likely to take risks than the average person.
E	SMKEVR	e601	Have you smoked at least 100 cigarettes in your entire life?
E	SMKNOW	e611	Do you now smoke cigarettes every day, some day or not at all?
E	BMIX	Constructed variable from BRFSS10 and BRFSS11	Constructed variable that indicates the continuous variable of body mass index; constructed from responses to questions BRFSS10 and BRFSS11 and SRM questions BRFSS10_sr2 and BRFSS11_sr2.
E	ITCNTCT	IT3	Some doctor's offices allow patients to contact them by email or by going to a web site on the Internet. During the past 12 months, have you used email or gone to a web site to contact a doctor or doctor's office about your personal health needs?
E	ITRX	IT3a_a	Did you use e-mail or a web site ...a. To renew a prescription
E	ITAPPN	IT3a_b	Did you use e-mail or a web site ...b. To schedule an appointment
E	ITDISC	IT3a_c	Did you use e-mail or a web site ...c. To discuss a health problem with a physician, nurse or other health care provider
E	ITSEE	IT3a_d	Did you use e-mail or a web site ...d. To see the results of diagnostic tests or your medical history
E	ITRMNDR	IT3a_e	Did you use e-mail or a web site ...e. To get reminders for upcoming appointments
E	ITOTHER	IT3a_f	Did you use e-mail or a web site ...f. Anything else [SPECIFY]
E	ITALLOW	IT3b	Do any of the doctors or doctors' offices you visit for your personal health needs allow patients to contact them by e-mail or by going to a web site.
E	CIBOOK	C11_D	During the past 12 months, did you look for or get information about a <b>PERSONAL</b> health concern: d. From books or magazines
E	CINWSP	C11_E	During the past 12 months, did you look for or get information about a <b>PERSONAL</b> health concern: e. From newspapers
E	CIBOOK	CIC1_D	During the past 12 months, did you (or your husband/wife/partner IF MARRIED) look for or get information about a health concern for CHILD'S NAME? d. From books or magazines
E	CINWSP	CIC1_E	During the past 12 months, did you (or your husband/wife/partner IF MARRIED) look for or get information about a health concern for CHILD'S NAME? e. From newspapers
E	CITALK	CIC2	Did you later talk with a doctor or other health care professional about any of the information you found about CHILD'S NAME, or didn't you happen to do this?



E	ACIBOOK	C15_D	During the past 12 months, did you look for or get information about a health concern for <b>another adult</b> , such as a friend or family member: d. From books or magazines
E	ACINWSP	C15_E	During the past 12 months, did you look for or get information about a health concern for <b>another adult</b> , such as a friend or family member: e. From newspapers
E	ITCNTCT	IT4	During the past 12 months, have you used email or gone to a web site to contact a doctor or doctor's office about [INSERT CHILD'S NAME]'s health needs?
E	ITRX	IT4A_a	Did you use e-mail or a web site ...a. To renew a prescription
E	ITAPPN	IT4A_b	Did you use e-mail or a web site ...b. To schedule an appointment
E	ITDISC	IT4A_c	Did you use e-mail or a web site ...c. To discuss a health problem with a physician, nurse or other health care
E	ITSEE	IT4A_d	Did you use e-mail or a web site ...d. To see the results of diagnostic tests or [INSERT CHILD NAME]'s medical history
E	ITRMNDR	IT4A_e	Did you use e-mail or a web site ...e. To get reminders for upcoming appointments
E	ITOTHER	IT4A_f	Did you use e-mail or a web site ...f. Anything else
E	ITALLOW	IT4b	To the best of your knowledge, do any of the doctors or doctors' offices you visit for [INSERT CHILD'S NAME]'s health needs allow patients to contact them by e-mail or by going to a web site?
F	EARNUNT	f301	For (your/his/her) (main) job, what is the easiest way for you to report (his/her/your) total earnings: hourly, per week, every two weeks, twice a month, monthly, or annually?
F	EARNHR	f321	Hourly: What is [fill NAME]'s hourly rate of pay on this job?
F	EARNOTH	w321	OTHER PAY PERIODS
F	EARNsv	f331	Which of the following ranges is closest to ([fill NAME's]/your) annual salary, before taxes and other deductions? -- less than \$10,000, \$10,000 to \$14,000, \$14,000 to \$20,000, \$20,000 to \$30,000, or more than \$30,000?
F	WAGEHR	CV	Hourly wage
F	_WAGEHR	CV	Imputation flag of WAGEHR
F	EMPMULT	f541	Does (your/[fill NAME]'s) employer offer only one health insurance plan or more than one health insurance plan to its employees?
F	_EMPMULT	CV	Imputation flag of EMPMULT
F	OFRMULT	CV	Employer offer multiple plans
F	_ORFMULT	CV	Imputation flag of OFRMULT
G	ORIGCUB	g201ORIG	What is (your/his/her) origin or descent? Cuban
G	ORIGDOM	g201ORIG	What is (your/his/her) origin or descent? Dominican
G	ORIGMEX	g201ORIG	What is (your/his/her) origin or descent? Mexican
G	ORIGOCA	g201ORIG	What is (your/his/her) origin or descent? Other Central American
G	ORIGOSA	g201ORIG	What is (your/his/her) origin or descent? Other South American
G	ORIGOTH	g201ORIG	What is (your/his/her) origin or descent? Or some other area [SPECIFY]
G	ORIGPR	g201ORIG	What is (your/his/her) origin or descent? Puerto Rican
G	ORIGSAL	g201ORIG	What is (your/his/her) origin or descent? Salvadoran
G	USPAR	S9	Were either or both of your parents born outside the 50 states (or the District of Columbia)?
G	USSPPAR	S9a	Were either or both of [SPOUSE/PARTNER]'s parents born outside the 50 states (or the District of Columbia)?

CHANGES TO THE ROUND SIX HOUSEHOLD SURVEY (cont'd.)

Variables Moved in the Round 6 Household Survey						
R5 Section	R6 Section	R5 Variable name	R6 Variable Name	Question number	Question text	Notes
E	D	ITWEB	ITWEB	>IT1<	Do you ever go on line to use the Internet? (modified Pew, HINTS)	Question asked prior to usual source of care sequence.
E	D	ITOFTN	ITOFTN	>IT2<	In general, how often do you go online- several times a day, about once a day, 3-5 days a week, 1 to 2 days a week, once every few weeks, or less often than that? [modified KFF, PEW 2003]	Question asked prior to usual source of care sequence.
E	D	MAKEAPP	USCMKAPX	CAHPS5	In the last 12 months, <u>not</u> counting the times you needed care right away, did you make any appointments for your health care at this place?	Question now asked as part of usual source of care sequence.
E	D	WTAPPX, WTAPXX	USCWTAPX, USCWTAPC	E261R5@day	Thinking of the last time you made an appointment at this place, how long did you have to wait between the time you made the appointment and the day you actually saw a doctor or other health care provider?	Question now asked as part of usual source of care sequence.

CHANGES TO THE ROUND SIX HOUSEHOLD SURVEY (cont'd.)

Variables Added to the Round 6 Household Survey			
Section	Variable name	Question number	Question text
D	USCTIME	d121time	How long have you been going to this place that you usually go to when you are sick or need advice about your health?
D	ACCNITE	ACCESS1	Does this place have office hours at night or on the weekends? FROM MEPS ACCESS TO CARE SUPPLEMENT
D	ACCURGT	ACCESS2	In the past 12 months, have you tried to contact this place after their regular hours for an urgent medical need?
D	ACCDFCT	ACCESS3	How difficult is it to contact a doctor or other health care provider at this place after their regular hours in case of urgent medical needs- very difficult, somewhat difficult, not too difficult, or not at all difficult? MEPS ACCESS TO CARE SUPPLEMENT MODIFIED
D	ITAVAIL	IT3	As far as you know, can you ask a medical question at this place by e-mail or by visiting its web site?
D	ITYRCNT	IT4	In the last 12 months, did you e-mail this place or visit its web site with a medical question? CAHPS HIT FIELD TEST #18
D	ITGETANS	IT5	In the last 12 months, when you e-mailed this place or visited its website, how often did you get an answer to your medical question as soon as you needed- never, sometimes, usually, or always? CAHPS HIT FIELD TEST #19
D	TAKERX	rx1	During the last 12 months, have you taken any prescription medicines?
D	USCTLKRX	rx2	In the past 12 months, did USCFILL talk with you about all of the different prescription medicines you are using, including medicines prescribed by other doctors?
D	USCNVST	USCVISIT2	In the last 12 months, how many times did you visit USCFILL to get care for yourself [CAHPS 4.0 HEALTH PLAN SURVEY, #10]?
D	USCTEST	medtest1	In the last 12 months, did USCFILL send you for a blood test, x-ray, or other test?
D	USCGTTST	medtest2	Did you get any tests or x-rays that USCFILL ordered?
D	USCFLTST	medtest3	In the last 12 months, when USCFILL sent you for a blood test, x-ray, or other test, how often did someone from the office follow up to give you test results? Would you say never, sometimes, usually, or always?
D	USCITUSE	IT7	Doctors [USCFILL2] may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 12 months, did USCFILL use a computer or handheld device during any of your visits? CAHPS HIT FIELD TEST #39
D	USCITRST	IT8	During your visits in the last 12 months, did USCFILL ever use a computer or handheld device to look up test results or other information about you? CAHPS HIT FIELD TEST #40
D	USCITINF	IT9	During your visits in the last 12 months, did USCFILL ever use a computer or handheld device to show you information? CAHPS HIT FIELD TEST #41

D	USCITRX	IT10	In the last 12 months, did USCFILL ever use a computer or a handheld device to order your prescription medicines? CAHPS HIT FIELD TEST #42
D	USCITHLP	IT11	During your visits in the last 12 months, was the use of a computer or handheld device by USCFILL definitely helpful to you, somewhat helpful to you, or not at all helpful to you? CAHPS HIT FIELD TEST #43
E	SPECWHO	CAHPSSP1	Was the specialist that you saw most recently your usual doctor or was it a different specialist? (Source: CAHPS, ACES?)
E	SPECSRC	CAHPSSP2	Was this visit to a specialist recommended by your usual doctor, another healthcare provider, or did you decide to see this person on your own? (Source: ACES)
E	DRASAP	CE3a	Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement as it applies to you personally. a. Usually, you go to the doctor as soon as you start to feel bad.
E	DOCAVOID	CE3b	Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement as it applies to you personally. b. You will do just about anything to avoid going to the doctor.
E	DNHINS	CE3c	Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement as it applies to you personally. c. I'm healthy enough that I really don't need health insurance.
E	NOTWORTH	CE3d	Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement as it applies to you personally. d. Health insurance is not worth the money that it costs.
E	CIHRDCPY	CI1_D	During the past 12 months, did you look for or get information about a <b>PERSONAL</b> health concern: d. From newspaper, books or magazines
E	CITREAT	CI2a	Did the health information you obtained in the past 12 months from any of these sources affect a. your understanding about how to treat an illness or condition ?
E	CIMAINIT	CI2b	Did the health information you obtained in the past 12 months from any of these sources affect b. your overall approach to maintaining your health ?
E	CICOPE	CI2c	Did the health information you obtained in the past 12 months from any of these sources affect c. the way you cope with a chronic condition or manage pain?
E	CIDCSN	CI2d	Did the health information you obtained in the past 12 months from any of these sources affect d. a decision about whether to see a doctor?
E	CIASKDR	CI2e	Did the health information you obtained in the past 12 months from any of these sources affect e. whether you asked a doctor a question?
E	CI2NDOP	CI2f	Did the health information you obtained in the past 12 months from any of these sources affect f. a decision to seek a second opinion from another doctor?
E	CIEXRCS	CI2g	Did the health information you obtained in the past 12 months from any of these sources affect g. your approach to diet, exercise, or stress management ?

E	ACIHRDCY	C13_D	During the past 12 months, did you look for or get information about a health concern for <b>another adult</b> , such as a friend or family member: d. From newspaper, books or magazines
E	WEBOFTN	C17	During the past 12 months, about how often did you go on-line to look for personal health information? Would you say less than five times, five to nine times, or ten or more times?
E	WEBUSFL	C18	How useful was the health information you found on-line? Would you say not at all useful, a little useful, somewhat useful, or very useful?
F	EMPTEMP	f351	Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is (your/fill NAME) job at your employer temporary? MEPS EM105C
F	EMPYEAR	f361	Is (your/fill NAME's] job at (your/his/her) employer a year round job or is it only available during certain times of the year? [MEPS 105C]
F	XJOBHI	f551JL	In the past 12 months, did you pass up a job opportunity mainly because you wanted to keep your current health insurance coverage ?
F	XSPJOBHI	f552JL	In the past 12 months, did your (husband/wife) pass up a job opportunity mainly because (he/she) wanted to keep your current health insurance coverage?
H	PHNLAND	T1c	Are there any telephone numbers INSIDE your home that people receive calls on but that are NOT cell phones?
H	NUMCELL	T4c	Not counting (201) 555-5383, how many working cell phones do you and other adults in your household have?
H	ADLTCELL	T6c	How many adults in the household have a cell phone they receive personal calls on?
H	SHRCELL	T7c	Do you share THIS cell phone with other adults in the household?
H	NOLAND	T9c	Not counting cell phones, has your household been without telephone service for two weeks or more during the past 12 months?

TABLE III.3

SOURCE OF DATA FOR INDIVIDUALS IN THE ROUND SIX HOUSEHOLD SURVEY, BY QUESTION TOPIC

Family Insurance Unit Member	Question Topic												
	Household Composition (Sec. A)	Insurance Coverage (Sec. B)	Service Use/Expenses and Bills (Sec. C)	Unmet Needs (Sec. C)	Usual Source Of Care/Affordable Medical Care (Sec. D)	Satisfaction with Health Care (Sec. E)	General Health Status (Sec. E)	Specific Health Status Information (Sec. E)	Perceptions of Care Delivery and Quality (Sec. E)	Consumerism and Health Information Seeking (Sec. E)	Employment/Earnings/Employer Plans (Sec. F)	Family Income (Sec. G)	Ethnicity/Race/Citizenship (Sec. G)
Family Informant	H	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1
Spouse	H	F1	F1	SRM	SRM	SRM	F1 and SRM	SRM	SRM	SRM	F1	F1	F1
Randomly Selected Child	H	F1	F1	F1	F1	F1	F1	F1	Not Asked	F1	Not Asked	F1	Not Asked
Other Children	H	Data not available—not randomly selected child											
Family Informant	H	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2
Spouse	H	F2	F2	SRM	SRM	SRM	F2 and SRM	SRM	SRM	SRM	F2	F2	F2
Unrelated Adult	H	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3

<b>H</b>	Data provided by the household informant (typically person who answers the telephone, if adult)
<b>Fi</b>	Data provided by family informant for family insurance unit “i”
<b>SRM</b>	Data provided by the individual adult family member via the self-response module questions
<b>Fi and SRM</b>	Data on general health status provided by the family informant. Detailed health information provided by the individual family member

## **C. ADVANCE MATERIALS, SURVEY INTRODUCTION, AND INCENTIVES**

Notifying potential respondents to a telephone survey by mail before an initial call is made can reassure them about a survey's authenticity and purpose. The general public's willingness to participate in a survey may also be increased by obtaining sponsorship or endorsement from a well-known public organization and by designing a convincing survey introduction that describes the survey's purpose and value. Monetary incentives also can be effective in increasing participation in surveys. For round six households for whom we located published addresses, we used both an initial prepayment and offered postpayment incentives, following procedures tested in round five and summarized in HSC Technical Publication #72 (Strouse, et al, June 2009). A small five dollar incentive was included with the advance letter to encourage initial participation by households receiving the letter. Since the survey included about 20 minutes of questions that had to be answered by each adult in the household, the advance letter stated that we would mail checks for \$40 to each eligible adult who participated in the survey. Households with unlisted telephone numbers were offered the \$40 incentive for each adult during the survey introduction but could not receive the five dollar cash incentive or the advance letter. (Advance letters are shown in Appendix B.)

### **1. Survey Introduction**

The initial survey introduction was similar to that used in rounds four and five, briefly mentioning the survey's purpose, the advance letter (if one was mailed), and the promised incentive. We gave interviewers additional text to answer respondents' questions, including why health tracking is important, examples of the types of questions included in the survey, a contact at RWJF to verify the survey's authenticity, and additional background on sponsorship, interview length, and respondent selection. The initial introductions used for households with published and unpublished addresses are shown below:

## PUBLISHED ADDRESSES:

>paa3< Hello, this is NAME, calling on behalf of the Robert Wood Johnson Foundation. The Foundation is conducting an important national health care study and would like you to participate. We will pay you and every adult member in your family who agrees to answer a short interview \$40 for your time. May I speak to an adult in the household who is knowledgeable about your family's health care?

CONTENT: The interview includes questions about you and your family's health and your views about the quality and cost of health care

SPONSOR: The study is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company. The RWJF website is [www.rwjf.org](http://www.rwjf.org).

LENGTH: For most families the interview averages about 30 to 40 minutes; it is about 15 to 20 minutes for single persons.

CONTACT: If you would like to find out more about the study or the foundation, you can call [insert] at [fill phone number]

CONFIDENTIALITY: The survey is confidential and you don't have to answer any questions you don't want to.

SELECTION: Your telephone number was randomly generated by a computer to represent many others in your community.

## UNPUBLISHED ADDRESSES (AND HOUSEHOLDS THAT DID NOT RECALL SEEING THE ADVANCE LETTER):

>paa4< Hello, this is NAME, with the Health Tracking Household Survey, a nationwide study to understand how changes in healthcare are affecting people. As a token of our appreciation, we'll send you and each adult in your family who participates in the interview \$40. I need to speak with an adult in the household who is familiar with the health care of family members. Would that be you?

## D. INTERVIEWER SELECTION AND TRAINING

### 1. Recruitment

Interviewing for the RDD sample was conducted by Mathematica in its Princeton, New Jersey, survey operations center (SOC) and at Interviewing Services of America's (ISA) Van



Nuys, California office. Altogether, 83 telephone interviewers were trained for the round six household survey (68 telephone interviewers at Mathematica and 15 telephone interviewers at ISA). Interviewing supervisors received a detailed manual with additional information enabling them to respond to interviewers' questions and resolve routine problems. Interviewers received a question-by-question review of the survey, approaches to contacting respondents, disposition coding, and follow-up training on interviewing problems and refusal avoidance.

## **2. Telephone Interviewer Training Program**

New interviewers were given Mathematica's standard general interviewer training program, which lasted 8 hours and was conducted in two 4-hour sessions. Topics included obtaining cooperation, understanding bias, using probing methods, using the CATI system, and resolving administrative issues. A variety of media and methods were used in training, including a videotape on the role of the interviewer, discussion on ways to avoid bias, role-playing, and written exercises.

Next, training on the survey instrument lasted 8 hours, with up to 8 hours of additional practice sessions, if necessary. The training session covered the following topics:

- An introduction to the project and sample design
- A review of the CATI instrument
- Question-by-question review of the instrument presented on a video screen
- Review of contact procedures, advance materials, methods for gaining cooperation, and appropriate responses to respondents' questions
- Hands-on practice with scripted mock interviews
- Exercises to test respondents' skills in obtaining cooperation
- Review of disposition coding and call scheduling

Mathematica staff conducted all of the interviewer training sessions. Appendix C of this report contains the training guide for round six. Supervisors reinforced training techniques throughout the survey by monitoring calls and providing regular feedback; approximately 10 percent of the interviews were monitored. In addition, Mathematica staff conducted refusal conversion training sessions, during which trainers reviewed effective approaches and interviewers shared experiences about the success or failure of various techniques.

#### **E. CATI SYSTEM**

All data collected for the Household Survey were produced using computer programs made available through the Computer-Assisted Survey Methods Program (CSM), University of California, Berkeley.<sup>9</sup>

Mathematica used the CASES program to develop instruments and data cleaning programs for the Household Survey. In addition, we developed customized programs for allocating the sample and for controlling the distribution and timing of calls and developed specialized reports for monitoring the survey results (discussed in Chapter IV).

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<sup>9</sup>Neither the CSM staff nor the University of California bear any responsibility for the results or conclusions presented here.

## IV. DATA COLLECTION

### A. OVERVIEW

For round six, we interviewed 9,165 family insurance units (FIUs), including 14,403 eligible adults and 2,268 sampled children younger than age 18, for a total of 16,671 people (see Table IV.1). Because the probability of selection of telephone numbers was uniform across the entire sample, the weighted and unweighted response rates are virtually identical, and the weighted rates presented are simply described as response rates. The round six household-level response rates were 47.5 and 31.4 percent for the landline and cell samples, respectively, and the corresponding FIU-level response rates were 45.6 and 29.2 percent.

In this chapter, we describe the data collection efforts and changes from prior rounds, including (1) the organization of the survey, (2) response rate calculations and recent trends in the Household Survey and related surveys, (3) efforts to reduce nonresponse, including call-scheduling procedures, use of Spanish-speaking interviewers, refusal conversions, monetary incentives, and selective use of proxy respondents; (4) quality assurance procedures; and (5) data editing and file preparation.

TABLE IV.1

NUMBER OF INTERVIEWS COMPLETED WITH FIUs AND PERSONS BY ROUND OF  
THE HOUSEHOLD SURVEY  
(Numbers)

	Round One	Round Two	Round Three	Round Four	Round Five	Round Six
Number of FIUs						
RDD	32,079	31,278	31,744	24,613	9,407	9,165
Field	635	769	925	806	0	0
<b>Total</b>	<b>32,732</b>	<b>32,047</b>	<b>32,669</b>	<b>25,419</b>	<b>9,407</b>	<b>9,165</b>

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Number of Persons						
Adults	49,807	48,724	49,603	39,260	15,197	14,403
Children	10,639	10,232	10,122	7,327	2,600	2,268
<b>Total</b>	<b>60,446</b>	<b>58,956</b>	<b>59,725</b>	<b>46,587</b>	<b>17,797</b>	<b>16,671</b>

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## B. ORGANIZATION OF THE SURVEY

Interviewing was conducted from April 2010 to March 2011 in Mathematica’s Princeton, New Jersey survey operations center and Interviewing Services of America’s (ISA) Van Nuys, California office.

Reports on the progress of data collection were transmitted daily to the operations centers. The survey reports enabled project managers and interviewing supervisors to monitor production and performance continuously. Several reports were produced, including:

***Status Disposition reports.*** These showed daily and cumulative distributions of interim and final survey disposition codes (completions, various nonresponse and ineligibility dispositions, and current statuses for active cases), for the total sample; for each stratum; and for subgroups, including landline, cell phone, Spanish-speaking and refusal conversion samples.

***Daily Interviewer Performance reports.*** These monitored last-day and cumulative performance statistics, including completions, separate self-response modules, first refusals, final refusals, number of calls, time per call, and time per completed interview. The interviewer performance reports were generated for all interviewers, with separate reports for interviewers from each survey operations center.

These reports were supplemented by regularly scheduled weekly conference calls with survey supervisors and by visits to the survey operations centers by survey managers.

## C. RESPONSE RATES

### 1. Calculation of Response Rates

Response rates were calculated at the household and FIU levels. The response rate is based on the standard definition the American Association for Public Opinion Research has proposed

for surveys with unknown eligibility for some interviewing units (American Association for Public Opinion Research 2000):

$$(1) \quad RR = I / [I + P + (R + NC + O) + e(UH + UO)],$$

where:

- $RR$  = response rate
- $I$  = complete interview
- $P$  = partial interview (insufficient data for analysis)
- $R$  = eligible refusal
- $NC$  = eligible noncontact
- $O$  = other eligible
- $UH$  = unknown whether household or occupied household
- $UO$  = unknown other
- $e$  = estimated proportion of cases with unknown eligibility that are eligible

The household-level response rate is the ratio of the number of households in which at least one FIU interview was completed to the estimated number of eligible households. This response rate calculation is comparable to that used in many surveys, such as the CPS. We could not determine residency for all sampled telephone numbers. Using methods described below, we estimated the number of telephone numbers with undetermined residency that were residential. Because the survey was designed to represent the civilian noninstitutionalized population, some residences were not eligible for the survey. We also estimated survey eligibility for confirmed residential households for which the household demographic section was not completed.

The primary interviewing unit for the Household Survey is the FIU, rather than the household. Consequently, we computed an FIU-level response rate that is the product of the

household-level response rate and the percentage of eligible FIUs within completed households that responded. The following sections describe how we calculated response rates. Table IV.2 shows the disposition of the RDD household sample, by sample type, and Table IV.3 shows the disposition of the RDD sample at the FIU level.

TABLE IV.2  
FINAL ROUND SIX HOUSEHOLD-LEVEL SURVEY DISPOSITION (Numbers)

Code	Status	Total Count	Landline Count	Cell Phone Count
<b>Complete</b>				
1	All components complete	6656	5062	1594
2	Core complete, self response missing	519	346	173
3	Core complete, secondary FIU missing	421	251	170
<b>Ineligible</b>				
41	No eligible person in household	761	31	730
42	Computer, fax, or modem	2149	2124	25
43	Disconnected, out of service	18151	10036	8115
44	Likely nonworking cell	1174	9	1165
45	Non-residence	3640	2455	1185
<b>Residential, Non-responding household</b>				
22	Breakoff	184	110	74
20	Hung up during introduction	1682	761	921
21	Household refusal	8154	4471	3683
30	Language barrier	49	35	14
31	Illness barrier	27	21	6
34	Maximum calls	188	90	98
39	Other nonresponse	2	0	2
66	Effort ended	87	41	46
<b>Undetermined Residency</b>				
64	Answering service	1	1	0
65	Ring, no answer	2537	2446	91
67	Mechanical answering device	180	117	63
68	Maximum calls, probable business	1	1	0
36	Maximum calls, probable residence (interviewer noted that telephone number is linked to a probably residence)	7175	3661	3514
<b>Total</b>		<b>53738</b>	<b>32069</b>	<b>21669</b>

TABLE IV.3  
FINAL ROUND SIX FIU-LEVEL SURVEY DISPOSITION<sup>a</sup>  
(Numbers)

Responding Eligible FIU	9165
Nonresponding Eligible FIU	462
Ineligible FIU (no civilian adults)	117
<b>Total</b>	<b>9744</b>

**a. Determining Residency for the RDD Sample**

When calculating a response rate, the denominator should reflect all eligible cases sampled. In many surveys, however, eligibility status is not determined for all cases and must be estimated. For RDD surveys, residency typically is not established for all sampled telephone numbers, even after many calls have been made. For example, some telephone numbers ring when dialed, even though the telephone number is not in use. Consequently, the first step in computing the RDD response rate was to estimate residency for sampled telephone numbers. Residency status was determined for 81.6 percent of the 53,738 sampled telephone numbers (Table IV.2) – 80.6 percent for the landline sample and 83.1 percent for the cell phone sample. More than half of these were found to be nonresidential or nonworking numbers: 45.6 percent of the landline sample and 48.4 percent of the cell phone sample were found to be nonworking or business numbers or numbers for data transmission (computer/fax/modem). Residency was not confirmed for the remaining sample, which included 4.7 percent ring, no answers; 0.3 percent mechanical answering devices or answering services; and 13.4 percent with some personal contact, but with no confirmation of residency after the maximum number of calls were made.

Various methods have been used to estimate residency for telephone numbers where eligibility cannot be determined by calling the number. For the third round of the Household

Survey, we compared three procedures commonly used to estimate residency for RDD surveys (see Appendix E of Technical Publication 46 on HSC’s website). We evaluated the CASRO method (two variations),<sup>10</sup> the “business office” method, and the survival analysis method developed by Brick et al. (2002). The CASRO method assumes that the unresolved telephone numbers have the same residency rate as resolved telephone numbers. The “business office” method (see Brick and Broene 1997; Shapiro et al. 1995; Brick et al. 1998) involves asking telephone companies to provide the residential status of all, or a sample of, unresolved telephone numbers, or using estimates from other studies. Directly contacting telephone companies is problematic due to the lack of cooperation; estimates from other studies are usually based on dated information.

The survival analysis method not only looks at whether the number is resolved as residential or not (or left unresolved), but also models the time until resolution of a telephone number. The idea behind using this method is that the additional information about time until resolution should provide a more accurate estimate of the residency rate than simply using the final resolution status.

Carlson and Kasprzyk (2004) compared the survival and CASRO methods as part of a session at the 2004 Joint Statistical Meetings, concluding that the survival analysis method was too unstable in terms of the residency rates it generates for unresolved telephone numbers. The unresolved residency rates it generated varied significantly with slight changes in assumptions, while the CASRO residency rate and the overall residency rate from the survival analysis method

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<sup>10</sup>CASRO stands for the Council of American Survey Research Organizations, and its special report, “On the Definition of Response Rates.” L.R. Frankel, Chairman, “A Special Report of the CASRO Task Force on Completion Rates,” June 1982. We refer to this method as CASRO, because one option in its recommendations is to apply the eligibility rate for cases with determined eligibility status to those with undetermined eligibility status.



both remained fairly stable under slightly different scenarios. The overall residency rate it generated was also quite comparable to the rate resulting from the CASRO method, likely due to the very large number of call attempts that we made in the Household Survey before classifying a telephone number as unresolved. As a result, we used the CASRO method for estimating residency for undetermined telephone numbers for rounds three and four.

For rounds five and six, we modified the way we calculated the CASRO residency rate by first dividing the sample into categories or cells based on call history dispositions that were likely to be homogeneous in terms of residency rates. For round five we used 11 categories and for round six 12 categories. Our approach was adapted from a method described in a paper by Kennedy et al. (2008). While their study was designed for RDD surveys with relatively brief field periods and more limited numbers of attempts than the Household Survey, their use of call history categories to stratify the sample to estimate residency for undetermined telephone numbers could be applied to the Household Survey.

Kennedy et al. (2008) developed an empirical residency rate among unresolved telephone numbers that could be applied to other RDD surveys with similar designs (five day field period). Each number that was unresolved after five attempts but later resolved (during the main or extended field period) was classified as to whether an address could be linked to the number, and whether a busy signal was ever encountered during the main or extended field period.<sup>11</sup> They calculated the residency rate within each of the four categories resulting from the cross-classification of these two characteristics, and applied that to the phone numbers that were never resolved (after the extended period) to get an overall residency rate of 47 percent among those unresolved after the main five-day field period.

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<sup>11</sup> They also report on a separate sample for which phone numbers unresolved after five days were sent to a data vendor for classification as residential or nonresidential/nonworking.

Because our survey had a much longer field period (comparable to their study’s “extended period”), we focused on how they handled the never-resolved cases, using known characteristics from the call histories. We first divided the sample by phone type (landline vs. cell phone) and then into cases where residency was determined based on numbers of call attempts (more than five vs. five or fewer). For those with five or fewer attempts, a single residency rate was computed for each phone type. For those with more than five attempts and known residency status, we ran a number of cross-tabulations, crossing residential status with number of refusals or hang-ups, whether any calls reached an answering machine, whether any contact was made, and the number of calls reaching faxes. These characteristics were related to household status, so we created composite variables crossing the values of all four variables, then collapsed some of the smaller categories with others that had similar residency rates. We ended up creating twelve categories based on phone type, the number of call attempts, the number of refusals or hang-ups encountered, the number of call attempts resulting in fax/modem tones, whether any contact was made with a person, and whether any call attempts reached a mechanical answering device. The residency rates for telephone numbers with resolved residency are shown by category below:

#### A. Landline Sample

five or fewer call attempts: 20.74 percent residential

more than five attempts and:

- no refusals, no contact: 0.99 percent
- no refusals, no mechanical answering devices (MAD), some contact: 50.40 percent
- some MAD, some contact, no fax: 80.33 percent

- 1 refusal, some contact, one or more fax: 32.18 percent
- 2+ refusals, some contact, no fax: 93.90 percent
- other, some contact, one or more fax: 64.71 percent

## B. Cell Phone Sample

five or fewer call attempts: 18.51 percent residential

more than five attempts and:

- no MAD, some contact, no fax: 32.29 percent
- any MAD, some contact: 66.31 percent
- 2+ refusals, some contact: 91.32 percent
- other: 0.62 percent

These residency rates were then applied to telephone numbers with unresolved residency and the same call history characteristics and phone type.

### **b. Household Response Rate for the RDD Sample**

To calculate an interview response rate at the household level, we first determined whether each telephone number was residential and then determined whether each household completed at least one FIU interview.

We classified each telephone number according to the disposition codes in Table IV.2:

- A. At least one eligible responding FIU in the household—codes 1, 2, 3 (n = 7,596)
- B. Eligible nonresponding household—code 22 (n = 184)
- C. Nonresponding residential household, with insufficient information to determine whether there is an eligible FIU—codes 20, 21, 30, 31, 34, 39, 66 (n = 10,189)
- D. Residential household, where all FIUs in the household are ineligible—code 41 (n = 761)

- E. Telephone number was coded by the interviewer as nonresidential or nonworking—codes 42, 43, 44, 45 (n = 25,114)<sup>12</sup>
- F. Unable to determine whether telephone number was residential (n = 9,894)
- F1. Ring, no answer—code 65 (n = 2,537)
  - F2. Mechanical answering device/service—codes 64, 67 (n = 181)
  - F3. Maximum calls—codes 36, 68 (n = 7,176)

Within each of the 12 categories described above (*c*) we calculated a residency rate among telephone numbers with resolved residency status, we calculated a survey eligibility rate among residential households with known survey eligibility:

$$(3) \quad RSDR_c = (A_c + B_c + C_c + D_c) / (A_c + B_c + C_c + D_c + E_c).$$

$$(4) \quad SER_s = (A_s + B_s) / (A_s + B_s + D_s).$$

We then calculated within each category the estimated number of eligible households as:

$$(5) \quad HH_s = A_s + B_s + C_s + F_s \cdot RSDR_c \cdot SER_s.$$

Finally, we calculated a household response rate, as follows:

$$(6) \quad HRR_s = \frac{A_s}{HH_s}.$$

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<sup>12</sup> This does not count those landline phone numbers screened out as nonresidential or nonworking by Genesys CSS, which excludes many business, nonworking, and cellular numbers before an interviewer calls the telephone number (n = 32,203). In previous rounds, these cases were included in the CASRO residency rate calculation. Because the new methodology excludes from the estimated residency rate any phone numbers that were resolved within five call attempts, and these screened out numbers were resolved with no call attempts, they were not included in these calculations.

**c. Family Interview Response Rate**

To calculate an interview response rate at the FIU level, we began with all FIUs in responding households (that is, households with at least one eligible responding FIU). We classified each FIU in the RDD sample according to the categories in Table IV.3 as follows:

- a. FIU is eligible for the survey and responded to interview (n = 9,165).
- b. FIU is eligible for the survey but did not respond to interview (n = 462).
- c. FIU is ineligible for survey (n = 117).

We then calculated an FIU-level response rate conditioned on being in a household with at least one completed FIU interview:

$$(12) \quad FRR_s = \frac{A_s}{A_s + B_s}.$$

The combined response rate (which we will call the *FIU response rate*) is the product of these two rates:

$$(13) \quad RR_s = HRR_s \cdot FRR_s.$$

The round six household-level unweighted response rate across both sample types is 41.9 percent, and the FIU-level unweighted response rate is 39.9 percent. For the landline sample only, the unweighted household response rate was 47.3 percent (47.5 percent weighted) and the unweighted FIU rate was 45.4 percent (45.6 percent weighted). For the cell phone sample, the unweighted household response rate was 31.3 percent (31.4 percent weighted) and the unweighted FIU rate was 29.1 percent (29.2 percent weighted). The FIU level response rate is lower than the household rate because some households included multiple FIUs, where some but

not all FIUs responded to the survey. All persons within responding FIUs had a completed core interview, by definition, because the informant responded on behalf of all persons in the FIU.

For the self-response module (SRM), not all adults responded within responding FIUs. The SRM response rate among adults within responding FIUs was 95.3 percent, either through self or proxy response.<sup>13</sup> The equivalent questions for the randomly selected child were part of the core questionnaire, and therefore had no non-response among responding FIUs.

The initial FIU interview was conducted with an informant who answered for all sampled FIU members. However, each adult in the FIU was asked to self-respond to a subset of subjective questions (the self-response module). In certain circumstances, such as when an adult FIU member was too ill to respond, temporarily unavailable, or unwilling to respond after several interviewing efforts had been made, the family informant was allowed to complete the self-response module for that FIU member. For round six, among the 14,403 adults in completed FIUs, 13,493 (93.7 percent) responded for themselves, 235 (1.6 percent) were completed by the family informant, and the remaining 4.7 percent did not respond. Because less than five percent of adults were nonrespondents, in round six a separate weight was not constructed to account for nonresponse to the self-response module.

#### **D. EFFORTS TO INCREASE RESPONSE TO THE SURVEY**

Procedures used to increase response to the survey were consistent with prior rounds including:

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<sup>13</sup> We found in round 5 that households that received a \$5 cash prepayment in the advance mailing had less unit non-response than those that did not receive a cash prepayment (CyBulski, Barton and Carlson, 2008) and that a \$40 promised incentive increased the response rate by about 4 percent compare to a \$20 promised incentive (Carlson, CyBulski and Barton, 2008). We hypothesize that the combination of a \$5 cash prepayment and a \$40 post payment account for the higher SRM response rate in round 6 (95.3 percent) compared to round 5 (88.9 percent).

- Making up to 35 calls to determine residency and 50 or more calls to complete interviews with residential households
- Offering Spanish-speaking interviewers to respondents who preferred to conduct the interview in that language
- Making up to three rounds of refusal conversion calls (using more experienced interviewers); the number of rounds would vary by case, depending on the firmness of the refusal
- Offering monetary incentives
- Leaving messages on mechanical answering devices.

## **1. Initial Calls**

Calls to households were dispersed across various times of the day and days of the week.

There were seven respondent time slots defined over the interviewing week:

- Weekdays 9 A.M. to 6 P.M.
- Weekdays 6 P.M. to 8 P.M.
- Weekdays 8 P.M. to 9 P.M.
- Saturday 9 A.M. to 12 P.M.
- Saturday 12 P.M. to 9 P.M.
- Sunday 9 A.M. to 5 P.M.
- Sunday 5 P.M. to 9 P.M.

At the beginning of each time slot, an algorithm was used to calculate a priority for each non-appointment case based on the number of days since the case was last attempted, the number of attempts in the current time slot, and the number of attempts in all the other time slots. This algorithm was constructed so that, initially, a case would be called in each time slot, one call per

day. Then it would be called in each time slot, one call every other day, then every third day, and so on (assuming adequate available sample and staffing).

## **2. Follow-Up Calls for the RDD Sample**

Telephone numbers in the RDD sample were controlled by the CATI scheduler, which randomly assigned sampled telephone numbers to interviewers. Nonscheduled calls were based on optimal calling patterns (according to the algorithm described above), dispersed over different times of the day and different days of the week.) Firm appointments were scheduled within a 20-minute window; other appointments were scheduled within a 60-minute time period, based on information the interviewer provided. Separate queues were set up for Spanish-speaking interviews, for households with addresses and for refusal conversions (discussed below).

## **3. Interviews Conducted in Spanish**

We prepared a Spanish version of the CATI instrument and trained bilingual telephone interviewers to conduct interviews with family informants or adults for whom self-response modules were required and who preferred to conduct the interview in Spanish.

## **4. Refusal Conversions**

Based on our experience in prior rounds of the Household Survey, we anticipated a high volume of refusals and trained a pool of our best interviewers to convert refusals. Refusal converters used information about the reason and intensity of the prior refusals in planning their calls. We attempted to convert refusals with interviewing units (households, FIUs, or individuals) that had refused one or two times. To minimize antagonizing respondents, we



allowed a minimum of four weeks between refusal conversion attempts.<sup>14</sup> The refusal pool included respondents who hung up the telephone before the interviewer completed the introduction (HUDIs), those who said they preferred not to be interviewed (refusals), those who terminated the call after the screener was completed (breakoffs), and those with electronic privacy managers.<sup>15</sup>

Refusal conversion efforts were necessary to achieve an acceptable response rate. At least one refusal or HUDI occurred in 4,250 screened households, or 54 percent of the 7,829 households for which eligibility was determined. Overall, 19.4 percent of the refusals were converted, with 14.0 percent converted after the first refusal, 5.0 percent after two refusals, and 4.4 percent after three or more refusals.

Overall 11,474 eligible or undetermined cases had one or more refusals. We successfully converted 20 percent of the refusals (12 percent occurred during the first refusal conversion attempt and 8 percent after two or more refusal conversion attempts). Refusal conversion was more successful for the landline sample, where overall 25 percent of the refusals were converted (15 percent occurred during the first refusal conversion attempt and 10 percent after two or more refusal conversion attempts). For the cellular sample, the overall refusal conversion rate was 12 percent (7 percent occurred during the first refusal conversion attempt and 5 percent occurred after two or more refusal conversion attempts).

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<sup>14</sup>Typically, a final status code of refusal would be assigned after two refusals; however, a few cases were tried more often if the supervisor felt that the prior refusals might have been miscoded and the respondent was simply busy when the interviewer called.

<sup>15</sup>A privacy manager is a call-screening device that works with Caller ID to intercept and identify incoming calls. The privacy manager requests the caller's name, which appears on the Caller ID box. The recipient can then choose to accept or reject the call, send the call to a mechanical answering device, or send a scripted rejection to solicitors.

## **5. Monetary Incentives**

Throughout the five rounds of the Household Survey, we used large cash incentives. We did this (1) to minimize the impact of nonresponse, (2) to maintain incentives comparable to those offered to people selected for other surveys using the Household Survey as a sample frame, and (3) to encourage participation in the self-response module by adults other than the family informant. Because data obtained from the self-response module were critical to many analyses, we did not want to risk losing observations as the length of this module increased. The development of the Household Survey incentive structure is discussed in technical reports for prior rounds (see Technical Publications 15, 34, 46, 62, and 72 on HSC's Web site at [www.hschange.org](http://www.hschange.org)).

Incentives used in round six were consistent with round five and based on experiments conducted for that survey. For round six, we used a mix of pre- and post-paid incentives to households with published addresses and offered a post-paid incentive only to those for whom we could not obtain published addresses. Households with published addresses were mailed a letter (see Appendix B) with a five dollar bill prior to being contacted to encourage participation. The letter also noted that each adult participating in the survey would receive an additional \$40. During the survey introduction, the interviewer again mentioned the \$40 incentive for each adult in the household. For households without published addresses, interviewers mentioned the incentive as part of the introduction.

## **6. Messages on Mechanical Answering Devices**

Some residential households were difficult to contact because they used mechanical answering devices to screen calls. Interviewers left the following message to counter these chronic no-answers:

I'm calling for the Community Tracking Study, a research project to see how managed care and other health care changes are affecting people. We're not selling anything or asking for money. We would like your household to participate in a brief interview and we will send each adult \$40 for helping us. Please call [NAME] at 1-800-XXX-XXXX. Thank you!

The interviewer also was instructed to leave notes in the CATI system indicating that the message had been left on the answering device, and to reference the message when calling back the next time. A second message could be left after a one-week interval; the limit was two messages per month.

#### **E. QUALITY ASSURANCE**

Production reports and regular online monitoring were used to evaluate interviewer performance. Daily production reports provided information on several performance indicators, including completed interviews and self-response modules, number of calls made, number of refusals, refusal conversions, time per call, time per interview, and the ratio of completed interviews to time spent charged to interviewing.

Interviewer conduct during interviews was evaluated primarily by having supervisors monitor actual calls, supplemented by review of interviewers' notes maintained in the CATI system. (The CATI system maintains all calls and notes recorded about monitored calls.) Supervisors monitored approximately 10 percent of the RDD interviews, increasing the monitoring level for new interviewers and those experiencing problems. Interviewing staff at ISA were monitored by on-site supervisory staff, as well as, Mathematica staff that remotely monitored their performance. The monitoring system enables supervisors to listen to interviews without either the interviewer's or respondent's knowledge. It also allows supervisors to view interviewers' screens while an interview is in progress. Interviewers are informed they will be monitored but do not know when observations will take place. Supervisors concentrate on

identifying behavioral problems involving inaccurate presentation of information about the study; errors in reading questions; biased probes; inappropriate use of feedback in responding to questions; and any other unacceptable behavior, such as interrupting the respondent or offering a personal opinion about specific questions or about the survey. The supervisor reviews results with the interviewer as soon as the interviewer has finished the interview.

## **F. DATA EDITING, CODING, AND CLEANING**

One of the most important advantages of computer-assisted surveys is that errors can be identified and corrected during the interview by building logic, range, and consistency checks into the program. The CATI program (CASES) also permits interviewers to back up and change answers to previously answered questions without violating instrument logic.

A cleaning program was written that enforced questionnaire logic. An interview could not be certified as clean until all appropriate questions had either been answered or assigned an acceptable nonresponse value and until the data record for each interview was consistent with the instrument program logic.

Survey questions were primarily closed-ended. Questions on industry were open-ended, and text responses were coded to the two-digit (1987) Standard Industrial Classification (SIC) coding structure.<sup>16</sup> A program was written to read text responses and, based on character strings in the text, to assign two-digit codes. Responses without recognizable patterns were manually coded; in addition, a coder reviewed a sample of computer-generated codes.

Personal identifying information remained confidential and was maintained in a separate file used only to assign respondent payments and subsequent interviews.

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<sup>16</sup>The SIC has been replaced with the North American Industry Classification (NAIC) System. However, to maintain consistency across all six rounds of the survey, we retained the industry categories used in prior rounds.

## **G. REFORMATTING DATA FILES AND FILE DELIVERY**

A program was written to reformat the cleaned instrument responses into FIU- and person-level data files. Programmers at Social and Scientific Systems, Inc. (SSS) then prepared analysis files in SAS, and additional edits are performed. The additional edits included checks on the number of missing values for FIU- and person-level data, checks on relationship codes, deletion of FIU and person records for which inconsistencies among relationships could not be resolved, assignment of additional nonresponse values, and some constructed variables. Weights were applied to the data files (see Chapter V), and weighted data files were delivered to SSS, which was responsible for building the public use files. Mathematica maintained instrument cleaning and reformatting programs used in the preparation of these files.

## V. WEIGHTING AND ESTIMATION

### A. OVERVIEW

In this chapter, we discuss weighting and estimation procedures. The Household Survey sample design for round six was complex, using clustering within households to produce national estimates. Using unweighted data is likely to produce biased estimates because the unweighted samples are distributed differently than the populations they represent. Weights were designed to restore proportionality to the sample and were adjusted to compensate for nonresponse at the household, FIU, and person levels. This difference in proportionality occurred for the following reasons:

- Landline RDD telephone numbers were sampled at a higher rate than cell phone RDD numbers.
- Because the RDD and cell phone frames overlapped, many households had more than one chance of selection.
- The landline RDD frame excluded banks of 100 numbers containing no published household numbers.
- Households had differing chances of selection based on the number of landline and cell telephones they owned.
- Within each FIU, we sampled only one child, resulting in different sampling rates at the person level
- Survey response rates differed among population subgroups.

Although the correct use of weights in analyzing Household Survey data substantially reduces the bias of estimates resulting from the sample design and survey nonresponse, the weights do not address the potential for bias resulting from item nonresponse or response errors. The procedures used to impute missing data for individual variables will be discussed in the round six Household Survey public- and restricted-use file user's guides (Technical Publications 83 and 85 on HSC's Web site). Estimates of sampling error that do not account for the use of

weights and the complex nature of the sample are likely to be severely understated. Specialized software is required to properly estimate standard errors of estimates from this survey; procedures for using different statistical software packages are discussed in “Comparison of Statistical Software Packages for Variance Estimation in the CTS Surveys” (Technical Publication 40 on HSC’s Web site).

