Community Tracking Study

Household Survey Methodology Report 2000-01 (Round Three)

APPENDICES

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Appendices to Technical Publication No.

46

July 2003

Contract No.: 6005-99-05/6006-00-03
MPR Reference No.: 8689-340

MATHEMATICA
Policy Research, Inc.

Report on Survey Methods for the Community Tracking Study's 2000-2001 Round Three Household Survey

Appendices

July 2003

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APPENDIX A

ROUND THREE SURVEY INSTRUMENT

Community Tracking Study
Round 3 Household Survey

"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 '_sr' plus the person number of the respondent. Also note that the chronic conditions questions (cc1-cc7, ee2c-ee4d, and n1a-nn7) have been renumbered in this document to be consistent with round 2 numbering. They no longer match the numbers used in the CATI program. See 1/3/02 e-mail from Barbara Carlson for exact changes."

INTRODUCTIONS

REINTERVIEW SAMPLE

>pA0< Hello, this is NAME with the Community Tracking Survey, the health care study that .. your household participated in [fill MO/YR]. [IF HCC, USE DATE OF THAT INTERVIEW]. [IF LETTER/BROCHURE SENT: We recently mailed you a brochure describing some of our findings, which we hope you found interesting.] Now, we are conducting a follow-up study to understand how managed care and other changes are affecting the quality of care people receive. As a token of appreciation for your help, we'll send you a check for $[INCENTIVE].

Since the survey is about health issues, I would like to speak with an adult who lives here and is familiar with the health care of family members.

[IF LETTER/BROCHURE NOT SENT: IF R WANTS TO KNOW MORE, SUMMARIZE FINDINGS FROM BROCHURE.]

IF NECESSARY, ADD: Your household's participation in this followup survey, which has the support of state health departments throughout the country will make a real contribution toward efforts to provide high quality and affordable health care. Let's begin . . .

TYPE <g> TO CONTINUE [goto code_s1]

TO BREAKOFF/ADDITIONAL INFORMATION.....b [goto code_s1]
R CLAIMS HOUSEHOLD NOT IN Round 2.....x [goto DEL2]
===>

FOR NEW SAMPLE (VERSION 1 — LETTER)

>paa2< Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We recently sent your household a brochure describing our project. Did you receive it?

YES.....1 [goto paa3]
NO .....0 [goto paa4]
===>

>paa3< As we pointed out in the brochure, the purpose of the Community Tracking Study is to see how the shift to managed care and other health care changes are affecting people in your community. As a token of appreciation for your help, we'll send you $25 for helping us with our project. May I speak with an adult here who is familiar with the health care of family members.

MORE IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people. The questions are very basic--things like "Are you satisfied with your health care and choice of doctors? Do you have health insurance? Have you had a flu shot in the last 12 months?" The interview is strictly confidential and you don't have to answer any questions you don't want to.

TYPE <g> TO CONTINUE ===> [goto code_s1]

>paa4< The purpose of the Community Tracking Study is to see how the shift to managed care and other health care changes are affecting people in your community. We are not selling anything or asking for money. As a token of appreciation for your help, we'll send you $25 for helping us with our project. May I speak with an adult here who is familiar with the health care of family members.

MORE IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people's lives. The questions are very basic--things like "Are you satisfied with your health care and choice of doctors? Do you have health insurance? Have you had a flu shot in the last 12 months?" The interview is strictly confidential and you don't have to answer any questions you don't want to.

TYPE <g> TO CONTINUE ===> [goto code_s1]

FOR NEW SAMPLE (VERSION 2-- NO LETTER):

>s1< Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation about health issues. As a token of appreciation for your help, we'll send you $25 for participating in a brief interview. May I speak with an adult at least 18 years old who lives here and is familiar with the health care of family members.

ADDITIONAL TEXT IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people. The questions are very basic--things like "Are you satisfied with your health care and choice of doctors? Do you have health insurance? Have you had a flu shot in the last 12 months?" The interview is strictly confidential and you don't have to answer any questions you don't want to.

LENGTH: The interview will only take about half an hour and we will send you $25 for helping us with the study.

TYPE <g> TO CONTINUE ===> [goto code_s1]

FOR REFUSAL PREPAYS

>pap1< Hello, my name is _____, calling from Mathematica. Last week, we sent a letter to your household about a study concerning the health care needs of adults and children. As a token of our commitment, we enclosed a check for $[fill chka].

Got check, continue.....1
Did not receive check.....2 [goto pap3]
CALL BACK .....3 [goto callback]
===>

>pap2< I hope the letter and brochure answered your questions about our research study.

PAUSE, AND ANSWER ANY QUESTIONS. IF NO QUESTIONS, CONTINUE

I can conduct the interview with an adult who is familiar with the health care of the people who live here. Let's begin.

TYPE <g> TO CONTINUE

CALL BACK .....1 [goto callback]
===> [goto a2]

>pap3< I'm calling to ask you to take part in a major health study, and I'd like to resend you a check for $[fill chka] for helping us with the survey. By sharing your concerns and opinions about health care, you will help answer important questions about how changes in health care are affecting the well being of adults and children in your community.

IF NECESSARY ADD: The interview will only take about a half hour.

I can conduct the interview with an adult who is familiar with the health care of the people who live here. Let's begin.

TYPE <g> TO CONTINUE [goto code_s1]

NEEDS CHECK FIRST .....1 [goto pap4]
===>

>code_s1<

CONTINUE WITH INTERVIEW

SPEAKER IS 18 OR OLDER .....1 [goto a4]
WILL CALL SOMEONE 18 OR OLDER
TO THE PHONE 2
WANTS MORE INFORMATION.....9 [goto a3]

CALLBACK

NO PERSON 18 OR OLDER HOME NOW 3
CALLBACK 10

PROBLEM

PROBABLE MENTAL IMPAIRMENT 5
LANGUAGE BARRIER .....6 [goto lang]
SUPERVISOR REVIEW.....11

REFUSAL

HOUSEHOLD REFUSAL 7
HUNG UP DURING INTRODUCTION.....12

INELIGIBLE

NO PERSON 18 OR OLDER
LIVES IN THE HOUSEHOLD.....4
NOT A RESIDENCE (BUSINESS/
NON-RESIDENCE/GROUP QUARTERS/
INSTITUTION/VACATION HOME).....8
===>

>lang< INTERVIEWER CODE LANGUAGE

SPANISH [set for Spanish interview].....s
OTHER .....o
===>

>lang_other< INTERVIEWER CODE LANGUAGE

ASIAN

CHINESE 1
JAPANESE 2
KOREAN 3
VIETNAMESE 4
UNKNOWN ASIAN 5
OTHER [SPECIFY] 0

_____

EUROPEAN/SLAVIC

FRENCH 6
GERMAN 7
ITALIAN 8
POLISH 9
PORTUGUESE 10
RUSSIAN 11
UNKNOWN EUROPEAN/SLAVIC 12
OTHER [SPECIFY] 0

_____

OTHER

OTHER [SPECIFY] 0

_____

===>

FOLLOW UP RESPONSES FOR ALL SAMPLES

>a3< SPONSOR: The project 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.

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 [Maureen Michael] at [fill phone number].

MORE ON PURPOSE IF NEEDED: We are doing this study because fundamental changes are taking place in health care today, but little information is available on how these changes are affecting people. For example, the project will help us understand whether people are getting the health care they need, their satisfaction with choice of physicians and quality of care, and how we can help children and adults who don't have health insurance or may lose it.

SELECTION: Your telephone number was randomly generated by a computer to represent many others in your community. For our results to be accurate, it is very important that we interview the households we select.

CONFIDENTIALITY: All of your answers are confidential. The answers you give will be combined with answers from other people in your community. Your name will not be linked with the answers.

TYPE <g> TO CONTINUE ===> [goto code_s1]

>phone_ck< Is this phone used for. . .

home use 1
business and home use, or 2
business use only? [ineligible] 3

a. DEMOGRAPHICS AND SCREENING

>test< If new sample go to >hhld<; if reinterview continue with >DEL<

HOUSEHOLD COMPOSITION

IF RE-INTERVIEW SAMPLE:

>DEL< To begin, I'm going to list the people who were part of this household when we interviewed in [fill MO/YR]. As I read, tell me if any of them no longer live here.

I **INTERVIEWER:** DO NOT READ HOUSEHOLDER TO RESPONDENT. READ GENDER AND AGE AT LAST INTERVIEW IF NAME AND RELATIONSHIP ARE INSUFFICIENT.

DELETE? NAME RELATION SEX AGE AT LAST INTERVIEWER

[fill NAME][RELATIONSHIP] [Sex][AGE AT R2] 1
[fill NAME][RELATIONSHIP] [Sex][AGE AT R2] 2
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 3
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 4
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 5
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 6
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 7
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 8

ALL PREVIOUS HOUSEHOLD MEMBERS
CONFIRMED OR DELETED ..... g

R CLAIMS HOUSEHOLD NOT IN R2 — NO MEMBERS
FROM ROUND 2 REMAIN
[REFLAG HOUSEHOLD AS NEW SAMPLE] ..... x [goto A210]

UNDELETE A PERSON ..... u

UNDELETE THE ENTIRE HH ..... e
===> [goto ADD]

NOTES TO >DEL<:

1) **Entering a <x> response runs the existing deletion routine from the R2 instrument, with a *DELETED* notation appearing in the relationship column. Lines marked as deleted are then available for the interviewer to add "new" members (below). This same *DELETED* notation should appear in all household and FIU review screens in the relationship column (whether for new sample or re-interview sample) unless a "new" person is added to that "line."**

2) **Data on relationship, sex and age at R2 are offered in the table only to aid the interviewer in verifying the household composition relative to Round 2. If the respondent offers corrections, the interviewer should say, "I'll take that information from you in a moment," and continue to verify household composition.**

>a202< upon <g> (review complete) in >DEL<, each person still in the table should be flagged to indicate an R2 household member.

>DEL2< Can I take a minute to verify that the people we interviewed at this phone number a couple of years ago are no longer here?

INTERVIEWER: DO NOT READ HOUSEHOLDER TO RESPONDENT. READ GENDER AND AGE AT LAST INTERVIEW IF NAME AND RELATIONSHIP ARE INSUFFICIENT

DELETE? NAME RELATION SEX AGE AT R2

[fill NAME][RELATIONSHIP] [Sex][AGE AT R2] 1
[fill NAME][RELATIONSHIP] [Sex][AGE AT R2] 2
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 3
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 4
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 5
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 6
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 7
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 8

ALL PREVIOUS HOUSEHOLD
MEMBERS CONFIRMED..... g

RESPONDENT CLAIMS HOUSEHOLD
NOT IN ROUND 2 - NO MEMBERS FROM
ROUND 2 REMAIN [goto A210] x

UNDELETE..... u

UNDELETE THE ENTIRE HH..... e
===> [goto ADD]

>A210< We would still like to include your household in our study. 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 and is endorsed by state health departments throughout the country. As a token of appreciation for your help, we'll send your family $25 for helping us with the project. Since the survey is about health issues, I would like to speak with an adult who lives here and is familiar with the health care of family members.

MORE IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people's lives. The questions are very basic--things like "Are you satisfied with your health care? Do you have health insurance? Have you had a flu shot in the last 12 months? The interview is strictly confidential and you don't have to answer an questions you don't want to.

TYPE <g> TO CONTINUE ..... g [goto hhld]
REFUSAL ..... r [goto Ref]
===>

>ref< INTERVIEWER ENTER <g> TO ENTER THE REASON FOR THE REFUSAL. CODE THE MAIN REASON ON THE NEXT SCREEN.
===>

>Ref1< INTERVIEWER: CODE MAIN REASON FOR REFUSAL

CONFIDENTIALITY 10
ACCESS TO TELEPHONE NUMBER 11
SKEPTICAL ABOUT OR DOESN'T
UNDERSTAND FOUNDATION'S ROLE 20
THINKS FOUNDATION IS A FRONT
FOR POLITICAL GROUPS 21
DOESN'T LIKE STUDY'S PURPOSE
(UNSPECIFIED REASON) 40
DOESN'T THINK STUDY WILL HELP
OR MAKE A DIFFERENCE 41
CONFUSED ABOUT STUDY'S PURPOSE 43
NOT INTERESTED (UNSPECIFIED REASON) 50
NOT INTERESTED IN HEALTH ISSUES/
NOT IMPORTANT 51
FAMILY/INFORMANT SATISFIED WITH
OR HAS GOOD INSURANCE 53
SPOUSE WOULD NOT WANT
INFORMANT TO PARTICIPATE 54
INTERVIEW IS TOO LONG 61
DOESN'T HAVE TIME FOR SURVEYS
(LENGTH NOT DISCUSSED) 62
NO REASON GIVEN 70
INCENTIVE TOO SMALL 82
SKEPTICAL ABOUT WHETHER
WE WILL PAY INCENTIVE 83
HOUSEHOLD REFUSED PRIOR TO THIS CALL 90
OTHER 0
===> END INTERVIEW

>ADD< Is there anyone that I have not mentioned who lives or stays here or who is away at college? REREAD NAMES FROM LIST IF NECESSARY.

[THEN]: 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?

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 live in a dorm or off-campus apartment.

IF NO: CODE "n"

IF YES: What are their first names?

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.

IF YES: ENTER CODE FOR NEXT AVAILABLE PERSON, WITH A MAXIMUM OF 8 PER HOUSEHOLD. (PROGRAM WILL PROMPT FOR NAMES)

NAME
[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
MORE THAN 8 HOUSEHOLD MEMBERS..... e [goto emo1]
===>

>test head< If Householder from Round 2 is confirmed as a current household member, goto >bmol<; else go to >head<

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

NAME RELATION SEX AGE

[fill NAME][RELATIONSHIP] [Sex][AGE AT R2] 1
[fill NAME][RELATIONSHIP] [Sex][AGE AT R2] 2
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 3
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 4
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 5
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 6
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 7
[fill NAME][RELATIONSHIP][Sex][AGE AT R2] 8

===> [reassign selected person and their demographic data to the <1> householder slot] [goto bmol]

IF NEW SAMPLE:

>hhld< What are the first names of the people who live or stay here, or who are students away at college? 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.

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 (see help screen for definitions), 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 QUART [Ineligible].....v
NO OTHER HOUSEHOLD MEMBERS.....n
DELETE A HOUSEHOLD MEMBER.....x
UNDELETE 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
[if reinterview sample goto test head;
if new sample goto bmo1]..... n
===>

>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)
===> [if reinterview sample goto test head; if new sample goto bmo1]

>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
(1-12)

|___|___| YEAR
(1880-1982)
===> [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
===> [If 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: IF R. GIVES DEGREE, CODE AS FOLLOWS:

HIGH SCHOOL/GED 12
JUNIOR COLLEGE/ASSOCIATES DEGREE..... 14
B.A./B.S. 16
M.A./M.S. 17
M.P.H./M.B.A/M.P.A. 18
JD/LAW 19
MD/PHD 20

|___|___| 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
(1880-1998) 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: IF R. GIVES DEGREE, CODE AS FOLLOWS:

HIGH SCHOOL/GED 12
JUNIOR COLLEGE/ASSOCIATES DEGREE..... 14
B.A./B.S. 16
M.A./M.S. 17
M.P.H./M.B.A/M.P.A. 18
JD/LAW 19
MD/PHD 20

|___|___| 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
OWN SON/DAUGHTER.....3
ADOPTED SON/DAUGHTER[1].....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 ≥ 18 and relationship to householder is <7> <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is ≥ 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]

===>

>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
===>

[1]Adopted child is treated the same as child for all questions, except ethnicity (which is skipped for own child).

tests: **(1) Verify that spouses are opposite sexes and at least 14 years of age.**

(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:[2]

(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:

    (1) Person is unmarried full-time student, 16-22 years of age, and is not a child or ward of householder.
    (2) 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.
    (3) 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.

[2]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 by the following rules:

1) Determine if sampled R2 child has been identified as an R3 FIU member and is under age 18.

IF YES: Select R2 child as R3 child and go to >resp<

IF > 1 R2 sampled child (due to FIU reformation), set a flag and pick one child of the flagged children at random.

IF NO: Sample new R2 child (demographics collected above) and go to >kdc1<

NOTE: NATIONAL SAMPLE WITHIN PSU SITES ARE CODED FOR PSU; OTHERWISE PSU FOR NATIONAL SAMPLE =0

>test1< If PSU > 0 goto kdck Else goto kdck3

>kdck< Was [fill NAME] living in the [PSU NAME] area at any time from August 1998 THROUGH October 1999?

PROBE: We need to ask this question to know whether children selected for this survey also had a chance to be selected in the first survey.

YES.....1
NOT YET BORN 2
ALIVE, BUT LIVING OUTSIDE AREA.....3 [goto kdck2]

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

>kdck2< Was [fill NAME] living in the continental United States at any time from 1998 THROUGH October 1999?

YES.....1
NO 0

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

>kdck3< Was [fill NAME] living in the continental United States at any time from August 1998 THROUGH October 1999?

PROBE: We need to ask this question to know whether children selected for this survey also had a chance to be selected in the first survey.

YES.....1
NOT YET BORN 2
ALIVE, BUT LIVING OUTSIDE CONTINENTAL US.....3

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

NOTE: (1) THE PROGRAM WILL FORM INTERVIEWING UNITS AND THE INTERVIEWER WILL BEGIN WITH THE HOUSEHOLDER'S UNIT.

NOTE: The review of household composition is done on screens organized by Family Insurance Units (FIUs). Linda has already coded this into Section A, although the question text has not been added:

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

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

[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< We would like to conduct the rest of the interview with you. (We will also be asking questions about READ NAMES. . .) and we will be sending you a check for $25 for completing the interview.

INTERVIEWER: NOTE ONLY ONE CHILD IS SELECTED PER FAMILY

TYPE <g> TO CONTINUE ===>

>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 (your/any of your/either of your) current or former employers or unions. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

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.

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.

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.

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, 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]]
===>

REVISED TEXT PERMIT PERSONS TO REPORT MEDICAID/STATE COVERAGE AND PRIVATE COVERAGE; DUAL MEDICARE/MEDICAID OBTAINED IN b60, AVOIDING STATE COVERAGE QUESTION FOR MEDICARE BENEFICIARIES.

>blex< IF STATE ONLY OFFERS MEDICAID: Are READ NAMES covered by [Medicaid/fill STATE NAME], the government assistance program that pays for health care? NOTE: WE REPLACED “for people in need” with “that pays for health care.”

YES.....1 [goto b1e]
NO 0

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

>bley< 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 b1f]

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 b1f]
DELETE A CODE.....x
===>

>ble< 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
===>

>b1h< Are READ NAMES covered by fill STATE SPECIFIC PLANS, INCLUDING CHIP?

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
===>

PERMITS MEDICAID AND MILITARY REPORTING, WHICH WAS NOT ALLOWED IN R2

>b1f< Are READ NAMES covered by CHAMPUS, CHAMP-VA, TRICARE, 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--CHAMPUS, CHAMP-VA, TRICARE STANDARD, TRICARE PRIME, TRICARE EXTRA, VA, or some other military health plan?

INTERVIEWER: CODE ALL THAT APPLY

INTERVIEWER: IF R IS UNSURE TRICARE STANDARD AND PRIME, CODE "3" STANDARD.

CHAMPUS 1
CHAMP-VA 2
TRICARE STANDARD 3
TRICARE PRIME 4
TRICARE EXTRA 5
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 blj]

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

>bli2< 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]**.

>b2000< **Set calln = 0 # initialize variable to keep track of which call (that is, within the three private plan "grid," which plan are we on when we make the call) to the external program.**

>b2< In how many different health plans (obtained through current or past employers/(or) that you purchased directly/(or) were provided by someone who does not live in your household) are [fill NAMES OF FAMILY MEMBERS LISTED IN b1a, blb or blc EXCEPT FOR THOSE 65 AND NOT COVERED BY MEDICARE] 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.

|___| PLANS
(1-3)

0.....0 [go back to b1 and correct]
DON'T KNOW.....d
REFUSED.....r
===>

>b204< [IF HARD MATCH AND ONE PRIVATE PLAN AT R2 AND R3] When we last interviewed (you/your family) on [fill MO/YR OF R2 INTERVIEW], we recorded your health insurance plan as [fill fptext]. Do you still have this plan?

YES.....1 [goto b231]
NO 0

DON'T NOW .....d
REFUSED.....r
===> [goto b205]

>b205< Did your plan change since [fill MO/YR of R2 INTERVIEW] or is [fill fptxt] incorrect?