**1. Weights Provided for Public and Restricted Use Files**

Two analysis weights, summarized in Table V.1, are available in both public and restricted use files researchers use when using the round six data. Weights were constructed to allow for national estimates at the individual and FIU level,<sup>17</sup> and for estimates particular to subgroups of the national population that are defined by geography or by economic or demographic classifications. The weights are computed using the features of the sampling design; therefore, all weights are design-based.

TABLE V.1  
 NAMES OF ROUND SIX HOUSEHOLD SURVEY WEIGHTS

Level of Analysis	National Estimate
Person	WTPER4
FIU	WTFAM4

Separate weights are provided for analyzing FIU data and for conducting person-level analyses of the core survey data. As previously mentioned, round six does not provide a separate weight for analyzing response to questions from the self-response module (SRM).

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<sup>17</sup>Throughout this report, “national” refers to the population of the 48 contiguous states and the District of Columbia. It does not include Alaska and Hawaii.

In surveys, nonresponse, poststratification, and other adjustments typically introduce variation in the sampling weights. In some situations, the combination of these adjustments produces disproportionately large weights. These large weights can decrease the precision of point estimates. We reduced the sampling error caused by extremely large weights by trimming them and distributing the excess among other weights. Although the difference between estimates using the trimmed or untrimmed weights is small, the trimmed weights result in better precision, with little or no additional bias.

## **2. Constructing Weights**

Each weight is the product of several factors:

- An initial weight, the inverse of the probability of selection, to correct for differences in probabilities of selection
- Nonresponse adjustment factors, to correct for differential nonresponse at the individual, FIU, and household levels
- Factors to adjust for representation on more than one sample frame
- Poststratification adjustments of weighted counts to external estimates of the population, and trimming of outlier weights

The weighting steps associated with these factors are outlined below in Part B in more detail.

## **3. Sampling Error Estimation**

Because sample-based estimates of population characteristics are not based on the full population, some element of uncertainty is always associated with these estimates. This element of uncertainty, known as *sampling error*, is an indicator of the precision of an estimate. Sampling



error is generally measured in terms of the standard error or the sampling variance, which is the square of the standard error.<sup>18</sup>

The complexities of the Household Survey design preclude the use of statistical software packages for variance estimation that do not account for such a design in their algorithms. The variance estimates from these statistical packages may severely underestimate the sampling variance in the Household Survey. Therefore, the survey data require the use of survey data analysis software or specially developed programs designed to accommodate the sample design and the statistic being estimated.

The sampling variance in the Household Survey is a function of the sampling design and the population parameter being estimated and is referred to as a *design-based sampling variance*. The survey database contains fully adjusted sampling weights for national estimates of FIUs and persons, as well as the information on sample design parameters (that is, strata and clusters) necessary to estimate the sampling variance for a statistic.

Most common statistical estimates and analysis tools (such as percentages, percentiles, and linear and logistic regression) can be implemented using Taylor series approximation methods. Survey data software, such as SUDAAN (Shah et al. 1997), and survey-specific procedures found in general purpose statistical software, use the Taylor series linearization procedure and can handle the multistage design and variance components in the Household Survey design.

The rest of this chapter discusses weighting procedures and sampling error estimation for the Household Survey in more detail. Section B discusses construction of the weights and the

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<sup>18</sup>The sampling variance is a measure of the variation of an estimator attributable to having sampled a portion of the full population of interest, using a specific probability-based sampling design. The classical population variance is a measure of the variation among the members of the population, whereas a sampling variance is a measure of the variation of the *estimate* of a population parameter (for example, a population mean or proportion) over repeated samples. The population variance is different from the sampling variance in the sense that the population variance is a constant, independent of the sample design, whereas the sampling variance decreases as the sample size increases. The sampling variance is zero when the full population is observed, as in a census.

procedures to identify and trim extremely large sampling weights. Section C covers sampling error and estimation.

## **B. CONSTRUCTING THE WEIGHTS**

First, we outline the general approach for constructing weights at the household, FIU, and person levels. For each level, we then describe the relevant sampling weights (defined here as the reciprocal of the probability of selection) and the nonresponse and poststratification adjustments to the weights. Finally, we present issues pertaining to the construction of the sample weights for national estimates.

As explained in Chapter II, sampling took place in several steps. We selected telephone numbers, identified households, defined FIUs within households, and collected data on FIUs and people in FIUs (all eligible adults age 18 and older and one randomly selected child). Each of these steps was considered in weighting. The steps necessary for calculating FIU- and person-level weights are listed here and described in the sections that follow:

- Calculate probability of selection of telephone numbers in the landline RDD and cell phone RDD samples
- Adjust for the telephone number resolution rate (determination of whether the telephone number was a working residential number)
- Adjust for the household screener rate (determination of the household's eligibility using household enumeration questions)
- Adjust for household nonresponse among eligible households
- Adjust for multiple telephones within a household
- Adjust for secondary FIU nonresponse within responding households
- Calculate the probability of selection for the randomly selected child
  
- Poststratify household weights to external estimates of households by phone usage (cell only, landline only, mixed use)
- Account for dual chances of selection for mixed-used households

- Poststratify person weights to external counts by demographic variables
- Trim outlier FIU and person weights
- Poststratify person weights again after trimming

## 1. Telephone Number Initial Weight

*Landline Sample.* The telephone number was the first stage of selection. The telephone number sampling weight accounted for the probability of selection of telephone numbers within each stratum. A telephone number 100-*bank* is defined as the first 8 digits of a 10-digit telephone number; a bank has 100 possible 10-digit telephone numbers associated with it. In the landline RDD sample, if at least 1 of these 100 possible telephone numbers was listed in a telephone directory as a residential number, then the bank was designated as a *working bank*. The probability of selection in round six is calculated, within stratum  $h$ ,<sup>19</sup> as:

$$(1) P(\text{case selected in } R6, \text{ stratum } h) = \frac{n_h}{N_h} \cdot \frac{nrel_h}{n_h - nbad_h},$$

where  $N_h$  is the number of working telephone banks times 100;  $n_h$  is the number of these telephone numbers selected;  $nbad_h$  is the number of these telephone numbers found to be nonworking or business or cellular numbers before release (using Genesys CSS); and  $nrel_h$  is the number of these telephone numbers released for interviewing. For round six, there were about 2.9 million working banks in the landline frame,<sup>20</sup> and we generated 64,250 landline telephone numbers in the sample across the five strata. Among these, 32,069 were not rejected by Genesys-

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<sup>19</sup>Throughout this chapter, we use the term *stratum*  $h$ . In the low-intensity sites, in which substratification was not used, stratum  $h$  refers to the entire site. For the high-intensity sites, it refers to the substrata within sites used in selecting the sample. Strata and substrata are defined in Chapter II, Section E.

<sup>20</sup> The actual number of working banks (and the associated sampling probabilities and weights) for both the landline and cell phone samples differed slightly over time, as we generated new sample for later releases.

CSS and were released for dialing. The probability of selection in each stratum was about .00022.

Once the probability of selection is calculated, the sampling weight is the reciprocal of that probability of selection:

$$(2) \quad SW(phone_h) = \frac{1}{P(\text{case selected in } R6, \text{ stratum } h)} .$$

The sampling weight for each telephone number released into the sample was about 4,530.

*Cell Phone Sample.* In the cell phone sample, the probability of selection for each of the released phone numbers was about .000056, and the sampling weight was about 18,000. For the cell phone sample, there currently is no procedure for excluding businesses and non-working numbers, so all 21,669 initially sampled cell phone numbers were released. The cell phone sample had only one stratum. The probability and sampling weight formulas for the cell phone sample are similar to those above for the landline sample.

## **2. Adjustments for Types of Household-Level Nonresponse**

We formed weighting cells to adjust for three kinds of household-level nonresponse: (1) inability to determine whether a sampled telephone number was a working residential number, (2) nonresponse to survey questions used to determine whether the household was eligible, and (3) nonresponse to the survey by eligible households (residences that contain at least one eligible adult).<sup>21</sup> The final status codes described in Chapter IV for calculating response rates were used

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<sup>21</sup>A household was eligible for the interview if it contained at least one civilian adult. People who were not on active military duty at the time of the interview were considered to be civilians. To avoid giving unmarried full-time college students multiple chances of selection, they were excluded from sampled dwellings in which their parents did not reside. Unmarried children younger than age 18 with no parent or guardian in the household also were excluded. Adults on active military duty were classified as ineligible; however, they could have been an FIU

for weighting. The status codes were classified into household, non-household/non-working, or unresolved. Then among the ones classified as households, they were further classified into survey-eligible response, survey-eligible nonresponse, household ineligible for survey, or undetermined (household did not complete screener).

We formed primary weighting cells based on geography. Within each of the four metro sample release strata in the landline sample, and within the cell phone stratum, we further subdivided the stratum by state to form the initial weighting cell. For the landline nonmetro stratum, we further subdivided by census region to form the initial weighting cell. To meet minimum cell size standards for responding households, we collapsed cells as needed. Based on generally accepted guidelines, we decided that each cell should contain at least 20 respondents and that the adjustment factor in each cell should be less than two. Cells that did not meet these criteria were combined with similar cells.

## 2a. Adjustment to Telephone Weight for Resolution of Residency of Telephone Number

For the telephone number weight, we made an adjustment for the inability to determine whether a sampled telephone number was a working residential number. To adjust for the telephone numbers with undetermined residency, we created the following adjustment factor:

$$(3) \quad A'_{nr}(phone_c) = \frac{\sum_{phone \in c} SW(phone_h)}{\sum_{det \ phone \in c} SW(phone_h)},$$

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*(continued)*

informant if there was at least one civilian adult in the family. FIUs in which all adults were active-duty military personnel, or were otherwise ineligible, were considered ineligible for the survey.

for telephone numbers in stratum  $h$ , which are in cell  $c$ , where the numerator is summed over all telephone numbers in cell  $c$ , and the denominator is summed over telephone numbers in cell  $c$  with a known residency status.

A telephone number weight adjusted for determination of residency resolution was then calculated for these cases:

$$(4) \quad W1(phone_h) = SW(phone_h) \cdot A'_{mr}(phone_c), \text{ if eligibility of telephone number determined}$$

$$W1(phone_h) = 0, \text{ otherwise.}$$

After this adjustment, telephone numbers with undetermined residency and telephone numbers known to be ineligible (nonresidential or nonworking) were removed from the weighting process.<sup>22</sup>

## 2b. Screener Nonresponse Adjustment to Household Weight

The next adjustments accounted for whether a residential household was eligible for the survey. To adjust for households with incomplete information on household eligibility, we created the following household eligibility nonresponse adjustment factor:

$$(5) \quad A'_{mr}(hhold_c) = \frac{\sum_{hh \in c} W1(phone_h)}{\sum_{det \ hh \in c} W1(phone_h)},$$

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<sup>22</sup>After each weighting adjustment involving eligibility determination (at the telephone number and household levels), we removed cases with undetermined eligibility status and cases known to be ineligible. After each adjustment involving nonresponse among known eligibles (at the household, FIU, and individual levels), we removed the nonrespondents from the remaining steps.

for households in stratum  $h$ , which are in cell  $c$ , where the numerator is summed over all telephone numbers in cell  $c$  known to be households, and the denominator is summed over households in cell  $c$  with a known survey eligibility status.

A telephone number weight adjusted for determination of household eligibility was then calculated for these cases:

(6)  $WI(hhold_h) = WI(phone_h) \cdot A'_m(hhold_c)$ , if eligibility of household determined

$WI(hhold_h) = 0$ , otherwise.

After this adjustment, households with undetermined eligibility status and households known to be ineligible for the survey were removed from the weighting process.<sup>23</sup>

## 2c. Interview Nonresponse Adjustment to Household Weight

We then adjusted the weights for survey nonresponse among eligible households. A responding household was one in which at least one eligible FIU responded to the survey. We performed a weighting class adjustment for households using the same cells as defined for the household eligibility adjustment. We created a household survey nonresponse adjustment factor as follows:

$$(7) \quad A''_{nr}(survey_c) = \frac{\sum_{elig\ hh \in c} WI(hhold_h)}{\sum_{resp\ hh \in c} WI(hhold_h)},$$

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<sup>23</sup>After each weighting adjustment involving eligibility determination (discussed in Sections B.1.c and B.1.d), we removed cases with undetermined eligibility status and cases known to be ineligible. After each adjustment involving nonresponse among known eligibles (discussed in Sections B.1.e, B.1.h, and B.1.j), we removed the nonrespondents from the remaining steps.

for households in stratum  $h$ , which are in cell  $c$ , where the numerator is summed over all eligible households in cell  $c$ , and the denominator is summed over responding eligible households in cell  $c$ . The following household weight adjusted for survey nonresponse was then calculated for these cases:

$$(8) \quad W2(hhold_h) = W1(hhold_h) \cdot A''_{nr}(survey_c), \text{ if household responded}$$

$$W2(hhold_h) = 0, \text{ otherwise.}$$

### 3. Within Phone Type Multiplicity Adjustments to Household Weight

We then adjusted for more than one telephone of a particular type in the household.<sup>24</sup> Because some households have more than one nonbusiness telephone number,<sup>25</sup> a household multiplicity factor was used to adjust for the number of telephone numbers in the household. Within the landline RDD sample, we adjusted for multiple landlines, but did not adjust at this stage for the presence of one or more cell phones. Within the cell phone RDD sample, we adjusted for the presence of multiple cell phones in the household, but did not adjust at this stage for the presence of one or more landlines. We adjusted for overlap between the landline and cell phone samples in a separate step. This within phone-type multiplicity adjustment factor, which is the inverse of the total number of this type of telephone in the household, was applied to the nonresponse-adjusted household weight:

$$(9) \quad WT(hhold_{hi}) = W2(hhold_h) / (\text{number of phones in household } i).$$

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<sup>24</sup>Question t1 in the Household Survey asked one FIU in the household whether the household had any additional landline telephone numbers and, if so, how many; in the case of one or more numbers, question t2 asked whether the additional number(s) was (were) for home or business use. Questions t1c and t2c asked comparable questions for those reached on a cell phone.

<sup>25</sup>By “non-business telephone number,” we mean a telephone number from which the household received non-business calls. Dual-use numbers would fall into this category.



#### 4. Interview Nonresponse Weight Adjustment for FIUs

The probability of selection of each FIU was equal to the probability of selection for its household (that is, all FIUs in a selected household were selected for the interview). We therefore used the final household weight as the starting point for developing the FIU weight. The FIU weights accounted for FIU interview nonresponse within responding households. Within responding households, FIU eligibility was based on information that the household informant provided.

We started with an FIU-level file containing all FIUs enumerated within responding households and assigned to each FIU its final household weight. Using the same cells as defined for the telephone- and household-level adjustments, we created an FIU survey nonresponse adjustment factor for FIUs in responding households  $i$  (stratum  $h$ ):

$$(14) \quad A_{nr}(FIU_c) = \frac{\sum_{elig\ fiu \in c} WT(hhold_c)}{\sum_{resp\ fiu \in c} WT(hhold_c)},$$

where the numerator is summed over all eligible FIUs in cell  $c$ , and the denominator is summed over responding eligible FIUs in cell  $c$ .

An FIU weight adjusted for survey nonresponse was then calculated for these cases:

$$(15) \quad W4(FIU_c) = WT(hhold_c) \cdot A_{nr}(FIU_c), \text{ if FIU responded} \\ W4(FIU_{hi}) = 0, \text{ otherwise.}$$

#### 5. Initial Person Weight

The probability of selection for each adult member of an eligible responding FIU was equal to the probability of selection of the FIU (that is, all adults in each responding FIU were selected

for the interview). We therefore used the final FIU weight to develop the person weight for adults. However, because only one child was selected at random per FIU, the within-FIU probability of selection for a child was equal to the inverse of the number of children in the FIU. The overall probability of selection for person  $k$  in FIU  $j$  in household  $i$  in stratum  $h$  can be expressed as:

$$(16) \quad P(\text{person}_{hijk}) = \frac{P(\text{FIU}_{hij})}{(\delta \cdot \text{numkids}_{hij}) + (1 - \delta)},$$

where  $\text{numkids}_{hij}$  is the number of children in FIU $_{hij}$ , and  $\delta$  is equal to zero for adults and is equal to one for children. So, the initial person-level weight for all people was calculated as follows:

$$(17) \quad W5(\text{person}_{hijk}) = W4(\text{FIU}_{hi}) \cdot [(\delta \cdot \text{numkids}_{hij}) + (1 - \delta)],$$

for all persons  $k$  in FIU  $j$ , household  $i$ , stratum  $h$ .

All eligible persons in responding FIUs were assigned this weight, whether or not we had complete data on that person. Most of the survey data were obtained from the FIU informant about all family members; however, responses to subjective questions were obtained from a self-response module that each adult completed. Therefore, for some people, we had data that the FIU informant had provided but were missing data from that person's self-response module. Because the level of non-response to the self response module was very low for round six, we did not create a separate weight this round that adjusts for nonresponse to that module.

## 6. Household Poststratification

One of the last two steps in creating the household-level weight was to poststratify the sum of the weights to external estimates of current number of households based on the 2010 decennial census (for the 48 contiguous states plus the District of Columbia), and to divide the sample from both RDD frames into those that had only landlines (no cell phones), only cell phones (no landlines), or both landlines and cell phones. Based on data from the 2010 National Health Interview Survey (Blumberg and Luke 2010), we estimate that 13.2 percent of U.S. households with any kind of telephone service are landline only and 27.2 are cell phone only, leaving 59.6 percent of households having both kinds of telephone service. Applying these percentages to the estimated 116 million households from the census, we then poststratified the household weights as follows:

- the landline only households from the landline RDD sample were poststratified so that their weights added up to 13.2 percent of 116 million, or about 15.3 million households
- the mixed-use households from the landline RDD sample were poststratified so that their weights added up to 59.6 percent of 116 million, or about 69.1 million households
- the mixed-use households from the cell phone RDD sample were poststratified so that their weights also added up to the estimated 69.1 million households with both landlines and cell phones
- the cell phone only households from the cell phone RDD sample were poststratified so that their weights added up to 27.2 percent of 116 million, or about 31.6 million households

A consequence of this method is that the mixed-use households in the combined landline and cell samples are double-counted. The poststratification adjustment factor for households based on the NHIS is:

$$(10) \quad A_{ps-nhis} = \frac{NHISHH_{\text{phone usage}}}{\sum_{\text{resp } hh_i \in \text{phone usage}} WT(hhold_{hi})}$$

where  $NHISHH$  is the estimated number of households by phone usage category (cell only, landline only, or mixed use) for the 48 contiguous states and D.C., and the denominator is the sum of the nonresponse-adjusted weights for all responding households in the corresponding category. The household-level weight poststratified to all households equals:

$$(11) \quad WT2_{nhis}(hhold_{hi}) = WT(hhold_{hi}) \cdot A_{ps-nhis}$$

## 7. Household Composite Weight

At this point, mixed-use households are doubly represented in the weights, as those from the landline sample and those from the cell phone sample each are weighted up to represent the 69.1 million such households in the continental U.S.. To account for the dual chances of selection into the sample for the mixed-use households, we applied a composite weighting factor,  $\lambda$  ( $0 < \lambda < 1$ ) to the mixed-use households in the landline sample, and a factor of  $1 - \lambda$  to the mixed-use households in the cell phone sample.

In many cases where composite weights are used it is assumed that each of two sets of observations gives unbiased estimates of a given population; thus, any value of  $\lambda$  should yield unbiased weighted estimates for that population. Under the assumption that each set of observations produces unbiased estimates the task is to find a value that has optimal properties in

terms of variance; that is, that produces the lowest overall design effect. However, while it is true that the samples of dual users *selected* from either frame (cell or landline) represent the same population, there is evidence that dual use *responders* from a cell frame often differ from dual use *responders* contacted through a landline frame. Because of this we concluded that we could not assume that any value of  $\lambda$  would yield unbiased weighted estimates. We thought that a value of  $\lambda$  that kept the weighted sample representation of cell phone to landline households roughly proportionate to that found in the population would reduce the risk of introducing bias. The landline sample (including landline only and mixed use households) represented 72.8 percent of all households (missing only the 27.2 percent that were cell phone only), and the cell phone sample represented 86.8 of all households (missing only the 13.2 percent that were landline only). The ratio of 86.8 to 72.8 is 1.19; that is, the number of households included on the cell phone frame is 1.19 times the number of households represented on the landline frame. A value of  $\lambda$  that produced a ratio of cell to landline greater than 1.19 would over-represent households on the cell frame, and a higher value of  $\lambda$  that produced a lower ratio would under-represent those on the cell frame. For this survey, we found that low values of  $\lambda$  produced a ratio (cell to landline) higher than 1.19 (and high design effects) while high values of  $\lambda$  produced lower design effects but also a low ratio of cell to landline. Therefore, we picked a value of  $\lambda=.55$ , which gives a ratio of about 1.19 as well as a reasonable estimated design effect. After applying  $\lambda$  to the landline sample mixed-used households and  $1-\lambda$  to the cell phone sample mixed-use households, we have constructed the final household-level weight, which is then used as a building block for the FIU-level and person-level weights.

## **8. Apply Household Adjustments to FIU and Person Weights**

We then applied the household-level poststratification and  $\lambda$  adjustments for each household to the nonresponse-adjusted FIU weight for all FIUs in each household. Similarly, we applied the household-level poststratification and  $\lambda$  adjustments for each household to the child-sampling-adjusted person weight for all persons in each household.

## **9. Poststratification of Person Weights**

Person-level weights were post-stratified by sex and age group, then by sex and whether or not Hispanic, then by sex and race (Black and non-Black), then by level of education.<sup>26</sup> We used data from the 2010 CPS, excluding Alaska and Hawaii and those living in group quarters. After person-level weights were trimmed, weights were post-stratified again by the same demographic variables.

## **10. Trimming FIU and Person Weights**

In analyses of survey data, even a few extremely large weights can reduce the accuracy of point estimates by inflating the sampling variance. To reduce the sampling variance, excessively large weights are trimmed, and the amount trimmed is distributed among the untrimmed weights to preserve the original sum of the weights. However, trimming of sampling weights can introduce bias into some point estimates. The objective in trimming weights is to reduce the impact of excessively large weights, while minimizing the introduction of bias.

We trimmed the person- and family-level weights and then assessed the effect of the trimming. We evaluated the extent of trimming and the inflation factor for the untrimmed

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<sup>26</sup>Age, sex, Hispanic, race, and education distributions and totals were from the March 2010 CPS (excluding Alaska and Hawaii).

weights necessary to preserve the original sum of the weights and then estimated the effect of the trimming on the sampling variance. We used a weight-trimming algorithm that compares each weight with the square root of the average value of the squared weight used to identify the trimming cutpoint and the weights to be trimmed. This algorithm has been referred to as the “NAEP procedure” (Potter 1990). The trimmed excess was distributed among the weights that were not trimmed.

The statistical measure of the impact of the trimming was based on the design effect attributable to the variation among the sampling weights. Unequal weighting (a result of differential selection rates and response rates) has the potential to decrease precision because variation in the weights affects the variance of weighted estimates. Person-level weights were trimmed to reduce this design effect; however, the extent of trimming was limited to minimize the risk of introducing bias into the sample estimates.

Specifically, let  $WT_i$  denote a set of weights and let  $n$  denote the number of people. We first established trimming classes based on stratum and the characteristics of the sample member (that is, adult or child). The weight-trimming algorithm establishes a cut-off point,  $T_c$ , in a trimming class,  $c$ , as:

$$(20) \quad T_c = \left( k \sum_{i \in c} WT_i^2 / n_c \right)^{1/2},$$

where  $n_c$  is the number of observations in the trimming class,  $k$  is an arbitrary number (generally assigned a value of 10), and the summation is over the observations in the trimming class. Any weight exceeding the cut-off point,  $T_c$ , is assigned the value of  $T_c$ , and excess is distributed among the untrimmed weights, thereby ensuring that the sum of the weights after trimming is the same as the sum of the weights before trimming.

Using these newly computed weights, the cut-off point was recomputed and each weight again compared with the cutoff point. If any weight exceeded the new cutoff point, the observation was assigned the value of the new cutoff point, and the other weights were inflated to compensate for the trimming.

The cutoff point generated by the algorithm was generally used as the value of the trimmed weight. In some trimming cells, the algorithm indicated a trimming level that was judged to be excessive, so a value larger than the computed cutoff point was used. In general, we used a larger value when the adjustment seemed excessive for weights that were less than the cutoff point or when a trimming class contained only a few observations. Our goal was to inflate the untrimmed weights by less than two percent.

The weights were evaluated for trimming separately by stratum. As described earlier, there were six sampling strata: landline metro Northeast, landline metro Midwest, landline metro South, landline metro West, landline nonmetro, and cell phone. The weights for trimming were identified by using the NAEP procedure, as well as by visual inspection of outlier weights the NAEP procedure might have missed. The assessment of the impact of trimming was evaluated by inspecting the trimming level, the magnitude of the adjustment to the untrimmed weights, and the anticipated design effect from unequal weights.

FIU-level weights were also trimmed. We used the sampling stratum as the trim class here as well. Only two FIUs out of 9,165 needed trimming.

## **C. SAMPLING ERROR ESTIMATION**

### **1. Background**

Because the Household Survey sample design is complex, it requires specialized techniques for estimation of sampling variances. Old versions of many standard statistical packages compute variances using formulas under the assumption that the data are from a simple random



sample from an infinite population. Although the simple random sample variance may approximate the sampling variance in some surveys, it is likely to substantially underestimate the sampling variance with a design as complex as that of the Household Survey. Departures from a simple random sample design result in a design effect (*Deff*) that is defined as the ratio of the sampling variance (*Var*) given the actual survey design to the sampling variance of a hypothetical simple random sample with the same number of observations. Thus:

$$(21) \quad Deff = \frac{Var(\text{actual design with } n \text{ cases})}{Var(\text{SRS with } n \text{ cases})}$$

Based on the sampling variance, a series of measures of reliability can be computed for a parameter estimate or statistic. The standard error is the square root of the sampling variance. Over repeated samples of the same size and using the same sampling design, we expect that the true value of the statistic would differ from the sample estimate by less than twice the standard error in approximately 95 percent of the samples. The degree of approximation depends on the distributional characteristics of the underlying observations. The relative standard error is the standard error divided by the sample estimate and is usually presented as a percentage. In general, an estimate of a population parameter with a relative standard error of 50 percent is considered unreliable and is not reported. Furthermore, an estimate with a relative standard error of greater than 30 percent may be reported but also may be identified as potentially unreliable.

For the Household Survey, the sampling variance estimate, called the *design-based sampling variance*, is a function of the sampling design and the population parameter being estimated. The design-based variance assumes the use of fully adjusted sampling weights, which are derived from the sampling design, with adjustments to compensate for nonresponse and for ratio-

adjusting the sampling totals to external totals (as we did, to data on population totals by age and race/ethnicity generated by the Bureau of the Census from the 2010 CPS).

The data files for the Household Survey contain a set of fully adjusted sampling weights and information on analysis parameters (that is, stratification and analysis clusters) necessary for the estimation of the sampling variance for a statistic. In previous survey rounds, use of stratification and unequal sampling rates meant it was necessary to account for the sampling weights and the sampling design features to compute unbiased estimates of population parameters and their associated sampling variances. The estimation of the sampling variance required the use of special survey data analysis software or specially developed programs designed to accommodate the population parameter being estimated and the sampling design.

Survey estimators fall into two general classes: (1) linear estimators, and (2) nonlinear estimators. Linear estimators are weighted totals of the individuals with an attribute, or means and proportions, if the denominators are known (for example, when the denominator is a poststratum total or a sum of poststrata totals). Nonlinear estimators include proportions and means (when the denominators are unknown and are estimated from the survey), ratios, and correlation and regression coefficients. In general, the variances of nonlinear statistics cannot be expressed in a closed form. Woodruff (1971) suggested a procedure in which a nonlinear estimator is linearized by a Taylor series approximation. The sampling variance equation is then used on this linear form (called a *linearized variate*) to produce a variance approximation for the original nonlinear estimator.

Most common statistical estimates and analytic tools (such as percentages, percentiles, and linear and logistic regression) can be implemented using Taylor series approximation methods. Survey data software, such as SUDAAN (Shah et al. 1997), uses the Taylor series linearization procedure and can handle the stratification and clustering components of variance. Other

statistical software such as STATA and some SAS PROCs now use the Taylor Series linearization procedure and will give the same estimates of sampling error as would SUDAAN for the current Household Survey design.

## **2. Variance Estimation**

The round six Household Survey contains weights that are designed for national estimates. Variance estimation assumed a simple stratified random sampling with-replacement design, with households as the primary sampling units and no adjustment for the finite population correction. The forthcoming Household Survey user's guide will provide instructions for deriving appropriate variance estimates.

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**APPENDIX A**

**ROUND FIVE SURVEY INSTRUMENT**

**Health Tracking Household Survey  
Round 6**

"For ease of documentation, we have added a suffix of '1' to question numbers asked about the FIU informant, and a suffix of '2' to question numbers asked about additional adults in the FIU (self response module). In the actual CATI program, the question numbers for the FIU informant have no suffix, and the question numbers for the self response module have a suffix equal to the person number of the respondent."

**INTRODUCTIONS**

**FOR THOSE SENT LETTER: REVISED TO REFLECT CHANGE IN FOCUS AND TO INCLUDE ADDITIONAL INFORMATION ON ONE SCREEN.**

>paa3< Hello, this is NAME, calling on behalf of the Robert Wood Johnson Foundation. The Foundation is conducting an important national health care study and would like you to participate. We will pay you and every adult member in your family who agrees to answer a short interview \$40 for your time. May I speak to an adult in the household who is knowledgeable about your family's health care?

IF NO: PLEASE ASK TO SPEAK WITH AN ADULT IN THE HOUSEHOLD WHO IS FAMILIAR WITH THE HEALTH CARE OF FAMILY MEMBERS

YES .....1 [goto code\_s1]  
===>

CONTENT: The interview includes questions about you and your family's health and your views about the quality and cost of health care.

SPONSOR: The study is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company. The RWJF website is [www.rwjf.org](http://www.rwjf.org).

LENGTH: For most families the interview averages about 30 to 40 minutes; it is about 15 to 20 minutes for single persons.

CONTACT: If you would like to find out more about the study or the foundation, you can call [Parsa Sajid at [1-800-734-7635].

CONFIDENTIALITY: The survey is confidential and you don't have to answer any questions you don't want to.

SELECTION: Your telephone number was scientifically selected by a computer to represent many others in your community.

TYPE <g> TO CONTINUE ===> [goto code\_s1]

**FOR SAMPLE NO LETTER: REVISED TO REFLECT CHANGE IN FOCUS AND TO INCLUDE ADDITIONAL INFORMATION ON ONE SCREEN.**

>s2< Hello, this is NAME, with the Health Tracking Household Survey, a nationwide study to understand how changes in health care are affecting people. As a token of appreciation, we'll send you and each adult in your family who participates in the interview \$40. I need to speak with an adult in the household who is familiar with the health care of family members. Would that be you?

IF NO: PLEASE ASK TO SPEAK WITH AN ADULT IN THE HOUSEHOLD WHO IS FAMILIAR WITH THE HEALTH CARE OF FAMILY MEMBERS

YES .....1 [goto code\_s1]  
==>

CONTENT: The interview includes questions about your and your family's health and your views about the quality and cost of health care.

SPONSOR: The study is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company. The RWJF website is www.rwjf.org.

LENGTH: For most families the interview averages about 30 to 40 minutes; it is about 15 to 20 minutes for single persons.

CONTACT: If you would like to find out more about the study or the foundation, you can call [Parsa Sajid] at [1-800-734-7635].

CONFIDENTIALITY: The survey is confidential and you don't have to answer any questions you don't want to.

SELECTION: Your telephone number was scientifically selected by a computer to represent many others in your community.

TYPE <g> TO CONTINUE ==> [goto code\_s1]

>code\_s1<

**CONTINUE WITH INTERVIEW**

SPEAKER IS 18 OR OLDER .....1 [goto phone\_ck]  
WILL CALL SOMEONE 18 OR OLDER  
TO THE PHONE .....2  
WANTS MORE INFORMATION.....3

**CALLBACK**

NO PERSON 18 OR OLDER HOME NOW .....4  
CALLBACK .....5



**PROBLEM**

PROBABLE MENTAL IMPAIRMENT .....6  
LANGUAGE BARRIER .....7 [goto lang]  
SUPERVISOR REVIEW .....8

**REFUSAL**

HUNG UP DURING INTRODUCTION .....9  
REFUSAL..... 10

**INELIGIBLE**

NO PERSON 18 OR OLDER  
IN THE HOUSEHOLD ..... 11  
NOT A RESIDENCE (BUSINESS/  
NON-RESIDENCE/GROUP QUARTERS/  
INSTITUTION/VACATION HOME)..... 12  
ANSWERING SERVICE.....13  
===>

**INSERTED IN EACH INTRO SCREEN TO FACILITATE ACCESS FOR INTERVIEWERS SINCE THEY OFTEN STUMBLE DURING INTROS.**

>lang<            <1> SPANISH  
                    ASIAN  
                    <2> CHINESE  
                    <3> JAPANESE  
                    <4> KOREAN  
                    <5> UNKNOWN ASIAN  
                    <6> OTHER ASIAN SPECIFY  
                    EUROPEAN/SLAVIC  
                    <7> FRENCH  
                    <8> GERMAN  
                    <9> ITALIAN  
                    <10> POLISH  
                    <11> PORTUGUESE  
                    <12> RUSSIAN  
                    <13> UNKNOWN EUROPEAN/SLAVIC  
                    OTHER  
                    <14> OTHER LANGUAGE SPECIFY

>phone\_ck<    Before we start this interview, is [phone number] used for. . .  
  
                    home use .....1  
                    business and home use, or .....2  
                    business use only? [ineligible] .....3

>confcell<    Is (Phone Number) a cellular telephone?

**PROBE:** By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood.

**INTERVIEWER:** PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

YES .....1  
NO .....0

>CELLPHONE< [allow 1][store <1> in CELLPHONE]

>cellstate<

For classification purposes, can you tell me what state you are living in now?

STATE ABBREVIATION: @

[@][allow 2]

>cellintro<

Your safety is important to me. Are you driving in a car, walking down the street, in a public place or other location where talking on the phone might distract you or jeopardize your safety and/or confidentiality?

IF YES: I would like to call you at a more convenient time.  
What day and time would be best?

IF NEEDED: If you would prefer that I call you at another telephone number, I can do that too! (INTERVIEWER: SET UP A CALLBACK)

<1> YES..... [etc <sk cb>]

<0> NO

@

>ri1<

YOU ARE CALLING STATE (TIME)  
TELEPHONE NUMBER

May I speak to (READ NAME) please?

APPOINTMENT WAS FOR RESPONDENT

INTERVIEWER NOTE. IF PERSON APPOINTMENT WAS FOR IS NOT AVAILABLE AND THERE ARE ANY OTHER NAMES SAY: I also need to speak to READ NAMES Is he/she available?

	NAME	RELATION	SEX	AGE	FAM	STATUS
<1>	NAME	householder	M/F	AGE	1	Core started
<3>	NAME2	Household Member	M/F	AGE	2	Core ready

SPEAKING TO RESPONDENT - ENTER NUMBER

<n> NO SUCH PERSON AT THIS NUMBER/POSSIBLE WRONG NUMBER

<w> WHO IS CALLING/WHAT'S THIS ABOUT

<c> CALLBACK

<l> LANGUAGE BARRIER

<s> SUPERVISOR REVIEW REQUIRED

<r> REFUSED

>ri3<

My name is \_\_\_\_\_. I am calling back to interview you for the Health Tracking Household Survey.

IF RESPONDENT NEEDS REVIEW OF STUDY GOALS:

(As you may remember from our last call), our goal is to see how managed care and other health care changes are affecting people in your community. The project is sponsored by a private foundation concerned with health issues. We're not asking for money. Because your participation is very important to our study, we will send you \$40 as a token of appreciation for helping us with the project.

- <1> CONTINUE WITH SURVEY
- <6> LANGUAGE BARRIER
- <7> CALLBACK
- <8> SUPERVISOR REVIEW REQUIRED
- <9> REFUSED

**a. DEMOGRAPHICS AND SCREENING**

>hhld< What are the first names of the people who live here. Begin with one of the people who owns or pays most of the rent for this home, and then other people in the household. Be sure to include yourself and any students away at college.

**INTERVIEWER:** 1) IF R. IS RELUCTANT TO GIVE FIRST NAMES: We are asking for first names because the survey includes questions about the health care of family members. The only reason we need first names is so we'll have some way to tell family members apart. If you'd rather not give names, we can take relationships or some other way to tell family members apart.

2) Persons who reside at a vacation residence, in institutions, or in other group quarters (10 or more unrelated persons living together) are not eligible.

- [fill NAME] [HOUSEHOLDER GOES HERE] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

VACATION HOME, INSTITUTION,  
GROUP QUARTERS [Ineligible] .....v  
NO OTHER HOUSEHOLD MEMBERS .....n  
DELETE A HOUSEHOLD MEMBER .....x  
RESTORE A HOUSEHOLD MEMBER .....u  
MORE THAN 8 HOUSEHOLD MEMBERS.....e [goto emo1]  
==> [goto more]

>more< Have I missed any babies or small children, anyone who usually lives here but is away at present traveling, in school, or in a hospital, or any foster children, lodgers, boarders, and roommates?

IF YES: What are their first names?

IF NO: CODE "n"

**ENTER TEXT FOR ADDITIONAL PERSONS, WITH A MAXIMUM OF 8 PER HOUSEHOLD**

**PROBE IF R. ASKS ABOUT STUDENTS:** Include household members less than 23 years old who are away at school or college, regardless of whether they are living in a dorm or off-campus apartment.

[fill NAME] .....1  
[fill NAME] .....2  
[fill NAME] .....3  
[fill NAME] .....4  
[fill NAME] .....5  
[fill NAME] .....6  
[fill NAME] .....7  
[fill NAME] .....8

NO OTHER HOUSEHOLD MEMBERS .....n  
DELETE A HOUSEHOLD MEMBER .....x  
UNDELETE A HOUSEHOLD MEMBER .....u  
MORE THAN 8 `HOUSEHOLD MEMBERS .....e [goto emo1]  
===> [goto bmo1]

**FOR ALL SAMPLE:**

>emo1< You've told me about eight people that live in this household. Do any other people live in this household?

YES .....1  
NO OTHER PEOPLE IN HOUSEHOLD  
.....n  
**[goto bmo1]**  
===>

>emo2< How many of those additional people are 18 years old or older?

\_\_\_\_\_  
(0-99)  
===>

>em3< How many of those additional people are under 18?

\_\_\_\_|\_\_\_\_|  
(0-99)  
==>

>head< Who owns or pays most of the rent on this house? (READ LIST IF NECESSARY;  
ENTER CODE FOR PERSON MENTIONED FIRST).

HEAD? NAME RELATIONSHIP SEX AGE  
[fill NAME] .....1  
[fill NAME] .....2

>bmo1< In what month and year was [fill HOUSEHOLDER] born?

**INTERVIEWER: (1) REMEMBER THAT THIS IS THE HOUSEHOLDER.**

**(2) R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE.**

**(3) IF R. IS RELUCTANT:** This information is needed only to understand differences in health care for people in different age groups.

- JAN.....1
- FEB.....2
- MARCH.....3
- APRIL.....4
- MAY.....5
- JUNE.....6
- JULY.....7
- AUG.....8
- SEPT.....9
- OCT.....10
- NOV.....11
- DEC.....12

DON'T KNOW .....d [goto age1]  
==>

>byr1< [no erase]

\_\_\_\_|\_\_\_\_| MONTH  
(112)

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_| YEAR  
(1880-1984)  
==> [goto SEX1]

>age1<           What is (his/her/your) age?

- INTERVIEWER:** (1) **REMEMBER THAT THIS IS THE HOUSEHOLDER.**
- (2) **R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE.**
- (3) **IF R. IS RELUCTANT:** This information is needed only to understand differences in health care for people in different age groups.
- (4) **IF R. STILL REFUSES OR DOESN'T KNOW, ASK IF 18 OR OLDER OR UNDER 18 BECAUSE QUESTIONS ARE DIFFERENT FOR ADULTS AND CHILDREN.**

|\_|\_|\_|\_| YEARS OLD  
(16-120)

18 OR OLDER .....a  
LESS THAN 18 .....c  
===>

>SEX1<           . . . and is [fill HOUSEHOLDER] male or female?

**INTERVIEWER:** CODE WITHOUT ASKING IF KNOWN

MALE..... m  
FEMALE ..... f  
===>

**test:**           **IF age1 ge 16 AND age1 lt 23 goto col1; else goto grd1**

>col1<           [Is HOUSEHOLDER/are you] a full-time student?

**PROBE:** The definition of a full-time student should be based on [fill NAME's] school.

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>



>grd1<

What is the highest grade or year of school [fill HOUSEHOLDER/you] completed?

**PROBE FOR REFUSALS:** I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

**INTERVIEWER:** CODE NUMBER OF YEARS OF SCHOOL. IF TECHNICAL SCHOOL OR SOME COLLEGE, REPEAT QUESTION AND ENTER WHAT RESPONDENT CONSIDERS HIGHEST GRADE OR YEAR OF SCHOOL. IF R. GIVES DEGREE, CODE AS FOLLOWS:

- 12—HIGH SCHOOL OR GED
- 14—ASSOCIATES DEGREE OR JUNIOR COLLEGE
- 16—BA/BS 17—MA/MS 18—MBA/MPH/MPA
- 19—JD/LAW 20—MD/PHD

|\_|\_|\_| GRADE COMPLETED  
(0-20)

DON'T KNOW .....d  
REFUSED .....r  
===>

>mil1<

[IF age ge 18 and lt 65] [Is fill HOUSEHOLDER/Are you] on active duty in the military at this time?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>bmo2<

In what month and year was [SECOND PERSON'S NAME] born?  
**IF R. IS UNCERTAIN PROBE FOR BEST ESTIMATE.**

**PROBE IF R. IS RELUCTANT:** This information is needed only to understand differences in health care for people in different age groups.

- JAN.....1
- FEB .....2
- MARCH .....3
- APRIL .....4
- MAY.....5
- JUNE.....6
- JULY.....7
- AUG.....8
- SEPT .....9
- OCT..... 10
- NOV..... 11
- DEC..... 12

DON'T KNOW .....d [goto age2]  
===>

>byr2<

[no erase]

\_\_|\_\_| MONTH..... (1-12)

\_\_|\_\_|\_\_|\_\_| YEAR  
(1880-2002) .....1

DON'T KNOW .....d [goto age2]  
===> [goto SEX2]

>age2<

What is [SECOND PERSON'S NAME'S] age?

**INTERVIEWER:**

- (1) CODE "0" IF LESS THAN SIX MONTHS.**
- (2) CODE "1" IF LESS THAN ONE YEAR BUT MORE THAN SIX MONTHS**
- (3) IF RESPONDENT IS UNCERTAIN, PROBE FOR BEST ESTIMATE**
- (4) IF RESPONDENT IS RELUCTANT:** This information is needed only to understand differences in health care for people in different age groups.
- (5) IF R STILL REFUSES OR DOESN'T KNOW, ASK IF 18 OR OLDER OR UNDER 18 BECAUSE QUESTIONS ARE DIFFERENT FOR ADULTS AND CHILDREN.**

|\_|\_|\_|\_| YEARS OLD  
(0-120)

18 OR OLDER .....a  
LESS THAN 18 .....c  
===>

>SEX2<

. . . and is [SECOND PERSON'S NAME] male or female?

**INTERVIEWER:** CODE WITHOUT ASKING IF KNOWN

MALE.....m  
FEMALE.....f  
===>

**test:**

**[if age2 ge 16 and lt 23 goto col2; else goto test grd2]**

>col2<

Is [fill NAME] a full-time student?

**PROBE:** The definition of a full-time student should be based on [fill NAME's] school.

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
===>

>test grd2< [if age2 lt 18 goto rel2]

>grd2< What is the highest grade or year of school [fill NAME] completed?

**PROBE FOR REFUSALS:** I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

**INTERVIEWER:** CODE NUMBER OF YEARS OF SCHOOL. IF TECHNICAL SCHOOL OR SOME COLLEGE, REPEAT QUESTION AND ENTER WHAT RESPONDENT CONSIDERS HIGHEST GRADE OR YEAR OF SCHOOL. IF R. GIVES DEGREE, CODE AS FOLLOWS:

- 12—HIGH SCHOOL OR GED
- 14—ASSOCIATES DEGREE OR JUNIOR COLLEGE
- 16—BA/BS 17—MA/MS 18—MBA/MPH/MPA
- 19—JD/LAW 20—MD/PHD

\_\_\_\_|\_\_\_\_| GRADE COMPLETED  
(0-20)

DON'T KNOW .....d  
REFUSED .....r  
===>

>mil2< [IF age2 ge 18 and lt 65] Is [fill NAME] on active duty in the military at this time?

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r  
===>

>rel2<      How is [fill NAME] related to [fill HOUSEHOLDER]?

- HUSBAND.....1
  - WIFE .....2
  - DOMESTIC PARTNER/SIGNIFICANT OTHER..... 14
  - OWN SON/DAUGHTER .....3
  - ADOPTED SON/DAUGHTER<sup>1</sup> ..... 13
  - STEP SON/DAUGHTER .....4
  - GRAND SON/DAUGHTER.....5
  - PARENT .....6
  - BROTHER/SISTER .....7
  - SON/DAUGHTER-IN-LAW .....8
  - MOTHER/FATHER-IN-LAW .....9
  - OTHER RELATIVE ..... 10
  - FOSTER CHILD..... 11
  - NON RELATIVE/UNMARRIED PARTNER..... 12
- ====>

**Repeat bmo2-rel2 for each person.**

**test:**      [if any person is  $\geq 18$  and relationship to householder is <7> <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is  $\geq 14$  and different sex from (this/these) persons; goto mar2; else goto test after sps2.

>mar2<      Is [fill NAME] married to anyone who currently lives here?

**INTERVIEWER:** CODE "NO" FOR COHABITEE

- YES .....1
  - NO .....0 [goto next person or next test]
- ====>

---

<sup>1</sup>Adopted child is treated the same as child for all questions, except ethnicity (which is skipped for own child).

>sps2< To whom is [fill NAME] married?

- [fill NAME] .....1
  - [fill NAME] .....2
  - [fill NAME] .....3
  - [fill NAME] .....4
  - [fill NAME] .....5
  - [fill NAME] .....6
  - [fill NAME] .....7
  - [fill NAME] .....8
- ===>

- tests:**
- (1) **Verify that spouses are at least 14 years of age (NOTE: rule was modified to reflect same sex partner relationship).**
  - (2) **Repeat for each person ge 18 and relationship to householder is <7>, <8>, <9>, <10> or <12>.**
  - (3) **If any person lt 18 and relationship to householder is not equal to <3>, <4>, <11>, or <13> then goto par2; else goto family formation.**

>par2< Is anyone who lives here the parent or guardian of [fill NAME]?

- YES .....1
  - NO .....0 [goto next child or next test]
- ===>

>who2< Who is [fill NAME]'s parent or guardian?

CODE ONLY ONE

**INTERVIEWER:** IF CHILD HAS TWO PARENTS/GUARDIANS CODE MOTHER OR FEMALE GUARDIAN.

- [fill NAME] .....1
  - [fill NAME] .....2
  - [fill NAME] .....3
  - [fill NAME] .....4
  - [fill NAME] .....5
  - [fill NAME] .....6
  - [fill NAME] .....7
  - [fill NAME] .....8
- ===>

Repeat for others meeting test before par2.

Form interviewing units using the following rules:<sup>2</sup>

- (1) If no one other than householder or householder and spouse is 18 and older, then the household consists of one family.
- (2) Assign persons whose relationship to householder is parent, and any children linked to them, to a separate family.
- (3) Assign persons whose relationship to householder is mother/father-in-law, and any children linked to them, to a separate family.
- (4) Assign additional married persons, and any children linked to them, to a separate family.
- (5) If any remaining (unmarried) person's relationship to householder is child or step-child, he or she is 18 to 22, and a full time student, assign that person, and any children linked to that person, to householder's family.
- (6) Assign any remaining, unmarried persons 18 and older who are not full time students (and any children linked to them) to separate family units.
- (7) If householder or householder's spouse is under 18 and not a student, then he or she and his or her spouse and/or children are eligible. The householder and spouse (if under 18) should be treated as adult(s) during the interview.
- (8) Exclude a person as ineligible if:
  - (a) Person is unmarried full-time student, 16-22 years of age, and is not a child or ward of householder.
  - (b) Person is under 18, not a householder, relationship to householder is not equal to spouse or child, and no one in household is parent or guardian.
  - (c) Person is active military; however that person can act as survey informant for family interview, and his or her income should be included in income module.
- (9) Exclude interviewing unit as ineligible if all persons 18 and older assigned to the unit are active military.

---

<sup>2</sup>The interviewing unit is defined to reflect an insurance unit, including the household head, spouse, and their dependent children up to but not including age 18, or up to but not including age 23 if they are in school. This definition represents conventional practice in the private insurance market and is similar to the filing unit used by Medicaid and state subsidized insurance programs. The census family (U.S. Bureau of the Census, 1992) sometimes comprises more people than the insurance family. Examples of people typically included in the same census unit, but in different insurance units, are adult children and their families living in the homes of their parents; adult siblings living together; and parents living in the home of their adult children. These persons will form separate interviewing units.

**Child Random Selection**

**If the FIU includes no children <18, go to last\_ck; else, if the FIU has one child <18, select that child; else, if the FIU includes >1 child <18, select one child at random.**

**>last\_ck<** Before we go any further, let's review the list I have of all of the household members.

**INTERVIEWER: REVIEW NAME, RELATIONSHIP TO HOUSEHOLDER, SEX, AND AGE OF ALL HOUSEHOLD MEMBERS WITH RESPONDENT**

**THE HOUSEHOLD ROSTER CANNOT BE CHANGED AFTER THIS SCREEN**

**<n> OK AS IS  
<c> CHANGE ROSTER**

**>resp<** **INTERVIEWER:** ENTER THE [r]HIGHLIGHTED[n] NUMBER OF PERSON WITH WHOM YOU'RE SPEAKING (I.E. "BEST RESPONDENT").

R5 I would like to speak to the person most knowledgeable about your health insurance.

IF RESPONDENT NOT KNOWN ASK: With whom am I speaking?

A PERSON WITH AN \* IN FRONT OF THEIR NAME IS NOT ELIGIBLE.

IF YOU ARE TALKING TO A HOUSEHOLD MEMBER WHO IS NOT ELIGIBLE TO BE INTERVIEWED, ASK FOR AN ELIGIBLE HOUSEHOLD MEMBER.

**INTERVIEWER: REVIEW NAME, RELATIONSHIP TO HOUSEHOLDER, SEX, AND AGE OF ALL HH MEMBERS WITH RESPONDENT**

#	NAME	RELATION	SEX	AGE	FAM	STATUS
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	1
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	2
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	3
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	4
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	5
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	6
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	7
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	8

===>



**b. HEALTH INSURANCE**

>bbeg< INTERVIEWER: YOU SHOULD BE TALKING TO (Householder/Respondent).  
IF NOT, DO NOT GO PAST THIS POINT -- BACK UP AND CHANGE  
RESPONDENT.

READ IF NECESSARY: My name is (INTERVIEWER NAME). I am calling about the Health  
Tracking Household Survey. The purpose of the Health Tracking  
Household Survey is to see how changes in health care are affecting  
people.

We would like to conduct the rest of the interview with you. We will be sending  
you a check for \$40 for helping us with the survey.

INTERVIEWER: YOU SHOULD BE TALKING TO (HOUSEHOLDER/  
RESPONDENT). IF NOT, DO NOT GO PAST THIS POINT --  
BACK UP AND CHANGE RESPONDENT.

HIT ENTER TO CONTINUE

> WhatPhone< Is this number (PHONE NUMBER ) the best number to reach you on?

We would also like to interview (READ NAMES). Is this number the best to  
reach them on?

	NAME	RELATION	SEX	AGE	FAM PHONE	STATUS
<1>	NAME	householder	m/f	AGE 1	PHONE NUMBER	Core started
*<2>	NAME 2	Household Member	m/f	AGE 1	PHONE NUMBER	SR not ready
<3>	SR NAME	Household Member	m/f	AGE 2	PHONE NUMBER	Core ready

ENTER THE NUMBER OF THE PERSON WITH A DIFFERENT PHONE  
NUMBER OR <n> WHEN DONE.

>b1< Next, I will list several types of health insurance or health coverage obtained through jobs, purchased directly, or from government programs. For each one, please tell me if (you/either of you/any of you) are currently covered by that type of plan.

>b1a< Are READ NAMES covered by a health insurance plan from any current or former employers or unions. [CPS]

IF YES: Who is covered?

**INTERVIEWER:** DO NOT INCLUDE MILITARY COVERAGE AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.

**PROBES:**

- (1) Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.
- (2) Include health insurance plans provided by colleges and universities to students. Include COBRA insurance from former employers.

CODE ALL THAT APPLY

- [fill NAME] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r

===>

>b1b<

Are READ NAMES covered by a health insurance plan bought on your or their own? [BRFQ]

IF YES: Who is covered?

**INTERVIEWER:** DO NOT INCLUDE MILITARY COVERAGE AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.

**PROBES:**

- (1) Include insurance plans purchased through a professional association or trade groups.
- (2) Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care or accident.

CODE ALL THAT APPLY

- [fill NAME] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
 NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
 REFUSED .....r

===>

>b1c<

Are READ NAMES covered by a health insurance plan provided by someone who does not live in this household. [CPS]

IF YES: Who is covered?

**INTERVIEWER:** DO NOT INCLUDE MILITARY COVERAGE AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.

**PROBE:** Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care or accidents.

CODE ALL THAT APPLY

- [fill NAME] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r

===>

>b1d< Are READ NAMES covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities. [CPS]

IF YES: Who is covered?

**PROBE:** Include HMO plans, Medicare Advantage plans, as well as the traditional Medicare plan.

**INTERVIEWER:** INCLUDE IF COVERED BY PART A OR PART B.

CODE ALL THAT APPLY

[fill NAME] .....1  
[fill NAME] .....2  
[fill NAME] .....3  
[fill NAME] .....4  
[fill NAME] .....5  
[fill NAME] .....6  
[fill NAME] .....7  
[fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r  
===>

>test bld< [IF PERSON IS GE 65 AND NOT COVERED BY MEDICARE goto b1d1;  
ELSE goto ble]

>b1d1< PERSON AGE 65 AND **NOT** COVERED BY MEDICARE ASK: I noted that [fill NAME] is [fill AGE], but is not covered by Medicare. Is that correct or did I make a mistake?

CORRECT .....1  
TO CORRECT MEDICARE .....2 [:jb b1d]  
TO CORRECT AGE.....3 [:jb [INSERT AGE  
FIELD]]

===>

>b1ex< IF STATE ONLY OFFERS MEDICAID: Are READ NAMES covered by Medicaid, the government assistance program that pays for health care?

YES .....1 [goto b1e]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [goto test b1f1]

>b1ey< IF STATE OFFERS OTHER SUBSIDIZED PROGRAMS AS WELL AS MEDICAID: Are READ NAMES covered by any of the following government assistance programs that help pay for health care: [Medicaid/fill STATE NAME; fill STATE SPECIFIC PLANS, INCLUDING CHIP], IF YES; Which program is that?

CODE ALL THAT APPLY  
  
Medicaid/fill STATE NAME .....1 [goto b1e]  
fill STATE SPECIFIC PLANS, INCLUDING CHIP  
[BLANK IF NO STATE PROGRAM] .....2 [goto b1h]  
  
NO ONE COVERED/NO MORE CODES .....n [goto test b1f1]  
  
SOMEONE COVERED, DON'T KNOW  
WHICH PLAN .....d [goto b1e];  
FOLLOW MEDICAID ATTRIBUTE SEQUENCE IF  
CAN'T IDENTIFY PROGRAM NAME, fill Medicaid.  
  
REFUSED .....r [goto test b1f1]  
DELETE A CODE .....x  
===>

>b1e<

Are READ NAMES covered by [Medicaid/fill STATE NAME]?

CODE ALL THAT APPLY

- [fill NAME] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
 NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
 REFUSED .....r  
 ===> [goto b1f]

>b1h<  
CHIP?

Are READ NAMES covered by fill STATE SPECIFIC PLANS, INCLUDING

CODE ALL THAT APPLY

- [fill NAME] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
 NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
 REFUSED .....r  
 ===>

>b1f< Are READ NAMES covered by TRICARE, VA, CHAMP-VA, or some other military health care. [NHIS]

IF YES: Who is covered?

CODE ALL THAT APPLY

[fill NAME] .....1  
[fill NAME] .....2  
[fill NAME] .....3  
[fill NAME] .....4  
[fill NAME] .....5  
[fill NAME] .....6  
[fill NAME] .....7  
[fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r  
===>

>test b1f1< [IF b1f = NO ONE, goto b1g; ELSE goto b1f1]

>b1f1< Which plan is that-- TRICARE STANDARD, TRICARE PRIME, TRICARE EXTRA, TRICARE for life, VA, CHAMP-VA, or some other military health plan?

INTERVIEWER: CODE ALL THAT APPLY

TRICARE STANDARD .....1  
TRICARE PRIME .....2  
TRICARE EXTRA .....3  
TRICARE FOR LIFE .....4  
VA .....5  
CHAMP-VA .....6  
OTHER [SPECIFY] .....7

DON'T KNOW TYPE .....d  
REFUSED .....r  
===>



**PERMITS IHS AND OTHER PLANS TO BE REPORTED.**

>b1g< Are READ NAMES covered by the Indian Health Service? IF YES: Who is covered?

CODE ALL THAT APPLY

- [fill NAME] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r  
===>

>test b1i1< **If all family members covered by some type of health insurance goto test b2, else goto b1i1.**

>bli1< Are READ NAMES covered by a health insurance plan that I have not mentioned. IF YES: What is the name of the plan?

- YES [SPECIFY] .....1
- NO .....0 [goto test bli]

DON'T KNOW .....d  
REFUSED .....r  
===>

>b12< Who is covered by [fill NAME SPECIFIED]?

CODE ALL THAT APPLY

- [fill NAME] .....1
- [fill NAME] .....2
- [fill NAME] .....3
- [fill NAME] .....4
- [fill NAME] .....5
- [fill NAME] .....6
- [fill NAME] .....7
- [fill NAME] .....8

- NONE/NO ONE/NO OTHER RESPONSES .....0
- NEED TO DELETE A RESPONSE .....x

- DON'T KNOW .....d
  - REFUSED .....r
- ===>

>test b1j< [IF A FAMILY MEMBER WAS NOT COVERED UNDER SOME PLAN, goto bij; ELSE goto test b2]

>bij< **INTERVIEWER:** READ FOR FIRST PERSON ONLY (According to the information we have, [fill NAME] does not have health care coverage of any kind). Does (he/she) have health insurance or coverage through a plan I might have missed?

**INTERVIEWER:** REVIEW PLANS IF INFORMANT IS UNSURE.

- NO/NOT COVERED BY ANY PLAN .....0
- HEALTH INSURANCE PLAN FROM A CURRENT OR PAST EMPLOYER/ UNION/SCHOOL .....1
- A HEALTH INSURANCE PLAN BOUGHT ON HIS/HER OWN/PROF. ASSN. ....2
- A PLAN BOUGHT BY SOMEONE WHO DOES NOT LIVE IN THIS HOUSEHOLD .....3
- MEDICARE .....4
- MEDICAID/STATE NAME .....5
- CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY .....6
- INDIAN HEALTH SERVICE.....7
- [fill STATE PLAN].....8
- OTHER PLAN [SPECIFY] .....9

- DON'T KNOW .....d
- REFUSED .....r

===> [goto NEXT UNINSURED PERSON OR goto test b2]

>test b2< IF AT LEAST ONE FAMILY MEMBER IS PRIVATELY INSURED (b1a, b1b, or b1c ge1) AND IS NOT COVERED BY MEDICARE (b1d) GO TO b2; ELSE, goto Test b401].

>b2< In how many different health plans (obtained through current or past employers) (is/are) [READ NAMES BELOW WITH \* IN FRONT] enrolled?

**PROBE:** Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.

**INTERVIEWER:** DO NOT INCLUDE MILITARY COVERAGE AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.

|\_\_| PLANS  
(1-3)

0 .....0 [go back to b1 and correct]

DON'T KNOW .....d

REFUSED .....r

===>

>b231< Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. [NHIS]

In whose name is this plan?<sup>3</sup>

**INTERVIEWER:** CODE NON-SPECIFIED POLICY HOLDER IN "OTHER."

[fill NAME] .....1

[fill NAME] .....2

[fill NAME] .....3

[fill NAME] .....4

[fill NAME] .....5

[fill NAME] .....6

[fill NAME] .....7

[fill NAME] .....8

OTHER [SPECIFY] .....9

DON'T KNOW .....d

REFUSED .....r

===>

---

<sup>3</sup>The program lists and allows all persons in the household 18 and over, plus the householder and spouse regardless of age, to be named as policyholder.

>test b24< [if b2 gt <1>, goto b241; else goto test b25]. It is unnecessary to ask b241 if the family has only one plan because coverage was obtained in b1a, b1b, or b1c.

>b241< Who is covered by POLICY HOLDER'S NAME plan? NOTE: SINCE WE ARE NOT GETTING PLAN NAMES, I DIFFERENTIATED PLANS BY POLICY HOLDER. THERE ARE ALMOST NO PERSONS WITH MULTIPLE PRIVATE POLICIES UNDER THE SAME POLICY HOLDER.

[READ ASTERISKED NAMES IF NECESSARY.]

CODE ALL THAT APPLY

[fill NAME] .....1  
[fill NAME] .....2  
[fill NAME] .....3  
[fill NAME] .....4  
[fill NAME] .....5  
[fill NAME] .....6  
[fill NAME] .....7  
[fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r  
==>

>test b25< [if b1b ge <1> or b1c ge <1> goto b251; else store <1> in b251 and goto b291]. This question does not need to be asked if the only private plans are employer-based.

>b251< Was this plan originally obtained through a current or past employer or union?

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r  
==> [goto b291

>b291< Did READ ASTERISKED NAMES enroll in this plan in the past 12 months, that is after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in this plan in the past 12 months?

**INTERVIEWER:** DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

IF RESPONDENT SAYS HE/SHE STAYED WITH THE SAME PLAN DURING OPEN ENROLLMENT, CODE NO.

CODE ALL THAT APPLY

[fill NAME] .....1  
[fill NAME] .....2  
NO ONE .....n  
NEED TO DELETE A RESPONSE .....x  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>b291conf1< Just to confirm: you/[fill name] enrolled in this plan sometime in the past 12 months, and were **not** enrolled in this plan prior to that enrollment?

New enrollment in last 12 months .....1  
Not new enrollment .....2 [goto b291]

>b361< Is this plan an HMO, that is, a Health Maintenance Organization?

**PROBE:** With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>ngi1< Does this health plan pay for at least some of the cost of prescription medicines prescribed by the doctor?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====>

>test b311< [if b251 ne <1> goto b311; else, if b251 <eq> 1 and policy holder is listed in b231, go toCDHP11; else, go totestb40]

**NOTE THAT A POLICY HOLDER ONLY HAS TO BE LISTED IN B231; THE INFORMANT DOES NOT HAVE TO BE THE POLICY HOLDER.**

CDHP11. A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills. Does this health plan have a deductible?

**PROBE: IF RESPONDENT CONFUSES DEDUCTIBLE AND CO-PAY:**  
A co-pay is payment for a doctor visit or other medical service and a deductible is the amount you pay before your insurance plan will start paying any part of your medical bills.

If the R asks whether in-network or out-of network, say in-network.

YES .....1  
NO .....0 [goto CDHP4]  
  
DON'T KNOW .....d [goto CDHP4]  
REFUSED .....r [goto CDHP4]  
====>

**CATI INSERT INDIVIDUAL IF ONE PERSON IS COVERED AND FAMILY IF MORE THAN ONE PERSON IS COVERED (INDIVIDUAL VERSUS FAMILY COVERAGE SHOULD BE BASED ON b241).**

CDHP21. Is the annual (individual/family) deductible less than (\$1,200/\$2,400) or more than (\$1,200/\$2,400)?

**PROBES:**  
(1) Your best guess is fine.  
(2) If the R asks whether in-network or out-of network, say in-network.

[TEST: IF CDHP21 IS MORE THAN (\$1,200/\$2,400) GO TO CDHP2aF1; ELSE GO TO CDHP4]

>CDHP2aF1< IF INDIVIDUAL: Is the annual deductible from \$1,000 to under \$2,000, from \$2,000 to under \$3,000, from \$3,000 to under \$5,000, or \$5,000 or more?

**PROBES:**

- (1) Your best guess is fine.
- (2) If the R asks whether in-network or out-of network, say in-network.

IF FAMILY: Is the annual deductible from \$2,000 to under \$3,000, from \$3,000 to under \$5,000, or \$5,000 or more?

**PROBES:**

- (1) Your best guess is fine.
- (2) If the R asks whether in-network or out-of network, say in-network.

CDHP4. Some health plans offer a special type of savings account that can be used to pay for medical expenses. These plans are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal care accounts, Personal medical funds, or Choice funds, and are different from employer-provided Flexible Spending Accounts).

Does health plan have a special account or fund you can use to pay for medical expenses?

- YES .....1
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r

=>[goto test b40]

>b311< **NON-EMPLOYER AND NON-UNION PLANS:**

How much is the insurance premium for this policy?

- NONE .....0
  
- \$|\_|\_|\_|\_|  
\$(10-9997) ..... [goto b321]
  
- DON'T KNOW .....d
- REFUSED .....r
- ===> [goto CDHPNG1]

>b321< INTERVIEWER: CODE TIME PERIOD.

WEEK.....1  
EVERY OTHER WEEK .....2  
TWICE A MONTH.....3  
MONTH .....4  
QUARTER.....5  
SEMI-ANNUAL .....6  
ANNUAL.....7  
===>

CDHPNG1. A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills. Does this health plan have a deductible? IF YES, ASK CDHPNG2; IF NO, DK, OR RF, GO TO CDHPNG4

YES .....1  
NO .....0 [goto CDHPNG4]  
  
DON'T KNOW .....d [goto CDHPNG4]  
REFUSED .....r [goto CDHPNG4]

**PROBE:** IF RESPONDENT CONFUSES DEDUCTIBLE AND CO-PAY:  
A co-pay is payment for a doctor visit or other medical service and a deductible is the amount you pay before your insurance plan will start paying any part of your medical bills.

CATI INSERT INDIVIDUAL IF ONE PERSON IS COVERED AND FAMILY IF MORE THAN ONE PERSON IS COVERED (INDIVIDUAL VERSUS FAMILY COVERAGE SHOULD BE BASED ON b241).

CDHPNG2. Is the annual (individual/family) deductible less than (\$1,200/\$2,400) or more than (\$1,200/\$2,400)?

**PROBES:**  
(1) Your best guess is fine.  
(2) If the R asks whether in-network or out-of network, say in-network.

[TEST [IF CDHPNG2 is more than (\$1,200/\$2,400) GO TO CDHPNG2A; ELSE GO TO CHDPNG4]

CDHPNG2A. IF INDIVIDUAL: Is the annual deductible from \$1,000 to under \$2,000, from F\$2000 to under \$3,000, from \$3,000 to under \$5,000, or \$5,000 or more?

**PROBES:**  
(1) Your best guess is fine.  
(2) If the R asks whether in-network or out-of network, say in-network.



IF FAMILY: Is the annual deductible from \$2,000 to under \$3,000, from \$3,000 to under \$5,000, or \$5,000 or more?

**PROBES:**

- (1) Your best guess is fine.
- (2) If the R asks whether in-network or out-of network, say in-network.

CDHPNG4 Some health plans offer a special type of savings account that can be used to pay for medical expenses. These plans are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal care accounts, Personal medical funds, or Choice funds.

Does this health plan have a special account or fund you can use to pay for medical expenses?

YES .....1  
 NO .....0  
  
 DON'T KNOW .....d  
 REFUSED .....r

>test b40< IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b231-CDHP4 FOR SECOND PLAN; IF b2=3, ASK 231-CDHP4 FOR THIRD PLAN; ELSE IF ANY FAMILY MEMBER HAS MILITARY COVERAGE (b1f ge<1>) AND AT LEAST ONE PERSON WITH MILITARY COVERAGE IS NOT COVERED BY SOME OTHER HEALTH PLAN, goto b41; ELSE goto test b51]

>b41< Did [fill NAMES OF PERSONS COVERED (b1f1)] enroll in [NAME OF PLAN] in the past 12 months, that is after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in [fill PLAN] after [fill DATE]?

**INTERVIEWER:** DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

IF RESPONDENT SAYS HE/SHE STAYED WITH THE SAME PLAN DURING OPEN ENROLLMENT, CODE NO.

[fill NAME] .....1  
 [fill NAME] .....2  
 NO ONE .....n  
 NEED TO DELETE A RESPONSE .....x  
  
 DON'T KNOW .....d  
 REFUSED .....r  
 ===> [goto test b51]

>test b51< Medicare [if b1d ge <1> goto b54R5; else goto test b61]

>B54R5< People who qualify for Medicare can obtain their medical coverage for things like doctor or hospital care in different ways. Which of the following describes (your/NAME's) Medicare coverage?

- 1 Regular Medicare
- 2 A Medicare HMO plan
- 3 Or another type of Medicare health plan
- 8 DK
- 9 RF

**PROBES:**

(1) With a Medicare HMO plan, you must generally receive care from HMO doctors. Otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

(2) In addition to regular Medicare and Medicare HMOs, Medicare now offers other types of health plans that are not HMOs. These are sometimes referred to as Medicare Advantage plans.

INTERVIEWER INSTRUCTION: IF THE RESPONDENT FEELS THAT HIS OR HER  
MEDICARE COVERAGE DOES NOT FIT INTO THESE  
THREE CATEGORIES OR DOESN'T KNOW, CODE DK.

**TEST: IF B54R5=2 OR 3, GO TO b54rx; else ask b54supp:**

>B54supp< Medicare supplemental or Medigap policies are designed to cover the costs of doctor visits or hospital care that are not covered by Medicare. (Are you/Is NAME) covered by a supplemental Medigap policy (you/NAME) bought on (your/his/her) own or through a previous or current employer?

- YES .....1
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r

**TEST: IF PERSON HAS MEDICAID (b1ex <eq> 1), go to b57; ELSE ASK b54rx. Only Medicaid beneficiaries should be skipped over b54rx; persons who have state plans should be asked the question.**

b54rx (Do you/Does NAME) have prescription drug coverage through Medicare Part D? People get this type of coverage either through a Medicare health plan, such as a Medicare HMO, that covers prescription drugs, or through a separate Medicare prescription drug plan.

YES .....1 [goto b57]  
 NO .....0 [goto testb54mg]  
 DON'T KNOW .....d [goto testb54mg]  
 REFUSED .....r [goto testb54mg]

>TEST 54mg<IF b54rx=NO or DK, or RF AND B1A=1 or B1C =1 [PERSON HAS COVERAGE THROUGH A PRIVATE PLAN] GO TO b54mg; ELSE GO TO b57

b54mg (Does your/Does NAME's) health plan from a current or former employer or union pay for at least some of the cost of prescription medicines?

YES .....1  
 NO .....0  
 DON'T KNOW .....d  
 REFUSED .....r

>b57< Did [fill NAMES OF MEDICARE ENROLLEES] enroll in [Medicare] in the past 12 months, that is, after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in [Medicare] in the past 12 months?

CODE ALL THAT APPLY

[fill NAME] .....1  
 [fill NAME] .....2  
 [fill NAME] .....3  
 [fill NAME] .....4  
 [fill NAME] .....5  
 [fill NAME] .....6  
 [fill NAME] .....7  
 [fill NAME] .....8  
 NONE/NO ONE/NO OTHER RESPONSES .....n  
 NEED TO DELETE A RESPONSE .....x  
 DON'T KNOW .....d  
 REFUSED .....r  
 ==>

>test b61< **ALL MEDICAID RECIPIENTS goto b64 [If b1ex <eq> 1 or b1ey eq <1> or <d>) goto b64; else goto test b70.]**

**NOTE:** Deleted b61, b62 and b63.

>b64< Under (Medicaid/STATE NAME) (are/is) [fill NAMES] signed up with an HMO, that is, a Health Maintenance Organization?

**PROBE:** With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

**NOTE:** Deleted b65a, b65b, and b66

>b67< Did [fill NAMES OF MEDICAID BENEFICIARIES] enroll in [STATE NAME/Medicaid] in the past 12 months, that is, after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in (STATE NAME/Medicaid) in the past 12 months?

**INTERVIEWER:** DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

[fill NAME] .....1  
[fill NAME] .....2  
[fill NAME] .....3  
[fill NAME] .....4  
[fill NAME] .....5  
[fill NAME] .....6  
[fill NAME] .....7  
[fill NAME] .....8  
NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>test b70< **ASKED IF ANY PERSON HAS A STATE PLAN, INCLUDING CHIP, OR OTHER PLAN AND NO PRIVATE PLANS. [If b1a, b1b, and b1c ARE NOT COVERING PERSON i, AND PERSON i HAS COVERAGE BY b1h or b1i1, FOR ANY PERSON I go to b75; else, go to test b80].**

>b75< Is [fill NAME OF STATE PROGRAM]an HMO, that is, a Health Maintenance Organization?

**PROBE:** WITH an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

**NOTE:** Deleted b75a, b75b, and b76

>b77< Did [fill NAMES OF PLAN MEMBERS] enroll in [NAME OF STATE PROGRAM] in the past 12 months, that is, after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in the past 12 months?

**INTERVIEWER:** DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

[fill NAME] .....1  
[fill NAME] .....2  
[fill NAME] .....3  
[fill NAME] .....4  
[fill NAME] .....5  
[fill NAME] .....6  
[fill NAME] .....7  
[fill NAME] .....8  
  
NO ONE AFTER [fill DATE]/NO ONE ELSE .....n  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [go to testb80]

**CURRENTLY UNINSURED**

>test b80< [IF ONE OR MORE FAMILY MEMBERS IS CURRENTLY UNINSURED, goto b80 FOR FIRST PERSON; ELSE goto TEST b85]

>b801< At any time during the past 12 months [was fill NAME/were you] covered by [Medicaid/fill STATE NAME], [fill STATE PROGRAM], or a health insurance plan obtained through work, a union, or purchased directly?

- YES .....1 [goto b81]
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r

==> [goto NEXT UNCOVERED PERSON or test b85]

>b81< Just before becoming uninsured, what type of health insurance coverage did ([fill NAME]/you) have? Was it . . .

**INTERVIEWER: CODE ONLY ONE.**

- a health insurance from an employer or union or purchased directly from insurance company.....1 [goto b83]
  - Medicaid/fill state name .....2 [goto b83]
  - [fill state plan] .....3 [goto b83]
  
  - CHAMPUS, Champ-VA, TRICARE, VA, or other military coverage .....4
  - Indian Health Service.....5
  - NONE .....0
  
  - DON'T KNOW .....d
  - REFUSED .....r
- ==> [goto next uncovered person or test b85]

>b83<

In what month did [fill NAME'S/your] health insurance coverage under this plan stop?

- JAN.....1
  - FEB .....2
  - MARCH .....3
  - APRIL .....4
  - MAY.....5
  - JUNE.....6
  - JULY.....7
  - AUGUST .....8
  - SEPT .....9
  - OCT..... 10
  - NOV..... 11
  - DEC..... 12
  
  - DON'T KNOW .....d
  - REFUSED .....r
- ===>

>b84<

Why did [fill NAME]'s health insurance coverage stop?

**INTERVIEWER:** CODE ALL THAT APPLY; READ RESPONSES IF NECESSARY.

- LOST JOB OR CHANGED EMPLOYERS .....1
  - SPOUSE/PARENT LOST JOB OR CHANGED EMPLOYERS .....2
  - GOT DIVORCED OR SEPARATED/ DEATH OF SPOUSE OR PARENT .....3
  - BECAME INELIGIBLE BECAUSE OF AGE/ LEFT SCHOOL .....4
  - EMPLOYER STOPPED OFFERING COVERAGE .....5
  - CUT BACK TO PART TIME/ BECAME TEMPORARY EMPLOYEE.....6
  - BENEFITS FROM EMPLOYER/ FORMER EMPLOYER RAN OUT .....7
  - COULDN'T AFFORD TO PAY THE PREMIUMS .....8
  - INSURANCE PLAN RAISED COST OF PREMIUMS...9
  - INSURANCE COMPANY REFUSED COVERAGE ..... 10
  - OR SOMETHING ELSE [SPECIFY]..... 11
  
  - NONE/NO ONE/NO OTHER RESPONSES .....n
  - NEED TO DELETE A RESPONSE .....x
  
  - DON'T KNOW .....d
  - REFUSED .....r
- ===> [goto next uncovered person or test b85]

**CURRENTLY INSURED**

**>test b85< [IF ONE OR MORE FAMILY MEMBERS ARE CURRENTLY INSURED AND COVERAGE BEGAN LESS THAN 12 MONTHS AGO, goto b851; ELSE goto TEST b90]**

>b851< During the month just before [fill NAME]'s coverage with [fill CURRENT PLAN NAME] began, what type of health insurance coverage did [you/he/she] have? Was it . . .

**INTERVIEWER: CODE ONLY ONE.**

- Private insurance from an employer or union or directly purchased from an insurance company .....1
  - [Medicaid/fill state name] .....2
  - [fill state plan] .....3
  - CHAMPUS, Champ-VA, TRICARE or other military coverage .....4
  - Indian Health Service.....5
  - A different Medicare plan<sup>4</sup> [SUPPRESS IF PERSON LT 65] .....6
  - or did (he/she/you) not have any health insurance coverage.....0
  - NOT APPLICABLE [NEWBORN/FOREIGN COVERAGE].....7
  - DON'T KNOW .....d
  - REFUSED .....r
- ===>

**>test b861< [IF THERE ARE OTHER CURRENTLY INSURED FAMILY MEMBERS WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO, goto b861; ELSE goto TEST b881]**

---

<sup>4</sup>Can capture prior coverage of Medicare beneficiaries who had changes in last 12 months here.



>b861< Were [fill NAMES OF OTHER CURRENTLY INSURED FAMILY MEMBERS WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO] covered under this plan?

CODE ALL THAT APPLY

[fill NAME] .....1  
[fill NAME] .....2  
[fill NAME] .....3  
[fill NAME] .....4  
[fill NAME] .....5  
[fill NAME] .....6  
[fill NAME] .....7  
[fill NAME] .....8

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r  
===>

>test b881< [If b851 eq <1> and current coverage is private (bla, blb or blc) go to b881; ELSE goto test b852]

>b881< Why did [fill NAME/you] change insurance plans at that time?

CODE ALL THAT APPLY.

OWN/SPOUSE/PARENT CHANGE JOB.....1  
EMPLOYER OFFERINGS CHANGED .....2  
CURRENT PLAN IS LESS EXPENSIVE .....3  
CURRENT PLAN HAS BETTER SERVICES:  
PREFERRED DOCTORS, BETTER QUALITY,  
CONVENIENT LOCATION, ETC. ....4  
OTHER [SPECIFY].....5

---

NONE/NO ONE/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED .....r  
===>

>test b852< **[IF THERE ARE OTHER CURRENTLY INSURED FAMILY MEMBERS WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO, AND WHO WERE NOT CITED IN b851 or b861, ASK b852; ELSE goto TEST b902].**

>b852< During the month just before [fill NAME]'s coverage with [fill CURRENT PLAN NAME] began, what type of health insurance coverage did [you/he/she] have? Was it . . .

**INTERVIEWER: CODE ONLY ONE.**

- private insurance from an employer or union  
or directly purchased from an insurance company .....1
- [Medicaid/fill state name] .....2
- [fill state plan] .....3
- CHAMPUS, CHAMP-VA, TRICARE  
or other military coverage .....4
- Indian Health Service.....5
- A different Medicare plan  
[SUPPRESS IF PERSON LT 65] .....6
- or did (he/she/you) not have any  
health insurance coverage.....0 [goto next insured  
person whose  
coverage began LT  
12 months ago or  
test b90]
  
- DON'T KNOW .....d [goto next insured  
person whose  
coverage began LT  
12 months ago or  
test b90]
  
- REFUSED .....r [goto next insured  
person whose  
coverage began LT  
12 months ago or  
test b90]

====>

>test b882< **[If b852 eq <1> and current coverage is private (bla, blb or blc) go to b882; ELSE goto test b902]**

>b882< Why did [fill NAME/you] change insurance plans at that time?

CODE ALL THAT APPLY.

OWN/SPOUSE/PARENT CHANGED JOB .....1  
EMPLOYER OFFERINGS CHANGED .....2  
CURRENT PLAN IS LESS EXPENSIVE .....3  
CURRENT PLAN HAS BETTER SERVICES:  
PREFERRED DOCTORS, BETTER QUALITY,  
CONVENIENT LOCATION, ETC. <sup>5</sup> .....4  
OTHER [SPECIFY] .....5

---

DON'T KNOW .....d  
REFUSED .....r  
===>

>test b90< GO TO c101

NOTE: Question deleted from CTS4  
b2311, b2312, b2p1\_an, b2p1\_nam, b221, b23141, b23151, prod\_sp1, b2611,  
b26121, b26a, b26b, b301, ngi2, ngi3, ngi4, b331, b341, b351, b371, b40, b421,  
b51, b52, b53, b54, b55a, b55p, b55b, b55c, b58, b59, 59ad, b68, b78, b79,  
b791, b82, b84a, b871, b901, b911, b921

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<sup>5</sup>Frequency for particular services is too low to justify burden and cost of separate coding.

**c. RESOURCE USE DURING THE LAST 12 MONTHS**

>c101< Since [DATE 12 MONTHS AGO], were [fill NAMES OF FAMILY MEMBERS] a patient in a hospital overnight?

**PROBE:** DO NOT INCLUDE ANY OVERNIGHT STAYS IN THE EMERGENCY ROOM.

YES .....1 [goto c11]  
 NO .....0  
  
 DON'T KNOW .....d  
 REFUSED .....r  
 ===> [goto test c20]

>c11< Who was in a hospital overnight? (Anyone else?)

[fill NAME] .....1  
 [fill NAME] .....2  
 [fill NAME] .....3  
 [fill NAME] .....4  
 [fill NAME] .....5  
 [fill NAME] .....6  
 [fill NAME] .....7  
 [fill NAME] .....8  
  
 NONE/NO ONE/NO OTHER RESPONSES .....n  
 NEED TO DELETE A RESPONSE .....x  
  
 DON'T KNOW .....d  
 REFUSED .....r  
 ===>

>test c121< **[ASK FOR EACH PERSON WITH A HOSPITAL STAY]**

>c121< How many different times did [fill NAME] stay in any hospital overnight or longer during the past 12 months?

**PROBE:** Your best estimate is fine.

\_\_\_\_|\_\_\_\_| TIMES  
 (1-20)  
  
 DON'T KNOW .....d  
 REFUSED .....r  
 ===>

>test c131< [if (FEMALE AND GE 12 AND LE 45) or (CHILD LE 1) goto c131; else goto c151]

>c131< FEMALE, 12-45 YEARS OLD: [Were any of these hospital stays/was this hospital stay] for delivery of a baby?

CHILD: Did [fill CHILD LE 1] stay in the hospital overnight at birth?

YES .....1 [goto c141]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
==> [goto c151]

>c141< Have you included this hospitalization in the number of hospital stays you gave me for [fill NAME]?

**PROBE:** Was [fill NAME's] stay in the hospital overnight for delivery.

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
==>

>c151< [For how many of the [fill c121] times [fill NAME] stayed in the hospital] (was/were) (he/she/you) admitted through the emergency room?

\_\_\_\_|\_\_\_\_| TIMES  
(0-20)

DON'T KNOW .....d  
REFUSED .....r

**NOTE:** NUMBER MUST BE LE # ADMISSIONS IN c121.  
==>

>c161< [For [fill NAME]'s [fill c121] hospital stay(s) during the past 12 months,] how many nights was (he/she) in the hospital altogether?

\_\_\_\_|\_\_\_\_|\_\_\_\_| NIGHTS  
(1-366)

DON'T KNOW .....d  
REFUSED .....r  
===>

**NOTE:** c161 MUST BE GE c121; ELSE VERIFY.

**REPEAT FOR OTHER FAMILY MEMBERS WITH HOSPITAL STAYS. THEN ASK REMAINING RESOURCE USE QUESTIONS FOR EACH FAMILY MEMBER, BEGINNING WITH INFORMANT.**

>test c20< **SELECT WORDING BASED ON WHETHER PERSON HAD ER VISIT RESULTING IN HOSPITAL ADMISSION**

>c211< ER/HOSPITAL ADMISSION: [The next questions are about [fill NAME]<sup>6</sup>. Not counting [fill NAME]'s [fill c151] emergency room visits you told me about, [have/has] [fill NAME] gone to a hospital emergency room in the past 12 months to get medical treatment?

NO ER/HOSPITAL ADMISSION: [The next questions are about [fill NAME]].<sup>1</sup> During the past 12 months, [have/has] [fill NAME] gone to a hospital emergency room to get medical treatment?

**PROBE:** Count all visits to the ER, including visits where you received a brief exam, but were sent elsewhere.

YES .....1 [goto c221]  
NO .....0

DON'T KNOW .....d  
REFUSED .....r  
===> [goto c311)

---

<sup>6</sup>Delete phrase for one person family.  
Household Survey

>c221< [Again, not counting the [fill 151] emergency room visits you told me about,]  
During the past 12 months, how many times has [fill NAME] gone to a hospital  
emergency room?

**PROBE:** Count all visits to the ER, including visits where [fill NAME] received  
a brief exam, but were sent elsewhere.

**PROBE:** Your best estimate is fine.

\_\_\_\_|\_\_\_\_| TIMES  
(1-20)

DON'T KNOW .....d [goto c231]  
REFUSED .....r  
==> [gotoc311]

>c231< Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?

1 .....1  
2-3 .....2  
4-9 .....3  
10 - 12 .....4  
13 OR MORE .....5  
DON'T KNOW .....d  
REFUSED .....r  
==>

>c311< Since [insert MONTH/YEAR 12 months ago], about how many times has [fill  
NAME] seen a doctor? [IF ER OR HOSPITAL VISIT: Do not count doctors  
seen while an overnight patient in a hospital or in the emergency room.]

**PROBES:** (1) Include osteopathic doctors and psychiatrists.  
(2) Include outpatient visits and outpatient surgeries.  
(3) Exclude dentists visits, chiropractor visits, and telephone calls to  
doctors.  
(4) Your best estimate is fine.

NO/NONE .....0 [goto c331]

\_\_\_\_|\_\_\_\_| VISITS [goto c331]  
(1-96)

DON'T KNOW .....d [goto c321]  
REFUSED .....r [gotoc331]  
==>

>c321< Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?

1 .....1  
2-3 .....2  
4-9 .....3  
10 - 12 .....4  
13 OR MORE .....5

DON'T KNOW .....d  
REFUSED .....r

====>

>c331< [Not counting [fill NAME'S] [fill c311 or 321] doctor visits you already told me about,] has [fill NAME] seen a nurse practitioner, physician's assistant, [or midwife] during the last 12 months?

**IF YES:** How many times has [fill NAME] seen a nurse practitioner, physician's assistant [or midwife] during the last 12 months?

**PROBES:** (1) Your best estimate will be fine.  
(2) Include times you got a shot, but did not see the doctor.  
(3) Do not include visits where [FILL NAME] saw only a registered nurse.

NO/NONE .....0

|\_|\_| VISITS  
(1-96)

DON'T KNOW .....d [goto c341]

REFUSED .....r

====> [go to c811]

>c341< Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?

1 .....1  
2-3 .....2  
4-9 .....3  
10 - 12 .....4  
13 OR MORE .....5

DON'T KNOW .....d

REFUSED .....r

====>



**c. UNMET NEED**

**NOTE: THE UNMET NEED (C81N-C86N) QUESTIONS FOR OTHER ADULTS ARE INCLUDED IN THE SELF RESPONSE MODULE.**

>c811<      [[INFORMANT SELF RESPONSE/CHILD] Next, during the past 12 months, was there any time when (you/fill CHILD) didn't get the medical care you needed?

**INTERVIEWER:** THIS QUESTION IS LIMITED TO MEDICAL CARE. DO NOT INCLUDE DENTAL CARE.

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>c821<      [[INFORMANT SELF RESPONSE/CHILD] And was there any time during the past 12 months when you put off or postponed getting medical care you thought (you/FILL CHILD) needed?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>test c831<    [[IF c811 EQ <1> OR <d> OR c821 EQ <1> or <d> goto c831; ELSE goto c841]

>c831< [INFORMANT SELF RESPONSE/CHILD] Did you not get the medical care (you/fill CHILD) needed or have delays getting medical care (you/fill CHILD) needed for any of the following reasons?

CODE ALL THAT APPLY.

- Worry about the cost.....1
- The doctor or hospital wouldn't accept your health insurance.....2
- Your health plan wouldn't pay for the treatment .....3
- You couldn't get an appointment soon enough.....4
- You couldn't get there when the doctor's office or clinic was open .....5
- It takes too long to get to the doctor's office or clinic from your house or work.....6
- You couldn't get through on the telephone .....7
- You were too busy with work or other commitments to take the time.....8
- You didn't think the problem was serious enough .....9
- Or any other reason I haven't mentioned [SPECIFY] .....0

- 
- NONE CITED/NO OTHER RESPONSES .....n
  - NEED TO DELETE A RESPONSE .....x
  - DON'T KNOW .....d
  - REFUSED .....r
  - ===>

>c841< [INFORMANT SELF RESPONSE/CHILD] During the past 12 months, was there any time (you/fill CHILD) needed prescription medicines but didn't get them because you couldn't afford it?<sup>7</sup>

- YES .....1
- NO .....0
- DON'T KNOW .....d
- REFUSED .....r
- ===>

---

<sup>7</sup>Source: NHIS, AAU.111  
Household Survey

>test c93< [ASK c21n...c34n...FOR NEXT ADULT and c21n---c34n and k811-k841 for child; THEN gotoc92]

>c92< During the past 12 months, about how much did (you/your family) spend out-of-pocket for medical care? Do not include the cost of dental care, health insurance premiums, or any costs that are paid by your health insurance.

- PROBES:** (1) Your best estimate is fine.  
(2) Include out-of-pocket expenses for prescription drugs, co-payments, and deductibles, but do not include health insurance premiums, dental costs, or any other costs paid by your health insurance.

READ CATEGORIES IF NECESSARY.

NONE .....0

\$ |\_\_| |\_\_| |, |\_\_| |\_\_| |\_\_|  
(10-96,000)

DON'T KNOW .....d [goto c93]  
REFUSED .....r  
==> [gotoc94]

>c93< Would that be less than \$500, \$500 to less than \$2,000, \$2,000 to less than \$3,000, \$3,000 to less than \$5,000, or \$5,000 or more?

READ CATEGORIES IF NECESSARY.

NONE .....0  
LESS THAN \$500 .....1  
\$500 TO \$1,999 .....2  
\$2,000 TO \$2,999 .....3  
\$3,000 TO \$4,999 .....4  
\$5,000 OR MORE .....5

DON'T KNOW .....d  
REFUSED .....r  
==>

>c94< During the past 12 months, (have you/has your family) had any problems paying medical bills?

YES .....1 [goto c95]  
NO .....0

DON'T KNOW .....d  
REFUSED .....r  
==> [gotoRC1]

>c95< Because of problems paying medical bills during the past 12 months, (have you/has your family)...

**INTERVIEWER:** REPEAT STEM IF NECESSARY

**PROGRAMMER NOTE:** ROTATE c95a-c95g

	YES	NO	DON'T KNOW	REFUSED
a. Been contacted by a collection agency?	1	0	d	r
b. Had problems paying for other necessities?	1	0	d	r
c. Put off major purchases, such as a new home or car?	1	0	d	r
d. Had to take money out of savings?	1	0	d	r
e. Had to borrow?	1	0	d	r
f. Thought about filing for bankruptcy	1	0	d	r
f1. IF YES: Did you file for bankruptcy	1	0	d	r
g. Been denied medical care by a doctor or other provider	1	0	d	r

**[INSERT YOU IF SINGLE PERSON FIU; ELSE INSERT YOUR FAMILY]**

>C96< Was the medical condition(s) or event(s) that caused the medical bills your family had difficulty paying...

CODE ALL THAT APPLY

- An accident or injury .....1
- An illness .....2
- A medical test or surgical procedure .....3
- A birth of a child .....4
- Routine health care .....5
- Something else (SPECIFY) .....6

<d> DON'T KNOW   <r> REFUSED   <x> DELETE A CODE   <n> NO MORE CODES

>C97< Was the person who was treated for these (INSERT- medical problems IF c96=1-3,6) /birth of a child IF c96= 4/routine health care IF c96=5) covered by health insurance or was this person uninsured at the time services were received?

- COVERED .....1
- UNINSURED .....0
- DON'T KNOW .....d
- REFUSED .....r

>C100< When did (you/your family) first get these medical bills? Was it within the last year, from 1 to 2 years ago, from 2 to 5 years ago, or more than 5 years ago?

- LAST YEAR .....1
- 1 TO 2 YEARS AGO.....2
- 2 TO 5 YEARS AGO.....3
- MORE THAN 5 YEARS AGO.....4
  
- DON'T KNOW .....d
- REFUSED .....r

>C101\_2< How much (do you/does your family) currently owe in medical bills?

<0-90000>

- DON'T KNOW .....d
- REFUSED .....r

PROBE IF DOESN'T KNOW EXACT AMOUNT:

>C101a< Is it less than \$2,000, from \$2,000 to less than \$5,000, from \$5,000 to less than \$10,000, from \$10,000 to less than \$20,000, or more than \$20,000?

- LESS THAN 2,000 .....1
- 2,000 TO LESS THAN 5,000.....2
- 5,000 TO LESS THAN 10,000.....3
- 10,000 TO LESS THAN 20,000.....4
- 20,000 OR MORE.....5
  
- DON'T KNOW .....d
- REFUSED .....r

>C102< During the past 12 months, how much of (your/your family's) medical bills have you paid off? Would you say none, a little, some, most or all of your medical bills?

- NONE .....1
- A LITTLE .....2
- SOME .....3
- MOST .....4
- ALL .....5 [goto RC1]
  
- DON'T KNOW .....d
- REFUSED .....r

>C103< When do you expect to pay off your current medical bills? Would you say within the next year, within the next two to three years, within the next five years, or longer than that?

NEXT YEAR .....1  
TWO TO THREE YEARS .....2  
FIVE YEARS .....3  
LONGER THAN FIVE YEARS .....4  
  
DON'T KNOW .....d  
REFUSED .....r

**IN-STORE RETAIL CLINICS**

>RC1< An in-store health clinic is a medical clinic that is located inside a retail store like CVS, Walgreens, Target or Wal-Mart. Have you (or INSERT NAMES OF OTHER FIU MEMBERS) **ever** had a medical visit at an in-store health clinic? Do not include pharmacies that only offer flu vaccinations once a year or eye care.