PLAN CHANGED.....1
INCORRECT NAME.....2

DON'T KNOW.....d
REFUSED.....r [goto b231]
===> [goto b2101]

INSURER DATABASE MATCHING PROGRAM BEGINS HERE

>zb211< What is the complete name of [the; the SECOND; the THIRD] plan?

PROBE: IF R. HAS DIFFICULTY RECALLING NAME, ASK: Do you have an insurance card or something else with the (first) plan name on it?

DISPLAY: Read-Only List Of 12 entity names

DON'T KNOW
[fill "this plan" in subsequent questions].....d [goto b221]
REFUSED
[fill "this plan" in subsequent questions].....r [goto b221]
===>

>zb221< **INTERVIEWER:** CODE WHETHER DOCUMENT USED. [NO ERASE]

INSURANCE CARD 1

CLAIMS FORM 2

INSURANCE POLICY 3

NO DOCUMENT USED 0

INSURANCE COMPANY NAME INCORRECT,
BACKUP AND CORRECT 9
===>

>zMb2232< **Based on respondent's answer in zb211, search for insurance plan as follows:**

1) User enters input string.

2) String is broken into words, which are matched against a good word dictionary. Non-matches are thrown away.

3) With the matched words, one at a time, look for companies or plans in the state (where state may equal more than one state for some PSUs) that match the word.

4) "Or" these lists together to get a master list of entities.

5) For each of these entities, get a list of **plans offered nationally.**

6) If company not matched goto zb2240.

>zb2233< **[Company or plan match within state]**
I'm going to read a list of plans offered by that company. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan (read from list of products:)

Confirm highlighted ..... 1 **[GO TO zb2261]**

No match — accept text string and continue ..... 0 **[GO TO zb2240]**

Insurance company name incorrect,
backup and correct..... 9

>zb2240< Was this insurance plan obtained in a state other than (fill STATE)?

YES..... 1
NO ..... 0 **[goto zb2260]**

DON'T KNOW ..... d **[goto zb2260]**
===>

>zb2241< What state is that? [NO ERASE]

{DISPLAY: Code list for states}

===>

>zb2251< **[Company or plan match within another state]**
Here's a list of additional plans in [fill STATE]. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan. (read from list of products:)

Confirm highlighted entry 1
Edit Text String 2
No match — accept text string and continue 3

>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?[3]

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
===>

>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.

[3]The program only permits family members with private coverage and persons GE 65 to be coded as policy holders; the program also lists adults in other family units within the household for policy holder questions.

>b241< Who is covered by [fill PLAN NAME]?

[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 b261]. 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 [goto b261]
NO 0

DON'T KNOW ..... d
REFUSED ..... r
===> [goto b271]

>b261< And what is the name of the employer or union who provides this plan?

DISPLAY IF REINTERVIEW: INTERVIEWER: The (employer/union) listed when we last interviewed you was [fill NAME].

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME: We are trying to understand differences in insurance plans and how the benefits offered by a particular insurance company vary by employer/union.

INTERVIEWER NOTE: BE AS SPECIFIC AS POSSIBLE. SPELL OUT INITIALS AND INCLUDE UNION CHAPTER NUMBERS.

_____
(72 CHARACTERS)

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

>b271< Was this plan obtained through a state or federal government program that helps pay insurance coverage?

YES ..... 1 [goto b281]
NO ..... 0 [goto b291]

DON'T KNOW ..... d [goto b281]
REFUSED ..... r
===> [goto b291]

>b281< Do you recall the name of the program?

PROBE: Some programs that help provide health insurance include [fill STATE PROGRAMS].

[fill STATE PROGRAMS] 1
OTHER [SPECIFY] 9

_____

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

>b291< Did READ ASTERISKED NAMES 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] 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 [goto b301]
[fill NAME] ..... 2 [goto b301]

NO ONE ..... n
NEED TO DELETE A RESPONSE x

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test b311]

>b301< How many months ago did [fill NAME] enroll in [fill PLAN NAME]?

INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.

|___|___| MONTHS
(0-11)

DON'T KNOW ..... d
REFUSED ..... r
===> [REPEAT b301 FOR EACH PERSON ENROLLED IN PAST 12 MONTHS]

>test b311< [if b251 ne <1> goto b311; else goto b331]

>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 b331]

>b321< **INTERVIEWER:** CODE TIME PERIOD.

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

>b331< Does (PLAN NAME) require (you/members)[4] to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/they) must go to for all of your routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

YES 1
NO 0

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

>b341< [NOTE: BASED ON CAHPS] In order to see a specialist under [fill PLAN NAME], do (you/members) need to get a referral, that is approval or permission, from your doctor or health plan?

PROBE: Do not include emergency care.

YES 1
NO 0

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

>b351< Is there a book, directory, or list of doctors associated with the plan?

YES 1
NO 0

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

[4]Substitute "members" if informant is not covered.

>b361< Is (PLAN NAME) 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
===>

>test b371< [IF b351 eq <1> OR b361 eq <1> goto b371; ELSE goto test b381] fill

>b371< If (you/members) do not have a referral, will [fill PLAN NAME] pay for any of the costs of visits to doctors who are not [associated with the plan (b351 = 1)/part of the HMO (b361 = 1)]?

YES.....1
NO 0

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

>test b381< [IF b251 = <0>, <d> or <r>, goto test b40; Else, goto, b381]

>b381< Does [EMPLOYER NAME/this employer] offer more than one health insurance plan to its employees?

YES.....1 [goto b391]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto test b40]

>b391< Does [EMPLOYER NAME/this employer] offer (any HMO plans/any health insurance plans other than HMO plans)?

NOTE: IF THIS IS AN HMO PLAN, WE ASK IF EMPLOYER OFFERS NON-HMO PLAN. IF THIS IS A NON-HMO PLAN, WE ASK IF EMPLOYER OFFERS AN HMO PLAN.

YES.....1
NO 0

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

>test b40< IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b212-b392 FOR SECOND PLAN; IF b2=3, ASK b213-b393 FOR THIRD PLAN; ELSE, IF ANY FAMILY MEMBER HAS MILITARY COVERAGE (b1f ge<1>) AND AT LEASE ONE PERSON WITH MILITARY COVERAGE IS NOT COVERED BY SOME OTHER HEALTH PLAN, goto b40; ELSE goto test b51]

>b40< Next, we have some questions about military health plans.

In whose name is this [fill b1f1] plan?

NOTE: If b1f1 = <7>, <d>, or <r>, fill "military health."

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

NON-FAMILY MEMBER.....9
OTHER [SPECIFY] 0

_____
===>

>b41< Did [fill NAMES OF POLICY-HOLDER (b40) AND 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.

[fill NAME] ..... 1 [goto b421]
[fill NAME] ..... 2 [goto b421]

NO ONE ..... n
NEED TO DELETE A RESPONSE x

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test b51]

>b421< How many months ago did [fill NAME] enroll in [fill PLAN NAME]?

|___|___| MONTHS AGO
(0-11)
===> [REPEAT b42a FOR EACH PERSON COVERED, THEN goto test b51.]

NOTE: Deleted b431, b441, b451, b461, b471

>test b51< Medicare [if b1d ge <1> goto b54; else goto test b61]

>b54< Does [fill NAMES] use [his/her] Medicare coverage at an HMO?

INTERVIEWER: IF HUSBAND AND WIFE ARE BOTH ON MEDICARE, AND ONLY ONE IS IN AN HMO, CODE <2> or <3>.

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--MEDICARE BENEFICIARIES IN HMO ..... 1 [goto b55a]
YES--TWO BENEFICIARIES AND ONLY HUSBAND SIGNED UP WITH HMO ..... 2 [goto b55a]
YES - TWO BENEFICIARIES AND ONLY WIFE SIGNED UP WITH HMO ..... 3 [goto b55a]
NO/NONE 0

DON'T KNOW ..... d
REFUSED ..... r
===> [goto b51]

>b55a< What is the name of the HMO plan?

PROBE: IF R. HAS DIFFICULTY RECALLING NAME, ASK: Do you have an insurance card or something else with the plan name on it?

TO ENTER PLAN NAME.....

>b55p< _____
[PLAN NAME - 72 CHARACTERS]

DON'T KNOW ..... d [fill "this plan"]
REFUSED ..... r [fill "this plan"]
===>

>b55b< **INTERVIEWER:** CODE TYPE OF DOCUMENT USED. [NO ERASE]

INSURANCE CARD 1
CLAIMS FORM 2
INSURANCE POLICY 3
NO DOCUMENT USED 0
===>

>b55c< Was this HMO plan obtained through a current or past employer or union?

YES..... 1
NO 0

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

>b51< [Under the HMO plan,] (are you/are they/is he/is she) required to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/they) must go to for all of (your/their/his/her) routine care?

PROBES:

(1) Do not include emergency care or care from a specialist you were referred to.

(2) IF HUSBAND AND WIFE HAVE DIFFERENT MEDICARE PLANS, WITH ONE IN AN HMO AND ONE IN AN INDEMNITY PLAN, ASK FOR CHARACTERISTICS OF HMO PLAN.

NOTE: IF b54 eq <2> OR <3> PROGRAM STATEMENT IN BRACKETS.

YES.....1
NO 0

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

>b52< [Under the HMO plan,] in order to see a specialist, (do(es) (you/they/he/she) need approval or permission, from (your/their/his/her) doctor or health plan?

PROBE: Do not include emergency care.

YES.....1
NO 0

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

>b53< [Under the HMO plan], can [fill NAME] go to any doctor or clinic who will accept Medicare or **must** (he/she/you/they) choose from a book, directory, or list of doctors?

ANY DOCTOR/CLINIC.....1
BOOK/DIRECTORY/LIST 2

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

>test b56< [IF b53 eq <2> OR b54 eq <1>, <2> or <3> goto b56; ELSE goto b57]

>b56< If (you/he/she) do not have a referral, will [fill PLAN NAME] pay for any of the costs of visits to doctors who are not [associated with the plan /part of the HMO]?

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 [goto b58]
[fill NAME] .....2 [goto b58]
[fill NAME] .....3 [goto b58]
[fill NAME] .....4 [goto b58]
[fill NAME] .....5 [goto b58]
[fill NAME] .....6 [goto b58]
[fill NAME] .....7 [goto b58]
[fill NAME] .....8 [goto b58]

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

DON'T KNOW .....d
REFUSED ..... r
===> [goto b59]

>b58< How many months ago did [fill NAME] enroll in Medicare?

INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.

|___|___| MONTHS
(0-11)

DON'T KNOW .....d
REFUSED ..... r
===> .....[REPEAT FOR EACH MEDICARE BENEFICIARY ENROLLED IN PAST 12 MONTHS]

>b59< (Are/Is) [fill NAMES OF MEDICARE ENROLLEES] covered by Medicare supplemental or Medigap policies? These policies are designed to cover the costs of health care that are not covered by Medicare.

IF MORE THAN ONE PERSON, ASK: Who is covered by these policies.

CODE ALL THAT APPLY

[fill NAME] .....1 [goto b59a]
[fill NAME] .....2 [goto b59a]

NONE.....n
NEED TO DELETE A RESPONSE x

DON'T KNOW .....d
REFUSED ..... r
===> [goto test b60]

>59a1< FOR EACH PERSON CODED IN b59, ASK: Was [fill NAME]'s policy obtained through a current or past employer or union?

YES.....1
NO 0

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

NOTE: Deleted b59b, b59c, and b60

>test b61< ALL MEDICAID RECIPIENTS goto b64 [If bley 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 [goto b68]
[fill NAME] .....2 [goto b68]
[fill NAME] .....3 [goto b68]
[fill NAME] .....4 [goto b68]
[fill NAME] .....5 [goto b68]
[fill NAME] .....6 [goto b68]
[fill NAME] .....7 [goto b68]
[fill NAME] .....8 [goto b68]

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

DON'T KNOW .....d
REFUSED ..... r
===> [goto test b70]

>b68< How many months ago did [fill NAME] enroll in [STATE NAME/Medicaid]?

INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.

|___|___| MONTHS
(0-11)

DON'T KNOW ..... d
REFUSED ..... r
===> [REPEAT b68 FOR EACH MEDICAID BENEFICIARY ENROLLED IN PAST 12 MONTHS]

>test b70< ATTRIBUTES ASKED IF STATE PLAN, INCLUDING CHIP, AND NO PRIVATE PLANS. [If (b2<1) and (b1e eq <2> or b1i1 eq <1>) goto b71; else goto testb80]

>b71< Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder.

In whose name is [fill NAME OF STATE PROGRAM]?

INTERVIEWER: CODE NON-SPECIFIC 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
===>

NOTE: Deleted b72, b73, and b74

>b75< 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
===>

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 [goto b78]
[fill NAME] .....2 [goto b78]
[fill NAME] .....3 [goto b78]
[fill NAME] .....4 [goto b78]
[fill NAME] .....5 [goto b78]
[fill NAME] .....6 [goto b78]
[fill NAME] .....7 [goto b78]
[fill NAME] .....8 [goto b78]

NO ONE AFTER [fill DATE]/NO ONE ELSE.....n

DON'T KNOW .....d
REFUSED ..... r
===> [goto test b80]

>b78< How many months ago did [fill NAME] enroll in [NAME OF STATE PROGRAM]?

INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.

|___|___| MONTHS
(0-11)
===> [REPEAT b78 FOR PERSON ENROLLED IN PAST 12 MONTHS]

CURRENTLY UNINSURED

>test b80< [IF ONE OR MORE FAMILY MEMBERS IS CURRENTLY UNINSURED BUT AT LEAST ONE MEMBER IS PRIVATELY INSURED, goto b79 ELSE, IF ALL FAMILY MEMBERS ARE UNINSURED, goto b80 FOR FIRST PERSON; ELSE goto TEST b85]

>b79< Is family coverage offered under [POLICY HOLDER'S] health insurance plan?

YES.....1 [goto b791]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto b801 FOR FIRST UNINSURED PERSON]

>b791< (Is/Are) [fill NAMES OF UNINSURED FAMILY MEMBERS] not covered by [fill POLICY HOLDERS] plan because health insurance costs too much or was there some other reason?

COSTS TOO MUCH 1
OTHER [SPECIFY] 2
===> [goto b801 FOR FIRST UNINSURED PERSON]

>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 an insurance company.....1 [goto b82]
Medicaid/fill state name.....2 [goto b82]
[fill state plan].....3 [goto b82]
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]

>b82< Was 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
===>

>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
===>

REPEAT b80 - b84 FOR EACH CURRENTLY UNINSURED PERSON.
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.

health 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[5] [SUPPRESS IF PERSON LT 65]	6	
or did (he/she/you) not have any health insurance coverage	0	[goto test 852]
NOT APPLICABLE [NEWBORN/FOREIGN COVERAGE]	7	[goto test 852]
DON'T KNOW	d	[goto test 852]
REFUSED	r	[goto test 852]

===>

>test b861< **[IF THERE ARE OTHER CURRENTLY INSURED FAMILY MEMBERS WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO, goto b861; ELSE goto TEST b871]**

[5]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 b871< [b851 le <4> or b851 eq <6>, goto b871; ELSE goto TEST b852]**

>b871< Was [fill NAME]'s last health insurance plan before [fill CURRENT PLAN NAME] 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
===>

>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 b90].

>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.

health 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 b872< [b852 le <4> or b852 eq <6>, goto b872; ELSE goto TEST b882]**

>b872< Was [fill NAME]'s last health insurance plan before [fill CURRENT PLAN NAME] 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
===>

>test b882< [If b852 eq <1> and current coverage is private (bla, blb or blc) go to b882; ELSE goto test b90]

>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. [6] 4
OTHER [SPECIFY] 5

_____

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

[6]Frequency for particular services is too low to justify burden and cost of separate coding.

>test b90< **[IF INFORMANT HAS BEEN IN HMO IN LAST YEAR goto b911; ELSE goto b901]**

>b901< Have you ever been enrolled in an HMO?

YES.....1 [goto b911]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto test b902]

>b911< [INFORMANT ONLY] Altogether, for about how many years have you been enrolled in HMO plans?

PROBE: Your best estimate is fine.

LESS THAN SIX MONTHS 0
(1-20) YEARS 1

DON'T KNOW .....d [goto b921]
REFUSED ..... r
===> [goto test b902]

>b921< Would that be less than two years, two to five years, or more than five years?

LESS THAN TWO YEARS 1
TWO TO FIVE YEARS.....2
MORE THAN FIVE YEARS.....3

DON'T KNOW .....d
REFUSED ..... r
===> [goto test b902]

>test b902< **[IF INFORMANT IS MARRIED, goto test b90 AND ASK b902 ... b922 FOR SPOUSE, SUBSTITUTING [fill NAME] FOR [YOU], ELSE, IF NO SPOUSE, goto b951.]**

>b951< In choosing among alternative health plans, some people have concerns that are especially important to them.

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement: I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.[7]

PROBE: CODE 7 IF R. SAYS THE STATEMENT DOES NOT APPLY.

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5

NOT APPLICABLE 7

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

>test< If uninsured go to section C. Form a table listing possible plans (up to three private plans, up to three Medicaid/SCHIP, Medicare, CHAMPUS, CHAMP-VA, TRICARE, VA, or other health plan, Indian Health Service, other) by person. If R. reports Medicare, store Medicare. Else, sum the number of plans reported for this FIU. If one, store name of plan and go to Module C; else, if R. reports Medicaid/CHIP and one private plan, store the private plan and go to Module C; else go to b96.

>b961< Which of the following plans (do you /does NAME) use for all or most of (your/NAME'S) health care? [Repeat for each person in FIU and store plan for each person.]

LIST PLANS.

NOTE: Deleted b98 and b99 for CTS2

[7] Source: Royal, Kenneth, et al, **The Gallup Arizona Health Care Poll**. P.18, The Gallup Organization, 1995. Distributions by coverage available.

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][8]. 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]].[1] 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]

[8]Delete phrase for one person family.

>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
===> [goto c311]

>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 c3p1]
(1-96)

DON'T KNOW ..... d [goto c321]
REFUSED ..... r [goto test c411]
===>

>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 [goto test c411]
REFUSED.....r [goto test c411]
===>

>c3p1< [ASK OF ALL PERSONS] (Were any of these visits/Was this visit) for routine preventive care such as a physical examination (well-child if child <5) or check up?

YES.....1 [goto c331]
NO.....0

DON'T KNOW.....d
REFUSED.....r [goto c331]
===> [goto c3c1]

>c3c1< (Were any of these visits/Was this visit) for a routine check up for an ongoing health problem?

PROBE: Examples of ongoing health problems include asthma, diabetes, heart conditions, hypertension, cancer, etc.

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

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 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 [goto test c411]

|___|___| VISITS [goto test c351]
(1-96)

DON'T KNOW ..... d
REFUSED ..... r [goto test c411]
===>

>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
===>

>test c351< [IF c3p1 ne <1> AND c3c1 ne <1> goto c351; ELSE goto test c411]

>c351< [ASK OF ALL PERSONS] (Were any of these visits/Was this visit) for routine preventive care such as a physical examination (well-child if child <5) or check up?

YES ..... 1 [goto test c411]
NO 0

DON'T KNOW ..... d
REFUSED ..... r [goto test c411]
===>

>c361< (Were any of these visits/Was this visit) a routine check up for an ongoing health problem?

PROBE: Examples of ongoing health problems include asthma, diabetes, heart conditions, hypertension, cancer, etc.

YES.....1
NO 0

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

>test c411< [IF NO HOSP/ER/PHYS./OTHER PROVIDER VISITS, goto c511][9]

>c411< During the past 12 months has [fill NAME] had **surgery** or other surgical procedures either in the hospital or in a doctor's office?

PROBE: This includes both major surgery and minor surgery and procedures such as setting broken bones, stitches, or removing growths.

YES.....1 [goto c421]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto c511]

>c421< Altogether, how many different times has [fill NAME] had surgery during the past 12 months?

|___|___| TIMES [goto test c431]
(1-96)

DON'T KNOW .....d
REFUSED ..... r
===> [goto c511]

>test c431< [IF PERSON HAS HAD AT LEAST ONE HOSPITAL STAY goto c431; ELSE goto c511]

[9]Even if respondent recalled no encounters with health system, he or she could have obtained a flu shot and not considered it an a visit with medical personnel.