YES .....1  
NO .....0 [goto RC5]  
  
DON'T KNOW .....1 [goto RC5]  
REFUSED .....1 [goto RC5]

>RC1a< Have you (or INSERT NAMES OF OTHER FIU MEMBERS) used an in-store health clinic in a retail chain during the **past 12 months**?

YES .....1  
NO .....0 [goto RC5]  
  
DON'T KNOW .....d [goto RC5]  
REFUSED .....r [goto RC5]

>RC2< Please think of the last time you or a family member used an in-store health clinic in a retail chain. What was the primary purpose of that visit?

**ROTATE a-e THEN f. : CODE ALL THAT APPLY**

- a. A new illness or symptom such as sore throat, strep throat, ear infection or skin rash
  - b. Vaccination such as a flu shot or tetanus shot
  - c. Physical exam for school, camp or employment
  - d. Care for an ongoing or chronic condition like diabetes
  - e. Prescription renewal
  - f. Other (SPECIFY)
- YES .....1  
NO .....0
- DON'T KNOW .....d  
REFUSED .....r

>RC3< I'm going to read several reasons why some people choose in-store health clinics. For each one, please tell me whether it was a major factor, a minor factor, or not a factor in choosing an in-store clinic for the most recent visit.

**ROTATE**

- a. I/we do not have a regular source of medical care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
  
- b. I/we did not have to make an appointment
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
  
- c. The cost was lower than another source of care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
  
- d. The location was more convenient than another source of care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
  
- e. The clinic hours were more convenient than another source of care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED

**CATI: IF ANY FIU MEMBER IS INSURED BY ANY PLAN GO TO RC4; ELSE GO TO RC5**

>RC4< Did your health insurance plan pay for none, part, or all of the cost of the most recent visit to the in-store clinic?

- NONE OF THE COST .....1
- PART OF THE COST .....2
- ALL OF THE COST .....3
  
- DON'T KNOW .....d
- REFUSED .....r



**ONSITE WORKPLACE HEALTH CLINICS**

>RC5< Have you (or INSERT NAMES OF OTHER FIU MEMBERS) **ever** used an onsite health clinic at your or (SPOUSE'S) workplace?

YES .....1  
NO .....0 [goto d101]  
  
DON'T KNOW .....d [goto d101]  
REFUSED .....r [goto d101]

>RC5a< Have you (or INSERT NAMES OF OTHER FIU MEMBERS) used an onsite health clinic a workplace during the **past 12 months**?

YES .....1  
NO .....0 [goto d101]  
  
DON'T KNOW .....d [goto d101]  
REFUSED .....r [goto d101]

>RC6< Please think of the last time you or a family member used an onsite health clinic at a workplace. What was the primary purpose of that visit?

**ROTATE a-e THEN f. :**

- a. To treat an injury that was work related?
- b. Vaccination such as a flu shot or tetanus shot?
- c. A new illness or symptom such as sore throat, strep throat, ear infection or skin rash?
- d. A physical exam for employment, school, or camp?
- e. Care for an ongoing or chronic condition like diabetes?
- f. Prescription renewal?
- g. Some other reason [SPECIFY]

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>rc7<

I'm going to read several reasons why some people choose onsite health clinics. For each one, please tell me whether it was a major factor, a minor factor, or not a factor in choosing an onsite clinic for the most recent visit.

**ROTATE**

- a. I/we do not have a regular source of medical care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
- b. I/we did not have to make an appointment
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
- c. The cost was lower than another source of care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
- d. The location was more convenient than another source of care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED
- e. The clinic hours were more convenient than another source of care
  - 1 MAJOR FACTOR
  - 2 MINOR FACTOR
  - 3 NOT A FACTOR
  - d DON'T KNOW
  - r REFUSED

**NOTE:**

Question deleted from CTS4  
er1, er2, er3, er4, er5, er6, er7, er8, er9, c3p1, c3c1, c351, c361, c411, c421,  
c431, c511, unmet1, unmet2, unmet2a, unmet3, unmet3a, unmet4, unmet4a,  
unmet5, unmet5a

**d. USUAL SOURCE OF CARE**

ASK OF FAMILY INFORMANT

>USC< The next questions are about places people go to for their health problems. Because some of these questions ask about Internet use in medical practices, first I need to ask about your use of the Internet.

>IT1< Do you ever go on line to use the Internet? (modified Pew, HINTS)

- YES .....1
- NO .....0 [goto d101]
  
- DON'T KNOW .....d [goto d101]
- REFUSED .....r [goto d101]

>IT2< In general, how often do you go online- several times a day, about once a day, 3-5 days a week, 1 to 2 days a week, once every few weeks, or less often than that? [modified KFF, PEW 2003]

- SEVERAL TIMES A DAY .....1
- ABOUT ONCE A DAY .....2
- 3 TO 5 DAYS A WEEK.....3
- 1 TO 2 DAYS A WEEK.....4
- ONCE EVERY FEW WEEKS .....5
- LESS OFTEN.....6
  
- DON'T KNOW .....d
- REFUSED .....r

>d101< Next, is there a place that you **usually** go to when you are sick or need advice about your health?

**PROBE:** IF R. IS UNSURE IF ONE PLACE OR MORE THAN ONE PLACE:  
you are sick or need advice about your health, do you go to one place or more than one place?

- YES .....1 [goto d111]
- NO, THERE IS NO PLACE.....0 [gotorx1]
- NO, THERE IS MORE THAN ONE PLACE .....3 [goto d111]
  
- DON'T KNOW .....d [goto rx1]
- REFUSED .....r [goto rx1]

====>

>d111< If (d101 = 1) then read:  
 What kind of place is it--a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

Else (d101 = 3) read:  
 What kind of place do you go to most often--a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

- DOCTOR'S OFFICE .....1
- HMO .....2
- HOSPITAL OUTPATIENT CLINIC .....3
- OTHER CLINIC OR HEALTH CENTER.....4
- HOSPITAL EMERGENCY ROOM .....5
- SOME OTHER PLACE .....6
  
- DON'T KNOW .....d
- REFUSED .....r
- ===>

>sn1< IF UNINSURED: At this place, do you pay full price for medical care or do you pay a lower amount based on what you can afford to pay?

- FULL PRICE .....0
- LOWER AMOUNT .....1
  
- DON'T KNOW .....d
- REFUSED .....r
- ===>

>d121time< How long have you been going to this place?

- Less than 6 months.....1
- At least 6 months but less than 1 year .....2
- At least 1 year but less than 3 years .....3
- At least 3 years but less than 5 years .....4
- 5 years or more .....5
  
- DON'T KNOW .....d
- REFUSED .....r

>test< If c311 equals 0 and c331 equals 0 go to d121; else if (d111, kd111, d111\_sr2) equals 5 (emergency room) then skip to (d121, kd121, d121\_sr2). Skip questions CAHPS5 through IT5 when the usual place of care is the emergency room or if respondent has no visits with doctors or other medical professionals in the last 12 months.

>CAHPS5< In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at this place?

YES .....1 [goto  
E261R5@day]  
NO .....0  
DON'T KNOW .....d  
REFUSED .....r  
==> [goto ACCESS1)

>E261R5@day< Thinking of the last time you made an appointment at this place, how long did you have to wait between the time you made the appointment and the day you actually saw a doctor or other health care provider?

**INTERVIEWER:** (1) CODE "0" FOR SAME DAY.  
(2) ACCEPT MOST CONVENIENT TIME PERIOD.

\_\_\_ (0-31) DAYS OR \_\_\_ (1-20) WEEKS OR \_\_\_ (1-5) MONTHS

DON'T KNOW .....d  
REFUSED .....r  
==>

>ACCESS1< Does this place have office hours at night or on the weekends? FROM MEPS ACCESS TO CARE SUPPLEMENT

YES .....1  
NO .....0  
DON'T KNOW .....d  
REFUSED .....r  
==>

>ACCESS2< In the past 12 months, have you tried to contact this place after their regular hours for an urgent medical need?

YES [go to ACCESS3] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [GO TO IT3]

>ACCESS3< How difficult is it to contact a doctor or other health care provider at this place after their regular hours in case of urgent medical needs- very difficult, somewhat difficult, not too difficult, or not at all difficult? MEPS ACCESS TO CARE SUPPLEMENT MODIFIED

VERY DIFFICULT .....1  
SOMEWHAT DIFFICULT .....2  
NOT TOO DIFFICULT .....3  
NOT AT ALL DIFFICULT .....4  
  
DON'T KNOW .....d  
REFUSED .....r

>IT3< As far as you know, can you ask a medical question at this place by e-mail or by visiting its web site?

ITAVAIL-P YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>test IT4< [if IT1=1 and IT3=1 go to IT4; else go to d121]

>IT4< In the last 12 months, did you e-mail this place or visit its web site with a medical question? CAHPS HIT FIELD TEST #18

YES [go to IT5] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [ to go d121]

>IT5< In the last 12 months, when you e-mailed this place or visited its website, how often did you get an answer to your medical question as soon as you needed-never, sometimes, usually, or always? CAHPS H IT FIELD TEST #19

NEVER .....1  
SOMETIMES.....2  
USUALLY .....3  
ALWAYS .....4  
  
DON'T KNOW .....d  
REFUSED .....r

>d121< **d121, d121\_sr2 Add an intro sentence.**  
The next questions ask about doctors and other health professionals you may see at the (FILL PLACE FROM d111) you usually go to when you are sick or need advice about your health.”

When you go to this place, do you usually see a doctor, a nurse, or some other type of health professional?

INSTRUCTION: IF R. SAYS DOCTOR AND NURSE, CODE DOCTOR.

DOCTOR.....1 [goto d121spec]  
NURSE.....2 [goto d131]  
OTHER [SPECIFY].....3 [goto d131]

---

DON'T KNOW .....d [gotorx1]  
REFUSED .....r [gotorx1]  
===>

>d121spec< Primary care doctors, such as general or family doctors, general internists, or pediatricians, treat a variety of illnesses and give preventive care. Specialists are doctors like surgeons, heart doctors, and others who specialize in one area of health care.

Is the doctor you usually see a primary care doctor or a specialist?

INTERVIEWER INSTRUCTION: GENERAL INTERNISTS ARE PRIMARY CARE DOCTORS; INTERNISTS WHO SUBSEQUENTLY SPECIALIZE IN A PARTICULAR AREA OF CARE ARE SPECIALISTS.

PRIMARY DOCTOR.....1  
SPECIALIST .....2  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>d131< Do you usually see the same (doctor/nurse/provider) each time you) go there?

YES .....1  
 NO .....0

DON'T KNOW .....d  
 REFUSED .....r  
 ===>

>rx1< During the last 12 months, have you taken any prescription medicines?

YES .....1  
 NO .....0

DON'T KNOW .....d  
 REFUSED .....r  
 ===>

>testusc< If c311 >0 and c331 > 0 and if d101= 1 or 3 go to USCFILL; else go to test e10  
 (NEXT SECTION IF R. HAS NO VISITS TO MEDICAL PROVIDERS IN LAST  
 12 MONTHS OR NO USC)

USCFILL: If d121=1 and d131=1, then USCFILL= "your usual doctor"; else, USCFILL= "a  
 doctor or other health care provider"

USCFILL2: If USCFILL= "a doctor or other health care provider" THEN USCFILL2= "or  
 other health care providers"; else USCFILL2= BLANK

**USCFILL** change fill and add an introduction when the usual source of care isn't a doctor and  
 the same doctor isn't seen every time (d121 ne 1 and d131 ne 1).  
 fill - "a doctor or other health care provider"

>test rx1< [if rx1=1, go to rx2; else go to USCVISIT2]

Introduction - "For the next questions, please think about doctors and other health care  
 providers you see at the (FILL PLACE FROM d111) you usually go to when you are  
 sick or need advice about your health."

>rx2< In the past 12 months, did USCFILL talk with you about all of the different  
 prescription medicines you are using, including medicines prescribed by other  
 doctors?

YES .....1  
 NO .....0

DON'T KNOW .....d  
 REFUSED .....r  
 ===>



>USCVISIT2< In the last 12 months, how many times did you visit USCFILL to get care for yourself [CAHPS 4.0 HEALTH PLAN SURVEY, #10]?

- NONE .....1
- 1 TIME.....2
- 2-4 TIMES .....3
- 5-9 TIMES .....4
- 10 OR MORE TIMES.....5
  
- DON'T KNOW .....d
- REFUSED .....r

>medtest1< In the last 12 months, did USCFILL send you for a blood test, x-ray, or other test?

- YES [go to medtest2].....1
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r
- ===>[ go totest IT7]

>medtest2< Did you get any tests or x-rays that USCFILL ordered?

- YES [go to medtest3].....1
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r
- ===> ===>[ go totest IT7]

>medtest3< In the last 12 months, when USCFILL sent you for a blood test, x-ray, or other test, how often did someone from the office follow up to give you test results? Would you say never, sometimes, usually, or always?

- NEVER.....1
- SOMETIMES.....2
- USUALLY .....3
- ALWAYS .....4
  
- DON'T KNOW .....d
- REFUSED .....r

>test IT7< [IF USCVISIT2>=1, GO TO IT7; **else go test e10**]

>IT7< Doctors [USCFILL2] may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 12 months, did USCFILL use a computer or handheld device during any of your visits? CAHPS HIT FIELD TEST #39

YES .....1  
NO .....0 [goto test e10]  
  
DON'T KNOW .....d [goto test e10]  
REFUSED .....r [goto test e10]

>IT8< During your visits in the last 12 months, did USCFILL ever use a computer or handheld device to look up test results or other information about you? CAHPS HIT FIELD TEST #40

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>IT9< During your visits in the last 12 months, did USCFILL ever use a computer or handheld device to show you information? CAHPS HIT FIELD TEST #41

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>IT10< In the last 12 months, did USCFILL ever use a computer or a handheld device to order your prescription medicines? CAHPS HIT FIELD TEST #42

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>IT 11<

During your visits in the last 12 months, was the use of a computer or handheld device by USCFILL definitely helpful to you, somewhat helpful to you, or not at all helpful to you? CAHPS HIT FIELD TEST #43

DEFINITELY HELPFUL .....1  
SOMEWHAT HELPFUL .....2  
NOT AT ALL HELPFUL .....3  
  
DON'T KNOW .....d  
REFUSED .....r

NOTE:

Question deleted from CTS4  
d141, d151, d161, d171, sn6, d311, d321, d331, d341, d351, d361

**QUALITY OF CARE**

**THIS SECTION WILL BE COMPLETED FOR INFORMANT AND CHILD AND (EXCEPT FOR FAMILY LEVEL QUESTIONS) IS INCLUDED IN SELF-RESPONSE MODULE FOR OTHER ADULTS.**

>test e10< [IF FAMILY HAS HAD ANY PROVIDER, OR HOSPITAL VISITS IN LAST 12 MONTHS (c101 = 1, or c211 = 1, or  $1 \leq c311 \leq 96$ , or  $1 \leq c321 \leq 5$ , or  $1 \leq c331 \leq 96$ , or  $1 \leq c341 \leq 5$ ) goto e101, ELSE goto e12]

>eSAT< The next questions are about your satisfaction with health care.  
ENTER <g> TO CONTINUE ===>

>e101< All things considered, are you satisfied or dissatisfied with [(the health care you have received/the health care you and your family have received)] **during the last 12 months?**

**PROBE:** If you did not receive services that you felt you needed, please consider that too.

SATISFIED.....1 [goto e111]  
DISSATISFIED .....2 [goto e111]  
NEITHER SATISFIED NOR DISSATISFIED .....3  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [goto e121]

>e111< Would that be very (dis)satisfied or somewhat (dis)satisfied?  
  
VERY.....1  
SOMEWHAT .....2  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>e12<

Now I would like to ask you about satisfaction with your **choice** of doctors.

First, primary care doctors, such as family doctors, [pediatricians],<sup>8</sup> or general practitioners, who treat a variety of illnesses and give preventive care.

Are you satisfied or dissatisfied with the **choice** you personally have for primary care doctors?

**PROBE:** Most people go to a primary care doctor first when they have a sickness or injury they have not had before.

SATISFIED.....1 [goto e13]  
 DISSATISFIED .....2 [goto e13]  
 NEITHER SATISFIED NOR DISSATISFIED .....3

DON'T KNOW .....d  
 REFUSED .....r  
 ===> [goto e14new]

>e13<

Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY.....1  
 SOMEWHAT .....2

DON'T KNOW .....d  
 REFUSED .....r  
 ===>

>e14new<

In the past 12 months, did you or a doctor think you needed to see a specialist?

**PROBE:** Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.

YES .....1 [goto CAHPS12]  
 NO .....0

DON'T KNOW .....d  
 REFUSED .....r  
 ===> [gotoe40]

---

<sup>8</sup>Exclude for adults.  
 Household Survey

>CAHPS12< In the last 12 months, did (you/NAME) see a specialist?

YES [go to test CAHPSSP1] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====> [go to e15]

>test CAHPSSP1< [if D121SPEC=2, GO TO CAHPSSP1; else if d101=1 or 3 , go to  
CAHPSSP2; else, go to e15

>CAHPSSP1< Was the specialist that you saw most recently your usual doctor or was it a  
different specialist? (Source: CAHPS, ACES?)

USUAL DOCTOR .....1 [GO TO e15]  
DIFFERENT SPECIALIST .....2 [GO TO CAHPSSP2]  
  
DON'T KNOW .....d [GO TO e15]  
REFUSED .....r [GO TO e15]  
  
====>

>CAHPSSP2< Was this visit to a specialist recommended by your usual doctor, another  
healthcare provider, or did you decide to see this person on your own?  
(Source: ACES)

PERSONAL DOCTOR.....1  
ANOTHER HEALTHCARE PROVIDER.....2  
SAW ON OWN.....3  
  
DON'T KNOW .....d  
REFUSED .....r  
  
====>

>e15< Are you satisfied or dissatisfied with the **choice** you have for specialists?

SATISFIED.....1 [goto E15\_1]  
DISSATISFIED .....2 [goto E15\_1]  
NEITHER SATISFIED NOR DISSATISFIED .....3  
  
DON'T KNOW .....d  
REFUSED .....r  
====> [goto test e1512]

>E15\_1<      Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY.....1  
SOMEWHAT .....2  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>test e1512<   ifd121spec=1 and CAHPS12 eq 1, go to e1512;else go to e40

>e1512<      In the last 12 months, how often did your usual doctor seem informed and up-to-date about the care you got from specialists? Source: CAHPS

NEVER.....1  
ALMOST NEVER.....2  
SOMETIMES.....3  
USUALLY.....4  
ALMOST ALWAYS.....5  
ALWAYS.....6  
NO USUAL DOCTOR.....7  
MY SPECIALIST IS MY USUAL DOCTOR.....8  
  
DON'T KNOW .....d  
REFUSED .....r

**Test: IF RESPONSE IS REFUSED, NO USUAL DOCTOR, OR SPECIALIST IS MY USUAL DOCTOR, GO TOe40; ELSE CONTINUE WITH e1513**

>e1513<      After going to the specialist, did your usual doctor talk with you about what happened at the visit (with the specialist)? (Source: Starfield, Primary Care Assessment Tool)

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>e40< Now, I have a question about your health

In general, would you say your health is:

- Excellent.....1
  - Very Good .....2
  - Good.....3
  - Fair or .....4
  - Poor.....5
  
  - DON'T KNOW .....d
  - REFUSED .....r
- ===>

**ADULT CHRONIC CONDITIONS FOR FIU INFORMANT.**

> HRB< **START OF HEALTH**

**RESPONDENT IS NAME**

**ENTER <g> TO CONTINUE**

>cc3@b< Has a doctor or health professional ever told you that you had diabetes or high blood sugar?

- YES .....1 [goto cc3@bb]
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r

>cc3@bb< **IF YES:** During the past two years, have you seen a doctor or other health care professional for diabetes or high blood sugar?

- YES .....1
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r

>cc3@c< Has a doctor or health professional ever told you that you had arthritis?

- YES .....1 [goto cc3@cb]
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r



>cc3@cb< **IF YES:** During the past two years, have you seen a doctor or other health care professional for arthritis?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>cc3@d< Has a doctor or health professional ever told you that you had asthma?

YES .....1 [goto cc3@db]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>cc3@db< **IF YES:** During the past two years, have you seen a doctor or other health care professional for asthma?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>cc3\_2@e< Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?

YES .....1 [goto cc3\_2@eb]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>cc3\_2@eb< **IF YES:** During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>cc3\_2@g< Has a doctor or health professional ever told you that you had hypertension or high blood pressure?

YES .....1 [goto cc3\_2@gb]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>cc3\_2@gb< **IF YES:** During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?

YES ..... 1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>cc3\_2@i< Has a doctor or health professional ever told you that you had coronary heart disease (INCLUDES ANGINA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, BYPASS SURGERY, ANGIOPLASTY, HEART DISEASE, MI)?

YES .....1 [goto cc3\_2@ib]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>cc3\_2@ib< **IF YES:** During the past two years, have you seen a doctor or other health care professional for coronary heart disease?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>cc5@c< Has a doctor or health professional ever told you that you had skin cancer?

YES .....1 [goto cc5@cb]

NO .....0

DON'T KNOW .....d

REFUSED .....r

>cc5@cb< **IF YES:** During the past two years, have you seen a doctor or other health care professional for skin cancer?

YES .....1

NO .....0

DON'T KNOW .....d

REFUSED .....r

>cc5@h< Has a doctor or health professional ever told you that you had cancer other than skin cancer?

YES .....1 [goto cc5@hb]

NO .....0

DON'T KNOW .....d

REFUSED .....r

>cc5@hb< **IF YES:** During the past two years, have you seen a doctor or other health care professional for that cancer?

YES .....1

NO .....0

DON'T KNOW .....d

REFUSED .....r

>cc5f4< **IF FEMALE or MALE AGE 50 OR UNDER GOTO cc6e. IF MALE AGE OVER 50:** Has a doctor or health professional ever told you that you had a benign prostate disease or a large prostate that was not prostate cancer?

YES .....1 [goto cc5@f4b]  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

>cc5@f4b< **IF YES:** During the past two years, have you seen a doctor or other health professional for benign prostate disease?

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

>cc6@e< Has a doctor or health professional ever told you that you had depression?

YES .....1 [goto cc6@eb]  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

>cc6@eb< **IF YES:** During the past two years, have you seen a doctor or other health care professional for depression?

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

>cc7< During the past two years, have you seen a doctor or other health care professional for any serious medical problem, that is one that limits your ability to do your usual activities?

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

====>

CARE COORDINATION

>testccq< [if seen a doctor during the past two years for, diabetes, arthritis, asthma, COPD, hypertension, CHD, skin cancer, other cancer, benign prostate disease, or depression, go to CCQ1, ELSE GO TO CE2]

CCQ1. Do you see only one doctor or more than one doctor for treatment of [INSERT PATIENT'S CHRONIC DISEASE(S)]?

- ONE.....1 [goto CE3]
- MORE THAN ONE.....2 [goto CCQ2]
  
- DON'T KNOW .....d [goto CE3]
- REFUSED .....r [goto CE3]

CCQ2. Which of the following statements best describes how well the different doctors you see for [INSERT PATIENT'S CHRONIC CONDITION(S)] coordinate your care? By care coordination, we mean how well do your doctors work together to manage your health care.

- My care is not coordinated at all.....1
- My care is coordinated some of the time .....2
- My care is coordinated most of the time.....3
- My care is coordinated all of the time.....4
  
- DON'T KNOW .....d
- REFUSED .....r

CONSUMER ENGAGEMENT

CE3. Next, I will read some statements that people sometimes make when they talk about their health care. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement as it applies to you personally. The first statement is ... (Source: parts a. and b. adapted from the 2009 MCBS Satisfaction with Care; parts c. and d. from MEPS-HC.

**RANDOMIZE**

a. Usually, you go to the doctor as soon as you start to feel bad.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED ..... r

b. You will do just about anything to avoid going to the doctor.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED ..... r

c. I'm healthy enough that I really don't need health insurance.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED ..... r

d. Health insurance is not worth the money that it costs.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED ..... r

**Consumer Information Seeking**

>C11<            During the past 12 months, did you look for or get information about a **PERSONAL** health concern:

**RANDOMIZE ORDER OF a-e AND CODE ALL THAT APPLY**

- a. On the internet  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- b. From friends or relatives  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- c. From TV or radio  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- d. From hard copy newspapers, books or magazines  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- e. From somewhere else other than a personal doctor  
  
YES [RECORD TEXT IN SPECIFY FIELD] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

**IF YES TO ANY, GO TO CI2; ELSE GO TO CI3**

>C12< If yes to any option in C11) Did the health information you obtained in the past 12 months from any of these sources affect...? (Source: modified Pew Internet and American Life Project, August 2009) ROTATE ITEMS A-G

RESPONSE CATEGORIES: YES, NO, DON'T KNOW, REFUSAL

- a. your understanding about how to treat an illness or condition
- b. your overall approach to maintaining your health
- c. the way you cope with a chronic condition or manage pain
- d. a decision about whether to see a doctor
- e. whether you asked a doctor a question
- f. a decision to seek a second opinion from another doctor
- g. your approach to diet, exercise, or stress management



>C13< During the past 12 months, did you look for or get information about a health concern for someone else, such as a friend or family member:

**RANDOMIZE ORDER OF a-e AND CODE ALL THAT APPLY**

- a. On the internet  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- b. From friends or relatives  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- c. From TV or radio  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- d. From hard copy newspapers, books or magazines  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- e. From somewhere else other than a personal doctor  
YES [RECORD TEXT IN SPECIFY FIELD] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

test CI7 [if CI1a=1 or CI3a=1 go to CI7, else go to CS1]

>CI7< During the past 12 months, about how often did you go on-line to look for personal health information? Would you say less than five times, five to nine times, or ten or more times?

LESS THAN 5 TIMES .....1  
5 TO 9 TIMES .....2  
10 OR MORE TIMES.....3  
  
DON'T KNOW .....d  
REFUSED .....r

>CI8< How useful was the health information you found on-line? Would you say not at all useful, a little useful, somewhat useful, or very useful?

NOT AT ALL USEFUL .....1  
A LITTLE USEFUL.....2  
SOMEWHAT USEFUL .....3  
VERY USEFUL .....4  
  
DON'T KNOW .....d  
REFUSED .....r

**CONSUMER SHOPPING**

>CS1< A personal doctor is the health provider you see most often and who knows you best. During the past 12 months did you look for a new personal doctor?

YES .....1  
NO .....0 [goto testCS9]  
  
DON'T KNOW .....d [goto testCS9]  
REFUSED .....r [goto testCS9]

>CS2< Did you find a personal doctor?

YES .....1  
NO .....0 [goto testCS9]  
  
DON'T KNOW .....d [goto testCS9]  
REFUSED .....r [goto testCS9]

>CS3< Which of the following sources did you use in looking for a new personal doctor?

- a. Recommendation of another doctor or health care provider
- b. Information from your health insurance plan
- c. Books, magazines or newspapers
- d. Friends or relatives
- e. TV or radio
- f. The Internet
- g. Anything else [SPECIFY]

(1) YES (0) NO (d) DON'T KNOW (r) REFUSED

**IF NO SOURCES MENTIONED, GO TO CS8**

>CS4< Did any of the sources you used provide information that compared the cost of care charged by different doctors?

YES .....1  
NO .....0 [goto CS6]  
  
DON'T KNOW .....d [goto CS6]  
REFUSED .....r [goto CS6]

>CS5< Did you use this information in choosing a personal doctor?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>CS6< Did any of the sources you used provide information that compared the quality and performance of different doctors?

YES .....1  
NO .....0 [goto CS8]  
  
DON'T KNOW .....d [goto CS8]  
REFUSED .....r [goto CS8]

>CS7< Did you use this information in choosing a personal doctor?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>CS8< I am going to read several factors some people consider in choosing a doctor. For each one, please tell me if it was a major factor, minor factor, or not a factor in choosing a personal doctor.

- a. The cost of care
- b. The recommendation of another doctor
- c. The reputation of the personal doctor providing the care
- d. Short wait time for appointments
- e. Location of the personal doctor's practice
- f. The doctor is in my health plan's provider network
- g. Anything else (SPECIFY)

(1) MAJOR FACTOR (2) MINOR FACTOR (3) NOT A FACTOR (d) DK (r) REFUSED

>testcs9< [if CAHPS12=1, GO TO CS9; ELSE GO TO CS20]

>CS9< You mentioned earlier that you have seen a specialist. During the past 12 months, have you seen only one specialist or more than one specialist?

ONE.....1  
MORE THAN ONE.....2  
DID NOT SEE A SPECIALIST .....0 [goto CS20]  
  
DON'T KNOW .....d  
REFUSED .....r

>CS10< (IF MORE THAN ONE, READ: Please think about the last specialist you saw.) Did you first see this specialist during the last 12 months or did you first see this specialist more than 12 months ago?

MORE THAN 12 MONTHS AGO .....1 [goto CS20]  
LESS THAN 12 MONTHS AGO .....2  
  
DON'T KNOW .....d  
REFUSED .....r

>CS11< Did your personal doctor refer you to this specialist or did you find this specialist in some other way?

REFERRED BY DOCTOR.....1  
SOME OTHER WAY .....2 [goto CS14]  
  
DON'T KNOW .....d [goto CS14]  
REFUSED .....r [goto CS14]

**IF REFERRED**

>CS12< Did your personal doctor give you a choice of specialists or recommend only one specialist?

CHOICE .....1  
ONLY ONE.....2  
  
DON'T KNOW .....d  
REFUSED .....r

>CS13< Besides the referral from your personal doctor, did you use any other sources of information in looking for the specialist?

YES, USED OTHER SOURCES .....1  
NO, ONLY DOCTOR REFERRAL .....2 [goto TESTCS19]  
  
DON'T KNOW .....d [goto TESTCS19]  
REFUSED .....r [goto TESTCS19]

>CS14< Did you use any of the following sources in looking for the specialist?

- a. Recommendation of a doctor or health care provider who is not your personal doctor
- b. Information from your health insurance plan
- c. Books, magazines or newspapers
- d. Friends or relatives
- e. TV or radio
- f. The Internet
- g. Anything else [SPECIFY]

(1) YES    (0) NO    (d) DON'T KNOW    (r) REFUSED

**IF ANY SOURCES CODED YES, GO TO CS15; ELSE GO TO TESTCS19**

>CS15< Did any of the sources you used provide information that compared the cost of care charged by different doctors?

YES .....1  
NO .....0 [goto CS17]  
  
DON'T KNOW .....d [goto CS17]  
REFUSED .....r [goto CS17]

>CS16< Did you use this information in choosing a specialist?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>CS17< Did any of the sources you used provide information that compared the quality and performance of different doctors?

YES .....1  
NO .....0 [goto TESTCS19]  
  
DON'T KNOW .....d [goto TESTCS19]  
REFUSED .....r [goto TESTCS19]

>CS18< Did you use this information in choosing a specialist?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

**TESTCS19 IF CS12=1 OR CS11=2, GO TO CS19;ELSE GO TO CS20**

>CS19< I am going to read several factors some people consider in choosing a doctor. For each one, please tell me if it was a major factor, minor factor, or not a factor in choosing this specialist.

- a. The cost of medical care and treatment
- b. The recommendation of your personal doctor (**SKIP IF NO REFERRAL**)
- c. The reputation of the specialist
- d. Short wait time for an appointment
- e. Location of the specialist's practice
- f. The specialist is in my health plan's provider network
- g. Anything else (SPECIFY)

(1) MAJOR FACTOR (2) MINOR FACTOR (3) NOT A FACTOR (d) DK (r) REFUSED

>CS20< In the past 12 months, have you had any type of surgical or non-surgical procedure?

**PROBE:** Do not include routine blood work, X-rays, or mammograms.

**PROBE:** By non-surgical procedure, we mean things like a biopsy, colonoscopy, MRI, etc.

**INTERVIEWER: IF IN DOUBT, INCLUDE THE PROCEDURE. OUR GOAL IS TO BE AS BROAD AS POSSIBLE, IN DEFINING PROCEDURES.**

YES .....1  
NO .....0 [goto TESTe12c]  
  
DON'T KNOW .....d [goto TESTe12c]  
REFUSED .....r [goto TESTe12c]

>CS21< If you had more than one procedure in the last 12 months, please think about the last procedure you had. Was the procedure performed in a hospital, a clinic, a doctor's office, or somewhere else?

HOSPITAL .....1  
CLINIC .....2  
DOCTOR'S OFFICE .....3  
SOMEWHERE ELSE (SPECIFY).....4  
  
DON'T KNOW .....d  
REFUSED .....r

>CS22< Was the first time you had a procedure performed at this INSERT PLACE during the last 12 months or more than 12 months ago?

MORE THAN 12 MONTHS AGO .....1 [goto TESTe12c]  
 LESS THAN 12 MONTHS AGO .....2

DON'T KNOW .....d  
 REFUSED .....r

>CS23< Was the INSERT PLACE recommended by the doctor ordering the procedure or did you choose the place some other way?

RECOMMENDED BY DOCTOR .....1  
 SOME OTHER WAY .....2 [goto CS26]

DON'T KNOW .....d [goto CS26]  
 REFUSED .....r [goto CS26]

**IF RECOMMENDED BY DOCTOR**

>CS24< Did your doctor give you a choice of places to have the procedure or recommend only this one place?

CHOICE .....1  
 ONLY ONE .....2

DON'T KNOW .....d  
 REFUSED .....r

**IF RECOMMENDED BY DOCTOR**

>CS25< Besides your doctor's recommendation, did you use any other sources of information in looking for a place to have the procedure?

YES .....1  
 NO .....0 [goto TESTCS31]

DON'T KNOW .....d [goto TESTCS31]  
 REFUSED .....r [goto TESTCS31]



>CS26< Which of the following sources did you use in looking for the INSERT PLACE where you had the procedure?

- a. Recommendation from a doctor or other health care provider other than the one performing the procedure
- b. Information from your health insurance plan
- c. Books, magazines or newspapers
- d. Friends or relatives
- e. TV or radio
- f. The Internet
- g. Anything else [SPECIFY]

(1) YES (0) NO (d) DON'T KNOW (r) REFUSED

**IF NO SOURCES MENTIONED, GO TO TESTCS31**

>CS27< Did any of the sources you used provide information that compared how much different local INSERT PLACES are paid for similar services?

YES .....1  
 NO .....0 [goto CS29]

DON'T KNOW .....d [goto CS29]  
 REFUSED .....r [goto CS29]

>CS28< Did you use information from these reports in choosing a place to have the procedure?

YES .....1  
 NO .....0

DON'T KNOW .....d  
 REFUSED .....r

>CS29< Did any of the sources you used provide information that compared the quality and performance of local INSERT PLACES?

YES .....1  
 NO .....0 [goto TESTCS31]

DON'T KNOW .....d [goto TESTCS31]  
 REFUSED .....r [goto TESTCS31]

>CS30< Did you use information from these reports in choosing a place to have the procedure?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

**TESTCS31 IF CS24 =1 OR CS23=2, GO TO CS31, ELSE GO TO test e12c**

>CS31< I am going to read several factors that some people consider in choosing a place to have a procedure. For each one, please tell me if it was a major factor, minor factor, or not a factor in choosing this place to have your procedure.

- a. The cost of medical care and treatment
- b. The reputation of the INSERT PLACE
- c. Your doctor's recommendation
- d. Short wait time for an appointment
- e. Location of the INSERT PLACE
- f. The INSERT PLACE is in my health plan's provider network
- g. Anything else (SPECIFY)

(1) MAJOR FACTOR (2) MINOR FACTOR (3) NOT A FACTOR (d) DK (r) REFUSED

**>test e12c< [IF FAMILY HAS CHILD GOTO kd101, ELSE goto test e801]**

>kd101< Next, is there a place that you **usually** go to when [fill CHILD'S NAME] is sick or you need advice about (his/her) health?

**PROBE:** IF R. IS UNSURE IF ONE PLACE OR MORE THAN ONE PLACE: If [fill CHILD'S NAME] is sick or you need advice about (his/her) health, do you go to one place or more than one place?

YES .....1 [goto kd111]  
NO, THERE IS NO PLACE.....0 [goto krx1]  
NO, THERE IS MORE THAN ONE PLACE .....3 [goto kd111]  
  
DON'T KNOW .....d [goto krx1]  
REFUSED .....r [goto krx1]

====>

>kd111< If (kd101 = 1) then read:  
 What kind of place is it--a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

Else (d101 = 3) read:  
 What kind of place do you take [fill CHILD'S NAME] to most often--a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

- DOCTOR'S OFFICE .....1
- HMO .....2
- HOSPITAL OUTPATIENT CLINIC .....3
- OTHER CLINIC OR HEALTH CENTER.....4
- HOSPITAL EMERGENCY ROOM .....5
- SOME OTHER PLACE .....6
  
- DON'T KNOW .....d
- REFUSED .....r
- ===>

>ksn1< IF UNINSURED: At this place, do you pay full price for medical care or do you pay a lower amount based on what you can afford to pay?

- FULL PRICE .....0
- LOWER AMOUNT .....1
  
- DON'T KNOW .....d
- REFUSED .....r
- ===>

>kd121time< How long have you been going to this place?

- Less than 6 months.....1
- At least 6 months but less than 1 year .....2
- At least 1 year but less than 3 years .....3
- At least 3 years but less than 5 years .....4
- 5 years or more .....5
  
- DON'T KNOW .....d
- REFUSED .....r

>test< If c311 equals 0 and c331 equals 0 go to d121; else if (d111, kd111, d111\_sr2) equals 5 (emergency room) then skip to (d121, kd121, d121\_sr2). Skip questions CAHPS5 through IT5 when the usual place of care is the emergency room or if respondent has no visits with doctors or other medical professionals in the last 12 months.

>kCAHPS5< In the last 12 months, not counting the times [fill CHILD'S NAME] needed care right away, did you make any appointments for [fill CHILD'S NAME]'s health care at this place?

YES .....1 [goto  
kE261R5@day]  
NO .....0  
DON'T KNOW .....d  
REFUSED .....r  
==> [go to kACCESS1 )

>kE261R5@day< Thinking of the last time you made an appointment at this place, how long did you have to wait between the time you made the appointment and the day [fill CHILD'S NAME] actually saw a doctor or other health care provider?

**INTERVIEWER:** (1) CODE "0" FOR SAME DAY.

(2) ACCEPT MOST CONVENIENT TIME PERIOD.

\_\_\_ (0-31) DAYS OR \_\_\_ (1-20) WEEKS OR \_\_\_ (1-5) MONTHS

DON'T KNOW .....d  
REFUSED .....r

>kACCESS1< Does this place have office hours at night or on the weekends? FROM MEPS ACCESS TO CARE SUPPLEMENT

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

==>

>kACCESS2< In the past 12 months, have you tried to contact this place after their regular hours for an urgent medical need for [fill CHILD'S NAME]?

YES [go to kACCESS3] .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

==> [GO TO KIT3]

>kACCESS3< How difficult is it to contact a doctor or other health care provider at this place after their regular hours in case of urgent medical needs- very difficult, somewhat difficult, not too difficult, or not at all difficult? MEPS ACCESS TO CARE SUPPLEMENT MODIFIED

VERY DIFFICULT .....1  
 SOMEWHAT DIFFICULT .....2  
 NOT TOO DIFFICULT .....3  
 NOT AT ALL DIFFICULT .....4  
  
 DON'T KNOW .....d  
 REFUSED .....r

>kIT 3< As far as you know, can you ask a medical question at this place by e-mail or by visiting its web site?

YES .....1  
 NO .....0  
  
 DON'T KNOW .....d  
 REFUSED .....r  
 ===>

>testk IT4< [if IT1=1 and kIT3=1 go to kIT4; else go to kd121]

>kIT4< In the last 12 months, did you e-mail this place or visit its web site with a medical question about [fill CHILD'S NAME]? CAHPS HIT FIELD TEST #18

YES [go to kIT5] .....1  
 NO .....0  
  
 DON'T KNOW .....d  
 REFUSED .....r  
 ===> [ to go kd121]

>kIT5< In the last 12 months, when you e-mailed this place or visited its website, how often did you get an answer to your medical question as soon as you needed- never, sometimes, usually, or always? CAHPS H IT FIELD TEST #19

NEVER .....1  
 SOMETIMES .....2  
 USUALLY .....3  
 ALWAYS .....4  
  
 DON'T KNOW .....d  
 REFUSED .....r

**kd121 Add an intro sentence.**

>kd121< The next questions ask about doctors and other health professionals (FILL CHILD'S NAME) may see at the (FILL PLACE FROM d111) you usually go to when (he/she) is sick or you need advice about (his/her) health."

When you go to this place, does [fill CHILD'S NAME] usually see a doctor, a nurse, or some other type of health professional?

INSTRUCTION: IF R. SAYS DOCTOR AND NURSE, CODE DOCTOR.

DOCTOR.....1 [goto kd121spec]  
NURSE.....2 [goto kd131]  
OTHER [SPECIFY].....3 [goto kd131]

---

DON'T KNOW .....d [goto krx1]  
REFUSED .....r [goto krx1]  
===>

>kd121spec< Primary care doctors, such as general or family doctors, general internists, or pediatricians, treat a variety of illnesses and give preventive care. Specialists are doctors like surgeons, heart doctors, and others who specialize in one area of health care.

Is the doctor [fill CHILD'S NAME] usually sees a primary care doctor or a specialist?

INTERVIEWER INSTRUCTION: GENERAL INTERNISTS ARE PRIMARY CARE DOCTORS; INTERNISTS WHO SUBSEQUENTLY SPECIALIZE IN A PARTICULAR AREA OF CARE ARE SPECIALISTS.

PRIMARY DOCTOR.....1  
SPECIALIST .....2

DON'T KNOW .....d  
REFUSED .....r  
===>

>kd131< Does [fill CHILD'S NAME] usually see the same (doctor/nurse/provider) each time (he/she) goes there?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>krx1< During the last 12 months, did [fill CHILD'S NAME] take any prescription medicines?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>ktestusc< If c311 >0 and c331 > 0 and if kd101= 1 or 3 go to USCFILL; else go to k12 (NEXT SECTION IF R. HAS NO VISITS TO MEDICAL PROVIDERS IN LAST 12 MONTHS OR NO USC)

kUSCFILL: If kd121=1 and kd131=1, then kUSCFILL = "[fill CHILD'S NAME] 's usual doctor"; else, USCFILL= "a doctor or other health care provider"

kUSCFILL2: If kUSCFILL= "a doctor or other health care provider THEN kUSCFILL2= "or other health care providers"; else kUSCFILL2= BLANK

**USCFILL** change fill and add an introduction when the usual source of care isn't a doctor and the same doctor isn't seen every time (d121 ne 1 and d131 ne 1).

fill - "a doctor or other health care provider"

>ktest rx1< [if krx1=1, go to krx2; else go to Kuscvisit2]

Introduction - "For the next questions, please think about doctors and other health care providers you see at the (FILL PLACE FROM d111) you usually go to when you are sick or need advice about your health."

>krx2<

In the past 12 months, did kUSCFILL talk with you about all of the different prescription medicines [fill CHILD'S NAME] is using, including medicines prescribed by other doctors?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r



>kUSCVISIT2< In the last 12 months, how many times did you visit kUSCFILL to get care for (him/her) [CAHPS 4.0 HEALTH PLAN SURVEY, #10]?

- NONE .....1
- 1 TIME .....2
- 2-4 TIMES .....3
- 5-9 TIMES .....4
- 10 OR MORE TIMES .....5
  
- DON'T KNOW .....d
- REFUSED .....r

===>

>kmedtest1< In the last 12 months, did kUSCFILL send (him/her) for a blood test, x-ray, or other test?

- YES [go to kmedtest2] .....1
- NO .....0

- DON'T KNOW .....d
- REFUSED .....r

===>[ go to ktest IT7]

>kmedtest2< Did [fill CHILD'S NAME] get any tests or x-rays that kUSCFILL ordered?

- YES [go to kmedtest3] .....1
- NO .....0

- DON'T KNOW .....d
- REFUSED .....r

===> ===>[ go to test KIT7]

>kmedtest3< In the last 12 months, when kUSCFILL sent (him/her) for a blood test, x-ray, or other test, how often did someone from the office follow up to give you test results? Would you say never, sometimes, usually, or always?

- NEVER .....1
- SOMETIMES .....2
- USUALLY .....3
- ALWAYS .....4

- DON'T KNOW .....d
- REFUSED .....r

>test KIT7< [IF kUSCVISIT2>=1, GO TO KIT7; else go k12]

>kIT7< Doctors [fill kUSCFILL2] may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. During [fill CHILD'S NAME]'s visits in the last 12 months, did kUSCFILL use a computer or handheld device? CAHPS HIT FIELD TEST #39

YES .....1  
NO .....0 [goto k12]  
  
DON'T KNOW .....d [goto k12]  
REFUSED .....r [goto k12]

>kIT8< During [fill CHILD'S NAME]'s visits in the last 12 months, did kUSCFILL ever use a computer or handheld device to look up test results or other information about (him/her)? CAHPS HIT FIELD TEST #40

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>kIT9< During [fill CHILD'S NAME]'s visits in the last 12 months, did kUSCFILL ever use a computer or handheld device to show you information? CAHPS HIT FIELD TEST #41

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>kIT10< In the last 12 months, did kUSCFILL ever use a computer or a handheld device to order (his/her) prescription medicines? CAHPS HIT FIELD TEST #42

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>kIT 11< During [fill CHILD'S NAME]'s visits in the last 12 months, was the use of a computer or handheld device by KUSCFILL definitely helpful to you, somewhat helpful to you, or not at all helpful to you? CAHPS HIT FIELD TEST #43 MODIFIED

- DEFINITELY HELPFUL .....1
- SOMEWHAT HELPFUL .....2
- NOT AT ALL HELPFUL .....3
  
- DON'T KNOW .....d
- REFUSED .....r

>k12< Next, I would like to ask you about satisfaction with your **choice** of doctors for [fill CHILD'S NAME].

First primary care doctors, such as pediatricians, family doctors, or general practitioners, who treat a variety of illnesses and give preventive care.

Are you satisfied or dissatisfied with your **choice** of primary care doctors for [fill CHILD'S NAME]?

**PROBE:** Most people go to a primary care doctor first when they have a sickness or injury they have not had before.

- SATISFIED.....1 [goto k13]
- DISSATISFIED .....2 [goto k13]
- NEITHER SATISFIED NOR DISSATISFIED .....3
  
- DON'T KNOW .....d
- REFUSED .....r
- ===> [goto k14new]

>k13< Would that be very (dis)satisfied or somewhat (dis)satisfied?

- VERY.....1
- SOMEWHAT .....2
  
- DON'T KNOW .....d
- REFUSED .....r
- ===>

>k14new< During the past 12 months, did you or a doctor think [fill CHILD'S NAME] needed to see a specialist?

**PROBE:** Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists? Specialists mainly treat just one type of problem.

YES .....1 [goto kCAHPS12]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [gotok40]

>kCAHPS12< In the last 12 months, did (fill CHILD'S NAME) see a specialist?

YES [go to test kCAHPS12] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [go to k15]

>test Kcahps12< [if kD121SPEC=2, GO TO kCAHPSSP1; ELSE if kd101=1 or 3 , goto kCAHPSSP2; else , go to k15

>kCAHPSSP1< Was the specialist that (fill CHILD'S NAME) saw most recently (his/her) usual doctor or was it a different specialist? (Source: CAHPS, ACES?)

USUAL DOCTOR [GO TO k15].....1  
DIFFERENT SPECIALIST [GO TO kCAHPSSP2] .....2  
  
DON'T KNOW [GO TO k15] .....d  
REFUSED [GO TO k15] .....r  
===>

>kCAHPSSP2< Was this visit to a specialist recommended by (fill CHILD'S NAME) 's usual doctor, another healthcare provider, or did you decide to see this person on your own? (Source: ACES)

PERSONAL DOCTOR.....1  
ANOTHER HEALTHCARE PROVIDER.....2  
SAW ON OWN.....3  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>k15< Are you satisfied or dissatisfied with your **choice** of specialists for [fill CHILD'S NAME]?

- SATISFIED.....1 [goto K15a]
- DISSATISFIED .....2 [goto K15a]
- NEITHER SATISFIED NOR DISSATISFIED .....3
  
- DON'T KNOW .....d
- REFUSED .....r
- ===> [goto **test ke1512**]

>K15a< Would that be very (dis)satisfied or somewhat (dis)satisfied?

- VERY.....1
- SOMEWHAT .....2
  
- DON'T KNOW .....d
- REFUSED .....r
- ===>

>test ke1512< ifdk121spec=1 and kCAHPS12 eq 1, go to ke1512;else go to k40

>ke1512< In the last 12 months, how often did kUSCFILL seem informed and up-to-date about the care (he/she) got from specialists? Source: CAHPS

- NEVER.....1
- ALMOST NEVER.....2
- SOMETIMES.....3
- USUALLY.....4
- ALMOST ALWAYS.....5
- ALWAYS.....6
- NO USUAL DOCTOR.....7
- MY SPECIALIST IS MY USUAL DOCTOR.....8
  
- DON'T KNOW .....d
- REFUSED .....r

**Test: IF RESPONSE IS REFUSED, NO USUAL DOCTOR, OR SPECIALIST IS MY USUAL DOCTOR, GO TO k40; ELSE CONTINUE WITH ke1513**

>ke1513< After going to the specialist, did kUSCFILL talk with you about what happened at the visit (with the specialist)? (Source: Starfield, Primary Care Assessment Tool)

- YES .....1
- NO .....0
  
- DON'T KNOW .....d
- REFUSED .....r

>k40< In general, would you say [fill CHILD'S NAME]'s health is:

- Excellent.....1
- Very Good .....2
- Good.....3
- Fair .....4
- Poor.....5
  
- DON'T KNOW .....d
- REFUSED .....r

====>

**>test e801< [IF THERE ARE OTHER ADULTS (≥ 18) IN FAMILY BESIDES INFORMANT GOTO e80t; ELSE goto f10]**

>e80t< Now, I have one question about the health of ([fill NAME]/other adults in your family). NOTE: SUBSTITUTE "Other adults in your family" IF TWO OR MORE OTHER ADULTS.

>e802< In general, would you say [fill NAME]'s health is:

- Excellent.....1
- Very Good .....2
- Good.....3
- Fair .....4
- Poor.....5
  
- DON'T KNOW .....d
- REFUSED .....r

====> [REPEAT FOR EACH ADULT; THEN goto f10]

NOTE:

Question deleted from CTS4

CAHPS10, CAHPS23S, CAHPS23, CAHPS37S, CAHPS37, sp14, sp14x,  
cahps38, e161, e171, e181, e191, e201, e211, e901, e911, e211, e241, E24a1,  
e151, e261, e271, e281, E281, e291, E291, e301, e311, 321, e331, e341,  
e491, e511, GSS157, srm1, srm2 srm3, srm4, srm5, srm6, srm7a, srm7b,  
srm7c, srm8, srm8a, srm9, srm9a, srm10, scsn1, scsn1a, scsn1b, scsn2,  
scsn2a, scsn2b, scsn3, scsn3a, scsn3b, scsn4, scsn4a, scsn4b, scsn5, scsn5a,  
scsn5b

**f. EMPLOYMENT (ASKED FOR EACH ADULT 18 YEARS OF AGE AND OLDER)**

>f10< This next series of questions is about jobs and earnings. Answers to these questions are particularly important to our survey because they help explain whether people can afford the health care they need.

====>

>f101< (Next), Do(es) [fill NAME] have a business or farm?

**INTERVIEWER:** CODE "YES" IF R. SAYS HE/SHE IS SELF-EMPLOYED.

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

====>

>f111< Last week, did [fill NAME] do any work (either) for pay (or profit)?<sup>9</sup>

**INTERVIEWER:** CODE "YES" IF R. WAS ON VACATION FROM HIS/HER JOB.

YES .....1 [goto f121]  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

>f121< Last week did [fill NAME] have more than one job (or business), including part time, evening, or weekend work?

YES .....1  
NO .....0

DON'T KNOW .....d  
REFUSED .....r

====>

---

<sup>9</sup>Include parenthetical phrases if f101=1.  
Household Survey



>f131< **ONE JOB (F121 = 0):** How many hours per week (do you/do(es) [fill NAME]) usually work at this job?<sup>10</sup>

**MORE THAN ONE JOB (F121 ne 0):** On (your [fill NAME]'s) main job, that is, the job where (he/she/you) work(s) the most hours, how many hours per week (do you/do(es) [fill NAME]) usually work?

**PROBE:** If (you/[fill NAME]) usually works overtime hours include them.

\_\_\_\_|\_\_\_\_| HOURS WORKED  
(0-96)  
HOURS VARY ..... 97 [goto 13x1]  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [goto test f141]

**NOTE:** Test will verify values less than 20 hours.

>13x1< (Do you/Does [fill NAME]) usually work more than 35 hours per week or less than 35 hours per week (at this job/at the job where (he/she/you) work(s) the most hours)?

MORE.....1  
LESS .....2  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>testf141< **[IF f121 eq <1> goto f141; ELSE goto f201]**

>f141< How many hours per week (do you/do(es) [fill NAME]) usually work at (his/her/your) other jobs?

**PROBE:** If [fill NAME] worked overtime hours include them.

\_\_\_\_|\_\_\_\_| HOURS WORKED AT OTHER JOBS  
(0-96)  
  
HOURS VARY/CAN'T ESTIMATE ..... 97  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>f201<

[On (his/her/your) main job], (is/are) [fill NAME/you] employed by a private company, is (is/are) (you/he/she) a federal, state, or local government employee, self-employed, or working without pay in a family business or farm?

**INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.**

**NOTE: PARENTHETICAL PHRASE USED IF MORE THAN ONE JOB**

PRIVATE COMPANY .....	1
FEDERAL GOVERNMENT .....	2
STATE GOVERNMENT .....	3
LOCAL GOVERNMENT .....	4
SELF-EMPLOYED .....	5
FAMILY BUSINESS OR FARM .....	6

DON'T KNOW  
REFUSED  
===>

>f211<

[On (your/his/her) main job], about how many people are employed at the location where [fill NAME] work(s)?

**PROBES:** (1) How many people work for your employer in the building or buildings in the factory, store, or office complex where you work?  
(2) Your best estimate is fine.

ONE .....	1
2-4 .....	2
5-9 .....	3
10-24 .....	4
25-49 .....	5
50-99 .....	6
100-249 .....	7
250-499 .....	8
500-999 .....	9
1000 OR MORE .....	10

DON'T KNOW .....d  
REFUSED .....r  
===>

>test f221< [IF f201 eq 2, 3, or 4 goto f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.

>f221< [Does (your\his\her) employer/Do(es) fill NAME] operate in more than one location?

**NOTE: Fill is for self-employed and farmers.**

YES .....1 [goto f231]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [goto f241]

>f231< About how many people are employed by (fill NAME/your employer) at all locations?

**PROBE: Your best estimate is fine.**

ONE.....1  
2-4 .....2  
5-9 .....3  
10-24 .....4  
25-49 .....5  
50-99 .....6  
100-249 .....7  
250-499 .....8  
500-999 .....9  
1000 OR MORE ..... 10  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>f241< What kind of business or industry is this?

**PROBE: What do they make or do there?**

SPECIFY .....1  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>f251< (Are you/Is fill NAME) a member of either a labor union or an employee association like a union? [SIPP, CNTRC]

YES .....1 [goto f261]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====> [goto test f351]

>f261< (Are you /Is fill NAME) covered by a union or employee association contract? [SIPP, EMPLOC]

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====>

>test f351< [IF PERSON IS 18-64 YEARS OF AGE AND NOT SELF EMPLOYED (f201 ne 5 or 6) GO TO f351; ELSE GO TO "LINE BEFORE TEST f401."

>f351< Some people are in temporary jobs that last only for a limited time or until the completion of a project. Is (your/fill NAME) job at your employer temporary? MEPS EM105C

YES-TEMPORARY .....1  
NO- NOT TEMPORARY .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====>

>f361< Is (your/fill NAME's) job at (your/his/her) employer a year round job or is it only available during certain times of the year? [MEPS 105C]

**PROBE:** Teachers and other school personnel who work only during the school year should consider themselves to have a year round job.

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====>

[IF NOT WORKING (f101=0 and f111=0) GO TO NEXT PERSON OR G10.]

>test f401< [IF PERSON IS POLICY HOLDER FOR EMPLOYER-BASED PLAN [PERSON LISTED IN b231 AND b251 = 1] AND HAS MORE THAN ONE JOB [f121=1], goto f401; ELSE goto test f50]

>f401< Is [fill PERSON NAME]'s health insurance with [fill INSURANCE PLAN NAME] from (his/her/your) main job or business?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
==> goto next person or test f551JL

>test f50< [IF PERSON IS NOT SELF-EMPLOYED (f201 = 1, 2, 3 or 4) AND IS NOT A POLICY HOLDER FOR AN EMPLOYER/UNION BASED PLAN (PERSON NOT LISTED IN b231, OR IF LISTED, b251  $\neq$  1) AND IS LT 65 YEARS OLD, goto f501; ELSE goto NEXT PERSON OR test f551JL] <sup>11</sup> The questions for workers who decline own employers' coverage are **not** asked of policy holders.

>f501< Does (your/[fill NAME]'s) employer or union offer a health insurance plan to any of its employees?

**INTERVIEWER:** THIS QUESTION APPLIES TO [fill NAME's] LOCATION.

YES .....1 [goto test f5011]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
==> [goto testNEXT PERSON OR test f551JL ]

>TEST5011< [IF f261=1, go to f5011;else go to f511]

>f5011< Is the health insurance plan offered by [fill NAME'S] employer or union?

EMPLOYER FILL EMPLOYER IN FOLLOWING QUESTION.....1  
UNION... FILL UNION IN FOLLOWING QUESTION .....2  
BOTH [FILL EMPLOYER IN FOLLOWING QUESTION].....3  
  
DON'T KNOW [GO TO NEXT PERSON OR f551JL ] .....d  
REFUSED [ GO TO NEXT PERSON OR testf551JL] .....r

---

<sup>11</sup>Skipped self-employed.  
Household Survey

>f511< (Are you/Is [fill NAME]) eligible to participate in (his/her/your) (fill union's/employer's)health insurance plan?

YES .....1 [goto test f521]  
 NO .....0 [goto f531]

DON'T KNOW .....d [goto NEXT PERSON  
 OR testf551JL]  
 REFUSED .....r [goto NEXT PERSON  
 or testf551JL]

test f521< [IF PERSON HAS INSURANCE COVERAGE UNDER AN EMPLOYER/UNION BASED PLAN (NAMED UNDER BIA OR BIC), goto NEXT PERSON OR testf551JL; ELSE goto f521].

>f521< (Are you/Is [fill NAME]) not participating in (his/her/your) (fill employer's/union's) health insurance plan because the plan costs too much, because (he/she/you) do(es) not need health insurance, or for some other reason? (CODE MAIN REASON.)

COSTS TOO MUCH .....1  
 DON'T NEED HEALTH INSURANCE .....2  
 OTHER (SPECIFY).....3

---

DON'T KNOW .....d  
 REFUSED .....r  
 ==> [goto NEXT PERSON or testf551JL]

>f531< (Are you/Is [fill NAME]) ineligible because (you/he/she) (have/has) not worked long enough, because (you/he/she) (don't/doesn't) work enough hours, because (you/he/she) (are/is) on-call, because of medical problems, or for some other reason? [CODE ONLY ONE]

HAVEN'T WORKED LONG ENOUGH .....1  
 DON'T WORK ENOUGH HOURS .....2  
 ON-CALL.....3  
 MEDICAL PROBLEM .....4  
 OTHER [SPECIFY] .....5

---

DON'T KNOW .....d  
 REFUSED .....r

==>

>test f551JL< [GO TO f551JL if FIU has employer sponsored health insurance coverage and respondent **or** spouse is <65 years of age and working (f111=1); else go to g10]

>f551JL< In the past 12 months, did you pass up a job opportunity mainly because you wanted to keep your current health insurance coverage?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>test t552JL< [IF CORE RESPONDENT IS MARRIED, GO TO f552JL; else go to g10]

f552JL Fill with gender pronoun for gender of partner. Currently fills based on opposite gender of core respondent.

>f552JL< In the past 12 months, did your (husband/wife) pass up a job opportunity mainly because (he/she) wanted to keep your current health insurance coverage?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>[go to g10]

NOTE: Question deleted from CTS4  
f551, f561, f611, f621, f63a1, f63b1

**G. FAMILY INCOME**

>g10<

The next questions are about income that (your family [insert names if multiple family household]) received during (2009). During (2009), what was your family's total income from all sources, before taxes and other deductions?

NOTE: CHANGE IN YEAR.

**PROBES:**

- (1) We are asking these questions to find out whether people can afford the health care they need.
- (2) Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates, or trusts, public assistance or welfare, social security, child support, and other sources.
- (3) Your best estimate would be fine.
- (4) Include the (2009) income of all current family members, (including active military), even if you weren't living together then.

NONE .....0

\$ |\_\_|\_\_|\_\_|,|\_\_|\_\_|\_\_|  
(10 - 999999)

\$1,000,000 OR MORE .....7

DON'T KNOW .....d [goto g11]

REFUSED .....r

==> [goto test g20]

>g11<

Which of the following income ranges is closest to your family's (2009) total income from all sources?

**PROBE:** Your best estimate would be fine.

Less than \$5,000 .....1

\$5,000 to less than \$10,000 .....2

\$10,000 to less than \$20,000 .....3

\$20,000 to less than \$30,000 .....4

\$30,000 to less than \$40,000 .....5

\$40,000 to less than \$50,000 .....6

\$50,000 to less than \$100,000 .....7

Over \$100,000 .....8

DON'T KNOW .....d

REFUSED .....r

==>



>test g20< [REPEAT g201-g311 FOR EACH PERSON; HOWEVER, SKIP FOR INFORMANT'S OWN CHILD OR GRANDCHILD.]

>g201< (Do you/Does [fill NAME] consider (yourself/himself/herself) to be of Hispanic origin?

**PROBE FOR REFUSALS:** I understand that these questions may be sensitive. We are asking these questions to find out whether people can afford the health care they need.

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> go to g22n1

>g22n1< I'm going to read you a list of five race categories. Please choose one or more races that (you/he/she) consider(s) (yourself/himself/herself) to be.

INTERVIEWER: (1) READ ALL CATEGORIES . CODE UNLISTED, RESPONDENT-OFFERED CATEGORIES IN "OTHER"

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.

PROBE IF R ANSWERS HISPANIC OR LATINO: Would that be white (Hispanic/Latino) black (Hispanic/Latino) or something else?

INTERVIEWER: CODE ALL RACES

White .....1  
African American or Black .....2  
American Indian or Alaska Native .....3  
Asian .....4  
Native Hawaiian or other Pacific Islander .....5  
  
OTHER [SPECIFY] .....  
\_\_\_\_\_  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>g301< (Are you/Is he/Is she/Is NAME) a citizen of the United States?

YES .....1 [goto g311]  
 NO .....0 [goto g321]

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===>goto g321

>g311< (Were you/Was he/Was she/Was NAME) born a citizen of the United States or did you become a citizen of the US through naturalization?

BORN .....1 [goto NEXT PERSON ]  
 NATURALIZED ..... 2

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===>goto g321

>g321< When did (you/NAME) come to live in the United States?

[CODE YEAR OR NUMBER OF YEARS AGO]  
 PROGRAMMER: CHECK THAT YEAR OR NUMBER OF YEARS AGO IS NOT BEFORE BIRTH

\_\_\_\_\_|\_\_\_\_\_| YEAR

\_\_\_\_\_|\_\_\_\_\_| NUMBER OF YEARS AGO  
 (0-AGE)

DON'T KNOW ..... d  
 REFUSED ..... r  
 ===>

>test g23< **[IF FAMILY HAS MORE THAN ONE ADULT, goto NEXT PERSON OR g23; ELSE goto test h10]**

>g23< INTERVIEWER: THERE WILL BE A SELF RESPONSE MODULE FOR THIS CASE

<g> CONTINUE  
 ===>

**h. CLOSING (FIU)**

>test h10< [IF DID NOT RECEIVE PRE-PAYMENT, goto h10; IF RECEIVED PRE-PAYMENT AND REINTERVIEW, goto h20; ELSE, goto h30]

>h10< As a token of our appreciation for your help, we would like to send you a check for \$40. Could you please give me your and your full name and address?

**PROBE:** Your name and address are confidential and will only be used if we call you for another interview.

**READ AFTER NAME AND ADDRESS OBTAINED:** Your name and address are confidential and will only be used if we call you for another interview. You should receive your check in about 4 weeks.

YES .....1  
NO .....0

<Enter First Name>  
<Enter Last Name>  
<Enter Street Address>  
<Enter City/State>  
<Enter Zip Code>

DON'T KNOW .....d  
REFUSED .....r  
===>

>test t1< [If CELLPHONE=1 go to T1c]

>T1< Are there any telephone numbers INSIDE your home, other than this one, that (people/you) receive calls on but that are NOT cell phones?

PROBE: Landline phones or those provided through a computer or cable connection.

IF YES: How many additional phone numbers does your household have?

NO ADDITIONAL PHONES ..... 0  
<1-4> ADDITIONAL PHONES ..... 1 [goto T2]

DON'T KNOW ..... d  
REFUSED ..... r  
==> [go to T4]

>T2< (How many of these additional phone numbers are/Is this additional phone number) ONLY used for business purposes or to connect a computer or fax machine?

<0> NO/NONE .....0  
<1> YES/ONE .....1  
<2-4> .....2-4

DON'T KNOW ..... d  
REFUSED ..... r  
==>

>T4< Do you (or any other adults in your household) have a working cell phone?

IF YES: How many cell phones do you (and other adults in your household) have?

NO CELL PHONES .....0  
<1-4> CELL PHONES ..... 1 [goto T5]

DON'T KNOW ..... d  
REFUSED ..... r  
==> [go to t8\_test]

>T5< (How many of these cell phones are/Is this cell phone) ONLY used for business purposes?

NO/NONE .....0  
YES/ONE .....1  
<2-4> ..... 2-4  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===>

>t6\_test< [if NOHANDOFF eq <1> OR HADT eq <1> go to t8\_test (i.e, if phone was not handed off during interview or if there is only one adult in the household); else go to T6]

>T6< How many adults in the household have a cell phone they receive personal calls on?

<1-8> ..... 1-8  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===>

>T7< Do you share a cell phone for receiving personal calls with other adults in the household?

PROBE: Do not count if this happens just once in awhile.

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===>

>t8\_test< [if T4 gt <0> go to T8; else go to T9]

>T8< Thinking about all the calls (your household receives/you receive), how many of these calls are received on cell phones? Would you say that ...

all or almost all are received on cell phones .....1  
some are received on cell phones and some  
on regular phones .....2  
or very few or none are received on cell phones? .....3  
  
DON'T KNOW ..... d  
REFUSED ..... r

===>

>T9< Not counting cell phones, has your household been without telephone service for two weeks or more during the past 12 months?

YES ..... 1 [goto T10]  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r

===> [go to Iend]

>T10< For how long was your household without telephone service in the past 12 months?

PROBE: Not counting cell phones.

<0-12> MONTHS ..... 1

DON'T KNOW ..... d  
REFUSED ..... r

===>

>T11< When your household was without telephone service, did (someone in your household/you) have a working cell phone?

YES ..... 1  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r

===>

>T1c< Are there any telephone numbers INSIDE your home that people receive calls on but that are NOT cell phones?

**PROBE:** Landline phones or those provided through a computer or cable connection.

IF YES: How many such phone numbers does your household have?

NO ADDITIONAL PHONES ..... 0  
<1-4> ADDITIONAL PHONES ..... 1 [goto T2c]

DON'T KNOW ..... d  
REFUSED ..... r

===> [goto T4c]

>T2c< (How many of these non-cell phone numbers are/Is this additional phone number) ONLY used for business purposes or to connect a computer or fax machine?

<0> NO/NONE  
<1> YES/ONE  
<2-4>

<d> DON'T KNOW  
<r> REFUSED

>T4c< Not counting this number, how many working cell phones do you and other adults in your household have?

NO CELL PHONES .....0  
<1-4> CELL PHONES ..... 1 [goto T5c]  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====> [goto t6c\_test]

>T5c< (How many of these additional cell phones are/Is this additional cell phone) ONLY used for business purposes?

<0> NO/NONE  
<1> YES/ONE  
<2-4>

<d> DON'T KNOW  
<r> REFUSED

>t6c\_test< [if NOHANDOFF eq <1> OR HADT eq <1> go to t8c\_test; else go to T6c]

T6c How many adults in the household have a cell phone they receive personal calls on?

<1-8> .....1  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>T7c < Do you share THIS cell phone with other adults in the household?

PROBE: Do not count if this happens just once in awhile.

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===>

>t8c\_test< [if T1c ge <1> go to T8c; else go to T9c]

>T8c< Thinking about all the (your household receives/you receive), how many of these calls are received on cell phones? Would you say that ...

<1> all or almost all are received on cell phones,  
<2> some are received on cell phones and some on regular phones,  
<3> or very few or none are received on cell phones?

<d> DON'T KNOW  
<r> REFUSED

>T9c< Not counting cell phones, has your household been without telephone service for two weeks or more during the past 12 months?

YES .....1 [goto T10c]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===> [goto t12c\_test]

>T10c< For how long was your household without telephone service in the past 12 months?

PROBE: Not counting cell phones.

<0-12> MONTHS

<d> DON'T KNOW  
<r> REFUSED



>T11c<           When your household was without telephone service, did  
(someone in your household/you) have a working cell phone?

<1> YES  
<0> NO

<d> DON'T KNOW  
<r> REFUSED

>t12c\_test<       [if T1c gt <0> go to T12c; else go to lend]

>T12c<           May I have the primary non-cell phone number for your household?  
  
ENTER NEW TELEPHONE NUMBER.

>test< [IF NO SELF-RESPONSE MODULE OR SECONDARY FAMILY, goto fin;  
ELSE goto next\_person]

>next\_person< I would also like to speak with [FILL NAME]. I need to ask (him/her/they) a few questions about (his/her/their) health and opinions. We also will send (him/her/each of them) \$40 for helping us with the survey. Can I speak with READ NAMES now?

#	NAME	RELATION	FAM	STATUS	SEX	AGE
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	1
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	2
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	3
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	4
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	5
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	6
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	7
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE]	.....	8

===>

IF NECESSARY ADD: I need to speak with (him/her/they) because we need to ask each adult in the household their opinions about their own health and health care.

LENGTH: For most people, the additional questions will take 10 to 15 minutes.

SPEAKING TO RESPONDENT - ENTER NUMBER

CALLBACK .....c [goto callback]  
REFUSED .....r [goto refused]  
===>

>test< IF SELF RESPONSE MODULE GOTO INTRODUCTION FOR SELF-  
RESPONSE IF SECONDARY FAMILY GOTO INTRODUCTION FOR  
SECONDARY FAMILY

>next\_person< [SELF RESPONSE MODULE I would also like to speak with [fill NAME]. I  
need to ask (him/her) questions about (his/her/their) health and opinions.  
We also will send (him/her/each of them) \$40 for helping us with the survey.  
Can I speak with READ NAMES now?

IF NECESSARY ADD: I need to speak with (him/her/them) because we  
need to ask each adult in the household their opinions about their own  
health and health care.

LENGTH: For most people, the additional questions will take 10 to 15  
minutes.

SPEAKING TO RESPONDENT – ENTER NUMBER1

CALLBACK .....c <sup>12</sup>  
LANGUAGE PROBLEM .....l  
REFUSED .....r  
SUPERVISOR REVIEW .....s  
===>

<fin> Thank you again for your time and interest in this important survey.

This concludes the survey unless you have a brief comment you would like to  
add.

comments [specify] .....c  
interview complete .....g  
===>

## SELF RESPONSE MODULE

>slf1<

My name is \_\_\_\_\_. I am calling about the telephone survey that [fill NAME] participated in on [fill DATE OF INTERVIEW]. Most of the interview has already been completed by [fill NAME] I have a few questions about your health and opinions, that will only take about 10 minutes. As a token of our appreciation, we will send you insert amount for helping us with the study

**IF NECESSARY READ PROBE:** We are doing this study to see how changes in health care are affecting people. We need to interview you as well as [fill NAME] because some of the questions ask for people's opinions about their own health and health care.

**SPONSOR:** The project is sponsored by The Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care.

ENTER STATUS FOR [fill NAME]

WILL COMPLETE SELF RESPONSE SECTION..... 1

RESPONDENT WILL ACT AS PROXY FOR [fill NAME]

[fill NAME] IS CHRONICALLY ILL..... 2

[fill NAME] IS AWAY AT SCHOOL..... 3

[fill NAME] SPEAKS NEITHER ENGLISH  
NOR SPANISH ..... 4

[fill NAME] WON'T DO SELF-RESPONSE SECTION..... 5

===>

>c81\_sr2< Next, during the past 12 months, was there any time when you didn't get the medical care you needed?

INTERVIEWER: THIS QUESTION IS LIMITED TO MEDICAL CARE. DO NOT INCLUDE DENTAL CARE.

YES ..... 1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>c82\_sr2< And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?

YES ..... 1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
====>

>test c83\_sr2< [IF c81\_sr2 EQ <1> OR <d> OR c82\_sr2 EQ <1> OR <d> goto c83sr1; ELSE goto c84\_sr2]

>c83sr1< Did you not get the medical care you needed or have delays in getting the medical care you needed for any of the following reasons?

CODE ALL THAT APPLY.

Worry about the cost.....1  
The doctor or hospital wouldn't accept your health insurance.....2  
Your health plan wouldn't pay for the treatment .....3  
You couldn't get an appointment soon enough.....4  
You couldn't get there when the doctor's office or clinic was open .....5  
It takes too long to get to the doctor's office or clinic from your house or work .....6  
You couldn't get through on the telephone .....7  
You were too busy with work or other commitments to take the time.....8  
You didn't think the problem was serious enough .....9  
Or any other reason I haven't mentioned [SPECIFY] .....0

---

NONE CITED/NO OTHER RESPONSES .....n  
NEED TO DELETE A RESPONSE .....x

DON'T KNOW .....d  
REFUSED ..... r  
===>

>c84\_sr2< During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it?

YES ..... 1  
NO ..... 0

DON'T KNOW ..... d  
REFUSED ..... r

>USC\_sr2< The next questions are about places people go to for their health problems. Because some of these questions ask about Internet use in medical practices, first I need to ask about your use of the Internet.

>IT1\_sr2< Do you ever go on line to use the Internet? (modified Pew, HINTS)

YES .....1  
NO .....0 [goto d101\_sr2]

DON'T KNOW .....d [goto d101\_sr2]  
REFUSED .....r [goto d101\_sr2]

>IT2\_sr2< In general, how often do you go online- several times a day, about once a day, 3-5 days a week, 1 to 2 days a week, once every few weeks, or less often than that? [modified KFF, PEW 2003]

- SEVERAL TIMES A DAY .....1
- ABOUT ONCE A DAY .....2
- 3 TO 5 DAYS A WEEK .....3
- 1 TO 2 DAYS A WEEK .....4
- ONCE EVERY FEW WEEKS .....5
- LESS OFTEN .....6
  
- DON'T KNOW .....d
- REFUSED .....r

>d101\_sr2< Next, is there a place that you **usually** go to when you are sick or need advice about your health?

**PROBE:** IF R. IS UNSURE IF ONE PLACE OR MORE THAN ONE PLACE:  
you are sick or need advice about your health, do you go to one place or more than one place?

- YES .....1 [goto d111\_sr2]
- NO, THERE IS NO PLACE.....0 [gotorx1\_sr2]
- NO, THERE IS MORE THAN ONE PLACE .....3 [goto d111\_sr2]
  
- DON'T KNOW .....d [goto rx1\_sr2]
- REFUSED .....r [goto rx1\_sr2]

===>

>d111\_sr2< If (d101 = 1) then read:  
What kind of place is it--a doctor's office, an HMO, a hospital outpatient clinic,  
some other clinic or health center, an emergency room, or some other place?

Else (d101 = 3) read:  
What kind of place do you go to most often--a doctor's office, an HMO, a  
hospital outpatient clinic, some other clinic or health center, an emergency  
room, or some other place?

DOCTOR'S OFFICE .....	1
HMO .....	2
HOSPITAL OUTPATIENT CLINIC .....	3
OTHER CLINIC OR HEALTH CENTER.....	4
HOSPITAL EMERGENCY ROOM .....	5
SOME OTHER PLACE .....	6
DON'T KNOW .....	d
REFUSED .....	r
===>	

>sn1\_sr2< IF UNINSURED: At this place, do you pay full price for medical care or do  
you pay a lower amount based on what you can afford to pay?

FULL PRICE .....	0
LOWER AMOUNT .....	1
DON'T KNOW .....	d
REFUSED .....	r
===>	

>d121time\_sr2< How long have you been going to this place?

Less than 6 months  
At least 6 months but less than 1 year  
At least 1 year but less than 3 years  
At least 3 years but less than 5 years  
5 years or more  
DON'T KNOW  
REFUSED

>test< If c311 equals 0 and c331 equals 0 go to d121; else if (d111, kd111, d111\_sr2) equals 5  
(emergency room) then skip to (d121, kd121, d121\_sr2). Skip questions CAHPS5 through IT5  
when the usual place of care is the emergency room or if respondent has no visits with doctors  
or other medical professionals in the last 12 months.



>CAHPS5\_sr2< In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at this place?

YES .....1 [goto E261R5@day\_sr2]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [goto ACCESS1\_sr2)

>E261R5@day\_sr2<..... Thinking of the last time you made an appointment at this place, how long did you have to wait between the time you made the appointment and the day you actually saw a doctor or other health care provider?

**INTERVIEWER:** (1) CODE "0" FOR SAME DAY.  
(2) ACCEPT MOST CONVENIENT TIME PERIOD.

\_\_\_ (0-31) DAYS OR \_\_\_ (1-20) WEEKS OR \_\_\_ (1-5) MONTHS

DON'T KNOW .....d  
REFUSED .....r  
===>

>ACCESS1\_sr2< Does this place have office hours at night or on the weekends? FROM MEPS ACCESS TO CARE SUPPLEMENT

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>ACCESS2\_sr2< In the past 12 months, have you tried to contact this place after their regular hours for an urgent medical need?

YES [go to ACCESS3\_sr2].....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [GO TOIT1\_sr2]

>ACCESS3\_sr2< How difficult is it to contact a doctor or other health care provider at this place after their regular hours in case of urgent medical needs- very difficult, somewhat difficult, not too difficult, or not at all difficult? MEPS ACCESS TO CARE SUPPLEMENT MODIFIED

VERY DIFFICULT  
SOMEWHAT DIFFICULT  
NOT TOO DIFFICULT  
NOT AT ALL DIFFICULT  
DON'T KNOW  
REFUSED

>IT 3\_sr2< As far as you know, can you ask a medical question at this place by e-mail or by visiting its web site?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====>

>test IT4\_sr2<[if IT1\_sr2=1 and IT3\_sr2=1 go to IT4\_sr2; else go to d121\_sr2]

>IT4\_sr2< In the last 12 months, did you e-mail this place or visit its website with a medical question? CAHPS HIT FIELD TEST #18

YES [go to IT5\_sr2].....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
====> [ to go d121\_sr2]

>IT5\_sr2< In the last 12 months, when you e-mailed this place or visited its website, how often did you get an answer to your medical question as soon as you needed-never, sometimes, usually, or always? CAHPS H IT FIELD TEST #19

- NEVER
- SOMETIMES
- USUALLY
- ALWAYS
- DON'T KNOW
- REFUSED

**D121, D121\_SR2 ADD AN INTRO SENTENCE.**

The next questions ask about doctors and other health professionals you may see at the (FILL PLACE FROM d111) you usually go to when you are sick or need advice about your health."

>d121\_sr2< When you go to this place, do you usually see a doctor, a nurse, or some other type of health professional?

INSTRUCTION: IF R. SAYS DOCTOR AND NURSE, CODE DOCTOR

DOCTOR.....1 [goto d121spec\_sr2]  
NURSE.....2 [goto d131\_sr2]  
OTHER [SPECIFY].....3 [goto d131\_sr2]

---

DON'T KNOW .....d [gotorx1\_sr2]  
REFUSED .....r [gotorx1\_sr2]  
===>

>d121spec\_sr2< Primary care doctors, such as general or family doctors, general internists, or pediatricians, treat a variety of illnesses and give preventive care. Specialists are doctors like surgeons, heart doctors, and others who specialize in one area of health care.

Is the doctor you usually see a primary care doctor or a specialist?

INTERVIEWER INSTRUCTION: GENERAL INTERNISTS ARE PRIMARY CARE DOCTORS; INTERNISTS WHO SUBSEQUENTLY SPECIALIZE IN A PARTICULAR AREA OF CARE ARE SPECIALISTS.

PRIMARY DOCTOR.....1  
SPECIALIST .....2  
DON'T KNOW .....d  
REFUSED .....r  
===>

>d131\_sr2< Do you usually see the same (doctor/nurse/provider) each time you) go there?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>rx1\_sr2< During the last 12 months, did you take any prescription medicines?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>testusc\_sr2< If c311 >0 and c331 > 0 and if d101\_sr2= 1 or 3 go to USCFILL; else go to e12\_sr2 (NEXT SECTION IF R. HAS NO VISITS TO MEDICAL PROVIDERS IN LAST 12 MONTHS OR NO USC)

USCFILL sr2: If d121 sr2=1 and d131 sr2=1, then USCFIL sr2L= "your usual doctor"; else, USCFILL sr2= "a doctor or other health care provider"

USCFILL2 sr2: If USCFILL sr2= "a doctor or other health care provider" THEN USCFILL2 sr2= "or other health care providers"; else USCFILL2 sr2= BLANK

**USCFILL** change fill and add an introduction when the usual source of care isn't a doctor and the same doctor isn't seen every time (d121 ne 1 and d131 ne 1).

fill - "a doctor or other health care provider"

>test rx1 sr2< [if rx1 sr2=1, go to rx2 sr2; else go to USCVISIT2 sr2]

Introduction - "For the next questions, please think about doctors and other health care providers you see at the (FILL PLACE FROM d111) you usually go to when you are sick or need advice about your health."

>rx2 sr2< In the past 12 months, did USCFILL sr2 talk with you about all of the different prescription medicines you are using, including medicines prescribed by other doctors?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>

>USCVISIT2 sr2< In the last 12 months, how many times did you visit USCFILL sr2 to get care for yourself [CAHPS 4.0 HEALTH PLAN SURVEY, #10]?

NONE .....1  
1 TIME .....2  
2-4 TIMES .....3  
5-9 TIMES .....4  
10 OR MORE TIMES .....5  
  
DON'T KNOW .....d  
REFUSED .....r

>medtest1 sr2< In the last 12 months, did USCFILL sr2 send you for a blood test, x-ray, or other test?

YES [go to medtest2 sr2] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===>[ go totest IT7 sr2]

>medtest2 sr2< Did you get any tests or x-rays that USCFILL sr2 ordered?

YES [go to medtest3 sr2] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> ===>[ go totest IT7 sr2]

>medtest3 sr2< In the last 12 months, when USCFILL sr2 sent you for a blood test, x-ray, or other test, how often did someone from the office follow up to give you test results? Would you say never, sometimes, usually, or always?

NEVER  
SOMETIMES  
USUALLY  
ALWAYS  
DON'T KNOW  
REFUSED

>test IT7 sr2< [IF USCVISIT2 sr2>=1, GO TO IT7 sr2; **else go** e12\_sr2]

>IT7 sr2< Doctors [fill USCFILL2 sr2] may use computers or handheld devices during an office visit to do things like look up your information or order prescription medicines. In the last 12 months, did USCFILL sr2 use a computer or handheld device during any of your visits? CAHPS HIT FIELD TEST #39

YES .....1  
NO .....0 [goto e12\_sr2]  
  
DON'T KNOW .....d [goto e12\_sr2]  
REFUSED .....r [goto e12\_sr2]

>IT8 sr2< During your visits in the last 12 months, did USCFILL sr2 ever use a computer or handheld device to look up test results or other information about you? CAHPS HIT FIELD TEST #40

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>IT9 sr2< During your visits in the last 12 months, did this USCFILL sr2 ever use a computer or handheld device to show you information? CAHPS HIT FIELD TEST #41

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>IT10 sr2< In the last 12 months, did USCFILL sr2 ever use a computer or a handheld device to order your prescription medicines? CAHPS HIT FIELD TEST #42

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>IT 11 sr2< During your visits in the last 12 months, was the use of a computer or handheld device by USCFILL sr2 definitely helpful to you, somewhat helpful to you, or not at all helpful to you? CAHPS HIT FIELD TEST #43

DEFINITELY HELPFUL .....1  
SOMEWHAT HELPFUL .....2  
NOT AT ALL HELPFUL .....3

DON'T KNOW .....d  
REFUSED .....r

===>

>e12\_sr2< Now I would like to ask you about satisfaction with your **choice** of doctors.

First primary care doctors, such as family doctors, [pediatricians,]<sup>13</sup> or general practitioners, who treat a variety of illnesses and give preventive care.

Are you satisfied or dissatisfied with the **choice** you personally have for primary care doctors?

**PROBE:** Most people go to a primary care doctor first when they have a sickness or injury they have not had before.

SATISFIED .....1 [goto e13\_sr2]  
DISSATISFIED .....2 [goto e13\_sr2]  
NEITHER SATISFIED NOR DISSATISFIED .....3

DON'T KNOW .....d  
REFUSED .....r

===> [goto e14\_sr2]

>e13\_sr2< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY ..... 1  
SOMEWHAT ..... 2

DON'T KNOW ..... d  
REFUSED ..... r

===>

---

<sup>13</sup>Exclude for adults.

>e14\_sr2< In the past 12 months, did you or a doctor think you needed to see a specialist?

**PROBE:** Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists? Specialists mainly treat just one type of problem.

YES .....1 [goto cahps12\_sr2]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===> [goto e40\_sr2

>cahps12\_sr2< In the last 12 months, did (you/NAME) see a specialist?

YES .....1 [go to test CAHPSSP1\_sr2]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r  
===> [go to e15\_sr2]

>test CAHPSSP1< [if d121SPEC sr2=2, GO TO CAHPSSP1 sr2; else if d101 sr2=1 or 3 , goto CAHPSSP2 sr2; else, go to e15 sr2

>CAHPSSP1\_sr2<Was the specialist that you saw most recently your usual doctor or was it a different specialist? (Source: CAHPS, ACES?)

USUAL DOCTOR .....1 [GO TO E15\_sr2]  
DIFFERENT SPECIALIST .....2 [GO TO CAHPSSP2\_sr2]  
  
DON'T KNOW [GO TO e15\_sr2] .....d  
REFUSED [GO TO e15\_sr2] .....r

>CAHPSSP2\_sr2<Was this visit to a specialist recommended by your usual doctor, another healthcare provider, or did you decide to see this person on your own? (Source: ACES)

PERSONAL DOCTOR..... 1  
ANOTHER HEALTHCARE PROVIDER..... 2  
SAW ON OWN..... 3  
  
DON'T KNOW ..... d  
REFUSED ..... r

===>



>e15\_sr2< Are you satisfied or dissatisfied with the **choice** you have for specialists?

SATISFIED.....1 [goto test E15a\_sr2]  
DISSATISFIED .....2 [goto test E15a\_sr2]  
NEITHER SATISFIED NOR DISSATISFIED .....3  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===> [goto test e1512\_sr2]

>E15a\_sr2< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY..... 1  
SOMEWHAT ..... 2  
  
DON'T KNOW ..... d  
REFUSED ..... r  
===>

>test e1512\_sr2< ifd121spec\_sr2=1 and CAHPS12\_sr2 eq 1, go to e1512\_sr2; else go to e40\_sr2

>e1512\_sr2< In the last 12 months, how often did USCFILL\_sr2 seem informed and up-to-date about the care you got from specialists? (Source: CAHPS)

NEVER ..... 1  
ALMOST NEVER..... 2  
SOMETIMES..... 3  
USUALLY ..... 4  
ALMOST ALWAYS ..... 5  
ALWAYS ..... 6  
NO USUAL DOCTOR.....7 [goto e40\_sr2]  
MY SPECIALIST IS MY USUAL DOCTOR.....8 [goto e40\_sr2]  
  
DON'T KNOW .....d  
REFUSED ..... r [goto t e40\_sr2]

>e1513\_sr2< After going to the specialist, did your usual doctor talk with you about what happened at the visit (with the specialist?). (Source: Starfield, Primary Care Assessment Tool)

YES ..... 1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>e40\_sr2< Now, I have a few questions about your health.

In general, would you say your health is:

Excellent.....1  
Very Good .....2  
Good.....3  
Fair or .....4  
Poor.....5  
  
DON'T KNOW .....d  
REFUSED .....r  
====>

>nn3\_sr2@b< Has a doctor or health professional ever told you that you had diabetes or high blood sugar?

YES .....1 [goto nn3\_sr2@bb]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>nn3\_sr2@bb< IF YES: During the past two years, have you seen a doctor or other health care professional for diabetes or high blood sugar?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>nn3\_sr2@c< Has a doctor or health professional ever told you that you had arthritis?

YES .....1 [goto nn3\_sr2@cc]  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>nn3\_sr2@cc< **IF YES:** During the past two years, have you seen a doctor or other health care professional for arthritis?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>nn3\_sr2@d< Has a doctor or health professional ever told you that you had asthma?

YES .....1 [goto nn3\_sr2@dd]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn3\_sr2@dd<**IF YES:** During the past two years, have you seen a doctor or other health care professional for asthma?

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn3\_sr2@e< Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?

YES .....1 [goto nn3\_sr2@ee]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn3\_sr2@ee< **IF YES:** During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease?

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn3\_sr2@g< Has a doctor or health professional ever told you that you had hypertension or high blood pressure?

YES .....1 [goto nn3\_sr2@gg]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn3\_sr2@gg< **IF YES:** During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?\

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn3\_sr2@i< Has a doctor or health professional ever told you that you had coronary heart disease (INCLUDES ANGINA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, BYPASS SURGERY, ANGIOPLASTY, HEART DISEASE, MI)?

YES .....1 [goto nn3\_sr2@ii]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn3\_sr2@ii< **IF YES:** During the past two years, have you seen a doctor or other health care professional for coronary heart disease?

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn5\_sr2@c< Has a doctor or health professional ever told you that you had skin cancer?

YES .....1 [goto nn5\_sr2@cc]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn5\_sr2@cc< **IF YES:** During the past two years, have you seen a doctor or other health care professional for skin cancer?

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn5\_sr2@h< Has a doctor or health professional ever told you that you had cancer other than skin cancer?

YES .....1 [goto nn5\_sr2@hh]  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn5\_sr2@hh< **IF YES:** During the past two years, have you seen a doctor or other health care professional for that cancer?

YES .....1  
NO .....0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>n5f4\_sr2< **IF FEMALE or MALE AGE 50 OR UNDER GOTO nn6\_sr2e. IF MALE AGE OVER 50:** Has a doctor or health professional ever told you that you had benign prostate disease or a large prostate that was not prostate cancer?

YES ..... 1 [goto n5f4ee\_sr2]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>n5f4ee\_sr2< **IF YES:** During the past two years, have you seen a doctor or other health professional for benign prostate disease?

YES .....1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn6\_sr2@e< Has a doctor or health professional ever told you that you had depression?

YES .....1 [goto nn6\_sr2@ee]  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn6\_sr2@ee< **IF YES:** During the past two years, have you seen a doctor or other health care professional for depression?

YES .....1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>nn7\_sr2< During the past two years, have you seen a doctor or other health care professional for any serious medical problem, that is one that limits your ability to do your usual activities?

YES ..... 1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

**CARE COORDINATION**

>testccq\_sr2< [if seen a doctor during the past two years for, diabetes, arthritis, asthma, COPD, hypertension, CHD, skin cancer, other cancer, benign prostate disease, or depression, go to CCQ1\_sr2, ELSE GO TO CE3\_sr2

>CCQ1\_sr2< Do you see only one doctor or more than one doctor for treatment of [INSERT PATIENT'S CHRONIC DISEASE(S)]?

- ONE.....1 [goto CE3\_sr2 ]
- MORE THAN ONE.....0 [goto CCQ2\_sr2]
  
- DON'T KNOW .....d [goto CE3\_sr2]
- REFUSED .....r [goto CE3\_sr2 ]

>CCQ2\_sr2< Which of the following statements best describes how well the different doctors you see for [INSERT PATIENT'S CHRONIC CONDITION(S)] coordinate your care? By care coordination, we mean how well do your doctors work together to manage your health care.

- My care is not coordinated at all.....1
- My care is coordinated some of the time .....2
- My care is coordinated most of the time.....3
- My care is coordinated all of the time .....4
  
- DON'T KNOW .....d
- REFUSED .....r

CONSUMER ENGAGEMENT

CE3\_sr2. Next, I will read some statements that people sometimes make when they talk about their health care. Please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement as it applies to you personally. The first statement is ... (Source: parts a. and b. adapted from the 2009 MCBS Satisfaction with Care; parts c. and d. from MEPS-HC.

**RANDOMIZE**

a. Usually, you go to the doctor as soon as you start to feel bad.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED .....r

b. You will do just about anything to avoid going to the doctor.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED .....r

c. I'm healthy enough that I really don't need health insurance.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED .....r

d. Health insurance is not worth the money that it costs.

- Strongly agree.....1
- Somewhat disagree .....2
- Somewhat disagree .....3
- Strongly disagree .....4
- DON'T KNOW .....d
- REFUSED .....r



CONSUMER INFORMATION SEEKING

>C11\_sr2< During the past 12 months, did you look for or get information about a **PERSONAL** health concern:

**RANDOMIZE ORDER OF a-e AND CODE ALL THAT APPLY**

- a. On the internet  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
- b. From friends or relatives  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
- c. From TV or radio  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
- d. From hard copy newspapers, books or magazines  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
- e. From somewhere else other than a personal doctor  
YES [RECORD TEXT IN SPECIFY FIELD] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

**IF YES TO ANY, GO TO CI2\_sr2; ELSE GO TO CI3\_sr2**

>C12\_sr2< (If yes to any option in C11\_sr2) Did the health information you obtained in the past 12 months from any of these sources affect...? (Source: modified Pew Internet and American Life Project, August 2009) ROTATE ITEMS A-G

RESPONSE CATEGORIES: YES, NO, DON'T KNOW, REFUSAL

- a. your understanding about how to treat an illness or condition
- b. your overall approach to maintaining your health
- c. the way you cope with a chronic condition or manage pain
- d. a decision about whether to see a doctor
- e. whether you asked a doctor a question
- f. a decision to seek a second opinion from another doctor
- g. your approach to diet, exercise, or stress management

>CI3\_sr2< During the past 12 months, did you look for or get information about a health concern for someone else, such as a friend or family member:

**RANDOMIZE ORDER OF a-e AND CODE ALL THAT APPLY**

- a. On the internet  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- b. From friends or relatives  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- c. From TV or radio  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- d. From hard copy newspapers, books or magazines  
YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r
  
- e. From somewhere else other than a personal doctor  
YES [RECORD TEXT IN SPECIFY FIELD] .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

test C17\_sr2 [if C11a\_sr2=1 or C13a\_sr2=1 go to C17\_sr2, else go to CS1\_sr2]

>C17\_sr2< During the past 12 months, about how often did you go on-line to look for personal health information? Would you say less than five times, five to nine times, or ten or more times?