>c431< And how many of these [fill c411] surgeries were in the hospital when [fill NAME] stayed overnight or longer?

|___|___| TIMES
(0-96)

ALL 97

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

>c511< During the past 12 months, that is since [fill 12-MONTH DATE], has [fill NAME] seen or talked to a mental health professional, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

YES 1
NO 0

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

NOTE: c521 deleted.

>test c530< [IF PERSON GE 18 goto c531; ELSE goto test c600]

>c531< During the past 12 months, has [fill NAME] had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

YES 1
NO 0

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

>test c600< [IF PERSON IS FEMALE AND GE 40 goto c611; ELSE goto c811]

>c611< A mammogram is an x-ray of the breast to look for breast cancer. Has [fill NAME] ever had a mammogram?

YES.....1 [goto c621]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto c811]

>c621< How long has it been since [fill NAME] had (her/your) last mammogram?

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

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

c. UNMET NEED

>c811< [INFORMANT SELF RESPONSE] 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 R DID NOT GET

YES.....1
NO 0

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

>c821< [INFORMANT SELF RESPONSE] 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 c831<** **[IF c811 EQ <1> OR <8> OR c821 EQ <1> OR <8> goto c831; ELSE goto c841]**

>c831< [INFORMANT SELF RESPONSE] Did you not get or postpone getting medical care for any of the following reasons?

CODE ALL THAT APPLY.

INTERVIEWER: READ RESPONSE CATEGORIES SLOWLY TO RESPONDENT, ENTERING RESPONSES AS THEY ARE GIVEN.

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] ..... n

NONE CITED/NO OTHER RESPONSES 0
NEED TO DELETE A RESPONSE x

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

>c841< During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it?[10]

YES 1
NO 0

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

[10]Source: NHIS, AAU.111

>test c93< **[ASK c22...c842...FOR NEXT PERSON[11]; THEN goto c92]**

NOTE: c90 deleted.

>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
===> [goto Section D]

>c93< Would that be less than $500, $500 to $2,000, $2,000 to $3,000, $3,000 to $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
===>

[11]Include unmet need (k811...k831) for child, substituting child's home for second person.

d. USUAL SOURCE OF CARE/PATIENT TRUST

BEGIN WITH FAMILY INFORMANT

>d< The next questions are about places people go to for their health problems.

>d101< Is there a place that [you/fill NAME] **usually** go(es) to when (you/he/she) (is/are) sick or need(s) advice about your health?

PROBE: IF R. IS UNSURE IF ONE PLACE OR MORE THAN ONE PLACE: When [you/fill NAME] (is/are) sick or need(s) advice about (his/her/your) health, do(es) (he/she/you) go to one place or more than one place?

YES.....1 [goto d111]
NO, THERE IS NO PLACE .....0 [goto test d301]
NO, THERE IS MORE THAN ONE PLACE.....3 [goto d111]

DON'T KNOW .....d [goto test d301]
REFUSED..... r [goto test d301]
===>

>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/does) [you/fill NAME] 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
===>

>d121< When (you/fill [NAME]) go(es) there, do(es) (you/he/she) usually see a doctor, a nurse, or some other type of health professional?

INSTRUCTION: IF R. SAYS DOCTOR AND NURSE, CODE DOCTOR.

DOCTOR 1
NURSE 2
OTHER [SPECIFY] 3

_____

DON'T KNOW ..... d [goto d141]
REFUSED ..... r [goto d141]
===>

>d131< Do(es) [you/fill NAME] usually see the same (doctor/nurse/provider) each time (you/he/she) go(es) there?

YES 1
NO 0

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

>d141< At any time in the past 12 months did [you/fill NAME] change the [fill PROVIDER/PLACE][12] you/he/she) **usually** go(es) to for health care?

YES ..... 1 [goto d151]
NO 0

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test d301]

>d151< Was this change **mainly** related to health insurance, the quality of care [you/fill NAME] received, or was it for some other reason?

HEALTH INSURANCE ..... 1 [goto d161]
QUALITY OF CARE 2
OTHER ..... 3 [goto d171]

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test d301]

[12]Fill hierarchically: if d121 answered and d131=1 - (1)doctor,(2) nurse,(3) health professional; else fill d111 if d111 ≤ 5; else place.

>d161< Did [you/fill NAME] change the [fill PROVIDER/PLACE] (you/he/she) usually (go/goes) to for health care because [fill NAME] or [fill NAME]'S employer changed health plans, because the [fill PROVIDER/PLACE] was not covered by the health plan, or for some other reason?

INTERVIEWER: CODE ONE RESPONSE

EMPLOYER CHANGED HEALTH PLANS 1
[PROVIDER/PLACE] NO LONGER COVERED 2
OTHER [SPECIFY] 3

_____

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test d301]

>d171< Which of the following reasons best describes why [you/fill NAME] changed the [fill PROVIDER/PLACE] (you/he/she) usually go(es) for health care?

([Fill NAME]/you/your) [PROVIDER/PLACE]
was no longer available 1
([Fill NAME]/you/your) needed to see a particular
type of doctor 2
([Fill NAME]/you/your) recently moved 3
([Fill NAME]/you/your) felt that it was more
convenient to go to another doctor 3
or some other reason I haven't
mentioned? [SPECIFY] 5

_____

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

NOTE: d201 deleted.

END ROTATION

>test d301< **[IF MORE THAN ONE PERSON; REPEAT d10n...-d20n... FOR EACH PERSON.]**

>test d302< **[IF INFORMANT HAS USUAL SOURCE OF CARE WHO IS A PHYSICIAN (d121 eq <1>) OR HAD GE ONE PHYSICIAN VISITS IN THE LAST 12 MONTHS (1 ≤ C311 ≤ 96 OR 1 ≤ c321 ≤ 5) goto d311; ELSE goto test e10.]**

>d3i1< Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ. ROTATE d311-341.] [13]

>d311< I think my doctor may not refer me to a specialist when needed.

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree?

(1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d".

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

[13] The next four questions (d311-d341) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>d321< I trust my doctor to put my medical needs above all other considerations when treating my medical problems.

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

(1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d."

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

>d331< I think my doctor is strongly influenced by health insurance company rules when making decisions about my medical care**.**

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

(1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "8."

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

>d341< I sometimes think that my doctor might perform unnecessary tests or procedures.

INTERVIEWER: REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

(1) CODE “7” IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE “8.”

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

e. FAMILY LEVEL SATISFACTION/LAST VISIT PROCESS AND SATISFACTION/SF12/RISK BEHAVIORS

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 ≤ c311 ≤ 96, or 1 ≤ c321 ≤ 5, or 1 ≤ c331 ≤ 96, or 1 ≤ c341 ≤ 5) goto e101, ELSE goto e121]

>e100< 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
===>

>e121< Now I would like to ask you about satisfaction with your choice of doctors.

First, primary care doctors, such as family doctors, [pediatricians],[14] 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 e131]
DISSATISFIED.....2 [goto e131]
NEITHER SATISFIED NOR DISSATISFIED 3

DON'T KNOW .....d
REFUSED ..... r
===> [goto e141]

>e131< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

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

>e141< During the past 12 months, have you personally needed or seen 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
===> [goto test for uninsured]

[14] Exclude for adults.

>CAHPS12< In the last 12 months, did (you/NAME) see a specialist?

YES.....1
NO 0

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

>e151< Are you satisfied or dissatisfied with the **choice** you have for specialists?

SATISFIED.....1 [goto E151]
DISSATISFIED.....2 [goto E151]
NEITHER SATISFIED NOR DISSATISFIED 3

DON'T KNOW .....d
REFUSED..... r
===> [goto test for uninsured]

>E151< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

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

>test for uninsured< IF R IS UNINSURED goto test E161, WHICH BEGINS LAST VISIT SEQUENCE; ELSE goto NEW.

>new< The next questions are about your experiences with [NAME OF HEALTH PLAN].

===>

>testCAHPS10< **.....IF PERSON HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto CAHPS10; ELSE, IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST goto CAHPS23; ELSE goto SP14.**

>CAHPS10< In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? Would you say that it was . . .

A big problem.....1
A small problem 2
Not a problem.....3
I didn't need to see a specialist in the last 12 months.....4

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

>CAHPS23< In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from [NAME OF HEALTH PLAN]? Would you say that it was . . .

A big problem.....1
A small problem 2
Not a problem.....3

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

>CAHPS37< In the last 12 months, how much of a problem, if any, did you have with paperwork for [NAME OF HEALTH PLAN]? Would you say that it was . . .

PROBE: Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

A big problem.....1
A small problem 2
Not a problem.....3
I didn't have any experience with paperwork for [NAME OF HEALTH PLAN] in the last 12 months 4

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

>SP14< Given [NAME OF HEALTH PLAN]'s benefits, are you satisfied or dissatisfied with the amount you pay for health care?

SATISFIED.....1
DISSATISFIED.....2
NO AMOUNT PAID.....n

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

>SP14X< Would that be very satisfied or somewhat satisfied?

VERY.....1
SOMEWHAT.....2

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

>CAHPS38< We want to know your rating of all your experiences with [NAME OF HEALTH PLAN].

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

Worst health plan possible.....0
.....1
.....2
.....3
.....4
.....5
.....6
.....7
.....8
.....9
Best health plan possible.....10

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

>test e161< [IF PERSON HAS HAD ANY PHYSICIAN VISITS IN LAST 12 MONTHS (1 ≤ C311 ≤ 96 OR 1 ≤ C321 ≤5), goto e161; ELSE, goto SF12 (e401)]

>e161< Since [fill DATE 12 MONTHS AGO], did [fill NAME] visit a doctor for care of sickness, injury, or other health problems?

PROBES: (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.

(2) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES.....1 [goto e171]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto e201]

>e171< In what month was (fill NAME)'s **most recent** visit for sickness, injury, or other health problem?[15]

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

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===>

[15]In this and related questions with 12 month recall, the last 12 months are asterisked. The interviewer cannot enter a value outside of the recall period.

>e181< Since that visit in MONTH, did [fill NAME] visit a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological [or pregnancy][16] check up, or other preventive care not related to a health problem?

PROBE: (1) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES.....1 [goto e191]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto test e221]

>e191< In what month was [fill NAME]'s **most recent** visit for a check-up or physical exam?

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

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===>

[16]Limit "or pregnancy" to women between 12 and 50.