- LESS THAN 5 TIMES .....1
- 5 TO 9 TIMES .....2
- 10 OR MORE TIMES.....3
  
- DON'T KNOW .....d
- REFUSED ..... r

I8\_sr2< How useful was the health information you found on-line? Would you say not at all useful, a little useful, somewhat useful, or very useful?

- NOT AT ALL USEFUL .....1
- A LITTLE USEFUL.....2
- SOMEWHAT USEFUL .....3
- VERY USEFUL .....4
  
- DON'T KNOW .....d
- REFUSED ..... r

**CONSUMER SHOPPING**

>CS1\_sr2< A personal doctor is the health provider you see most often and who knows you best. During the past 12 months did you look for a new personal doctor?

YES .....1  
NO .....0 [goto testcs9\_sr2]

DON'T KNOW .....d [goto testcs9\_sr2]  
REFUSED .....r [goto testcs9\_sr2]

>CS2\_sr2< Did you find a personal doctor?

YES .....1  
NO .....0 [goto testcs9\_sr2]

DON'T KNOW .....d [goto testcs9\_sr2]  
REFUSED .....r [goto testcs9\_sr2]

>CS3\_sr2< Which of the following sources did you use in looking for a new personal doctor?

- a. Recommendation of another doctor or health care provider
- b. Information from your health insurance plan
- c. Books, magazines or newspapers
- d. Friends or relatives
- e. TV or radio
- f. The Internet
- g. Anything else [SPECIFY]

(1) YES (0) NO (d) DON'T KNOW (r) REFUSED

**IF NO SOURCES MENTIONED, GO TO CS8\_sr2**

>CS4\_sr2< Did any of the sources you used provide information that compared the cost of care charged by different doctors?

YES .....1  
NO .....0 [goto testCS6\_sr2]

DON'T KNOW .....d [goto CS6\_sr2]  
REFUSED .....r [goto CS6\_sr2]

>CS5\_sr2< Did you use this information in choosing a personal doctor?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>CS6\_sr2< Did any of the sources you used provide information that compared the quality and performance of different doctors?

YES .....1  
NO .....0 [goto testCS8\_sr2]  
  
DON'T KNOW .....d [goto CS8\_sr2]  
REFUSED .....r [goto CS8\_sr2]

>CS7\_sr2< Did you use this information in choosing a personal doctor?

YES ..... 1  
NO ..... 0  
  
DON'T KNOW ..... d  
REFUSED ..... r

>CS8\_sr2< I am going to read several factors some people consider in choosing a doctor. For each one, please tell me if it was a major factor, minor factor, or not a factor in choosing a personal doctor.

- a. The cost of care
- b. The recommendation of another doctor
- c. The reputation of the personal doctor providing the care
- d. Short wait time for appointments
- e. Location of the personal doctor's practice
- f. The doctor is in my health plan's provider network
- g. Anything else (SPECIFY)

(1) MAJOR FACTOR (2) MINOR FACTOR (3) NOT A FACTOR (d) DK (r) REFUSED

>testcs9\_sr2< [if CAHPS121 sr2=1, GO TO CS9\_sr2; ELSE GO TO CS20\_sr2]

>CS9\_sr2< You mentioned earlier that you have seen a specialist. During the past 12 months, have you seen only one specialist or more than one specialist?

NONE .....0 [goto CS20\_sr2]  
ONE.....1  
MORE THAN ONE.....2  
  
DON'T KNOW .....d  
REFUSED .....r

>CS10\_sr2< (IF MORE THAN ONE, READ: Please think about the last specialist you saw.) Did you first see this specialist during the last 12 months or did you first see this specialist more than 12 months ago?

MORE THAN 12 MONTHS AGO .....1 [goto CS20\_sr2]  
LESS THAN 12 MONTHS AGO .....2  
  
DON'T KNOW .....d  
REFUSED .....r

>CS11\_sr2< Did your personal doctor refer you to this specialist or did you find this specialist in some other way?

REFERRED BY DOCTOR.....1  
SOME OTHER WAY .....2 [goto CS14\_sr2]  
  
DON'T KNOW .....d [goto CS14\_sr2]  
REFUSED .....r [goto CS14\_sr2]

**IF REFERRED**

>CS12\_sr2< Did your personal doctor give you a choice of specialists or recommend only one specialist?

CHOICE .....1  
ONLY ONE.....2  
  
DON'T KNOW .....d  
REFUSED .....r

>CS13\_sr2< Besides the referral from your personal doctor, did you use any other sources of information in looking for the specialist?

YES – USED OTHER SOURCES .....1  
NO – ONLY DOCTOR REFERRAL .....2 [goto testCS19\_sr2]  
  
DON'T KNOW .....d [goto testCS19\_sr2]  
REFUSED .....r [goto testCS19\_sr2]

>CS14\_sr2< Did you use any of the following sources in looking for the specialist?

- a. Recommendation of a doctor or health care provider who is not your personal doctor
- b. Information from your health insurance plan
- c. Books, magazines or newspapers
- d. Friends or relatives
- e. TV or radio
- f. The Internet
- g. Anything else [SPECIFY]

(1) YES    (0) NO    (d) DON'T KNOW    (r) REFUSED

**IF ANY SOURCES CODED YES, GO TO CS15\_sr2; ELSE GO TO TESTCS19\_sr2**

>CS15\_sr2< Did any of the sources you used provide information that compared the cost of care charged by different doctors?

YES .....1  
NO .....0 [goto CS17\_sr2]  
  
DON'T KNOW .....d [goto CS17\_sr2]  
REFUSED .....r [goto CS17\_sr2]

>CS16\_sr2< Did you use this information in choosing a specialist?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r



>CS17\_sr2< Did any of the sources you used provide information that compared the quality and performance of different doctors?

YES .....1  
NO .....0 [goto testCS19\_sr2]  
  
DON'T KNOW .....d [goto testCS19\_sr2]  
REFUSED .....r [goto testCS19\_sr2]

>CS18\_sr2< Did you use this information in choosing a specialist?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>TESTCS19\_sr2< IF CS12\_sr2=1 OR CS11\_sr2=2, GO TO CS19\_sr2;ELSE GO TO CS20\_sr2

>CS19\_sr2< I am going to read several factors some people consider in choosing a doctor. For each one, please tell me if it was a major factor, minor factor, or not a factor in choosing this specialist.

- a. The cost of medical care and treatment
- b. The recommendation of your personal doctor (**SKIP IF NO REFERRAL**)
- c. The reputation of the specialist
- d. Short wait time for an appointment
- e. Location of the specialist's practice
- f. The specialist is in my health plan's provider network
- g. Anything else (SPECIFY)

(1) MAJOR FACTOR (2) MINOR FACTOR (3) NOT A FACTOR (d) DK (r) REFUSED

>CS20\_sr2< In the past 12 months, have you had any type of surgical or non-surgical procedure?

**PROBE:** Do not include routine blood work, X-rays, or mammograms.

**PROBE:** By non-surgical procedure, we mean things like a biopsy, colonoscopy, MRI, etc.

INTERVIEWER: IF IN DOUBT, INCLUDE THE PROCEDURE. OUR GOAL IS TO BE AS BROAD AS POSSIBLE IN DEFINING PROCEDURES TO TEST FOR CONSUMER SHOPPING.

YES .....1  
NO .....0 [goto h10\_sr2]  
  
DON'T KNOW .....d [goto h10\_sr2]  
REFUSED .....r [goto h10\_sr2]

>CS21\_sr2< If you had more than one procedure in the last 12 months, please think about the last procedure you had. Was the procedure performed in a hospital, a clinic, a doctor's office, or somewhere else?

HOSPITAL .....1  
CLINIC .....2  
DOCTOR'S OFFICE .....3  
SOMEWHERE ELSE (SPECIFY).....4  
  
DON'T KNOW .....d  
REFUSED .....r

>CS22\_sr2< Was the first time you had a procedure performed at this INSERT PLACE during the last 12 months or more than 12 months ago?

MORE THAN 12 MONTHS AGO .....1 [goto h10\_sr2]  
LESS THAN 12 MONTHS AGO .....2  
  
DON'T KNOW .....d [goto h10\_sr2]  
REFUSED .....r [goto h10\_sr2]

>CS23\_sr2< Was the INSERT PLACE recommended by the doctor ordering the procedure or did you choose the place some other way?

RECOMMENDED BY DOCTOR .....1  
SOME OTHER WAY .....2 [goto CS26\_sr2]  
  
DON'T KNOW .....d [goto CS26\_sr2]  
REFUSED .....r [goto CS26\_sr2]

**IF RECOMMENDED BY DOCTOR**

>CS24\_sr2< Did your doctor give you a choice of places to have the procedure or recommend only this one place?

- CHOICE .....1
- ONLY ONE .....2
  
- DON'T KNOW .....d
- REFUSED .....r

**IF RECOMMENDED BY DOCTOR**

>CS25\_sr2< Besides your doctor's recommendation, did you use any other sources of information in looking for a place to have the procedure?

- YES .....1
- NO .....0 [goto testCS31\_sr2]
  
- DON'T KNOW .....d [goto testCS31\_sr2]
- REFUSED .....r [goto testCS31\_sr2]

>CS26\_sr2< Which of the following sources did you use in looking for the INSERT PLACE where you had the procedure?

- a. Recommendation from a doctor or other health care provider other than the one performing the procedure
- b. Information from your health insurance plan
- c. Books, magazines or newspapers
- d. Friends or relatives
- e. TV or radio
- f. The Internet
- g. Anything else [SPECIFY]

(1) YES (0) NO (d) DON'T KNOW (r) REFUSED

**IF NO SOURCES MENTIONED, GO TO TESTCS31\_sr2**

>CS27\_sr2< Did any of the sources you used provide information that compared how much different local INSERT PLACES are paid for similar services?

- YES .....1
- NO .....0 [goto CS29\_sr2]
  
- DON'T KNOW .....d [goto CS29\_sr2]
- REFUSED .....r [goto CS29\_sr2]

>CS28\_sr2< Did you use information from these reports in choosing a place to have the procedure?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

>CS29\_sr2< Did any of the sources you used provide information that compared the quality and performance of local INSERT PLACES?

YES .....1  
NO .....0 [goto testCS31\_sr2]  
  
DON'T KNOW .....d [goto testCS31\_sr2]  
REFUSED .....r [goto testCS31\_sr2]

>CS30\_sr2< Did you use information from these reports in choosing a place to have the procedure?

YES .....1  
NO .....0  
  
DON'T KNOW .....d  
REFUSED .....r

**>TESTCS31\_sr2< IF CS24\_sr2 = 1 OR CS23 sr2=2, GO TO CS31\_sr2, ELSE GO TO test e16c**

>CS31\_sr2< I am going to read several factors that some people consider in choosing a place to have a procedure. For each one, please tell me if it was a major factor, minor factor, or not a factor in choosing this place to have your procedure.

- a. The cost of medical care and treatment
- b. The reputation of the INSERT PLACE
- c. Your doctor's recommendation
- d. Short wait time for an appointment
- e. Location of the INSERT PLACE
- f. The INSERT PLACE is in my health plan's provider network
- g. Anything else (SPECIFY)

(1) MAJOR FACTOR (2) MINOR FACTOR (3) NOT A FACTOR (d) DK (r) REFUSED

>h10\_sr2< As a token of our appreciation for your help, we would like to send you a check for \$40. Could you please give me your full name and address?

**PROBE:** Your name and address are confidential and will only be used if we call you for another interview.

**READ AFTER NAME AND ADDRESS OBTAINED:** Your name and address are confidential and will only be used if we call you for another interview. You should receive your check in about 4 weeks.

YES .....1  
NO .....0

<Enter First Name>  
<Enter Last Name>  
<Enter Street Address>  
<Enter City/State>  
<Enter Zip Code>

DON'T KNOW .....d  
REFUSED .....r  
===>

APPENDIX B  
ADVANCE MATERIALS

## ADVANCE LETTER

Route 1 & College Road East P.O. Box 2316  
Princeton, New Jersey 08543-2316  
Tel. 877 843 RWJF (7953)  
[www.rwjf.org](http://www.rwjf.org)

Office of the President and CEO



March 2010

Dear Resident:

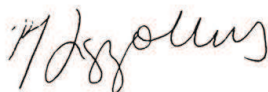
I am writing to encourage your participation in the Health Tracking Household Survey, a telephone survey about your health and health care. A member of the study team will be contacting you within the next two weeks to interview you and the other adults in your household. **Each person who completes the survey will receive \$40 as a token of our appreciation.** We have also enclosed \$5 to thank you in advance for your time.

The Robert Wood Johnson Foundation (RWJF), the nation's largest charitable organization devoted to improving the nation's health and health care, sponsors the Health Tracking Household Study. The Foundation is not associated with any political party or private company. It supports non-partisan research that helps inform our nation's leaders about health care problems and ways they might be solved. Since 1996, RWJF has funded the Health Tracking Household Study to study how America's health care system is changing and how these changes affect people. These questions are especially important today. As you probably know, our health care system is under great strain, with rapidly rising costs and over 40 million Americans lacking health insurance.

Please be assured that all information you provide will be kept strictly confidential, and your name will not be associated with any of the answers. If you would like to schedule the interview yourself, please call (800) 385-8047 toll-free and ask for Pat Licodo.

The attached fact sheet explains more about the study and the types of questions we will be asking. Thank you for your time and efforts concerning this important study.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

RLM/bq

## REFUSAL CONVERSION LETTER

Dear «First\_Name\_Letter» «Last\_Name\_Letter»:

One of our interviewers recently called your household about an important research study. I realize that you are very busy and that it is difficult to explain this study during a brief telephone call. I have enclosed a check for \$40 for you as a token of appreciation for your help. By participating in a half hour interview, you will help us understand how changes in health care are affecting people's lives. If you decide you don't want to participate, you can tear up the check. But before you decide, please take a minute to read this letter about health care in the United States.

### **Why are we doing this study?**

Health care is changing and no one really knows what these changes will mean for people. We are trying to answer important questions such as:

- Are people obtaining affordable health care that meets their needs?
- What can be done to help people whose needs are not being met?
- How are the changes in health care affecting the quality of care people receive?

### **Who is sponsoring this study?**

The study is sponsored by The Robert Wood Johnson Foundation, a non-partisan, non-profit organization that helps states and communities improve the health care of their citizens. Foundation projects have trained doctors and nurses, helped children get vaccinated against diseases, and helped states make health insurance more available.

### **Why don't you just interview somebody else?**

For surveys to be scientifically valid, they must represent the public. Your telephone number was scientifically selected from lists of possible telephone numbers in your area. We cannot replace your household with another household.


### **Will you keep my information confidential?**

Yes, absolutely. Everyone working on this study is required by law to protect the confidentiality of respondents. Individual responses are never published in reports. They are combined with the responses of others and only overall findings are published.

### **Who will be calling my household?**

Some time during the next few weeks, you will be called by an interviewer from Mathematica, an independent research organization conducting the survey. You can schedule the interview yourself by calling our convenient toll free number (1-800-385-8047). I sincerely hope that you will help us with this important study.

Sincerely,



Karen A. CyBulski  
Study Director



## FLYER ACCOMPANYING ADVANCE LETTER



### HEALTH CARE IN THE UNITED STATES TODAY



One dollar out of every seven is spent on health care.



Almost one in five Americans live in families that spending more than 10 percent of before-tax income on health care.



Over 45 million Americans are without health care, roughly one out of seven Americans under age 65.

#### What the Health Tracking Household Study does



We will ask questions about your health and health insurance, doctor and hospital visits, problems you may have getting the care you need, and your views on health care.

We combine your answers with answers from thousands of other people, making sure that no one person's answers can be identified from the data we compile.

Our findings appear on the web site for the Health Tracking Household Study ([www.hschange.org](http://www.hschange.org)), in published articles, in the media, and at conferences.

Data from previous rounds of the Health Tracking Household Study have informed policymakers in Washington, DC and in state governments around the country on Americans' experiences with and opinions about the health care system.

#### Who we are and who will collect the data



The Robert Wood Johnson Foundation is a non-profit organization that works to improve the health and health care of people in this country. The foundation is not associated with any political party or private company. Our Web Site is [www.rwjf.org](http://www.rwjf.org). If you have questions about the study, call us at 1-800-734-7635, and ask for Parsa Sajid.

We have hired Mathematica Policy Research to conduct your interview. One of their interviewers will call you shortly. If you want to schedule an appointment for the survey, please call 1-800-385-8047, toll free, and ask for Pat Licodo.

POST CARD

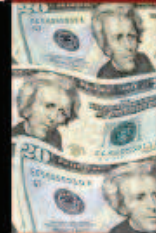


**●● We've been trying to reach you! ●●**

We are doing an important national survey sponsored by the Robert Wood Johnson Foundation (RWJF). RWJF is dedicated to improving health care in the United States, and needs to know your opinions and experiences about health care and health insurance.

**We will pay each adult in your household \$40 for completing a telephone interview.**

**Please call our toll-free number, 1-800-385-8047 and ask for Pat Licodo.**



**APPENDIX C**  
**INTERVIEW TRAINING MANUAL**

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## I. INTRODUCTION TO THE STUDY

### A. Introduction to the Project

The U.S. healthcare system continues to undergo many changes. These changes affect people's health insurance and their health care. We want to find out about these changes by asking a cross-section of people in America about their health insurance and their health care.

The Robert Wood Johnson Foundation (RWJF), located in Princeton, NJ was established as a national philanthropy over 35 years ago. Since that time, it has awarded over \$3 billion in grants in support of its mission to improve the health and health care of all people in the United States. RWJF emphasizes support of training, education, research, and other activities that help promote better health.

In 1995, the RWJF decided to invest in a very large study, called The Health Tracking Household Survey Round 6 (HTHS, formally the Community Tracking Study), to try to understand how the organization of health care in the U.S. is changing and how these changes are affecting people. In order to assemble a team of healthcare experts, RWJF created The Center for Studying Health System Change (HSC). The Center is located in the Washington, DC office of Mathematica Policy Research and is affiliated with Mathematica.

The HTHS takes an in-depth look at healthcare changes that are occurring throughout the United States by focusing on two key questions:

1. How is the organization of the health system changing--how are hospitals, physicians, insurers, public health agencies, and safety net providers changing, and what are the forces driving these organizational changes?
2. How do these changes affect people--how are insurance coverage, access to health care, use of services, costs, quality and satisfaction changing over time and are some groups of people doing better or worse than others?

In the first four rounds of the CTS, conducted between 1998 and 2003, data to answer these questions came from surveys of people in households, and of physicians, insurers, and employers in communities that were representative of the nation. For these household surveys, we interviewed over 32,000 families that included nearly 50,000 adults and over 10,000 children. In addition, surveys were conducted with 12,350 physicians and over 22,000 employers each time. Results from these surveys are already being used to understand how changes in health care are affecting us.

In the fifth round, conducted in 2007, the focus of the household survey was to provide national estimates, and the community was eliminated. In 2007, we interviewed 9,400 families that included 17,800 individuals.

The HTHS covers a range of topics, including: Health Insurance Coverage, Use of Healthcare Resources, Usual Source of Care, Quality of Care and Shopping for Health Care, Employment, and Family Income and Demographics.

More information about The Robert Wood Johnson Foundation can be found on their website at [www.rwjf.org](http://www.rwjf.org). More information about the Health Tracking Household Survey can be found on

HSC's website at [www.hschange.com](http://www.hschange.com). HSC data on-line allows you to obtain customizable tables using prior HTHS data. To use this resource go to [ctsonline.s-3.com/HHsurvey.asp](http://ctsonline.s-3.com/HHsurvey.asp).

In previous rounds of the HTHS, many of the participants had participated in an earlier survey. This made the contacting process easier for interviewers, because many of the families had some understanding of the purpose of the survey.

The survey on which you will be working is the sixth Health Tracking household study (HTHS 6). In this round, we will be interviewing about 10,000 randomly selected families, and we will not be contacting previous participants. The challenge for telephone interviewers will be to introduce the study quickly and professionally, identify a household respondent, and get the interview started. Interviewers will also need to work to overcome respondents' objections and stress the importance of the study, as these two elements are vital to success.

## **B. Study Staff**

The Health Tracking Household Study, for which you are being trained, is being conducted by Mathematica, the Center for Studying Health System Change, and Interviewing Services of America. Members of the study team are listed below.

- Staff from Mathematica
  - Barbara Carlson: Project Director
  - Karen CyBulski: Survey Director
  - Walter Williams: Deputy Survey Director
  - Jason Markesich: Survey Operations Center Manager, Princeton, NJ
  - Jackie Donath: Survey Operations Center Oversight
  - Theresa Boujada: Lead Supervisor
- Staff from the Center for Studying Health System Change
  - Peter Cunningham: Senior Researcher
  - Jim Reschovsky: Senior Researcher
  - Ellyn Boukus: Project Manager
- Staff from ISA
  - John Roses: Project Manager
  - Lopy Williams: Senior Supervisor

## **C. Sample Design and Selection Procedures**

### **1. Population to Be Studied**

Our sample will consist of households, and is designed to represent the civilian non-institutionalized population of the U.S. We are not surveying people living in institutions, such as nursing homes, military barracks, prisons, people living in group homes or dormitories, or people who are contacted in vacation homes, if they have primary residences elsewhere.

People living in institutions have specialized health problems and their health care is delivered under unique delivery systems that are beyond the scope of this study. We will not survey active members of the military, but can survey a household that has military members in it. If you are unsure whether the place you contacted is an institution, or group or vacation residence, ask your supervisor for help.

## **2. Sample Selection**

The sample is being selected by a Random Digit Dial (RDD) process. A Random Digit Dial Sample, or “RDD Sample” is a list of telephone numbers randomly generated by a computer. For this study, numbers will be selected from the entire country. We have processes to pre-screen numbers that might be businesses, or other non-residential numbers, but these processes do not catch all non-residential numbers. Part of your job will be to screen out non-residential numbers. After the first week of sample release, most of these ineligible cases will be screened out. All of the household surveys will be conducted by Computer Assisted Telephone Interview (CATI).

## **3. Advance Letter**

An advance letter (Exhibit 1) will be sent to the households for which we are able to match an address with a telephone number. The letters will have a \$5 bill enclosed. You will be given a copy of this advance letter, and you should always keep it at hand for quick reference. If respondents do not remember receiving a letter, you may read it to them, but you should not mention the \$5 bill unless the respondent makes reference to it first. Your introduction will include a reference to the letter, but the more important purpose of the call is to complete the interview, so do not put too much emphasis on whether or not the sample member received the letter.

# **D. DATA COLLECTION**

## **1. Insurance Family Units Within Households**

Once you have contacted an adult in a household, you will obtain information about the age, sex, education, military status, and relationships of household members. The program will use this information to form what we call “family insurance units (FIUs).” The FIU includes the householder (the person or persons who own or rent the dwelling), his or her spouse, and dependent children up to age 18, or age 23 if they are full-time students.

This definition of the family unit is similar to that used by private insurance companies, Medicaid, and other government programs that provide health insurance. There is no need for you to focus too much on the FIU process—it is basically trying to put people in a household into an insurance unit that a private or government insurer would cover. An employer providing health insurance to a family would typically extend that coverage to the employee’s spouse and children under 18, but would not cover children aged 18-30, nor would they typically cover the parents of the employee.

Some households will contain more than one family unit. Additional family units will be formed to include other household members, such as adult children, parents, or unrelated people (such as boarders) who may be living there. For example, if a household consists of a married couple, their baby, and a boarder, the computer will form two family units for this household: one unit would include the married couple and their baby; the second unit would include the boarder.



The formation of FIUs is complex, but you should be relieved to know that FIUs will be formed automatically for you by the computer program. Mathematica has used this program for other surveys, including previous rounds of the household survey, so it is very well tested. The important thing to remember is that some households, about 10 percent, will have more than one family unit, and in these cases the program will give you instructions about which family unit to interview first.

## **2. Interviewing Members of the Family Unit**

The survey includes questions about each adult in the family unit and (if there are minor children in the family unit) one randomly-selected child who is under 18. An adult knowledgeable about the health care experiences of the people living in the household—called the “informant”—will answer for himself/herself and will answer some questions about other family members.

The survey includes some questions on opinions and events that even close family members cannot easily answer. For these questions, we will ask each additional adult in the family to answer for himself/ herself in a brief “self-response module” at the end of the informant’s interview. If necessary, a callback will be scheduled for the self-response module.

For the previous rounds of the household survey this procedure was very successful, as we obtained self-response data from over 95 percent of sampled adults. As in round 5, we are paying all adult respondents \$40 to do the survey. The interview with the informant will take about 30 to 40 minutes—a bit longer for larger families. Self-response interviews will average 10 to 20 minutes.

About half of the family units will have one adult, so the average length of the interview for these families will be about half an hour. Most of the remaining family units will have two adults—typically a husband and wife—and will last on the average about 15 minutes longer. About five percent of the interviews will have three adults and will average about 60 minutes. Based on past experience using family units, we expect that few families will have more than three adults per family unit, since additional adults typically form their own FIUs.

## **3. Specialized Terms In the Interview**

- Premiums: payments people make for health insurance coverage
- Co-pays: payments people make as part of charge for doctor’s visit and prescription
- Deductibles: payments people make before the insurer pays anything. Until the deductible is reached, the patient pays 100% of the health costs.
- “Out-of-Pocket” expenses: everything a patient pays for health care, including co-pays and deductibles, but EXCLUDING PREMIUMS.
- Enrollment: joining an insurance plan for the first time
- Re-enrollment: continuing an insurance plan that is already in effect.

We will be asking questions about whether people enrolled in a particular plan in the last 12 months. When we ask if a person has enrolled in a plan in the last 12 months, we mean a new enrollment of a person who was not on the plan before.

Most health insurance plans have a re-enrollment period, typically one month, in which existing plan members are asked if they wish to continue their enrollment in the plan. This continuation of enrollment, or re-enrollment, is often interpreted by respondents as “enrolling” in the last 12 months. If in fact they have been on the plan before, this is a re-enrollment. Whenever someone reports an enrollment in the last 12 months, we will ask a follow-up question to confirm that this is really an enrollment and not a re-enrollment.

## **II. CONTACTING HOUSEHOLDS AND PERSUADING RESPONDENTS**

This chapter discusses contacting households, being persuasive in gaining initial cooperation, and procedures to follow in the CATI system (see Exhibit 2). We will use the term “respondent” to identify the household adult to whom you are speaking. That respondent may be the family informant, or another adult in the household.

### **A. Contacting Households**

#### **1. Preparations Before Contacting the Household**

All interviewers are required to have a solid understanding of the purpose of the study and the procedures we are using, so that they can be fully prepared to address respondent questions or concerns in an accurate and professional manner. Interviewers should be confident of their ability to address the objections that people are most likely to have. Before you make a call, you should: (1) review the FAQs, review the case information, (2) be thoroughly familiar with the survey instrument, and (3) be prepared to complete the interview once someone answers.

Strict interviewing procedures are critical to ensure full and accurate data collection. Your responsibility as a telephone interviewer is to follow the procedures outlined in this guide and the principles discussed during the training session. Good interviewing demands good listening, attention to detail, and the ability to roll with the punches. A good interviewer is polite but assertive and acts in a professional manner at all times while in contact with respondents. Good interviewing requires :

- A willingness to follow guidelines and direction.
- The development of skills that are learned and practiced.
- The use of good judgment in applying those skills and guidelines in a variety of situations.

Interviewers have a difficult job. They are on the front lines of the survey research process and occasionally can be the target of a respondent’s frustration and irritability. The rapport established between the interviewer and respondent plays a major part in motivating respondents to assume their role. If we were able to train respondents for their roles we would instruct them to:

- Listen to the questions very carefully and ask for clarification if necessary.
- Answer all questions fully and truthfully without any concern for the interviewer's opinion.
- Restrict themselves to the question at hand and refrain from extraneous conversation.

Throughout the interview itself, the interviewer's job is primarily twofold:

- To ask questions in a consistent manner, exactly as written, and
- To accurately record the respondent's answers

## 2. Reviewing Case Information

It is extremely important that you read all available notes on the case. Be sure you have read any notes from previous contact attempts, as those notes will help you to complete the case. Review the entire case and, if it is a partial complete, see what remains to be done. Check for an unfinished FIU, a completed FIU with an SRU to complete, or some other combination.

## 3. Preparing To Make the Call

As you prepare to make the call remember that you need to be ready to take control from the moment someone answers. There will be a few cases where there are two or more people you may want to ask for—if one person is not there, be sure to ask for the other person. Once you dial the number, remember to focus entirely on the call. Do not let anyone, not even a supervisor, distract you from your conversation with the respondent.

## 4. Introduction

Be comfortable with your introduction, as this will ensure that it goes smoothly, and will help you set the tone for the interview. Practice until you can read the introduction in a conversational manner. Some interviewers are often so concerned about people hanging up the phone before they hear the entire introduction that they rush the introduction. This generally results in more hang-ups, as the rushed introduction is interpreted as a telemarketing call.

Rushing through an introduction gives an impression of lack of confidence and may also cause the listener to misunderstand. Present your introduction in a calm and steady manner, then try to go right into the screener without hesitating or asking for permission.

You should try not to project any concerns about the length of the interview, or about the types of questions asked. This can be reflected in your voice and may cause the respondent to decline the interview. Keep a positive attitude and assume the respondent will cooperate. Make every effort to sound professional and credible at all times.

During general training we place a heavy emphasis on reading questions verbatim. This is crucial when asking the survey questions, but not necessary when you read the introduction. You have the flexibility to tailor your introduction, but you *must* give your name and the name of the study. Your instincts and sales skills during the first 10-20 seconds of the call are probably more important than the actual words you use when trying to convince respondents that the study is worth their time.

## 5. Answering Respondent's Questions

During the introduction, some respondents may ask for additional information (see Exhibit 3). You should always be ready to answer questions as they arise. Listen to the question and answer only what is asked. Your answers should always be clear and concise. When responding to respondents' questions:

- ***Listen carefully.*** Be certain to listen carefully to a respondent's question, so you can understand, and respond directly to the point being made. Respondents deserve a clear, accurate answer, given in a manner that communicates your recognition that the *question is important*.

- ***Be polite under all circumstances.*** Sometimes the way you answer questions makes the difference between gaining and losing the cooperation of a hesitant respondent.
- ***Be concise and efficient.*** Answer the respondent's question directly and concisely. Do not offer extra information, as this may be misunderstood and confuse the respondent. If you do not know the answer to a question, admit that you do not know.
- ***Know your material so you can be confident.*** It is especially important for you to be alert and to have ready responses when you encounter a reluctant respondent. Your voice and manner will convey your level of confidence and skill. Hesitation on your part may give the respondent an opportunity to cut in and terminate the interview.
- ***The importance of your voice.*** Generally, once someone starts an interview with you, they will be willing to finish it. To help ensure this, maintain an enthusiastic and interested tone during the interview. If you do not sound interested, there is no reason for the person on the other end of the phone to be interested. Take care to avoid a monotonous tone. Tone and inflection can greatly enhance your success as an interviewer.
- ***Remember to "take yes for an answer"!*** The entire household interview can and will be completed in the first call to a household. Go right into the first question of the survey when the respondent says something like "OK," or "go ahead."

## 6. The Importance of Listening

One of the most important skills required in any interview is accurate listening. Accurate listeners pay attention to what they themselves say and how respondents answer. They also decide whether the respondent has answered the question that was actually asked or the question the respondent thought they heard. In a telephone interview, accurate listening becomes even more important in the absence of visual clues.

Most people think of listening as something that is as natural as walking or breathing. They don't think of it as anything you have to work at to do well. The truth is, most of us are not naturally good listeners. Hearing is a natural ability, but listening is more than simply hearing. Listening means focusing your attention on what you're hearing and knowing what you've heard. It requires learning and practice.

Most people talk at about 125 words per minute. However, we think at a speed approximately three times faster, about 400 words per minute. The key to becoming a good listener is to be an active listener. Your attention must be focused not only on the respondent's words, but also on hesitations and silences. In-person interviewers can see puzzled expressions; telephone interviewers must listen for silences or inappropriate responses. Hone your listening skills so that you not only hear words, but are also aware of the nuances being communicated to you.

A few last words on listening: **remain neutral.** Just as you can bias the respondent's answers by revealing your own opinions or feelings, you can also bias your own listening by reacting too quickly to what the respondent is saying. You could be so involved in silently agreeing or disagreeing

with the respondent that you might cease to listen accurately or at all. The respondent may qualify or change his/her answer and you might miss it entirely. To summarize, active listening entails:

- Concentrating on words, hesitations, and silences.
- Staying alert and trying to figure out what the respondent is saying.
- Probing if the respondent's reply seems unclear.
- Maintaining objectivity by not displaying your opinions.

## B. Other CATI Procedures

### 1. Handling Unexpected Results and Using Supervisor Review

Interviewers who have questions about the status or coding of a particular case should consult a supervisor. You should not put a case into supervisor review status without the permission of a supervisor or monitor. The name of the supervisor or monitor should be recorded in the notes. **Do not try to manipulate the call scheduler by setting appointments based on your instincts. Follow the standard procedures and let the scheduler do its work.**

### 2. Scheduling Appointments

You should always try to complete an interview the first time you contact a respondent. Sometimes, however, this is not possible and you must schedule an appointment to call the respondent back. Below are a few procedures to keep in mind when scheduling appointments:

- ***Always suggest a couple of times to call back.*** Here are a few examples of things you might say: “Would days or evenings be better? We’ll work with you to get this completed.” or “Would a weekend call be better than a day call? We’ll call when it is convenient for you.”
- ***You do NOT have to have an exact day or time to set a call back.*** If the respondent tells you to “call back sometime next week,” use the computer to set the callback appropriately.
- ***All callbacks require a note.*** There is no exception to this. Well-written, clear notes will help the next interviewer to follow up on a case without any difficulty. Some households will need a real team effort to complete. Please take the time to write clear, complete notes—they should contain all the information you would want to see if the case came up to you.
- ***Do not schedule an appointment unless you have spoken to a respondent.*** Interviewers, usually with the best of intentions, will look at a pattern of “no contact” calls and decide on their own to schedule an appointment for a day and time that they think has not been tried yet. This causes havoc with the call scheduler, and with algorithms developed specifically for this study about when to retire cases that have consecutive numbers of no-contact calls. You should schedule appointments only as you have been trained to do.

### 3. Other CATI Issues

- We will allow proxy interviews for the SRUs, but require supervisor permission to complete proxy interviews.
- Be sure to code call-ins from respondents as such. We want to track how many completed interviews came from call-ins.
- For this study, probe “don’t know” answers once before coding as such. Use your probing skills to try to get the respondent to give you his/her best estimate. Sometimes respondents want to be very precise and would prefer to say they don’t know if they are not 100 percent confident of the accuracy of their answer. You may need to stress that their best estimate is fine, and that we would rather have a good estimate than a “don’t know.”
- If the respondent has no idea of the answer, however, “don’t know” is the best response. If a respondent is unable to respond on scale (i.e., cannot decide between somewhat satisfied and somewhat dissatisfied) to the initial question, you should probe. If, after an appropriate probe, the respondent is still unable to answer on scale, you should code “don’t know” and go to the next question.
- If you are asked medical questions by the respondent, you should explain that you have no medical training. You are not expected to act as a doctor, nurse or other health professional on this study.

### 4. Handling Different Categories of Respondents

You will be interviewing people representing a cross-section of Americans, and are likely to encounter one or all of the following challenges:

- **Language Barriers.** We have Spanish-speaking interviewers available; however, you may encounter people whose main language is neither English nor Spanish. In these cases, you should try to determine if an adult member of the household speaks English and conduct the interview with that person. If no one speaks English or Spanish, determine what language the household speaks, code it in the interview, and record this information in the notes. If you are having difficulty communicating with the household, notify your supervisor. We will attempt to interview the household in their primary language.
- **Literacy.** Some respondents may have low literacy levels. If you find that you have to repeat questions, be patient and helpful. Remember that we are asking the respondent to give up his or her time to help us with the study.
- **Age.** Older people represent an increasing percentage of the U.S. population and are an important part of our study. First, we want to emphasize that you should not make assumptions about people based on their age. Older respondents, like respondents of all ages, have different levels of education, comprehension, tolerance and patience. Being older means only that one has lived more years, it does not mean that one automatically loses the ability to function well. However, keep the following points in mind when interviewing older respondents:

- **Do not address the respondent by first name.** Once you have identified older respondents by name, use a more respectful form of address, such as “ma’am” or “sir.”
- **Adapt your pace and diction to suit the respondent.** Adjust the speed at which you read the questions to suit the respondent. Speak clearly. Even a slight hearing impairment can result in difficulty understanding soft consonants and syllables.
- **Be patient and sensitive.** Do not read too quickly, probe too soon and, above all, do not suggest answers to the respondents because you are anxious to move on. Give the respondent time to think and wait for him or her to answer. If a respondent is clearly fatigued or distressed, offer to call back and complete the interview later.
- **Cognitive Limitations.** If it becomes apparent to you during the interview that the respondent is cognitively limited, ask a supervisor for assistance and, if he or she is not available, terminate the interview by thanking the respondent and saying “those are all my questions.” Make clear notes about the situation. These notes should include whether or not the respondent lives alone. Although this problem is more prevalent with the elderly, these procedures also apply to younger persons who appear to have cognitive impairments.

**Hearing Impairments.** Mathematica has hearing enhanced equipment. If a respondent cannot hear you very well, say you will call back using equipment that will amplify the sound of your voice.

## **5. Documenting All Attempts to Reach a Household**

. An important aspect of the data collection process is keeping a careful record of your work. Each time you attempt to make contact with the respondent, the CATI program will automatically document the attempted number, date, and time of day. The program will then ensure that households will be contacted at different times of the day, thus increasing the chance of reaching the respondent.

You are responsible for entering your initials and ID number, as well as the outcome or “disposition” of the case. Examples of case dispositions are: a completed interview, a no answer (NA), an answering machine (MAD), a busy signal (BZ), an initial refusal (Ref), or a callback (CB) (an interviewer will have to call back at a later time). For cases resulting in a callback, the interviewer must make complete and accurate notes describing the situation so that the next interviewer will know where to pick up. If the respondent has given you information about the best time to call back, be sure to clearly note this appointment time for the next interviewer.

It is your responsibility to leave a clear picture of each attempt made and its outcome. This saves time and it will enhance the cooperation of respondents. Clear, complete, and concise notes allow the next interviewer to be as knowledgeable as possible for the next attempt. This enables that interviewer to continue on with the study without repeating information and possibly aggravating the respondent.



### III. MAINTAINING COOPERATION, AVOIDING AND CONVERTING REFUSALS

This chapter provides guidance on gaining and maintaining cooperation from the respondents, as well as the best techniques for refusal avoidance and refusal conversion. Mathematica has worked on many surveys over the years, and the information that follows is based on those years of experience.

#### A. Gaining and Maintaining Cooperation

As a telephone interviewer on HTHS, you are the representative of Mathematica, HSC, ISA, and the Robert Wood Johnson Foundation. As such, you must conduct yourself in a responsible, self-assured, and professional manner. A respondent's cooperation and the amount of effort that (s)he is willing to devote to the interview is based not only on his/her interest in the topic, but also on the interviewer's style, manner, language, knowledge of the subject material, and sensitivity to the respondent's situation or point of view. We provide below important guidelines to help you gain and maintain respondent cooperation.

##### 1. Communicate the Importance of the Study

There is no substitute for transmitting to the respondent that you personally believe that this study is important. Households get many telephone calls, many from telemarketers and solicitors. The *Do Not Call* registry has eliminated many of these calls for households that are registered. Some households you call will think you are trying to sell something, and will tell you that they are the *Do Not Call* list. You will have to explain that this is not a sales or solicitation call, but a research call, and is not covered by the *Do Not Call* rules.

You must break through the "clutter" of the other phone calls that households get and convince the respondent that what you are doing is important – you are conducting an important healthcare research study and you need the householder's help. When you persuade the person on the other end that you believe the study is important, you can often get a "fair hearing" from the respondent and get him or her to consider completing the survey.

##### 2. Avoid Negative Approaches

Interviewers need to avoid the tendency to be apologetic, timid, or defensive, as this gives the wrong impression to the person on the other end of the phone. Some respondents will interpret that as an indication that you don't believe in what you are doing, and may even think that you are deceiving them. Lack of understanding by respondents is often a factor in their initial reluctance to participate in the survey. Do not approach the call as if you are worried that you are bothering someone. You are doing important work, and you need to convey that to the respondent. There is no substitute for a professional, knowledgeable, and confident voice speaking with the expectation of success.

As mentioned earlier, you should not assume anything about the respondent's willingness to cooperate, but should make sure you are well-versed in your introduction and that you have familiarized yourself with appropriate responses to commonly-asked questions.

### 3. Establish Rapport

**Rapport** can be defined as a *harmonious* relation. To establish rapport, introduce yourself and emphasize that you are calling from a research organization and not from a firm soliciting sales. If the respondent seems hesitant, you should (1) assure them that their responses are completely anonymous, (2) take time to convince them of the importance of the study, and (3) project confidence and professionalism.

While you are “in character” as an interviewer, you are to be non-judgmental, noncommittal, and objective. You should act in a neutral manner so that the respondent feels comfortable answering the questions truthfully and completely. The questionnaire is designed to elicit a free flow of ideas and opinions. Respondents need the freedom to say what they feel and think, without being influenced by anything the interviewers might say. To establish good rapport, you need to make an impression on the respondent that you are:

- Professional
- Sincere
- Knowledgeable
- Courteous

Sounding professional helps to immediately distinguish the research interviewer from the telemarketer. As a professional interviewer, you should sound confident and self-assured. You must be knowledgeable about the subject matter but also objective and neutral, never revealing your own opinions. You must be pleasant, polite, and courteous on the phone. Efforts to obtain a friendly relationship with the respondent can be overdone. The interview must remain at a professional level. A respondent should not be so concerned about your opinion of him that he will tend to slant his response accordingly.

Another good way to establish rapport is to use reinforcements. Reinforcements are words you add to keep the conversation going, and can add to the rapport between you and the respondent. However, you must be very careful not to be judgmental. Good reinforcements to use include, “Okay” and “Thank you.” Always avoid responses such as— “Oh, really?” “Wow!” “Oh, boy.” “You’ve got me beat.” “Great answer.” Remember that nothing in your words or manner should imply criticism, surprise, approval, or disapproval of either the questions or the answers.

### 4. Pacing an Interview

The pace or the rate of progressing through an interview can be a powerful tool. In general, you want an even pace throughout the interview. However, sometimes you will need to increase the pace and at other times you’ll want to decrease it. The overall pace has to match the needs of the respondent. Some respondents, like those who have difficulty hearing, need you to speak slowly. On the other hand, people in an active urban environment may become bored with a slower pace, and may want you to speak a little faster. You can usually get the sense of pace for the survey with the respondent by the way they speak. If they seem impatient, try to speed it up.

There are some places in the survey where you will want to adjust your pace for maximum results. One effective interviewer technique involves reading the introduction section a little more

quickly. Because this is a common place for respondents to quit or hang up, don't pause for very long at the end of the introduction—read the first question right away.

Some interviewers make the mistake of speeding up at the end of an interview because they are getting tired and no longer have the patience they had in the beginning. Respondents can feel this and often interpret it as a lack of interest. They can feel your restlessness and will often just quit.

There are other places (ABOVE) where you may ask the respondent a question that needs some thought before they can give an answer. In this case you may need to slow your pace so you can get an accurate response. Sometimes you simply need to wait for a response from the respondent. You should always be aware that a slow, droning pace for all respondents is likely to result in many hang-ups, and you should work hard to monitor your tone and pace.

## 5. Bias

Of all the sources of error in interviewing, interviewer bias remains the most difficult to control. Bias is defined as any influence that changes a result from what it would have been without that influence. Bias occurs every day in many social situations. For example:

Randy is at a party of his friend, Chris. After tasting the punch Randy thinks to himself, "This punch tastes awful. It's too sour!" Then Chris comes over and says to Randy, "Isn't this punch great! I knew that you would like it!" Randy replies (without sarcasm), "Yeah, it's great!"

In this situation, Chris thought the punch was terrific and said so. In addition, he indicated that he expected Randy to agree with his taste in punch. Because they were friends, and because Randy didn't want to argue with Chris, Randy agreed with him. Randy's opinion, was biased by his friend's expectations.

In studies on social issues, we are interviewing people who may or may not have definite opinions on certain topics, and their opinions may or may not be the same as yours. Since we conduct social research to determine as accurately as possible how other people actually behave, think, or feel, it is essential that we minimize any potential bias when we interview respondents.

There is always a risk of bias due to the nature of the interviewing situation—a stranger giving information about himself or herself to another stranger. However, good interviewers can keep bias to a minimum. In this section we will discuss some of the sources of bias, and how to control or eliminate them.

**Expressing Opinions or Attitudes.** During an interview, you must "step out of yourself" and into the interviewer's role. You must never show that you agree or disagree with a respondent. You should remain neutral and not treat the respondent as either good or bad, likable or not likable. In a telephone interviewing situation, you must keep your opinions and attitudes toward the survey topic entirely to yourself. Respondents can and do pick up on verbal cues during interviews.

The interviewer must remain on the alert and be as neutral as possible. This means reading the questions exactly as worded and using neutral probes to motivate the respondent to understand and answer the question. Some respondents still may not understand what the question is after, or may simply refuse to answer. If this happens, and you have probed sufficiently, move onto the next

question. Do not interpret the question for the respondent or make guesses about what the answer may have been.

**Rewording Questions.** For any number of reasons interviewers sometimes think it's a good idea to reword questions. Interviewers might reword a question to fit their own perception of what the respondent is capable of understanding or to spare the respondent embarrassment. You may be right in sensing that a particular respondent would understand the question better if, for example, you simplified it. But the most important aspect of your job is to administer the instrument the same way each time. Never interpret for the respondent or assume how the respondent would answer. This will introduce bias because the way you ask and interpret the questions will be different from the way your coworkers do.

**Suggesting Answers/Leading the Respondent.** Another type of bias can occur when respondents are unable to give an answer that satisfies the question. Sometimes, they are unsure of an answer or can't remember the question. They may not want to take the time to think about an answer. Interviewers sometimes respond to these problems by suggesting answers. Doing so causes serious interviewer bias in that you are replacing the respondent's answers with your own. To avoid leading the respondent, reread the question and use neutral probes. If the question contains a list, be sure to reread the entire list, not just the first few items on the list. Reading just a few items suggests an answer to the respondent.

**Recording Answers Incorrectly.** The interviewer may fail to "hear" a respondent's answer correctly if it runs counter to his/her own attitudes, or is contrary to what he or she expected the respondent to say. They hear the same answer to a given question many times and they become conditioned to anticipate an identical response every time. Use caution, even experienced interviewers sometimes make these types of mistakes.

Sometimes, interviewers may modify or attempt to improve or elaborate upon a response. In this case, the actual response is lost.

The interviewer may simply make a data entry mistake. To minimize these mistakes, enter the response category carefully and make sure the answer reflected on the screen is the answer you intended.