>test e191< [VERIFY THAT MONTH IN e191 IS SAME MONTH OR FOLLOWS MONTH IN e171; THEN goto test e221]

>e201< ASKED IF PERSON HAS NOT HAD A SICK VISIT.

During the last 12 months, did [fill NAME] visit a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological or pregnancy check up], or other preventive care not related to a health problem?

YES.....1 [goto e211]
NO .....0 [goto e901]

DON'T KNOW .....d
REFUSED ..... r
===> [goto SF12 (e401)]

>e211< In what month was [fill NAME]'s **most recent** visit?

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

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===> [goto test e221]

>e901< Earlier I noted that you had [fill # IN c311 OR c321] doctor visit(s) in the last 12 months. Is that correct or incorrect?

CORRECT [jb e161 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT.....1 [goto e911]
===>

>e911< Since [fill DATE], about how many times [have/has] [fill NAME] seen a doctor? Do not count doctors seen while an overnight patient in a hospital or emergency room.

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

NONE.....0

|___|___| VISITS [goto e161]
(1-96)

DON'T KNOW.....d
REFUSED..... r
===> [goto e401, SF12]

>test e221< [IF PERSON HAD SICK AND WELL VISIT (e161 = 1 and e181 = 1), SELECT MOST RECENT FOR e221. IF SAME MONTH FOR BOTH, FILL WELL VISIT (e181) SINCE IT WAS MORE RECENT]

>e221< Please think about [fill NAME]'s visit [for preventive care or a check up/for care of sickness or injury] in [fill MONTH].

Was the doctor [fill NAME] saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?

PROBE: Family doctors usually are in general or family practices or are internists or pediatricians who treat a variety of illnesses and problems.

FAMILY DOCTOR.....1
SPECIALIST, INCLUDING OB/GYN 2

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

>test e241< [IF PERSON HAS USC (d101 = 1) goto e241; ELSE goto E241]

>e241< Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?

YES.....1 [goto e251]
NO 0

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

>E24a1< Was this visit to an emergency room?

YES.....1 [goto e281]
NO 0

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

>e251< For this visit in [fill MONTH], did you have an appointment ahead of time or did (you/he/she) just walk in?

APPOINTMENT .....1 [goto e261]
WALK IN 2

DON'T KNOW .....d
REFUSED ..... r
===> [goto e281]

>e261< For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

INTERVIEWER: (1) CODE "0" FOR SAME DAY.

(2) ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

SAME DAY.....0

|___|___| TIME [goto e271]
(1-30)

DON'T KNOW .....d
REFUSED ..... r
===> [goto e281]

>e271< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e261].

DAYS 1
WEEKS 2
MONTHS 3
===>

TEST: VERIFY VALUES GT 12 MONTHS; COPY FOR CHILD AND OTHER ADULTS
(David see my memo, p.13, for form of verification question.)

>e281< How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

|___|___|___| TIME [goto E281]
(1-240)

DON'T KNOW ..... d
REFUSED ..... r
===> [goto e291]

>E281< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e281]

MINUTES 1
HOURS 2
===>

TEST: VERIFY VALUES GT 8 HOURS; REPEAT FOR CHILD AND OTHER ADULTS

>e291 For this visit, how long did it take [fill NAME] to get to the (doctor's office/emergency room)?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

|___|___| TIME [goto E291]
(1-90)

DON'T KNOW ..... d
REFUSED ..... r
===> [goto e301]

>E291< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e291]

MINUTES.....1
HOURS.....2
===>

TEST: VERIFY VALUES GT 8 HOURS; REPEAT FOR CHILD AND OTHER ADULTS.

>e301< Still thinking about this visit in [fill MONTH], how would you rate the thoroughness and carefulness of the examination and treatment you received? Would you say it was . . .

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>e311< How would you rate how well your doctor listened to you? Would you say it was . . .

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>e321< How would you rate how well the doctor explained things in a way you could understand. Would you say it was . . .

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>e401< Now, I have a few questions about (your/his/her) health. [17]

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
===>

[17] SF-12™ Standard US Version 1.0, Copyright 1994 The Health Institute; New England Medical Center. Distributed by: Medical Outcomes Trust. For Spanish speaking respondents, an interviewer-administered version of the U.S.-Spanish SF-12 was reviewed and approved by the New England Medical Center (agreement 10/26/97).

>e411< Next, I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities. [NOTE: WE USED WORDING FOR INTERVIEWER-ADMINISTERED VERSION PROVIDED BY MEDICAL OUTCOMES TRUST]

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

Does your health now limit you a lot, limit you a little, or not limit you at all?

PROBE: [IF R SAYS S/HE DOES NOT DO ACTIVITY]: Is that because of your health? AND REPEAT QUESTION

YES, LIMITED A LOT.....1
YES, LIMITED A LITTLE.....2
NO, NOT LIMITED AT ALL 0

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

>e421< Climbing **several** flights of stairs?

Does your health now limit you a lot, limit you a little, or not limit you at all?

PROBE: If R says s/he does not do activity: Is that because of your health? AND REPEAT QUESTION.

YES, LIMITED A LOT.....1
YES, LIMITED A LITTLE.....2
NO, NOT LIMITED AT ALL 0

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

>e431< The next two questions ask about your physical health and your daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

YES.....1
NO 0

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

>e441< During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

YES.....1
NO 0

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

>e451< The next two questions ask about your emotions and your daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

YES.....1
NO 0

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

>e461< During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

YES.....1
NO 0

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

>e471< During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere . . .

not at all 1
a little bit.....2
moderately 3
quite a bit 4
extremely 5

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

>e481< During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered . . .

all of the time.....1
most.....2
some.....3
a little.....4
or none of the time.....5

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

>e4l1< The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?

TYPE <g> TO CONTINUE ===>

>e491< How much of the time during the past 4 weeks have you felt calm and peaceful?

READ CATEGORIES SLOWLY.

all of the time.....1
most.....2
some.....3
a little, or.....4
none of the time.....5

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

>e501< How much of the time during the past 4 weeks did you have a lot of energy?

READ CATEGORIES SLOWLY.

all of the time.....1
most.....2
some.....3
a little, or.....4
none of the time.....5

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

>e511< How much of the time during the past 4 weeks have you felt downhearted and blue?

READ CATEGORIES SLOWLY.

all of the time 1
most 2
some 3
a little, or 4
none of the time 5

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

>GSS157< Taken all together, how would you say things are these days? Would you say you that you are very happy, pretty happy, or not too happy?

VERY HAPPY 1
PRETTY HAPPY 2
NOT TOO HAPPY 3

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

ADULT CHRONIC CONDITIONS FOR FIU INFORMANT.

>cc1< **[IF FEMALE, AGE 50 OR UNDER]**
The next questions are about your health during the past two years. During the past two years, have you had a baby?

YES 1
NO 0

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

>cc2c< **[IF FEMALE]** During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?

YES 1
NO 0

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

>cc3b< Has a doctor or health professional ever told you that you had diabetes or high blood sugar?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for diabetes or high blood sugar?

>cc3c< Has a doctor or health professional ever told you that you had arthritis?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis?

>cc3d< Has a doctor or health professional ever told you that you had asthma?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for asthma?
[GO TO cc3g]

>cc3e< Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease?

>cc3g< Has a doctor or health professional ever told you that you had hypertension or high blood pressure?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?

>cc3i< 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
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for coronary heart disease?

>cc5c< Has a doctor or health professional ever told you that you had skin cancer?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for skin cancer?

>cc5h< Has a doctor or health professional ever told you that you had cancer other than skin cancer?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for that cancer?

>c5f4< **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
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health professional for benign prostate disease?

>cc6e< Has a doctor or health professional ever told you that you had depression?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for depression?

>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
===>

>e521< Now, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement. I'm more likely to take risks than the average person.

INTERVIEWER: (1) NEITHER AGREE NOR DISAGREE IS NOT READ, BUT IS CODED IF OFFERED.

(2) PROBE BY ASKING: In general, . . . OR Whatever you think of as risks . . .

STRONGLY AGREE.....1
SOMEWHAT AGREE.....2
NEITHER AGREE NOR DISAGREE.....3
SOMEWHAT DISAGREE.....4
STRONGLY DISAGREE 5

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

>e601< These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

YES.....1
NO .....0 [goto test e12c]

DON'T KNOW .....d [goto test e12c]
REFUSED ..... r [goto test e12c]
===>

>e611< Do you now smoke cigarettes every day, some days or not at all?

EVERYDAY.....1 [goto e621]
SOME DAYS.....2 [goto e631]
NOT AT ALL.....3 [goto e651]

DON'T KNOW .....d
REFUSED ..... r
===> [goto test e12c]

>e621< On the average, how many cigarettes do you now smoke a day?

INTERVIEWER: IF R. GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESPONDING # CIGS. AND ENTER NUMBER.

|___|___| NUMBER OF CIGARETTES
(1-96)

1	PACK	= 20 cigarettes
1.5	PACKS	= 30 cigarettes
2	PACKS	= 40 cigarettes
2.5	PACKS	= 50 cigarettes
3	PACKS	= 60 cigarettes
3.5	PACKS	= 70 cigarettes
4	PACKS	= 80 cigarettes

DON'T KNOW .....d
REFUSED ..... r
===> [goto e661]

>e631< On how many of the past 30 days did you smoke a cigarette?

NONE.....0 [goto e651]

|___|___| DAYS [goto e641]
(1-31)

DON'T KNOW .....d [goto e661]
REFUSED ..... r [goto e661]
===>

>e641< On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

INTERVIEWER: IF R. GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESPONDING # CIGS. AND ENTER NUMBER.

|___|___| NUMBER OF CIGARETTES
(1-96)

1	PACK	= 20 cigarettes
1.5	PACKS	= 30 cigarettes
2	PACKS	= 40 cigarettes
2.5	PACKS	= 50 cigarettes
3	PACKS	= 60 cigarettes
3.5	PACKS	= 70 cigarettes
4	PACKS	= 80 cigarettes

DON'T KNOW ..... d
REFUSED ..... r
===> [goto e661]

>e651< How long has it been since you quit smoking cigarettes?

READ IF NECESSARY.

WITHIN THE PAST MONTH ..... 1 [goto test e671]
MORE THAN ONE MONTH BUT WITHIN THE PAST 3 MONTHS ..... 2 [goto test e671]
MORE THAN 3 MONTHS BUT WITHIN THE PAST 6 MONTHS ..... 3 [goto test e671]
MORE THAN 6 MONTHS BUT WITHIN THE PAST YEAR ..... 4 [goto test e671]
MORE THAN ONE YEAR BUT WITHIN THE PAST 5 YEARS 5
MORE THAN 5 YEARS BUT WITHIN THE PAST 15 YEARS 6
MORE THAN 15 YEARS AGO 7

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test e12c]

>e661< During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?

YES.....1
NO 0

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

>test e671< [IF PERSON HAS HAD ONE OR MORE PHYSICIAN VISITS IN LAST 12 MONTHS (1 ≤ c311 ≤ 96 or 1 ≤ c321 ≤ 5), goto e671; ELSE goto test e12c]

>e671< During the past 12 months, did any medical doctor advise you to stop smoking?

PROBE: In your opinion, REPEAT QUESTION.

YES.....1
NO 0

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

>test e12c< [IF FAMILY HAS CHILD GOTO k12, ELSE goto test e801]

>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 k14]

>k13< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

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

>k14< During the past 12 months, has [fill CHILD'S NAME] needed or seen 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
===> [goto test kCAHPS10]

>kCAHPS12< In the last 12 months, did [fill CHILD'S NAME]see a specialist?

YES 1
NO 0

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 K15]
DISSATISFIED ..... 2 [goto K15]
NEITHER SATISFIED NOR DISSATISFIED 3

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test kCAHPS10]

>K15a< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

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

>test kCAHPS10< IF CHILD IS NOT INSURED GOTO test k16l. IF CHILD HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto kCAHPS10; ELSE, IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST GO TO kCAHPS23; ELSE goto kSP14.

>kCAHPS10< In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that [fill CHILD'S NAME] needed to see?

A big problem 1
A small problem 2
Not a problem.....3
Child didn't need to see a specialist in the last 12 months.....4

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

>kCAHPS23< In the last 12 months, how much of a problem, if any, were delays in [fill CHILD'S NAME] health care while you waited for approval from [NAME OF HEALTH PLAN]?

A big problem 1
A small problem 2
Not a problem.....3

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

>test kCAHPS37<.....IF CHILD IS THE ONLY FAMILY MEMBER COVERED BY HIS OR HER POLICY ASK kCAHPS37, ELSE goto kCAHPS38.

>kCAHPS37< In the last 12 months, how much of a problem, if any, did you have with paperwork for [fill CHILD'S NAME] [NAME OF HEALTH PLAN]?

PROBE: Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

A big problem 1
A small problem 2
Not a problem 3
I didn't have any experience with paperwork for [NAME OF HEALTH PLAN] in the last 12 months 4

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

>kSP14< Given [NAME OF HEALTH PLAN]'s benefits, are you satisfied or dissatisfied with the amount you pay for health care?

SATISFIED ..... 1 [goto kSP14X]
DISSATISFIED ..... 2 [goto kSP14X]
NO AMOUNT PAID ..... na

DON'T KNOW ..... d
REFUSED ..... r
===> [goto kCAHPS38]

>kSP14X< Would that be very satisfied or somewhat satisfied?

VERY 1
SOMEWHAT .....

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

>kCAHPS38< We want to know your rating of all your experience with [fill CHILD'S NAME] [NAME OF HEALTH PLAN].

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

Worst health plan possible 0
..... 1
..... 2
..... 3
..... 4
..... 5
..... 6
..... 7
..... 8
..... 9
Best health plan possible..... 10

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

>test k16I< [IF CHILD HAD GE ONE PHYSICIAN VISIT(S) IN LAST 12 MONTHS (1 ≤ c 31... ≤ 96 or 1 ≤ c 32.. ≤ 96), goto e16x; ELSE goto k40]

>e16x< Who went with [fill CHILD'S NAME] to the doctor on (his/her) most recent visit?

INTERVIEWER: CODE "you," IF RESPONDENT AND SPOUSE TOOK CHILD TO DOCTORS.

RESPONDENT ..... 1 [goto k16]
[fill NAME] 2
[fill NAME] 3
[fill NAME] 4
NON-FAMILY MEMBER/NO ONE..... 0

DON'T KNOW ..... d
REFUSED ..... r
===> [goto k40I]

IF PERSON ACCOMPANYING CHILD IS OTHER ADULT FAMILY MEMBER, ALL QUESTIONS ABOUT THAT CHILD'S LAST DOCTOR VISIT WILL BE ADDED TO THE OTHER ADULT FAMILY MEMBER'S SELF-RESPONSE MODULE. IF NON-FAMILY MEMBER ACCOMPANIED CHILD, WE WILL ONLY ASK FOR GENERAL HEALTH STATUS AND CHRONIC CONDITIONS.

>k16< Since [fill DATE 12 MONTHS AGO], did [fill CHILD'S NAME] visit a doctor for care of sickness, injury, or other health problems?

PROBE: (1) Other health problems include follow up visits or check ups for chronic problems such as asthma, diabetes, etc.

(2) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES.....1 [goto k17I]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto k20I]

>k17< In what month was [fill CHILD'S NAME] **most recent** visit for sickness or injury?

JAN 1
FEB 2
MAR 3
APR 4
MAY 5
JUNE 6
JULY 7
AUG 8
SEPT 9
OCT 10
NOV 11
DEC 12

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===>

>k18< Since that visit in MONTH, has [fill CHILD'S NAME] visited a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?

PROBE: (1) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES ..... 1 [goto k19]
NO 0

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test k22]

>k19< In what month was [fill CHILD'S NAME] **most recent** visit for a check up or physical exam?

JAN 1
FEB 2
MAR 3
APR 4
MAY 5
JUNE 6
JULY 7
AUG 8
SEPT 9
OCT 10
NOV 11
DEC 12

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===>

>test k19< [VERIFY THAT MONTH IN k19 IS SAME MONTH OR AFTER MONTH IN k17; THEN goto test k22.]

>k20< During the last 12 months, did [fill CHILD'S NAME] visit a doctor for a general check up, physical examination [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?

PROBE: (1) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES.....1 [goto k21]
NO .....0 [goto k90]

DON'T KNOW .....d
REFUSED ..... r
===> [goto k40]

>k21< In what month was [fill CHILD'S NAME] **most recent** visit?

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

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===> [goto test k22I]

>k90< Earlier I noted that [fill CHILD'S NAME] had [fill #] doctor visits in the last 12 months. Is that correct or incorrect?

CORRECT [jb kl6]

INCORRECT ..... 1 [goto k40]
===>

>test k22< [IF CHILD HAD SICK AND WELL VISIT, SELECT MOST RECENT FOR k22. IF SAME MONTH, FILL WELL VISIT IN k22]

>k22< Please think about [fill CHILD'S NAME] visit for [preventive care or a check up/care of sickness or injury] in [fill MONTH].

Was the doctor [fill CHILD'S NAME] saw a family doctor or pediatrician who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?

PROBE: Family doctors usually are in general or family practices or are pediatricians who treat a variety of illnesses and problems.

FAMILY DOCTOR/PEDIATRICIAN 1
SPECIALIST 2

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

>test k24< [IF CHILD HAS USC (d10... = 1), GOTO k24; ELSE goto K24a]

>k24< Was this visit to the place you usually take [fill CHILD'S NAME] when (he/she) is sick or you need advice about (his/her) health?

YES ..... 1 [goto k25]
NO 0

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

>K24a< Was this visit to a hospital emergency room?

YES.....1 [goto k28]
NO 0

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

>k25< For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?

APPOINTMENT .....1 [goto k26l]
WALK IN 2

DON'T KNOW .....d
REFUSED ..... r
===> [goto k28l]

>k26l< For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

INTERVIEWER: CODE "0" FOR SAME DAY.

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

SAME DAY.....0

|___|___| TIME [goto k26l]
(0-30)

DON'T KNOW .....d
REFUSED ..... r
===> [goto k28l]

>k27l< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k26l]

DAYS 1
WEEKS 2
MONTHS 3
===>

>k28l< How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

|___|___| TIME [goto K28l]
(1-240)

DON'T KNOW ..... d
REFUSED ..... r
===> [goto k29l]

>K28l< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k28l]

MINUTES 1
HOURS 2
===>

>k29l< For this visit, how long did it take you to get to the (doctor's office/emergency room)?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN

|___|___| TIME [goto K29l]
(1-90)

DON'T KNOW ..... d
REFUSED ..... r
===> [goto k30]

>K29l< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k29l]

MINUTES 1
HOURS 2
===>

>k30< Still thinking about this visit, how would you rate the thoroughness and carefulness of the examination and treatment [fill CHILD'S NAME] received? Would you say it was . . .

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>k31< How would you rate how well the doctor listened to you? Would you say it was . . .

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>k32< How would you rate how well the doctor explained things in a way you could understand? Would you say it was . . .

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>k40< In general, would you say [fill CHILD'S NAME] health is:

Excellent 1
Very Good 2
Good 3
Fair 4
Poor 5

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

CHILD'S CHRONIC CONDITION QUESTIONS [AGE 0-17]

>ee2c< Has [fill CHILD'S NAME] ever seen a doctor or health care professional for four or more ear infections in any one year?

YES 1
NO 0

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

>ee4c< Has a doctor or health professional ever told you that [fill CHILD'S NAME] had asthma?

YES 1
NO 0

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

IF YES: During the past two years, has [fill CHILD'S NAME] seen a doctor or other health care professional for asthma?

>ee4d< Has a doctor or health professional ever told you that [fill CHILD'S NAME] had Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD?

YES 1
NO 0

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

IF YES: During the past two years, has [fill CHILD'S NAME] seen a doctor or other health care professional for Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD?

>ee5< Does your child need or use more medical care, mental health, or educational services than is usual or routine for most children of the same age?

YES.....1
NO 0

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

>ee5a< IF YES: Is this because of any medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months?

YES.....1
NO 0

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 ra34]

>ra34< During the past 12 months, did you look for or get information about a PERSONAL health concern . . .

RANDOMIZE ORDER OF 1-4 AND CODE ALL THAT APPLY.

on the Internet, ... 1
from friends or relatives, ... 2
from TV or radio, ... 3
from books or magazines, ... 4
or from somewhere else other than
your doctor (SPECIFY)? 5
_____
NO MORE CODE ..... n
DELETE A CODE x

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

>test ra36< IF R. HAD GE 1 PHYSICIAN VISITS, goto ra36; ELSE goto test ra34c

>ra36< During the past 12 months, have you mentioned or shown a doctor information about a medical condition or treatment for you that you found yourself or were told by others?