**Providing Inappropriate Definitions or Failing to Provide Definitions.** Many questions include words or phrases that may seem vague or unclear to some respondents. Researchers deal with this in different ways depending, on the study. Sometimes the question will include specific definitions of certain words or phrases. These definitions will appear on the CATI screen as part of the instrument, and they should be used if a respondent asks, "What do you mean by xxx?" For example: "During the past 12 months have you personally needed or seen specialty doctors, who mainly treat just one type of problem?" Included on the CATI screen is the following definition of the term "specialty doctor": "Specialists include such doctors as surgeons, allergists, obstetricians, gynecologists, orthopedists, cardiologists and dermatologists."

In other cases, no definition is provided. This could be because the researchers want to know what the word means to different people, or because they didn't anticipate any uncertainty about the word. If there is no specific definition for a word, and the respondent asks, "What do you mean by xxx?" DO NOT provide your own definition but do not ignore the question. Use a neutral phrase, such as, "Whatever xxx means to you."

### **Guidelines for Avoiding Bias:**

- Avoid expressing your own opinions or attitudes to the respondent. This may cause the respondent to change his/her answers to make them fit your attitudes and opinions.
- Avoid rewording questions. Researchers can make accurate conclusions from data only if every respondent is asked each question in exactly the same way. Rewording questions leads to different answers and poor research data.
- Avoid dropping words from a question. Read the entire question, whether you are reading it for the first time or repeating it for the respondent.
- Avoid reading partial lists. If the question contains a list, read the entire list, not just the first few items on the list. This is especially important if you are repeating a question for the respondent.
- Avoid skipping a question, even if you think you know the answer.
- Avoid suggesting answers, even if you think you know the answer the respondent is searching for, you may be wrong. Respondents are likely to agree with you rather than express their true opinion.
- Avoid the use of leading probes.
- Avoid letting your attitudes influence the response. Your attitudes may cause you to "hear" the answer incorrectly if it is not what you expected. Also, you may attempt to seek a "better" response when the response offered was actually the true feeling of the respondent. When this happens, the actual response is lost. If in doubt, repeat the answer for the respondent to be sure you heard it correctly.
- Avoid recording answers incorrectly. Pay close attention to the recording of answers and the logic of the questions.

### **6. Probing Techniques**

Survey questions are designed to be easily understood by the majority of respondents. Some words in a question are used to convey the basic idea the researcher is after, while other words keep the respondent focused. Despite all the information contained in a question, you cannot always obtain a clear, appropriate response. Some respondents may not hear the entire question. Others may not understand it. Sometimes, respondents do not answer the question you have asked. They give you vague or general answers that cannot be coded. They may respond with irrelevant or incomplete information. In such cases, your job as an interviewer is to be a good listener and to provide an appropriate prompt, or probe, that elicits a complete and accurate answer. The main reasons for using probes are to motivate the respondent to:

- Elaborate on a response
- Clarify a response and/or be more specific
- Explain a response
- Give an exact figure rather than a range
- Focus on the specific question

The two basic requirements of a good probe are that it is *controlled* and *non-directive*. Both elicit information from the respondent. Controlled probing helps the respondent to focus on the specific objectives of a question. Since most questions seek specific pieces of information, we want the respondent to think and answer with respect to that information. Non-directive probing is neutral, avoids suggesting an answer, or giving clues about an answer you expect or want.

The seven basic types of probes are:

1. Pausing
2. Rereading the question
3. Asking for more information
4. Stressing generality
5. Stressing subjectivity
6. Zeroing in
7. Repeating the response

**Pausing.** One of the most effective probes is pausing. The interviewer simply waits expectantly. The pause informs the respondent that he/she has not answered the question satisfactorily, and that you are still waiting for an appropriate response. Respondents will frequently offer additional information if you just wait without saying anything.

**Rereading the Question.** If the respondent has missed the controlling words or phrases and has responded improperly to the question, you must reread the question, emphasizing the controlling words or phrases. When the respondent strays from the subject or gives answers that are not really relevant to the question, the simplest way to bring him/her back to the question is to reread the question, emphasizing the key words. Be sure to reread the question exactly as worded and all answer categories in lowercase.

**Asking for More Information.** There are times when a respondent's answer to a question is too general, too vague, or misses the mark. In such cases, simply asking for more information usually yields a more appropriate response. For example, if the question is "What is the highest grade or year of school you completed?" and the respondent says "college" the interviewer should use a probe like, "Could you be more specific?" Other useful phrases include: "Could you tell me something more about that?" or "I need some details on that."

**Stressing Generality.** Sometimes, a respondent will say that none of the response categories specified fits the situation, or that (s)he would choose one answer under certain conditions but another answer under different conditions. In this situation, the interviewer should use the generality probe to help the respondent reach an overall judgment. Use key phrases such as "In most cases . . . ," or "In general . . . "

**Stressing Subjectivity.** Some questions are intended to determine a respondent's opinion, that is, to be subjective. They require not facts, but rather the respondent's perception, judgment, attitude, or opinion. Good probes in these cases include: "In your opinion.", or "There is no right or wrong answer", or "It's really your opinion I'm interested in."

**Zeroing In.** Respondents sometimes have difficulty remembering dates or periods of time. In these situations you may need to help the respondent recall events by probing with phrases like: “Do you remember what season it was?” or “Can you recall if there was a holiday around that time?” Sometimes the questionnaire itself includes memory aids that help respondents “zero in” on an exact time or event. For example, a question asking for the number of doctor visits in the last 12 months might include probes to zero in on the type of event, such as “. . .including visits to psychiatrists, but excluding visits to dentists.”

**Repeating the Response.** Sometimes, respondents will give answers that do not make sense or seem unlikely. Do not challenge the response. Instead, repeat the response, allowing the respondent to verify or change it.

Here are a few things that will help you master the art of probing.

**Do not try to explain the question or define any terms.** If a respondent does not seem to understand a question, repeat it slowly and clearly. Give the respondent time to think about the question. If different respondents ask you to define the same term over and over, bring this to the attention of your supervisor.

**Don’t leave a question until you have an adequate answer, unless you realize the respondent is getting very annoyed.** Sometimes a respondent will give a general answer instead of the specific one you need. Probing can help the respondent give you an adequate answer, as in the following example:

**Interviewer:** “Since (month year) , about how many times have you seen a doctor?”

**Respondent:** “I’m not sure.”

**Interviewer:** “Your best estimate is fine?”

**Respondent:** “Somewhere between 5 and 10 times.”

**Interviewer:** “What number between 5 and 10 would you like me to record as the number of times you saw a doctor in the last year?”

**Respondent:** “I guess it was about 7 times.”

**Don’t accept “I don’t know” as an answer without probing at least once.** When you ask a question, people often say “I don’t know” just to give themselves time to formulate their ideas. A good probe for this situation would be to say, “Well, what do you think?” or “What is your opinion?” If the question deals with facts, an approximation is better than no answer at all, so you might say, “What’s your best guess?” or “Approximately...?” to convey the notion that 100% accuracy is not required.

**Watch for irrelevant answers.** Some people talk a lot, but not about the topic at hand. Irrelevant answers can be interesting, but interviewers must make sure the respondent deals with the question that was asked.

**Watch for vague answers.** Some respondents find it hard to verbalize and may have difficulty expressing their ideas. You can help them say what they mean with probes such as these:

- “Tell me what you have in mind”
- “Could you be a little more specific?”
- “Can you tell me what you mean by that?”

**Watch for ambiguous answers.** Certain terms may mean different things to different people. Always ask yourself whether you are sure what a respondent meant by an answer. You could ask, “What do you have in mind when you say \_\_\_\_\_?” or “How are you defining the term \_\_\_\_\_?”

**Give the respondent the time they need.** There is great value in silence during a telephone interview. You may find that by keeping quiet and letting the respondent ramble, he or she will be able to think about the question longer and give a more accurate answer. That period of silence may also allow the respondent to expand upon, or clarify a previously inadequate answer.

**Know when to stop probing.** You should stop probing when:

- You have obtained the necessary information
- You have encouraged the respondent to clarify the meaning of his/her own words so that we know exactly what he/she had in mind
- The respondent becomes irritated or annoyed
- The respondent has nothing more to say

## **B. Refusal Avoidance**

Regardless of how good you are at interviewing or how well you are trained, there will be times when respondents refuse to complete an interview. Many things can cause an initial refusal, and few of them have to do with you, so don't take any refusal personally. The best defense against the discouragement of refusals is to realize that the rejection is usually an expression of the respondent's own stress, fear, or resistance and not a negative judgment of your competence.

You need to respond promptly to any and all concerns or objections the respondent might have. This is the time to use your powers of persuasion. Research has shown the highest completion rates occur at the initial contact and decline with each call thereafter. Unless it is really impossible for the respondent to talk to you when you first call, you should try to convince the person to conduct the interview right then, or to schedule it for later. Project a confident and reassuring manner while conveying a genuine interest in the respondent.

Many, perhaps most, of the people you call will never have heard of Mathematica or the Robert Wood Johnson Foundation. You should not be surprised if some people meet your initial contact with resistance. However, if you encounter resistance, you should establish rapport as quickly as you possibly can, and make the respondent feel that his/her participation is important, and stress the importance of research into health care and health insurance. In addition, you should emphasize that:

- This is an important study about health care and health insurance.
- The data will be kept confidential; no names or identifying information will ever be released or associated with answers.



- The sample was scientifically selected; we cannot replace the respondent's household with another household, and this makes the respondent's household vital to the success of the study.

## 1. Soft Refusals

In any survey, there are always some respondents who are reluctant to participate. The interviewer is the major influence on the motivation of the respondent and on the quality of the responses received. If you are interested and enthusiastic these feelings will be transmitted to the respondent with positive effects.

When you first sense some reluctance on the part of the respondent, try to identify why he/she is refusing. If you can identify the problem and supply an answer, chances are that you can persuade the respondent to participate in the study. Below are a few common reasons for refusing surveys and suggested responses:

- **Time.** When time is raised as an issue, stress how hard we will work to meet the respondent's needs. Stress that you can do the survey in parts, if necessary. Let them know that we can call 7 days a week, that they can also call in, and, if they are adamant about not doing the study on the phone, that the Web option is available.
- **Confidentiality.** This may be an issue in getting started with the interview or with specific questions in the survey. It is possible that the respondent is willing to participate in the survey but is unwilling to discuss certain subjects such as finances. If this happens, reassure him/her that all answers are kept in strictest confidence, and that names will not be linked to any data collected, analyzed, or published in a final report. If the respondent is still unwilling to answer certain questions, gracefully accept their decision, and enter "refused" for those questions.
- **"Not interested."** This is a very common comment. See the FAQs and below for more detailed discussion on how to handle this.

You should review the FAQ sheet and be ready to address the respondent's concerns about starting or continuing with the study. If you find that you are not getting anywhere with the respondent, try to hang up before you get a final "no." Ask the sample member to think about it and arrange a callback time. Write a clear note and indicate what you think would be the best approach to solve the problem. Consider suggesting another interviewer if you think that might be more effective.

## 2. Firm Refusals

If you are unable to persuade the respondent to consent to interview, accept the refusal as courteously and graciously as possible and thank the person for his or her time. Do not pressure, argue with, or otherwise alienate the respondent. Your goal should be to leave the door open for someone else to contact the individual and secure cooperation. The more courteous and professional the interviewer is when engaging a respondent who ultimately refuses, the better our chances of refusal conversion. Always remember not to take refusals personally.

If a respondent becomes angry, try to calm him or her down. Try to use the reason for his or her anger as part of your reassurance. For example, if the respondent is angry about the lack of affordable health insurance, you might say: "I understand how you might feel that way. Doing this research study will help us understand these issues."

No matter how unpleasant or insulting a respondent may be, you must remain courteous and polite, and must never respond in like manner. However, there is no requirement that the interview continue under such circumstances, since it is unlikely that accurate data could be obtained. Terminate the interview with a brief remark, such as, “Thank you for your time,” “I’m sorry to have bothered you,” etc.

Whenever you end a refusal call, write a clear note documenting who refused, what the tone of the conversation was, and what were the principal objections. Such notes are vital to the refusal converter who will be calling later. In CATI, you will be routed to a refusal screen that will ask the main reason for a refusal. You will also be able to code a recommendation to a supervisor that the case be finalized. This code should be used sparingly—generally only in cases where respondents threaten legal action or are verbally abusive to the interviewer.

### **3. Ineffective Approaches to Refusal Avoidance**

Many interviewers use ineffective approaches in their initial refusal avoidance attempts. One approach that rarely works is when a respondent says that s/he is not interested, and the interviewer responds by saying: “May I ask why not?” There are two problems with this approach:

1. The interviewer has now transferred control of the engagement process to the respondent. By asking a question, the interviewer now must wait for a response from someone who just told them they were not interested.
2. It is very easy for the respondent to answer “Because I’m not, that’s why!” and hang up the phone.

A better approach is to emphasize the importance of the study, telling the respondent that this is a research study trying to find out healthcare issues, that it is an important study, and that we need this person’s help. Once again, the more you can transmit to the respondent that you yourself are invested in making the study a success, the more likely the person is to respond positively.

Another approach to the “not interested” comment is to bring up a potential objection and address it. For this study, you might say: “If you are worried about confidentiality, let me tell you about some of our procedures.” While this may not be the reason the sample member is hesitant, it might get the sample member to identify what the problem is.

The FAQs list a number of alternatives for handling the “not interested” comment. Study them and decide what would work best for you. Always be ready with an approach to this “not interested” response.

## **C. Refusal Conversion**

### **1. Reason for Callbacks**

If we do not call back to try to convert refusals, there is a chance that our results will be skewed towards people who like to do surveys or who are interested in the particular topic. These people may answer the questions differently from people who initially refuse to participate in a research study. In order to make sure that this does not happen, we need to call back and make every effort to convert the sample members who initially refused.

When sample members refuse, Mathematica policy is to have a “cooling off” period and then try to convert refusals. Refusal conversion techniques are not magical – they are the same techniques as those of any good interviewer.

## **2. Importance of Documentation**

Refusal converters are calling cases where the respondent has been contacted and there was a refusal. The refusal converter must analyze the situation and determine the most likely way of turning the initial “no” into a “yes.”

Good notes are very helpful to the refusal converter. If the note explains clearly but concisely who refused and why, the converter has a head start in addressing the respondent’s concerns. If the case is a break-off, indicating that the respondent did begin the survey, the converter could consider starting with a thank you and then making the point that the time already invested in the survey would be wasted if we didn’t spend a little more time to finish.

## **3. Encouragement for the Interviewer**

Do not get discouraged. You will encounter people who are reluctant or who refuse to be interviewed. Again, if you do get a refusal, do not take it personally. If you find yourself getting discouraged, talk to a supervisor. They will always have some general advice, and they may have some useful tips because your co-workers may be going to them with the same problems. It is also a good idea just take a break so that you would be able to approach the next introduction with enthusiasm.

## **D. Additional Information About Refusals**

**Who can refuse?** Any adult member of the household can refuse for the household.

**What constitutes a refusal?** Lack of consent to a callback is a refusal. You do not have to have an exact day or time of a callback, but the respondent must have assented to a callback. If, for example, they say to you in a rushed tone, “Some other time, OK?” and hang up the phone, they have given consent. If they tell you that they are not interested, and you try refusal avoidance, and they say “no thanks,” and you are in the process of asking them to reconsider when they hang up, this is a refusal. They have **not** given you consent for a callback.

**Regular Refusals and HUDI (Hung up During Introduction).** If you engage with the respondent and they understand the reason for the call and refuse, it is a regular refusal. If the person does not say anything and hangs up, this is a HUDI even if they have heard the entire introduction. While there is always going to be some judgment here, the key is whether the respondent understands what the call is about. If they do understand the nature of the call, it is a regular refusal.

**No Conversion Attempt.** Do not attempt to convert/avoid a refusal if you suspect that doing so will cause someone to be unsafe. Bring these situations to your supervisor’s attention. Below is an example of a case not to convert. The notes are from Round 1:

I spoke with M., the wife, and she was very nice. She had done the main core and explained to her husband about the survey. She felt that it was a very important survey to participate in but he got very angry at her and started yelling at her and told her how

many times have I told you not to give any information over the phone. M. also said that A, her husband is very ignorant and uneducated and does not hold a conversation with anyone and does not like to listen to anyone. She felt bad and wanted to return the check because she could not get her husband to participate. I told her no, that the check was for her time and participation and to go and cash the check and use the money for herself. She thanked me. Also she said to please not call her home again because she said her husband would get extremely angry and carry on because he is a stubborn man and will never do anything good.

## **E. Confidentiality**

Mathematica follows strict procedures for assuring and maintaining confidentiality. Those respondents who receive the advance letter will receive information about the confidentiality of the data they provide. As an interviewer, you will have to assure the respondents of our commitment to confidentiality.

Telephone interviewers must be prepared to describe these procedures in full detail if needed, or to answer any related questions raised by respondents. For example, if asked about confidentiality, the interviewer will explain that the answers will be combined with those of others and presented in summary form only. Interviewers who have a thorough understanding of confidentiality measures and can state these clearly and confidently have a much better chance of persuading a respondent to complete the survey.

The following safeguards are routinely employed by Mathematica to ensure confidentiality:

- All employees at Mathematica sign a confidentiality pledge that emphasizes the importance of confidentiality and sets forth the obligations of staff.
- Access to sample selection data with personal identifying information is limited to those who have direct responsibility for selecting the sample.
- Identifying information is maintained in a separate file from interview data. The files are linked only by a sample identification number.
- Access to link-files containing sample identification numbers connecting the research data and the respondents' identification is limited to a few key researchers who have a need to know this information.
- Access to any hard-copy documents is strictly limited. Physical precautions include use of locked files and cabinets, shredders for discarded materials, and interview control procedures.

EXHIBIT 1

Route 1 & College Road East P.O. Box 2316  
Princeton, New Jersey 08543-2316  
Tel. 877 843 RWJF (7953)  
[www.rwjf.org](http://www.rwjf.org)

Office of the President and CEO



March 2010

Dear Resident:

I am writing to encourage your participation in the Health Tracking Household Survey, a telephone survey about your health and health care. A member of the study team will be contacting you within the next two weeks to interview you and the other adults in your household. **Each person who completes the survey will receive \$40 as a token of our appreciation.** We have also enclosed \$5 to thank you in advance for your time.

The Robert Wood Johnson Foundation (RWJF), the nation's largest charitable organization devoted to improving the nation's health and health care, sponsors the Health Tracking Household Study. The Foundation is not associated with any political party or private company. It supports non-partisan research that helps inform our nation's leaders about health care problems and ways they might be solved. Since 1996, RWJF has funded the Health Tracking Household Study to study how America's health care system is changing and how these changes affect people. These questions are especially important today. As you probably know, our health care system is under great strain, with rapidly rising costs and over 40 million Americans lacking health insurance.

Please be assured that all information you provide will be kept strictly confidential, and your name will not be associated with any of the answers. If you would like to schedule the interview yourself, please call (800) 385-8047 toll-free and ask for Pat Licodo.

The attached fact sheet explains more about the study and the types of questions we will be asking. Thank you for your time and efforts concerning this important study.

Sincerely,



Risa Lavizzo-Mourey, M.D., M.B.A.

RLM/bq

## EXHIBIT 2

### CATI INTRODUCTIONS AND ANSWERS TO QUESTIONS PROVIDED ON THE CATI SCREENS

Hello, this is NAME, calling on behalf of the Robert Wood Johnson Foundation. The foundation is conducting an important national study and would like you to participate. We will pay you and every adult member in your family who agrees to answer a short interview \$40. May I speak with an adult in the household who is knowledgeable about your family's health care?

**Using the Statements:** You won't necessarily need to read each of the bulleted statements. Under each topic heading, statements are ordered from "most compelling" to "least compelling." For some respondents, you may only need to read the first statement. For others, you may need to go on to the second statement, the third and so on, until the respondent has given some kind of final answer. You may also prefer to pick and choose among statements, rather than read from top to bottom. Experiment and see what works best for you.

**Modifying the Statements:** You don't need to deliver the follow-up statements word for word; you can modify the wording slightly to suit yourself as long as you maintain the gist of the statement. It is important, though, to know your lines and to deliver them with confidence.

- CONTENT:** The interview includes questions about your health, your family's health and your views about the quality and cost of health care.
- SPONSOR:** The study is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company. The RWJF website is [www.rwjf.org](http://www.rwjf.org).
- LENGTH:** For most families the interview averages about 30 to 40 minutes; it is about 15 to 20 minutes for single persons.
- CONTACT:** If you would like to find out more about the study or the foundation, you can call [Parsa Sajid] at [1-800-734-7635].
- CONFIDENTIALITY:** The survey is confidential and you don't have to answer any questions you don't want to.
- SELECTION:** Your telephone number was scientifically selected by a computer to represent many others in your community.

**Ad Libbing:** Always have something to say. If you're at a loss for words, use filler phrases to avoid "dead air" with the respondent. One approach is to "recycle" the respondent's own question to stall for time. For example, if the respondent says "why are you doing this survey" get accustomed to saying "well, the reason we're doing the survey is..." Other stock phrases are "I see, I can understand that," "yes, I see how you could feel that way," and "yes, we know how busy people are these days . . . ."

### EXHIBIT 3

## HEALTH TRACKING HOUSEHOLD STUDY FREQUENTLY ASKED QUESTIONS (FAQS)

### WHAT'S THIS ABOUT?

This study is about your health insurance, your health care and the way you feel about it. We need your help to understand what people think about health care in America.

We are trying to find answers to questions like: can people really afford the health care they need? what types of health plans work best for different families? how satisfied are people with their insurance plans and doctors?

### WHAT IS THE RWJ FOUNDATION?

The Robert Wood Johnson Foundation is a non-profit organization that works just to improve health care in this country. The foundation is not associated with any political party or private company.

Since 1972, the foundation has given more than \$3 billion in grants to help train doctors and nurses, to make sure children get their shots against diseases, to help citizen groups fight illegal drugs in their neighborhoods, to help meet health needs of the elderly and to help communities and state governments make changes in health insurance and health care.

### WHO ARE YOU? WHO IS THIS MATHEMATICA ON MY CALLER ID AND ANSWERING MACHINE MESSAGE?

I work for Mathematica; we are part of the Robert Wood Johnson Foundation research team. Our company has been in business for over 35 years. If you would like more information about us you can visit our web site at [www.mathematica-mpr.com](http://www.mathematica-mpr.com).

Mathematica is a national research firm with offices across the country. Our office sites include Princeton, New Jersey; Washington DC; Ann Arbor, Michigan; Cambridge, Massachusetts; Chicago, Illinois and Oakland, California. We are NOT a market research company. We are not going to sell you anything.

### I AM ON THE DO NOT CALL LIST

I understand. Did you know that calls for purely research purposes are not covered by the "Do Not Call" list restrictions. This is a research call—we are not selling or marketing anything, and we are not asking, and will not ask you for money. This is important research and we are working hard to find out the current health care and health insurance status of Americans. We need your help. We will pay \$40 to every adult who participates in this household for that help.

### HOW DID YOU GET MY NUMBER? IT'S UNLISTED/CELLPHONE

We use a computer to generate phone numbers. Then we screen those numbers to eliminate business and non-working numbers.. We did not get your number from any commercial or non-profit list of any kind. We will not put your name on any mailing list, and we won't sell it to anyone. We need all households who are selected to respond to get results that reflect everyone's opinions.

### HOW LONG WILL THE INTERVIEW TAKE

The length depends on each person's personal circumstances. For most people, the interview will take about half an hour. Why don't we get started, and if you have to stop we can finish it later? You will receive \$40 for your participation.

We can get started now, and if you need to stop we can finish it another time.

### **I DON'T KNOW THE ANSWERS TO THINGS LIKE THIS**

There are no right or wrong answers. We really need you to participate so you can help represent other people in the country who have similar experiences and opinions. Many people have excellent coverage and are satisfied with their doctors and hospitals. Others don't have any health insurance or can't get the care they need. We want to hear from all kinds of people.

### **CONFIDENTIALITY**

Your name will not be linked with your answers, and your answers will be combined with those from other people from around the country. You don't have to answer any question if you don't want to.

We will not be asking for last names in the survey. We only need your last name to put on the check. Your answers and your check information will be in two different files, so even the researchers will not know your last name.

We all know that confidentiality is a big issue these days. We have been in business for over 35 years, and our company is very careful to keep all data we gather confidential. We never use confidential data for any purpose other than research. I was required to sign a confidentiality pledge when I took this job, and I take it seriously.

### **CAN YOU MAIL IT TO ME?**

The phone survey is much shorter than the mail survey would be. A paper survey would have lots of questions you would not need to answer, but you would still have to read them all to see if they apply to you. We've programmed the computer to ask only the questions each person needs to answer, so it would take you a lot less time. I'm here to help you get through the survey quickly. Let me ask...

### **CAN I DO IT ON THE WEB?**

The questionnaire is designed for a lot of different situations, and we want to make sure we ask you only the questions that apply to you. If you do it on your own, you might go down a path that asks unnecessary questions. I'm here to help you get through it quickly. Let me ask...

### **HOW DO I KNOW WHO YOU ARE?**

I work for Mathematica Policy Research, part of the Robert Wood Johnson research team. Our website is [www.mathematica-mpr.com](http://www.mathematica-mpr.com).

I can give you the website address of the Robert Wood Johnson Foundation ([www.rwjf.org](http://www.rwjf.org)) or the Center for Studying Health System Change ([www.hschange.org](http://www.hschange.org)). These websites give you important information about the study.

If you would like I can call you back in a few days, after you get a chance to look at the websites.

**ONLY USE IF PERSON IS INSISTENT UPON SPEAKING WITH SOMEONE AT RWJF:** I'd be happy to give you the number of a staff person at the Robert Wood Johnson foundation to confirm this commitment. That person is Parsa Sajid at 800-734-7635.

### **WILL YOU GIVE ME RESULTS OF THE SURVEY?**

Results of this round of the study will be put on the following Web site: [www.hschange.com](http://www.hschange.com). The results of the first five rounds can be found there.



### **I'M NOT INTERESTED**

This is the most common objection to most surveys. There are many potential ways to handle this, but you must do two things: (1) Say something, (2) Say something fast.

#### *Suggested Answer 1:*

Let me tell you two things to get you interested. One: we will pay \$40 to every adult in the household who participates. Two: This is an important research study about your health care. Now....

#### *Suggested Answer 2:*

Please hear me out on this. I'm not selling anything and won't ask you for money. This is a research study designed to understand what health coverage and health care Americans have. I would really appreciate your help, and every adult in the household will get \$40 for participating.

#### *Suggested Answer 3:*

I know you get a lot of calls about surveys, but this is different. This is research about American health care, which affects everybody, even people who are very healthy and rarely see a doctor.

#### *Suggested Answer 4:*

Let me tell you a couple of things and ask you to think about them. Health care accounts for \$1 in every \$7 spent in the US. Because it is so important, we need to understand as much as possible about it. The best way to do that is to ask a scientifically selected sample of people living in the United States about their health care. We selected you, and we need your help. You will receive \$40 for your participation, as will all adults in your household who participate.

#### *Suggested Answer 5:*

Would you like to know who is sponsoring this research? The Robert Wood Johnson Foundation. They have contributed over \$3 billion in the last 35 years to try to improve health care. They have spent money to:

- Train doctors and nurses
- Help children get their shots against diseases
- Help meet health care needs of the elderly

They need to hear from the people they are trying to help, so they do important research studies like this, and that's why I am asking you to participate.

#### *Suggested Answer 6:*

I'm asking for a minute of your time to try to get you interested. Health care and health insurance are big issues in America, and we want to know your opinions about them. If you aren't insured, or aren't happy with the care you are getting, we want to know that. If you are insured and are happy with your care, we want to know that too.

#### *Suggested Answer 7:*

Let me assure you that this research is important. Health care affects nearly everyone in the country. We want to know what types of health plans work best for young families, older people, individual adults, and children. I need your help, and am personally asking you to do this study with me.

### **I DON'T HAVE TIME**

Try to put this into one of three categories: “not now” problem, a “busy person” problem or a “not worth my time” problem. The not worth my time problem is really a form of a “not interested” problem. Review those answers for an appropriate response.

#### **“Not Now” Problem**

A “not now” problem means the person on the other end of the phone is very stressed due to things happening right then, and needs to get off the phone in order to deal with things that need her/his attention. This can be something very pressing (child crying, lots of people talking in the background) or can be less acute (dinner needs to be ready in 30 minutes and I need to get started). If this is the situation, try to get off the phone ASAP but leave a good impression.

I’m calling on behalf of the Health Tracking Household Study, we’ll call back at a more convenient time for you. Thank you.

#### **“Busy Person” Problem**

This is an issue of scheduling. The person can do it, and will do it, if we can work with them to get it done.

I understand. Can we get started now and see how far we get. If you can’t finish, the computer will pick up where we left off. Let me ask you...

Would day or evening be a better time to call back? We also call on weekends. Would that be a better time? We appreciate your help, and will work with you to get this done..

Maybe I’ve called at a bad time. Would tomorrow be a better time to call back? Would the weekend be better? When would be a good time to call back?

I can appreciate that you’re very busy; we could get started now and if you need to stop we can finish it some other time.

What time of day is best for you -- mornings, afternoons or evenings?

### **I DON'T HAVE ENOUGH CELL PHONE MINUTES TO DO THE INTERVIEW**

No problem. Do you have another phone number where we can reach you? Any other number would be fine some examples are a home, work or alternative phone number that we can call to reach you? I would really appreciate your help, and every adult in the household will get \$40 for participating.

### **I'M HEALTHY/TOO SICK/TOO OLD/YOU DON'T WANT ME**

We still need your help. You are not (too healthy/too sick/too old) for this study, and we really want you to participate. We need to hear from all sorts of people young and old, people with families, people living alone because health care affects all of us in different ways. Health care has changed so much in recent years and we need to know how people like you are being affected by these changes.

If we don’t hear from people like you, your experiences and results will be under-represented. We want an accurate picture of health care and health insurance issues in America. We need all households selected to respond so we can get results that reflect everyone’s opinion.

**HTHS TOLL FREE NUMBER: 800-385-8047**

## EXHIBIT 4

### INTERVIEWING SKILLS AND TIPS

#### **Ten Commandments for Good Listening:**

1. Stop talking
2. Put the respondent at ease
3. Show the respondent you want to listen
4. Remove distractions
5. Empathize with the respondent
6. Be patient
7. Don't judge respondents
8. Don't argue with or criticize respondents
9. Ask questions
10. Repeat and/or confirm unclear responses

#### **Effective Listening Is:**

- \* Active, and focused on topic
- \* Not easy, but developed through practice and application
- \* Using your eyes, ears, and mind
- \* Listening for both stated and implied meaning, not just words
- \* Not defensive

#### **The Effective Listener Should:**

- \* Listen for both stated and implied meaning
- \* Listen with questions in mind
- \* Probe (ask questions)
- \* Ask the respondent to restate point(s)
- \* Not be judgmental

#### **Seven Reasons Why People Don't Listen:**

- \* Environmental/physical distractions
- \* Personal problems
- \* Fatigue
- \* Laziness
- \* Impulsiveness
- \* Intolerance
- \* Emotional words

#### **To Project Good Voice Qualities:**

- \* Speak at a pace appropriately for the respondent
- \* Speak loud enough to be heard without being annoying
- \* Speak clearly
- \* Use the proper tone of voice--sound sincere, pleasant, confident, interesting, and enthusiastic
- \* Use inflection to put feeling into words

#### **To Project Friendliness:**

- \* Smile with your voice, be attentive and courteous
- \* Be informal and flexible, as well as professional
- \* Pace yourself to the respondent's tempo
- \* Use the respondent's name (if known)

#### **To Project Sincerity:**

- \* Use a natural tone of voice
- \* Keep your conversational vocabulary simple
- \* Keep your voice clear, inflection upbeat, and tone positive

#### **To Project Reliability:**

- \* Keep your ideas orderly and easy to follow, don't change subjects abruptly
- \* Be honest, don't lie to respondents
- \* Don't say anything you can't back up

#### **How We Communicate**

- \* 9% of our time is spent writing
- \* 16% of our time is spent reading
- \* 30% of our time is spent talking
- \* 45% of our time is spent listening

## EXHIBIT 5

### PERSUASIVE SKILLS

#### **Reasons Why Respondents Participate:**

- \* Self expression
- \* Intellectual curiosity; insight
- \* Interpersonal response
- \* Acceptable role behavior
- \* Rewards

#### **Respondents Want to Know:**

- \* Who is this person?
- \* Why are they calling me? What do they want?
- \* Is it important?
- \* How do I benefit?

#### **Reasons Respondents Are Reluctant:**

- \* Inconvenient time to talk/Busy lifestyle
- \* Concerns about privacy/Suspicious of how information is used
- \* Skeptical/Misunderstands the call
- \* Distrust of phone calls from strangers
- \* Not interested
- \* Language barrier/physical impairment

#### **Overcoming Objections:**

- \* Repeat - the respondent's concerns
- \* Reassure - the respondent their concerns are legitimate
- \* Respond - to the respondent's concerns
- \* Resume - the interview

#### **Persuasive Pointers to Avoid Refusals:**

- \* Listen patiently
- \* Ask questions to clarify misunderstandings
- \* Respond to concerns
- \* Show interest
- \* Answer questions
- \* Relate to the respondent
- \* Empathize without getting involved
- \* Be courteous
- \* Be persistent

## IV. QUESTION-BY-QUESTION REVIEW OF THE INSTRUMENT

Now we will go through the entire survey, module by module, discussing the content of each module, as well as the flow of the overall instrument. The survey instrument reflects carefully chosen questions, probes, and answer choices, based on existing validated measures, methodological research, expert consultation, and careful testing of the questions. Remember that it is critical that you read each question and its answer choices exactly as they are written.

As we go through the questionnaire, we will be referring to what we call the “question-by-question guide” or QxQ—a detailed explanation of key points, definitions, and probes for each question. The QxQ is intended to provide clarification for any uncertainties you or the respondent might have about the questions.

### Module A: Introduction and Screening

**Content:** This section introduces the study and answers respondents’ questions, emphasizes that each person interviewed will earn \$40 for participating in the survey, identifies the household informant, and enumerates the household members.

**Response Level:** Questions in this module are asked of the family informant

**Key Points:** Identifying the family informant. The “informant” is an adult familiar with the health care of the people who live in the household. Also note that you must be sure that the household is correctly enumerated before going on to the B Section. You must also be sure you accurately code the person you are talking to. Once you get past this section, you will not be allowed to go back to it. If you do not complete the screener and call back to complete it, all of the data that has been previously entered will no longer be there.

**NOTE:** We are **not** interviewing (1) people who live in group homes or institutions such as nursing homes, dormitories, or prisons; (2) people staying at their vacation residence; or (3) people who are currently staying at the household but have a usual place of residence elsewhere. Ask your supervisor for help if you have questions about eligibility.

These questions reiterate the introduction and responses to questions you will see on your CATI screens. The program identifies the best respondent for the survey, namely: “An adult who lives in the household and is familiar with the health care of family members.”

- s1 This is the introduction. There are two versions: one for households that received an advance letter, and one for households that did not.
- a3 This screen provides answers to commonly asked questions. It is the same for all samples. Please note that you are not to mention the \$5 to any respondent. If a respondent asks if the letter contained the \$5 bill, you may confirm that, but you may not mention it on your own. We will be sending re-mails when requested, and may be sending additional letters as we match phone numbers and addresses. Many of these will not include a \$5 bill. Even for those that do, another household member may have taken the \$5, so do not assume that the person you are talking to received it.

Phone\_ck. This question asks what use this particular phone serves in the household. Only if it is used for business only will the case screen out.

Confcell. This screen is to confirm the number is a cellular telephone number.

Cell State. This question asks what State the respondent is living in. Cell phone numbers may not indicate the current State the respondent resides in.

Cell Intro. This question is asked to see if respondent is in a safe or confidential place to continue with the interview. It asks are they likely to be distracted? If the answer is yes the interviewer is directed to a call back screen to set up a convenient time to call back respondent and asked to get an additional phone number if possible. If the answer is no then the interview is continued.

## **HOUSEHOLD COMPOSITION**

As we enumerate the household members, we will list the first names of everyone “living or staying” at the household. If a respondent has a question about what “living or staying here” means, your response should be “whatever it means to you.”

Hhld. This is the household composition screen. This question asks for the first names of all persons usually living or staying in the household. You begin by recording the name of a household member who actually owns or pays rent for the home. Be sure to include the household respondent’s name. If two people have the same first name, include a middle initial or initial of the last name. No one usually living or staying in the household is excluded from this question. The type of household members varies, but can include spouses, unmarried children, married children, grandchildren, parents, other relatives, and lodgers or other non-related persons. If there are more than eight household members, enter <e>. Use code <n> when all members of the household have been listed.

It will make everyone’s life easier if the respondent provides first names for all members of the household. As a very last resort please use relationships to refer to household members. Remember you may have to call this household back and the names that you fill on this screen will be used for callbacks and for fills throughout the CATI instrument.

More. This question acts as a probe to be sure babies and other persons are not excluded.

**YOU MUST READ THIS QUESTION VERBATIM, EVEN IF THE RESPONDENT HAS TOLD YOU S/HE LIVES ALONE OR HAS TOLD YOU EXACTLY HOW MANY PEOPLE ARE IN THE HOUSEHOLD. YOU MAY ASK THE RESPONDENT FOR HIS OR HER PATIENCE, BUT YOU MAY NOT CHANGE THE WORDING OF THE QUESTION.**

emo1 This question is asked only of households with eight or more members.

emo2

-emo3 These questions determine how many of the additional household members are adults and how many are children

- hhld Once you get the names of each member of the household, you will get basic demographic data that will allow family insurance units (FIU's) to be formed.
- head This asks who owns or pays most of the rent in the household. Note that the respondent does not have to be the householder.
- bmo1-  
byr1 Enter the month and year (using all four digits for the year)
- age1 If the respondent does not know a household member's birth year, the you will be skipped to age1 to enter the respondent's best estimate of the householder's age.
- sex1 If you know the householder's gender, you may enter it without asking.
- col1 Householders younger than 23 years old are asked if they are full-time students. The definition of full-time status should be that of the householder's school.
- grd1 Record the number of years of school the householder completed. Note that we want the number of years of school completed. Probe for years if the response is "some college" or "technical school." Sometimes respondents answer with a degree. An additional probe on the screen explains the relationship between academic degrees and years of schooling.
- mil1 Consider the householder to be on active military duty if he or she is in uniform and is working in service full-time at any location (i.e., locally or away in any foreign country.) Householders aged 65 and older are not asked this question.
- Questions will be repeated for everyone on the household roster, with question numbers moving up by one, i.e. bmo2, sex 2, etc.
- rel2 Pay close attention to what the respondent says here and be sure to code the answer accurately. The rest of the interview depends on the accuracy of this information.

Relationships to the householder are generally based upon the definitions used by the U.S. Census. Note that 14 is "domestic partner/significant other." Because more insurance companies are providing health insurance in these relationships, we have included this code. This code is designed to cover these relationships whether the partners are of the same sex or different sexes. Unrelated adults who are not in a relationship with one another but are living in the same household will be recorded as (12) Non-Relative/Roommate. If the respondent SAYS the relationship is a common-law marriage, code the case as husband/wife; however, keep in mind that "living together" doesn't count as a common-law marriage, and would be coded as 14.

Great-grandchildren should be recorded under Grandchild (5)  
Half brothers and half sisters under Sibling (7)  
Roomers and hired hands under Non-Relative/Roommate (12)

An adopted child (if offered by the respondent) is coded adopted son/daughter (13)

The relationship question is repeated for each member of the household.

- mar2 We ask if anyone aged 18 or older, who is not coded as the householder's spouse, child, or parent, is married to anyone else in the household.
- sps2 Enter the person number to whom the selected household member is married.
- par2 For any child in the household who is under 18 years of age and is not coded as the householder's own/adopted child, stepchild, or foster child, this question determines the child's parent or guardian so the child is assigned to the correct family unit.
- who2 This question obtains the name of the parent or guardian identified in par2.

Demographic and relationship questions are repeated for each household member. After you obtain information on the demographic characteristics and relationships of household members, the computer will use a three-step process to select family members about whom questions will be asked:

**Step 1:** "Family units" will be formed based on the background information you enter on each individual within the household. A family unit generally reflects the system used by the insurance industry. As we discussed, the insurance industry's "family unit" includes the householder (described above), the householder's spouse or domestic partner (if any), and dependent children up to age 18, or up to age 23 if they are in school (even if they are not living at home at the time of the survey).

Additional family units will be formed to include other household members, such as adult children, grandparents or unrelated people (such as boarders) who may be living there. We expect that about 10 percent of the households will have more than one family unit.

*For these family units to be formed correctly, it's very important that you record accurately the age, sex, marital status and student status of all household members, as well as household members' relationships to each other. After all the needed information is collected, a summary screen will show the names of all household members and the "family unit" they are in.*

**Step 2:** If there are multiple family units within the household, you will begin by interviewing the family unit of the person with whom you are speaking. The CATI program will set up callbacks for any additional family units.

**Step 3:** Within the family unit, the computer will select the individuals about whom the survey is to be conducted. These individuals will be the householder, the householder's spouse (if any), any children 18 to 23 who are full-time students, and one randomly-selected child under 18 (if applicable). The computer will display these individuals' names at the beginning of the next section.

**Last\_ck**—Review the list of all members. Please take the time to do this at this point! Note that the roster cannot be changed once you move ahead.



Focus on the following:

- (1) Since there are some important questions in the remainder of the interview which are based on age and sex, glance at those two columns for errors you may have made while entering the responses. Be sure to check, for example, that Male = m, Female = f. For age, make sure you have not entered 81 instead of 18, or 06 instead of 60. A quick glance at this information will give you the opportunity to use the >|b< or >b< command to go back and correct the information.
  - (2) Each person in the household is delineated by a code from 1-8. These codes appear in the far left hand column. Before leaving this screen, you must enter the code of the person to whom you are speaking if he or she is an eligible respondent. That person is the family informant, who will be asked the remaining questions for his or her family unit, except for the questions in the self-response module, which will be asked of each adult. Persons with an asterisk (\*) beside their name are not eligible to be respondents.
- resp This screen will also show you which household members are not eligible to be respondents for the main interview.
- Bbeg This screen provides information on the people about whom the informant will be interviewed. There is one screen for each family unit. Once again, please be sure you are talking to the person that you code you are talking to.

What Phone

This screen asks each selected respondent what is the best telephone number to contact you for the interview. The telephone numbers may be different or other cell phone numbers as long as the individual lives in the same household as the person with the original telephone number we dialed during the RDD process.

## **MODULE B: HEALTH INSURANCE**

**Content:** This module includes questions on current insurance coverage and changes in coverage during the 12 months prior to the interview. The questions apply to the family unit (each adult and the randomly selected child under 18). This module:

- Determines current health insurance coverage by asking about various types of private and public plans—private health insurance from a current or past employer, purchased directly from an insurance company, or from a plan purchased by someone outside the household; Medicare; Medicaid or other state-sponsored health insurance plans; CHAMPUS/CHAMPVA, TRICARE or some other military plan; Indian Health Service; or no current health insurance coverage.
- Verifies insurance coverage or lack thereof for anyone reported as uninsured

- Asks about coverage during the last 12 months and verifies if the person reports enrollment in any plan in the last 12 months
- If currently uninsured, asks if any coverage in the last 12 months, the type of plan, and why it was stopped
- If insured with current coverage for less than 12 months, asks about principal coverage, the type of plan, who was covered by the principal plan, and why the plan changed
- Asks about preferences between cost savings and choice in selecting health insurance plans

The questions in this section are organized primarily by health insurance plan, rather than by person, to minimize the number of questions that must be asked. Logical tests are used to skip respondents over questions that do not apply to them. Probes are added to verify lack of coverage for the uninsured, and CATI displays are built in, showing types of plans and persons assigned to them, in order to aid interviewers in verifying coverage. Changes in coverage, gaps in coverage, and reasons for loss of coverage are asked for the uninsured and insured who had not been continuously covered during the past 12 months.

**Response Level:** The family informant is asked all of the questions in this section except for one question on preferences between being able to choose physicians and hospital and cost savings. This question is asked of each adult, and adults other than the informant are asked this question in the self- response module.

- b1 Introduction to the health insurance module. You will tell the respondent that you will be asking about coverage by various types of health insurance plans (obtained through employers, purchased directly, or from government programs) for members of the family.
- b1a The first question asks about coverage from a health insurance plan from a **current or past employer or union**. Most families receive their health insurance through employers or unions. If the answer is “Yes,” ask, “Who is covered?” Enter the person number of all family members who are covered. Enter <n> when you have finished. Use <x> to delete a response. Add COBRA to second probe.

Note the instructions and probes:

We ask about military coverage later in this section, so do not include it here.

Also note that we do not ask about medigap and supplemental coverage offered to Medicare recipients. We do not want to capture private insurance from Medicare recipients because Medicare is still their PRIMARY carrier. If all family members are 65 and older, the question will be skipped. However, you can have a family where one person is 65 or older and receiving Medicare but has a spouse who is under 65 and receiving private coverage through a job.

Students who are less than 23 years old will be included with their parent’s unit. Note that some universities provide limited health insurance coverage to students. These plans should be included, as some graduate students or older undergraduates, who

are not employed by the university but who have limited health insurance coverage through these plans, will be in the survey.

COBRA plans should also be included here.

Do not include plans that provide only one type of service, such as accident, vision, dental, or nursing home coverage, should not be included. Usually, these plans are riders or additions to full service plans, so this should rarely come up as a question

- b1b This question asks about coverage from a health insurance plan **purchased directly**. Include any type of group plan which is purchased through a professional association or trade group.

Again, if the answer is “yes” and there is more than one person in the family, ask who is covered.

- b1c This question asks about coverage from a plan **purchased by someone who does not live in this household**. For example, a parent may purchase a plan for a newly-married daughter and her husband or a divorced parent may purchase a plan to cover their non-custodial child(ren).

- bld This question asks about coverage from **Medicare**.

**Medicare**—Refers to the Federal health insurance coverage most common for persons 65 years and over. In certain rare situations, people under 65 may be covered because of disability benefits (SSI). People receiving Medicare may also receive other benefits, including supplemental private coverage, Medicaid, or military coverage benefits. However, Medicare is the primary insurer. The program is designed so that persons covered by Medicare are asked about Medicaid and supplemental private benefits in a separate series of questions.

Some Medicare beneficiaries use their Medicare coverage at HMOs (also known as Medicare advantage plans). This question is intended to include Medicare HMOs as well as traditional Medicare coverage. Because of the new prescription drug benefit of Medicare (Part D), some respondents may not be able to distinguish between having Medicare coverage and having a prescription drug plan under Medicare.

- bld1 This is a verification question if any person in the family unit who is 65 years old or older, and who is not listed as receiving Medicare, was not a mistaken omission. There is a very small number of persons 65 and older who are not receiving Medicare.

- b1ex-  
bley This question asks about coverage under Medicaid.

**Medicaid**—Refers to a medical assistance program that provides health care coverage to low-income and disabled persons. The Medicaid program is a joint federal-state program which is administrated by the states. Some states use names other than Medicaid, and these names will automatically be displayed on the CATI screen.

b1e Within a family unit, it is possible that only some members will be covered by Medicaid. For example, children may be covered by Medicaid and adults excluded from coverage. Pregnant mothers may have coverage during the pregnancy and up to one month after birth, and then, depending on their family situation, they may become ineligible. Accept the answers given to you by the family informant. Enter the person numbers of those who are covered.

b1h Asks about coverage under other state- specific plans.

b1f The question asks about coverage provided by the military. Definitions of specific terms follow:

**Military Health Care**—Refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

**TRICARE**—(Pronounced “Try Care”) Several military health plans are offered to active duty personnel, their families, and retirees. Choices offered under TRICARE are varied and include health maintenance plans, as well as other plans with a range of managed care and indemnity options.

**VA**—(Pronounced V-A) The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

**CHAMP-VA**—(Pronounced Champ V-A) (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent, service-connected disability.

b1f1 The question obtains the type of military coverage offered family members. Most responses will be obvious. However, some respondents may not recognize that they have TRICARE or may not be sure whether it is TRICARE Standard, Extra, Prime or For Life. TRICARE Standard is the fee-for-service option. It is the same as CHAMPUS. TRICARE Extra is the preferred provider option. In TRICARE Prime, military treatment facilities (MTFs) are the principal source of health care. There are no enrollment fees for active duty families in TRICARE Prime. If the respondent has TRICARE, but is unsure whether it is standard, extra, or prime, code standard. If the respondent describes a form of military coverage that is not listed, record it under “other.”

b1g This question asks about coverage by the Indian Health Service. Only Native Americans in tribal settings are covered by this type of insurance. Enter the person numbers of those who are covered.

- bli1 This question asks about coverage from some other state-sponsored or public program that has not been mentioned. The purpose is to capture any programs that were missed in blih, either because the name by which the respondent knows a program is different from the ones that were pre-coded or because there are additional programs that were missed. This question is only asked if there are family members who were not covered by any of the previously mentioned plans.
- bli2 Asks who is covered by any program specified in bli1.
- bij This question verifies whether any person in the family unit who was not listed as being covered by any insurance plan is in fact uninsured. All of the health insurance plans previously listed are included as answer categories. Interviewers should read the answer categories if the informant seems to be unsure. The question will be repeated for any person in the family unit who does not have insurance coverage. The phrase “according to the information we have” is in parentheses because it should only be read for the first person in the family who appears to be uninsured. When asking about additional people who may be uninsured, ignore the phrase in parentheses and simply ask “Does (name) have health insurance or coverage through a plan I might have missed?”
- b2 Most families have only one health insurance plan; however about 15 percent are expected to have more than one private plan; the most common reason is that a husband and wife have separate plans through their employers. The family informant is asked how many different health plans were obtained through different sources; the program will fill the source--current or past employers, purchased directly, or provided by someone not living in the household--based on previously reported answers. It is particularly important to get the correct answer for this question because the answer determines how many sets of questions on private health insurance plans will be asked.
- b231 This question ascertains the name of the policy holder for each plan listed. Even when multiple family members are covered, there is usually only one person who is the policy holder. The program will list adults in the family who were recorded as having private plans, and persons 65 and older, since they may have private plans that cover other family members. If the policy holder is not listed (for example, if a plan is held by someone not in the family unit, code in “other”).
- b241 This question is asked only if the family has more than one private health insurance plan. If the family has only one plan, then the persons covered were identified earlier.
- b251 This question asks if the plan listed was originally obtained through a current or past employer or union. It will only be asked if the current plan was purchased directly or provided by someone outside of the family.
- b291 This question determines if the coverage for each plan was continuous for the last 12 months. Note that if more than one family member was covered by the plan, you should ask who enrolled in the past 12 months. Some health plans, programs, or employers have specific times during which individuals may select a different health plan or decide to remain with a current plan. These periods are called “open

enrollment.” Do not confuse “deciding to stay with the same plan during an open enrollment period” with “enrolling in the plan”. If the respondent says he or she stayed with the same plan during open enrollment, code <n>.

b291conf

This will confirm that this was a new enrollment, and not a re-enrollment in a plan the sample member was already in.

b361

This question asks if the plan is an HMO. If the informant is unsure, read the probe.

ngi1

This question asks if the health plan pays for at least some of the cost of medicines prescribed by the doctor and will be asked of almost all plans.

The following will be asked for employer-sponsored and non-group plans:

CDHP1 Asks about a deductible. A deductible is the amount you have to pay before your insurance plan will start paying any part of your medical bills. If the respondent asks about in-network versus out, we want the in-network amount.

Read probe as appropriate.

PROBE IF RESPONDENT CONFUSES DEDUCTIBLE AND CO-PAY: A co-pay is payment for a doctor visit or other medical service and a deductible is the amount you pay before your insurance plan will start paying any part of your medical bills.

CDHP2, CDHP2a

Asks amount of the deductible. The deductible amounts that are filled will be different for individual and family policies. If the informant says s/he does not know, you will ask a follow-up question about estimates. DO NOT OVERPROBE: If the respondent is having trouble, you can say: Your best guess is fine.

CDHP4 This asks about special types of savings accounts that can be used to pay for medical expenses. The question here asks if the health plan has such an account. The respondent of policy holder does not have to have such an account to code yes, because the question asks if the health plan has such an account.

b311-b321

These question asks how much is the insurance premium for non-employer non-union plans. Asked only if respondent purchased a non-union non-employer plan.

CDHPNG1-CDHPNG4

This is the same series of questions as CDHP1-CDHP4, but is asked if the FIU has a non-employer or non-group health plan.

b41

This question determines if this coverage was continuous for the entire year. It is similar to the question asked for private coverage. If the answer is no, there will be a follow-up question similar to that for b291.

- B54R5 This question asks about the type of Medicare coverage. Use probes as appropriate.
- (1) With a Medicare HMO plan, you must generally receive care from HMO doctors. Otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency
  - (2) In addition to regular Medicare and Medicare HMOs, Medicare now offers other types of health plans that are not HMOs. These are sometimes referred to as Medicare Advantage plans.
- B54supp Medicare supplemental question.
- b54rx Asks about prescription coverage under Medicare. Note that this can be under the new Medicare Part D plan, or under a Medicare HMO plan.
- Note that only Medicaid beneficiaries should be skipped over b54rx; persons who have state plans should be asked the question.
- b54mg Asks about coverage from a current or former employer or union that pays for some of the cost of prescription medicines.
- b57 This question identifies Medicare recipients who have been enrolled in their plans for less than a year. Do not count a decision to continue in the same plan during an open enrollment period as enrollment. Again, there will be a follow-up question to confirm if the informant says the person was enrolled for less than one year.
- b64 Families in which person members receive Medicaid and have no private plans are asked if they are in an HMO
- b67 These questions, which are asked about Medicaid plans, are similar to those asked about private health insurance coverage.
- b75-77 These questions are similar to those asked about private insurance plans. They cover other state programs besides Medicaid.
- b80 This question is asked about each currently uninsured family member and is used to determine whether he or she had insurance coverage at any time during the past 12 months.
- b81 Currently uninsured persons who lost their health insurance coverage during the last 12 months are asked what type of health insurance coverage the person had JUST prior to becoming uninsured. Code only one answer. If the person had more than one type of coverage during the year, ask him or her what plan he or she had JUST prior to becoming uninsured.
- b83 This question ascertains the month (during the past year) that the previous coverage stopped. Enter the number listed next to the month.

b84 This question determines why the previous coverage stopped. It is only asked of currently uninsured persons who lost their coverage during the last 12 months.

It is not necessary to read the responses here; you should fit the respondent's answers into the coded categories, coding all the reasons that apply. Most people will fit into the first three categories.

**Examples:**

A person who lost his or her insurance coverage when he or she was terminated will be coded 1.

A person who loses employer-paid coverage due to divorce will be coded 3.

The questions in this next series are designed to determine prior health insurance coverage, if any, for family members who are currently insured but have been insured under their current plan(s) for less than a year. The answer categories reflect the type of coverage asked throughout the questionnaire. Code only one answer. Choose option <0> to indicate that the person was not covered by any plan during the month before his or her current coverage began. Note that option <3> is blank if the state does not offer any insurance plans and <6> is blank if the person is less than 65 years of age.

b851 This first question asks for the type of coverage prior to current one.

b861 This question asks if other currently insured family members (whose coverage began less than 12 months ago) were covered under this plan. By identifying all family members covered by a previously held plan, we only have to ask plan-level questions once.

b881 The question asks about the reason for changing insurance plans. It is not necessary to read the answer categories; rather, you should code the respondent's answer into these categories. Code all of the answers that apply.

b852 This question is asked about other currently insured family members whose coverage began less than 12 months ago, who were not covered by the first plan. The program will identify such persons for you.

b882 This question only applies to families that had two different policies



## **MODULE C: HEALTH CARE RESOURCE USE, UNMET NEEDS, PROBLEMS PAYING MEDICAL BILLS, USE OF RETAIL CLINICS DURING THE LAST 12 MONTHS**

This section covers a variety of topics. Asking people about their use of health care resources one category at a time has been shown to improve the accuracy of reporting. The informant is asked all questions about himself /herself and the randomly selected child, if there is one. The informant is also asked questions about any other adult in the family unit. They are not asked the questions on unmet needs or delays in getting medical care. Other adults are asked these unmet needs questions directly in the self-response module.

The reference period for the following questions is “during the last 12 months.” If the interview date is August 14, 2010, then the reference period is from August 15, 2009 to August 14, 2010. Resource use is asked by category of health care--i.e., hospitalizations, emergency room use, physician encounters, and selected non-physician encounters. The informant is also asked to estimate out-of-pocket medical expenditures. The section then asks if the family has had problems paying medical bills, with a positive answer leading to follow-up questions. The section concludes with a series of questions about use of retail chain and at-work clinics.

- c101 An event is considered a “hospital stay” if the person spent at least one night in the hospital. If a person is admitted and released on the same day, do not count this as an overnight stay. If the person spent the night in the hospital emergency room, do not count this as a “hospital stay.” Exclude any overnight stays where family members stay with an admitted person. Exclude overnight stays in an outpatient clinic. The date 12 months prior to the interview date automatically appears in the question.
- c11 This question asks for the first name(s) of any family member who stayed in the hospital overnight. Remember to read the probe “anyone else?”
- c121 This question determines the number of different hospital stays for each family member hospitalized during the past year. Again, a “hospital stay” refers to a hospital admission that resulted in at least one overnight stay in the hospital. The question refers to separate stays of one or more nights in a hospital, not the total number of nights in the hospital. If a person is moved from one hospital to another hospital, it would be counted as 2 stays. Record the number of times. Read the probe to encourage the informant to give his or her best estimate, if necessary.
- c131 This question is asked about any female between 12 and 45 years of age or any child less than 1 year old. For an adult female, the question determines if any of the hospital stays were for the delivery of a baby. For a child, the question determines if the (or any) hospital stay was at birth. The CATI program will select the correct wording.
- c141 If “yes” to c131, this questions asks if the hospital stay was included in the previous number of hospital stays reported earlier (in question c121).

- c151 For those family members who had a hospital stay in the last 12 months, this question determines the number of times he or she was admitted through the emergency room. Enter the number. The program will verify that the number of times is less than or equal to the number of hospital admissions in c121.
- c161 For those family members who had a hospital stay in the last 12 months, this question determines the total number of nights he or she stayed in the hospital over the entire 12 months. The informant is asked to estimate the number of nights for each stay and then sum the nights across stays. The question is restricted to the number of nights spent in the hospital after admission. Be sure that the informant does not include or count days in the hospital.

The remaining resource questions are asked for each family member.

- c211 This question determines if any family member, beginning with the informant, has used a hospital emergency room to get medical treatment during the last 12 months. If the informant has told you about an emergency room visit in the previous questions on hospital stays, a phrase will appear before the main question that says “not counting the emergency room visits you told me about...” A simple yes/no answer is recorded.
- c221 For those family members who visited an emergency room in the last 12 months (from c211), this question determines the number of times they have gone to the emergency room. Accept the informant’s best estimates.
- c231 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.
- c311 This question asks the informant to report the number of times each family member has seen a doctor during the last 12 months. Include primary care doctors and specialists, such as osteopathic doctors (D.O.s) and psychiatrists. Also include doctors seen during outpatient visits at clinics. Exclude doctors seen while an overnight patient in the hospital, or doctors seen in an emergency room. Also exclude dentist visits and telephone calls to doctors. The date 12 months prior to the interview date automatically appears in the question.

Doctor visits potentially have the highest frequency of resource use over the past 12 months. The informant may need extra time to think back over the past year to estimate the number of doctor visits. Respondents sometimes forget about visits and under-report the number of doctor visits. Pause and encourage the informant to think back, but encourage the best estimate when they cannot remember precise numbers.

Also review the two decision rules below:

- (1) **Two or more doctors seen on same visit**—If two or more doctors are seen on the same visit, each doctor seen counts as a separate visit. Situations of this kind may occur when a person visits a clinic where he/she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor who, in the course of the same visit, calls in a specialist to examine or treat the person.
- (2) **Doctors and assistants seen on same visit**—A visit in which the person sees both a doctor and one or more non-physician assistant(s) who work under this doctor’s supervision should be counted as only one doctor visit. For example, if the person sees a nurse and then the doctor who supervises that nurse, count this as only one visit.

Finally, remember that this is not a yes/no answer. If the person has not seen a doctor, code “0” to indicate that.

c321 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.

c331 This question determines the number of times each family member has seen a nurse practitioner, physician’s assistant, or midwife during the last 12 months. Typical visits include pregnant mothers seen by midwives, family members who see nurses for immunizations or allergy shots, or patients receiving various types of therapy. The program will exclude doctor visits reported in the previous question. Note: psychiatrist visits are reported in c311 and psychologists and other mental health visits are reported here in c331. Do not include any previous doctor visits reported. Exclude home care visits, dental visits and alternative medical providers such as acupuncturists or herbalists. Also exclude telephone calls to providers.

c341 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.

The next series of questions is about unmet needs for health care during the last 12 months. The informant is asked these questions about himself/ herself first, and then about the randomly-selected child (if applicable). Other adults in the family unit (if any) are asked these questions directly in the self-response module. The notation (sr) following a question number, indicates that the question is included in the self-response module.

c811(sr) The purpose of the question is to ascertain if the family member did not get any needed medical care for any reason during the last 12 months. Do not include dental care.

- c821(sr) The purpose of the question is to ascertain if the family member postponed or had any delays in getting needed medical care for any reason during the last 12 months. This is a YES/NO question. We are just interested in if medical care was postponed or delayed. The reason the person postponed or delayed getting medical care is not relevant for this question; that will be captured in c831.
- c831(sr) For any family member whose answer was “yes” or “don’t know” to the previous questions on not getting or delaying needed care, the purpose of this question is to ascertain the reasons for not getting needed care (c811) or the reasons for delays in getting care (c821). Code all reasons that apply. Read the response categories slowly to respondent, pausing at the end of each one. Enter “yes” responses as you read the categories. Code all that apply.
- c841(sr) The purpose of the question is to ascertain if the family members did not get needed prescriptions filled because of lack of money in the past 12 months.
- c92 The purpose of this question is to provide an estimate of out-of-pocket expenditures paid by the family during the past year. Include expenses for prescription drugs and co-pays. For example, if the person pays \$10 co-pay for each office visit (and the insurance company pays the rest), you should include the \$10 as an out-of-pocket expenditure. Please note the following exclusions:
- Dental care
  - Health insurance premiums
  - Any costs paid by health insurance
  - Medicare, Medicaid or other types of public programs
- Some respondents may need time to answer. Give the respondent time to think, and accept their best estimate.
- c93 If the informant answers “don’t know” to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren’t exactly sure of something can choose from a range.
- c94 This question wants to find out if the FIU had problems, or did not have enough money to pay medical bills during the past 12 months. This is a YES/NO response. For this question, the reason that they had problems paying medical bills is not relevant.
- c95 This question contains bullet items that get at whether the FIU had adverse effects or had to forego other things because of problems paying medical bills. Again, be reminded that the time frame is “during the past 12 months.”
- INTERVIEWER: REPEAT STEM IF NECESSARY
- C96 For this question, code the underlying reason or event that caused the FIU to owe money for medical bills. There could be multiple reasons so CODE ALL THAT

APPLY. If the reason(s) given cannot fit into the categories, code six (6) OTHER and specify what it is /they are.

- C97 This question wants to find out if the person who was treated for these incidents in which the FIU owed medical bills, had health insurance or did NOT have health insurance.
- C100 How long ago did the FIU get these medical bills? Code within a specified range. NOTE: If exactly two years ago, code: from 2 to 5 years ago
- C101 This question asks for the current amount the FIU owes in medical bills. An exact answer is desired; however, we have a range probe built into the question, so do NOT OVERPROBE: If the respondent cannot give you an exact answer, code don't know and the following probe will appear:
- Is it less than \$2,000, from \$2,000 to less than or equal to \$5,000, greater than \$5,000 to less than or equal to \$10,000, greater than \$10,000 to less than or equal to \$20,000, or greater than \$20,000?
- C102 This question asks the degree to which the medical bills have been paid off in the past 12 months: none, a little, some, most, or all. PROBE: If the respondent does not give a listed response, re-read the choices, or use another appropriate standard probe. For example, if the respondent says "a lot", an appropriate probe would be to re-read the responses.
- C103 This question quantifies the expectations of the length of time: "within the next year, within the next two to three years, within the next five years, or longer than that" when the FIU's current medical bills will be paid off. Only refer to the medical bill dollar amount in question c101. Code the response at the lowest year level. For example, if a person says that they will have their current medical bills paid off in three years, the correct code is "within the next two to three years", NOT "within the next five years", even though the three years is contained within this second answer choice.
- RC1 This question asks if the FIU has ever used an in-store health clinic in a retail chain like CVS, Walgreen's, Target or Wal-Mart. NOTE: The listed drugstores are examples, and are not the only ones – any similar health clinic in a pharmacy or retail chain is acceptable, but note that it must be a clinic, not just a pharmacy. We do not want to answer "yes" to this question if the respondent only uses this retail store to fill prescription, or to get a flu vaccination once a year, or to get only eye care.
- RC1a. This is a follow-up question to RC1 and asks if the FIU has used an in-store health clinic in retail chain in the past 12 months. Make sure you stress the time frame (past 12 months) to the R.
- RC2a-f These questions asks for the purposes of the FIU's in-store health clinic visit. Ask each question in turn and code.
- RC3 a-e These questions ask if different reasons were a major factor, a minor factor, or not a factor in choosing a retail clinic. Again, if the respondent gives a response that is not

a listed one, probe by re-reading the response options again or using another standard probe.

RC4 This question asks if health insurance plan paid none, part, or all of the cost of the most recent visit to the retail clinic. If the FIU has more than one health insurance plan, consider the plan used for the most recent visit to a retail clinic.

RC5 and RC5a

These questions are very similar to RC1 and RC1a, but about an onsite health clinic at a workplace, not a retail clinic.

RC6a-g These are similar to RC2a-f, but about onsite health clinics at a workplace.

Rc7a-e These are similar to RC3a-e, but about onsite health clinics at a workplace

## **MODULE D: USUAL SOURCE OF CARE (USC)**

The following questions ask the informant about each family member's usual source of health care. If someone in the family does not have health insurance, questions are asked about the cost and availability of care for that family member. And if the respondent uses the internet to gain answers about their health care.

- IT1-2(sr) There are questions about if the respondent uses the internet to get information about their own health care or the healthcare of others later in this section. We start module D, with 2 questions about use of the internet so this information can be used later in the module.
- d101(sr) The question asks if the respondent has a usual place they go for health care. As noted, emphasize the word **USUALLY** in the question. If the person is unsure if they have a usual place to go when sick for health care, read the probe. Respondents sometimes have trouble answering this question if they go to more than one place for care, or if they are infrequent health care users.
- d111(sr) For any respondent who is reported at least one usual place they go to for health care (from d101), the purpose of this question is to ascertain the kind of place the usual place of care is. If a family member has more than one usual places for care, this question refers to the place for care used most often. Do not accept a respondent's answer until s/he has heard all the answer categories. **Many people will immediately answer "yes" to doctor's office, but another answer may be more accurate.**

Definitions for the answer categories follow:

**Doctor's Office**—An office maintained by a doctor or a group of doctors practicing together; generally, the patient makes an appointment to see a particular physician.

**Health Maintenance Organization (HMO)**—A clinic, staffed by physicians, nurses, and technicians for the sole use of members of the HMO.

**Hospital Outpatient Clinic**—A facility connected with a hospital, providing health and medical services (including health **education** and health maintenance, preventive services, diagnosis, treatment, and rehabilitation) to individuals who receive services from the hospital but do not require hospitalization or institutionalization. Examples of outpatient clinics include well-baby clinics; obesity clinics; eye, ear, nose, and throat clinics; family planning clinics; alcohol and drug abuse clinics; physical therapy clinics; and radiation therapy clinics.

**Other Clinic or Health Center**—Includes company/industrial clinics operated for employees; a school clinic operated for students; a military-based clinic, a drug abuse clinic, a family planning clinic, a walk-in center, an Indian Health clinic, or a Community Health Center.

**Hospital Emergency Room**—A unit of a hospital where persons may receive medical care, usually of an urgent nature.

**Some Other Place**—Any usual source of health care not provided in categories 1 through 5.

sn1(sr) The respondent will get this question only IF UNINSURED

This question asks if the FIU either pays full price or receives a deduction from a specified total a provider has charged for health care services. The discount should be an amount agreed upon by the respondent and the provider.

d121time(sr)

This question asks how long the sample member has been going to the usual place of medical care. Add test if (d111, kd111, d111\_sr2) = 5 (emergency room) then skip to (d121, kd121, and 121\_sr2). Skip question CAHPS5-IT5 when the usual place of care is the emergency room.

CAHPS5(sr) - E261R5@day(sr)

This question asks if the respondent made an appointment for health care at this place in the last year.

If an appointment was made, this question asks how long did sample member have to wait between the time appointment was made and actually seeing the health care provider. Code “0” for same day. Only one type of unit can be entered days, weeks or months. Hit enter to move to the desired unit of entry.

ACCESS1-3

These questions ask about the availability of care from the usual place of care during nights, weekends and after regular hours.

IT3-5(sr) These questions determine if respondents are able to ask medical questions by e-mail or by visiting a website, and if so, if the respondent emailed or used its website within the last year. If yes, there is a follow-up question to determine how often answers were received the inquiries.

d121(sr) For any respondent who has a usual place for health care (from d101), this question determines what type of health professional is seen. The choices are either a doctor, nurse, or other (specify type). If two types of health professionals are usually seen, choose the more senior health professional. For example, if the patient sees both a doctor and nurse, choose doctor.

d121spec(sr)

This question asks the type of doctor, either primary care or specialist, the FIU members usually see. If the respondent needs clarification on what type of doctors these are, USE THE DEFINITIONS: Primary care doctors, such as general or family doctors, general internists, or pediatricians, treat a variety of illnesses and give preventive care. Specialists are doctors like surgeons, heart doctors, and others who specialize in one area of health care.



INTERVIEWER INSTRUCTION: GENERAL INTERNISTS ARE PRIMARY CARE DOCTORS; INTERNISTS WHO SUBSEQUENTLY SPECIALIZE IN A PARTICULAR AREA OF CARE ARE SPECIALISTS.

If the respondent says they see a primary care doctor and also a specialist, stress the word usually and let the respondent make the decision.

d131(sr) For any family member who has a usual place for health care (from d101), the purpose of this question is to determine if the same provider is usually seen at the usual place for care

rx1(sr) This question asks about prescription drug usage.

rx2(sr) This question asks if your doctor asks respondents about all prescriptions used including prescriptions from other doctors.

medtest1-medtest3(sr)

These questions are about medical tests, such x-rays or blood tests, ordered in the past year. The first question determines if the usual doctor sent the respondent for a medical test. If so, did the respondent actually get the test and if so, how often did the usual doctor or someone from the office follow-up with the test results.

IT7-IT11(sr)

These questions determine if doctors and healthcare professionals are integrating the use of computers and handheld devices into the daily operations of their offices within the last year. These questions are only asked of respondents who had a visit to their usual source or place of care in the last year.

## **MODULE E: SATISFACTION, HEALTH STATUS (SF12), CHRONIC CONDITIONS, CONSUMER ENGAGEMENT, AND CONSUMER INFORMATION SEEKING**

This section covers a variety of topics related to health status and satisfaction with health care. The section will ask about some chronic medical conditions, and about how well coordinated care is (if any family member saw more than one doctor). If the adult does report one or more chronic medical conditions, a series of questions about how much the family member is “engaged” in his or her own health care will be asked of a sub-sample of respondents.

Respondents will also be asked questions about medical information they seek and how they make decisions about how and where to have medical procedures done. Since most of the questions are subjective, or ask about experiences that would be difficult for even close family members to answer, they are structured for self-response. However, an adult informant (parent or guardian) will respond for the randomly selected child.

### **LEVEL OF SATISFACTION QUESTIONS**

A series of satisfaction questions begins at e101 and ends at e151. The reference period for these questions is “during the last 12 months.” They are subjective questions about various aspects of health care. There is one global, family-level question. If there is a child in the family unit, the informant will respond on behalf of that child. All other adults are asked these questions directly in the self-response module.

- e101      The program will select the correct wording, based on family size. Review the probe indicating that the respondent should consider services he or she felt were needed but were not received.
  
- e111      Questions in this section use a technique called “unfolding”. First we ask if the respondent is satisfied or dissatisfied. Then, we ask for level of satisfaction or dissatisfaction--very or somewhat. Many respondents will answer both questions after you ask the first, i.e., they will say “very satisfied” or “somewhat dissatisfied”. If this is the case, enter the response second question without asking it. Use the NEITHER SATISFIED NOR DISSATISFIED answer only if the respondent offers it.
  
- e121(sr)    Read the question. This question asks the level of satisfaction the respondent has with their primary care doctor(s). Note the probe indicating that a primary care doctor is defined as the one you call first in the case of sickness or injury.
  
- e131(sr)    This questions probes for a more detailed account of satisfaction or dissatisfaction.
  
- e141new(sr)  
    Read the question determining if the respondent or a doctor thought the respondent needed to see a specialty doctor over the past 12 months. For this question, there is no requirement that the person has to have seen a specialty doctor. Stress “during the past 12 months.” Note the probe listing examples of specialty doctors.

CAHPS12-CAHPSSP2(sr)

Asked only if the family member needed or has seen a specialist. If so, was the specialist the usual source of care. If the specialist was not the usual source of care. If not, then who recommended the specialist.

e151(sr) Read the question as worded, asking about the level of satisfaction with the choice of specialty doctors. Examples of specialty doctors are in question ‘e141new’

*These next questions address the individual’s experiences with his/her health plan. Most of the questions deal with the family member’s opinion on referrals, paperwork associated with their health plan, and payment for services. Once again, the time frame for these questions is “in the past 12 months”.*

e1512(sr) This question asks if their usual doctor seems informed and up-to-date about the care they got from specialists in the last 12 months.

e1513(sr) This question addresses whether their usual doctor tries to find out details of the specialty doctor visit.

e401(sr) This question asks about overall health status. The five-point scale (1-5) is rated from excellent to poor. Read the answer categories to the respondent.

## ADULT CHRONIC CONDITIONS

The next series of questions asks about whether the respondent has any of a series of chronic health conditions. These are set up on the CATI screen using “forms-based design” techniques. Several questions appear on one screen and you record a response for each line on the screen. A question mark on the screen will indicate which condition you are to ask about next. For each condition, code the response.

The time frame for most of the root chronic conditions questions is “ever,” i.e., “Has a doctor or health professional ever told you that you had cataracts, diabetes, arthritis, etc. For every positive response, we follow up with “During the past two years, have you seen a doctor or other health care professional for ...” Because of the different time frames, it is important to re-read the root questions, including the time frame after every follow-up item. You may change an answer on the chronic conditions screen by entering an <x>.

Be sure you know how to pronounce each condition. Pronunciation guides appear on the screen. **DO NOT** define conditions for respondents. Definitions of the conditions are provided below for interviewer information—They are NOT to be read to respondents.

For the chronic conditions, we ask if a doctor or other health professional ever told the respondent that he/she had the condition. For each “yes” response, we follow up with a question that asks if during the past two years the respondent has seen a doctor for the condition. Again remember to code “No” if the respondent has the condition but has not seen a medical professional for it.

cc3b(sr) Diabetes (**dI-a-’bE-tEz, di-a-’bE-tis**) or high blood sugar is a condition where the body has difficulty producing or regulating insulin in the blood, resulting in higher

than normal blood sugar levels. Patients with diabetes may have been prescribed insulin, or may be on a special diet to control their blood sugar.

Code “yes” for respondents had “gestational diabetes” during a pregnancy.

- cc3c(sr) Arthritis (**är-`thrI-tus**) is marked by degeneration of the cartilage and bone of joints. Severe pain or stiffness in the joints (Knuckles, knees, hips, etc.) that sometimes becomes worse when walking, exercising, or standing up.
- cc3d(sr) Asthma (**`ax-ma**) is a condition of allergic origin that is marked by continuous or outbursts of labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping. Asthma is often treated with inhaled medication such as steroids.
- cc3e(sr) Respondents who do not have asthma are asked if they have chronic obstructive pulmonary disease (COPD). This is a disease that results in inflammation or irritation of the lungs. It is also known as emphysema or chronic (long-lasting) bronchitis. Symptoms include shortness of breath and wheezing.
- cc3g(sr) Hypertension (**hI-per-ten(t)-shun**) or high blood pressure includes pregnancy-induced high blood pressure.
- cc3i(sr) Coronary heart disease is also known as ischemic heart disease or coronary artery disease. It is a disease of the heart that results from hardening or clogging of the arteries surrounding the heart. Symptoms include chest pain and shortness of breath.
- cc5c(sr) Skin cancer includes any of the following: actinic keratosis (AK), basal cell carcinoma, malignant melanoma, or squamous cell carcinoma.
- cc5h(sr) Respondents are asked about cancer other than skin cancer.
- cc6e(sr) Depression is a mood disorder that results in a persistent lowering of mood that is more severe than normal, transient feelings of sadness. It can include feeling sad or blue that is out of proportion to any particular life event that may have caused the feelings. Types of depression include dysthymia or chronic depression and major depression. In addition to depressed mood, symptoms of depression include trouble sleeping, changes in eating patterns, or feeling numb or empty. Code “yes” if respondents say they have had depression or major depression. Code “NO” if the patient says they have bipolar disorder or manic depression.
- cc7(sr) Asks about seeing a doctor or health care professional for a serious medical condition that has limited the person’s ability to do daily activities.

## **CARE COORDINATION AND CONSUMER ENGAGEMENT**

- testccq The questions in the next series are related to the quality of care received and are asked if the respondent saw a doctor during the past two years for diabetes, arthritis, asthma, COPD, hypertension, CHD, skin cancer, other cancer, benign prostate disease, or depression.

CCQ1(sr). This question asks if the respondent saw only one doctor or more than one doctor for treatment of the R's chronic disease.

CCQ2(sr). If the answer to CCQ1 is "more than one", you will get this question. This question has the respondent describe how well he/she thinks his/her health care is coordinated when there is more than one doctor involved. PROBE: By care coordination, we mean how well do the doctors work together to manage health care. Remember that you do not interpret subjective questions for the respondent.

## **CONSUMER INFORMATION SEEKING**

CI1(sr) This question asks if the respondent looked for, or got information about a PERSONAL health concern during the past 12 months from a variety of sources. If the respondent got information from somewhere other than their doctor, SPECIFY whether it was a HEALTH CARE PROFESSIONAL (NON-PHYSICIAN) or a HEALTH CARE ORGANIZATION

INTERVIEWER: This question is only referring to information that the respondent got about a PERSONAL health concern, not a health concern for family, friends or others.

CI2(sr) If the respondent obtained information this question determines if the information was used for decision making.

CI3-4(sr) These questions are the same as CI1-2 except they refer to whether the respondent looked for, or got information about a health concern for another adult, such as a friend or family member during the past 12 months.

INTERVIEWER: This question refers only to information that the respondent got about a health concern for someone else, not himself or herself.

CI7-8(sr) These questions determine the frequency and usefulness of consumer information seeking.

## **CONSUMER SHOPPING**

**Questions CS1 – CS8 refer to issues when dealing with a personal doctor.**

CS1(sr) This question asks if during the past 12 months the respondent looked for a new personal doctor. DEFINITION: A personal doctor is the health provider the respondent sees most often and who knows them best. This should be a personal doctor whom the respondent found within the past 12 months, even if the respondent is currently seeing him/her. Code "YES" in this situation. Remember to stress the past 12 month time frame.

CS2(sr) This question wants to know if the respondent actually found a personal doctor. If the respondent is currently seeing a new personal doctor that he/she found by

looking in the past 12 months, confirm with the R: “Is this the new personal doctor you found when looking in the past 12 months?”

- CS3(sr) This is a series of YES/NO questions that want to find out if the respondent used each source when looking for a new personal doctor. If necessary, re-read the stem of the question. INTERVIEWER: Remember, we are still talking about the past 12 month time frame.

Information received from a health insurance plan pamphlet: record “YES” in the response category “Information from your health insurance plan”, NOT in the category “books, magazines or newspapers” (i.e. If Blue Cross sends out a monthly newsletter which shows new doctors available respondent and respondent contacts the personal doctor based on that, CODE: “Information from your health insurance plan”).

- CS4(sr) This asks if any source used in CS3, provided information that compared the cost of care charged by different doctors. The comparison can be for any number of different doctors, and can be in dollar amounts or percentages.

**COMPARISON EXAMPLE #1:** Doctor A charges \$150, Doctor B charges \$100, Doctor C charges \$210 for an office visit

**COMPARISON EXAMPLE #2:** If the standard rate for an office visit is \$250. Doctor A charges 20% less, Doctor B charges 10% less, Doctor C charges 30% less for an office visit.

- CS5(sr) A YES/NO question asking whether the information he/she obtained was used in choosing a personal doctor. This question refers to the comparative information related to the costs.

- CS6(sr) Similar to question CS4, this question asks whether any of the sources used provided information that compared the quality and performance of different doctors. If the respondent asks what you mean by quality and performance, use “Whatever it means to you.”

- CS7(sr) This question wants to know if the respondent used the quality and performance comparison (question CS6) when choosing a personal doctor.

- CS8(sr) This is a series of opinion-related questions asking if several things were a major factor, minor factor, or not a factor in choosing a personal doctor.

**Questions CS9 – CS19 refer to issues when dealing with a specialist.**

- CS9(sr) INTERVIEWER: You will only get this question if the respondent said “Yes” to seeing a specialist. This question wants to know if the respondent has seen only one specialist or more than one specialist during the past 12 months.

INTERVIEWER: Code “More than one” if a respondent saw multiple specialists for one health problem or multiple health problems. For example, if a respondent saw two different cancer specialists, CODE: “more than one”. You would also code: “more than one” if a respondent saw a cancer specialist and a gastrointestinal specialist.”

- CS10(sr) (IF MORE THAN ONE, READ: Please think about the last specialist you saw.) If the respondent saw more than one specialist, ask if it was during the last 12 months or more than 12 months ago.
- CS11(sr) This question wants to know whether the R’s personal doctor referred him/her to this specialist or if the respondent found this specialist in some other way.
- CS12(sr) This question wants to know if the personal doctor gave the respondent information on one specialist or gave respondent a choice of specialist. If the personal doctor gave the respondent a list of choices but said, “I recommend this particular doctor,” CODE this as a “choice,” not “only one.”
- CS13(sr) This YES/NO question simply wants to know if any other sources of information besides the doctor referral were used in looking for the specialist.
- CS14(sr) This series of YES/NO questions ask specifically whether the particular source was used. If the respondent says that he/she has a friend or relative who is a doctor, CODE: “Recommendation of a doctor or health care provider.” Do NOT code it as a “friend or relative.
- CS15(sr) Similar to CS4 about comparing cost of care.
- CS16(sr) This question asks if the respondent used this information in choosing a specialist
- CS17(sr) This question is similar to question CS15, asking whether the sources used provided information comparing different specialists in terms of quality and performance.
- CS18(sr) This question wants to know if the respondent used the quality and performance comparison (question CS17) when choosing a specialist.
- CS19(sr) This is a series of opinion-related questions asking if several things were a major factor, minor factor, or not a factor in choosing this specialist.
- CS20(sr) This question wants to know if the respondent has had any type of surgical or non-surgical procedure.

**PROBE:** Do not include routine blood work, X-rays, or mammograms.

**PROBE:** By non-surgical procedure, we mean things like a biopsy, colonoscopy, MRI, etc.

INTERVIEWER: IF IN DOUBT, INCLUDE THE PROCEDURE. OUR GOAL IS TO BE AS BROAD AS POSSIBLE IN DEFINING TO TEST FOR CONSUMER SHOPPING.

- CS21(sr) This question wants to know where the procedure was performed—in a hospital, a clinic, a doctor’s office, or somewhere else. If the respondent has had more than one procedure in the last 12 months, please ask the respondent to think about the last procedure he/she had.
- CS22(sr) This question wants to know the first time the respondent had a procedure performed at the place identified in CS21
- CS23(sr) This question wants to know if the place identified in CS21 was recommended by the doctor performing the procedure, or if the respondent chose the place in some other way.
- CS24(sr) This question wants to know if the doctor gave the respondent a choice of places to have the procedure or recommended only this one place. If the doctor gave the respondent a list of choices but said, I recommend this one particular place, CODE this as a “choice”, not “only one.”
- CS25(sr) This question wants to know if the respondent used any other sources of information in looking for a place to have the procedure besides their doctor’s recommendation.
- CS26(sr) This question asks whether the respondent used any of the listed sources to find the place where he/she had the procedure.
- PROBE:** If respondent uses a friend or relative who is a doctor or health care provider, CODE: “Recommendation from a doctor or other health care provider” NOT friend or relative.
- CS27(sr) This question asks if any of the sources used provided information that compared how much different local places are paid for similar services. Code “yes” whether the information was provided verbally or in writing.
- CS28(sr) This question wants to know if the respondent used the information from these reports in choosing a place to have the procedure.
- CS29(sr) This question wants to know if any of the sources used provided information that compared the quality and performance of local places.
- CS30(sr) This question wants to know if the respondent used information from these reports in choosing a place to have the procedure.
- CS31(sr) This is a series of opinion-related questions asking if several things were a major factor, minor factor, or not a factor in choosing a place to have a procedure.



## **SATISFACTION AND PROCESS OF CARE QUESTIONS FOR A SAMPLED CHILD**

The following questions are asked if a family has at least one sampled child.

kd101-kIT11

These questions are the same as questions d101-IT11 (module D), except the referenced person is the sampled child. Please refer to module D for a description of these questions.

k12-k40 These questions are the same as questions e11-e40 (module E), except the referenced person is the sampled child. Please refer to module E for a description of these questions.

e802 This question asks about the general health of the other eligible adults in the family. This question is the same as e40.

## **MODULE F: EMPLOYMENT AND EARNINGS**

The following questions ask about employment and earnings for each adult 18 years of age and older who is listed as part of the family insurance unit. The questions are asked of the family informant.

f10 The introduction reminds individuals about the importance of the answers to these questions, since employment status and earnings help to explain whether people can afford the health care they need.

f101 This question determines if each adult family member has a business or farm; questions asked of self-employed people are worded differently from others. Rely on the respondent's definition of whether he or she has a business or farm. However, please note that we have provided definitions below:

Business—A business exists when one or more of the following conditions are met:

a. Machinery or equipment of substantial value in which the person has invested capital is used by him/her in conducting the business. Hand rakes, manual lawn mowers, hand shears, and the like would not meet the “substantial value” criteria.

b. An office, store, or other place of business is maintained.

c. There is some advertisement of the business or profession by listing it in the classified section of the telephone book, displaying a sign, distributing cards or leaflets, or otherwise publicizing that a particular kind of work or service is being offered to the general public.

Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, magazines, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses

resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.

Do **not** consider domestic work in other persons' homes, casual work such as that performed by a craft worker or odd-job carpenter or plumber as a business. This is considered as wage work. Whether or not the person is considered as having a job is explained above.

Do **not** consider the sale of personal property as a business.

- f111 This question determines if the individual did any work **last week** for pay or profit. For **pay** means employed for wages, salary, or commissions. For **profit** means money as the result of self-employment. It is very unlikely that you will have to probe on this question. However, we have provided definitions below:

**Employee for wages, salary, or commission**—Working for a private or government employer for wages, salary, commission, or other compensation such as tips, piece-rates, or pay-in-kind. This category also includes **paid** work for settlement houses, churches, union, and other nonprofit organizations, and work for private organizations doing contract work for government agencies.

**Self-Employed**—Persons working for profit or fees in their **own** business, shop, office, farm, etc. **Include** persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis—persons such as carpenters, plumbers, independent taxicab operators, or independent truckers. This does **not** apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesmen working for commission, or officers of corporations. Those persons are considered as employees of private companies.

- f121 This question determines if the individual had more than one job (or business) last week. It includes full-time, part-time, evening and weekend work.

- f131 This question asks for the number of hours per week the person usually works at this job. If he or she *usually* works overtime hours, include those hours in the total number of hours. *Half hours* should be *rounded to the nearest whole hour*. If the person's schedule of work is erratic, ask the respondent to give his or her best estimate.

If the person works at more than one job, the program automatically provides an alternative question which asks for the number of hours per week the person works at his or her *main* job—the one the person works at for the most hours.

If the person's hours vary so much from one week to the next that they are unable to estimate, code <97>.

- 13x1 If you coded <97> to the previous question because the person's work schedule was too varied to estimate usual hours, this question determines if the person usually works more or less than 35 hours per week. This enables us to determine whether the person is a full-time or part-time worker.

- f141 For those working at more than one job (or business), this question determines the number of hours per week *usually* worked at jobs other than the main one. The hours for the main job were reported in f131. Round hours to the nearest whole hour.
- f201 The question determines the type of employer for the person's main job. The program will fill the appropriate language based on answers to previous questions. Note that a not-for-profit organization or a foundation is coded as a private company. Read the answer categories only if necessary.
- f211 Please note that this questions asks for the *number of employees at the location where the person works*— that is, the building or buildings in the factory, store, or office where he or she works. The answer is coded into broad categories, so an exact response is not necessary.
- f221 This question asks if the employer operates in more than one location. It will not be asked if the employer is a local, state, or federal government. The question will read employer or use an alternative fill for those who are self-employed or farmers.
- f231 If there is more than one location, this question asks for the *total number of employees at all locations*. Explain that the respondent's best estimate is satisfactory.
- f241 This open-ended question refers to the *type of business or industry* in which the individual is employed at his or her main job. We do not want the name of the company; rather, we need a *description of the main product or service produced by the branch or part of the company for which this individual worked*. Try to get a clear description of what the employer makes or does—for example, pencil manufacturer, wholesale grocery, retail bookstore, road construction, shoe repair service. The words “manufacturer,” “wholesale,” “retail,” “construction,” and “repair service” show the general function. The words “pencil,” “grocery,” “bookstore,” “road,” and “shoe” describe the specific product or service performed.
- f251 This question asks if respondent is a member of either a labor union or an employee association like a union
- f261 This question asks if respondent is covered by a union or employee association contract
- f351 The question is interested in knowing if the respondent is working a temporary job which lasts only a few months (short term contract) or a temp job for your employer.
- f361 This question wants to know if sample members job is a year round type of job or a seasonal job.
- f401 If the person is a policy holder for an employer-based plan and has more than one job, this question determines if the person's insurance plan is from his/her main job or business.

- f501 If the person was not listed as the policyholder of an employer/union based plan, is under 65 (not on Medicare), and is employed, we ask here whether the person's employer or union offers health insurance to its employees.
- f511 If the employer or union offers health insurance, this question asks if this person is eligible to participate in the health insurance plan.
- f521 This question is asked if the person is uninsured but his or her employer offers a health insurance plan for which the person is eligible. It determines the main reason the person is not participating in his/her employer's health insurance plan. Code only the MAIN reason.
- f531 The question is asked to determine why the person is ineligible for insurance through his or her employer. Code only one answer here.

f551JL-f552JL

These questions are asked of working respondents under age 65 who have insurance through their employer. It asks if job opportunities were passed up due to health insurance coverage.

## **FAMILY INCOME AND DEMOGRAPHICS**

This section asks about family income and the individual demographics of family members.

The first question asks for total income; if the respondent cannot estimate family income, then we ask for income in broad categories.

- g10 The question asks for the family's total income from all sources for 2006, before taxes and other deductions. See probe (2) for a list of sources. Information on income, as well as employment, is important in understanding whether people can afford the health care they need. If necessary, emphasize "before taxes and other deductions."

Note that the names of family members will be specified if the family was part of a multiple family household; otherwise the program will simply reference the "family." The question includes several probes, designed to allay concerns about the purpose of the question, confidentiality, the definition of the components of income, and our willingness to accept estimates.

Review the content of the four probes carefully. Note that those family members active in the military are included in the estimate of family income, even though we are not including them in any of the questions about individual persons. Although the survey is about the "civilian non-institutionalized population", we want to include income from all family members contributing to the household.

- g11 This question is a probe for respondents answering "Don't Know" in g10. It provides a choice of ranges of family income for those unable to provide a single

number as an estimate. Encourage the respondent by assuring them that their best estimate is fine. Read the categories until one is selected.

g201 This question asks about ethnicity (Hispanic/non-Hispanic) of family members. It is skipped for the respondent's own child or grandchild.

**PROBE FOR REFUSALS:**

I understand that these questions may be sensitive. We are asking these questions to help understand different healthcare problems and needs people have.

g22n1 This question asks for race of family members.

**INTERVIEWER:**

1. Read all of the five race categories. Ask the respondent to code all races that apply. CODE as "Other" any responses that do not fit one of the five categories given.

2. A number of respondents who have said "yes" to the Hispanic question may repeat "Hispanic" or "Latino" when asked about race. Probe by asking: "Would that be White Hispanic/Latino, African American Hispanic/Latino, or something else?"

g301 This question asks about US citizenship.

g311 If g301 is yes, this question asks if born or naturalized citizen.

g321 If answer to >g311< is "naturalized," this question asks when they came to live in the United States.

**INTERVIEWER:** You may code either the year or the number of years since they came.

## **CLOSING**

We need addresses to pay monetary incentives to households. In this section we also obtain information on other telephones owned by the household and interruptions in telephone service; these data are needed for statistical purposes to assure that the survey results are representative.

h10(sr) The name and address information will be used to move the respondent's incentive payment. Be sure to capitalize the first letter of the first name, last name, street and city.

T1-T12 These questions determine if there are ANY other telephone numbers in this household besides the one called for the survey. If so, it asks for the number. Note that the actual telephone numbers are not recorded.

next\_person

This screen in the transition screen for other household interviews, either self-response person modules or other family member interviews. All eligible respondents will be shown on this screen.

T8 Test correction if T4>0 then ask T8. Else go to T9.

T8c Test correction. If T1>0 then ask T8c. else go to T9c.

## **SELF-RESPONSE MODULE**

### **Key Points:**

The introduction to the self-response module: The self-response module is introduced twice: once to the family informant and then to the other adult to whom it is to be administered.

**To informant:** I need to speak with him because it is hard to get opinions on how people feel about their own health from someone else, even if it is a family member.

**To respondent:** I need to ask you these questions because it is hard to ask other people, even family members, about how you feel about your health.

**INTERVIEWER:** It is important that you read these introductions clearly and, if necessary, include the text provided in the interview that explains why the adult should respond for himself/herself.

**Length:** Be sure to emphasize that the self-response module will take about fifteen minutes to administer. If the family informant does not focus on this information he or she may tell the other adult that the interview will take as long as the main interview. This could result in a refusal to complete the self-response module.

The questions in the self-response module include opinions and recall of events that the informant is unlikely to know. The topics are summarized below. Since all of the questions were asked earlier, we have not repeated the question-by-question specifications.

- Preferences between cost savings and freedom of choice in choosing health insurance plans
- Unmet need in obtaining medical services
- Access to care in the last 12 months
- Information technology
- Satisfaction with choice of physicians
- Health status (SF-12)
- Chronic conditions
- Care coordination

- Consumer engagement
- Consumer information seeking
- Consumer shopping