YES 1
NO 0

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

>test ranew< IF YES TO ra36 goto ranew; ELSE goto test ra34c

>ranew< Did the doctor order a test, procedure, or prescription for you mainly because of information that you mentioned or showed to him or her?

YES 1
NO 0

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

>test ra34c< [IF FAMILY HAS CHILD goto ra34c, ELSE goto MODULE F]

>ra34c< During the past 12 months, did you (OR YOUR SPOUSE) look for or get information about a health concern for CHILD'S NAME?

RANDOMIZE ORDER OF 1-4 AND CODE ALL THAT APPLY.

on the Internet, ... 1
from friends or relatives, ... 2
from TV or radio, ... 3
from books or magazines, ... 4
or from somewhere else other than your doctor? 5

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

>test ra36c< **IF CHILD HAD AT LEAST ONE DOCTOR VISIT, goto ra36c; ELSE, goto MODULE F.**

>ra36c< During the past 12 months, have you (OR YOUR SPOUSE) mentioned or shown a doctor information about a medical condition or treatment for CHILD's NAME that you (OR YOUR SPOUSE) found yourself or were told by others?

YES 1
NO 0

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

>testnewrac<IF YES TO ra36c goto newrac; ELSE goto MODULE F.

>newrac< Did the doctor order a test, procedure, or prescription for CHILD's NAME mainly because of information that you (OR YOUR SPOUSE) mentioned or showed to him or her?

YES 1
NO 0

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

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)?[18]

INTERVIEWER: CODE "YES" IF R. WAS ON VACATION FROM HIS/HER JOB.

YES.....1 [goto f121]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto NEXT PERSON or g10]

>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
===>

[18]Include parenthetical phrases if f101=1.

>f131< **ONE JOB (F121 = 0):** How many hours per week (do you/do(es) [fill NAME]) usually work at this job?[19]

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
===>

[19]Note shift from last week to usual week for hours and earnings.

>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
REFUSED
===>

>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
===>

>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?

PROBES: (1) I understand these questions may be sensitive. We are asking them to help understand differences in people's health care problems and needs.

(2) **INTERVIEWER:** IF R. RESPONDS IN A NON-SPECIFIED PAY PERIOD, CONVERT TO MONTHLY OR ANNUAL.

HOURLY 1
PER WEEK 2
BI-WEEKLY/EVERY TWO WEEKS 3
TWICE MONTHLY 4
MONTHLY 5
ANNUAL 6

DON'T KNOW ..... d [goto f331]
REFUSED ..... r [goto test f401]
===>

>f321< **Hourly:** What is [fill NAME]'s hourly rate of pay on this job?

Weekly, Monthly: What are [fill NAME]'s usual [fill f301 RATE] earnings on this job, before taxes or other deductions?

Bi-Weekly, Twice Monthly: What are [fill NAME]'s usual earnings per pay period on this job, before taxes or other deductions?

Annual: What is [fill NAME]'s annual salary in this job, before taxes and other deductions?

PROBES: (1) I understand that these questions may be sensitive. We are asking these questions to help understand differences in people's health care problems and needs.

(2) IF RESPONDENT ASKS: Include overtime pay, tips, or commissions that you usually receive on this job.

$ |___|___|___|**.**|___|___| HOURLY
(3.00 to 300.00)

$ |___|___|___|,|___|___|___| OTHER PAY PERIODS
(20-500,000)

DON'T KNOW ..... d [goto f331]
REFUSED ..... r [goto test f401]
===> [goto test f341]

>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?

LESS THAN $10,000 1
$10,000 - $14,000 2
$14,001 - $20,000 3
$20,001 - $30,000 4
MORE THAN $30,000 5

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

>test f341< [TEST FOR OUTLIERS:]

HOURLY:	**LE 5.00; GE 100.00**
WEEKLY:	**LE 50; GE 500.00**
BI-WEEKLY:	**LE 100; GE 10,000**
TWICE MONTHLY:	**LE 100; GE 10,000**
MONTHLY:	**LE 200; GE 20,000**
ANNUALLY:	**LE 3,000; GE 200,000]**

>f341< I recorded that ([fill NAME's]/your) usual earnings on this job are

$[INSERT f321] per [INSERT f301]. Is that correct?

YES ..... 1 [goto test f401]
NO :jb f321
===>

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
===>

>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 ≠ 1) AND IS LT 65 YEARS OLD, goto f501; ELSE goto NEXT PERSON OR g10]** [20]

>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 f511]
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto next person or g10]

>f511< (are you/Is [fill NAME] eligible to participate in (his/her/your) employer's health insurance plan?

YES.....1 [goto test f521]
NO .....0 [goto f531]

DON'T KNOW .....d [goto next person or g10]
REFUSED [goto next person or g10]
===>

>test f521< **[IF PERSON HAS INSURANCE COVERAGE UNDER ANY OTHER PLANS, goto f541; IF UNINSURED goto f521].**

>f521< (Are you/Is [fill NAME] not participating in (his/her/your) employer'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 f541]

[20] Skipped self-employed.

>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
===>

>f541< Does (your/[fill NAME]'s) employer offer only one health insurance plan or more than one health insurance plan to its employees?

ONE PLAN 1
MORE THAN ONE PLAN 2

DON'T KNOW ..... d [goto NEXT PERSON or g10]
REFUSED ..... r [goto NEXT PERSON or g10]
===>

>f551< Does (your/[fill NAME]'s) employer offer an HMO plan to its employees?

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
===>

>test 561< [IF f541 eq <2> AND f551 eq <1> goto f561; ELSE goto NEXT PERSON OR g10]

>f561< And does (your/[fill NAME]'s) employer also offer a non-HMO health insurance plan to its employees?

YES.....1
NO 0

DON'T KNOW .....d
REFUSED ..... r
===> [goto NEXT PERSON or g10]

FAMILY INCOME

>g10< The next questions are about income that (your family [insert names if multiple family household]) received during (1999/2000). During (1999/2000), 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 (1999/2000) 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
===> [goto test g20]

>g11< Which of the following income ranges is closest to your family's (1999/2000) 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-g221 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, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

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.

YES 1
NO 0

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

>g221< What race (does/do) [fill NAME] consider (himself/herself/yourself) to be?

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.

INTERVIEWER: (1) READ CATEGORIES IF NECESSARY; CODE RESPONDENT-OFFERED CATEGORIES IN "OTHER".

(2) CODE MIXED RACE IN OTHER.

WHITE 1
AFRICAN AMERICAN OR BLACK 2
NATIVE AMERICAN (AMERICAN INDIAN)
OR ALASKA NATIVE 3
ASIAN OR PACIFIC ISLANDER 4
OTHER [SPECIFY] 5
_____

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

>test g23< [IF FAMILY HAS MORE THAN ONE ADULT, goto 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 ($25). Could you please give me your and your full name and address?

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.

<Enter First Name>
<Enter Last Name>
<Enter Street Address>
<Enter City/State>
<Enter Zip Code>

DON'T KNOW
REFUSED
===> [goto test h30]

>h20< [REINTERVIEW ONLY] Did you or any other persons living here have [fill phone number] as your phone number on [fill DATE OF LAST INTERVIEW]?

YES.....1
NO 0

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

>h30< Do you have any other telephone numbers in your household besides [fill phone number]?

PROBE: We need this information so that households are correctly represented in our sample.

IF YES: How many additional phone numbers do you have?

.....0 [goto h32]

|___|___|___|___| OTHER TELEPHONE NUMBERS
(1-4)

REFUSED..... r [goto end]
===>

>h31< (Is this/Are these) other phone numbers for . . .

home use 1
business and home use, or 2
business use only 3

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

>h32< During the past 12 months, was there any time when you did not have a working telephone in your household for two weeks or more?

YES ..... 1 [goto h33]
NO 0

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

>h33< For how many of the past 12 months did you not have a working telephone?

|___|___| MONTHS
(0-12)

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

>h34< What was the main reason you did not have telephone services? [Keeter, POQ, Summer 1995, P. 203]

COST 1
MOVED [COST NOT MENTIONED] 2
PERSONAL PREFERENCE 3
SERVICE NOT AVAILABLE 4

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

>test< **[IF NO SELF RESPONSE MODULE OR SECONDARY FAMILY, goto fin; ELSE goto next_person]**

>next_person< I also would like to speak briefly with READ NAMES. I need to ask (him/her/them) a few questions about (his/her/their) health and opinions. We also will send (him/her/each of them) $25 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 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**

>h23< [SELF RESPONSE MODULE] Now, I would like to speak with [fill NAME] for about five to ten minutes. I need to ask (him/her) a few questions about (his/her) health and opinions. Can I speak with [fill NAME] now or would it be more convenient to set up an appointment?

IF NECESSARY, ADD: I need to speak with(him/her) because it is hard to get opinions on how people feel about their own health, even from a family member.

[fill NAME] COMES TO PHONE [THANK INF. FOR HIS/HER TIME; GOTO SELF RESPONSE MODULE] 1

[fill NAME] IS NOT AVAILABLE [THANK INF. AND GOTO CALLBACK].....0 [21]

INFORMANT 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

INFORMANT WILL NOT ACT AS PROXY FOR [Fill NAME].

[fill NAME] IS UNABLE (CHRONIC ILLNESS, AWAY AT SCHOOL, OR LANGUAGE BARRIER); INFORMANT REFUSES TO PROXY [goto REFUSAL ITEMS].....U [22]

[fill NAME] REFUSES; INFORMANT REFUSES TO PROXY [goto REFUSAL ITEMS].....R [23]
===>

[21]THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.
[22]THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.
[23]THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.

<fin> Thank you again for your time and interest in this important survey.

[IF CHRONIC CONDITIONS SUBSAMPLE:[24] I also want to let you know that you may be contacted in the next few weeks for a follow-up study on the quality of health care in your community. Participating in this study will only take about 5 to 10 minutes of your time, and you will receive additional compensation. The quality of care study is being conducted by RAND, a research organization that is working with us on this project. Thank you again for helping us.]

This concludes the survey unless you have a brief comment you would like to add.

comments [specify]..... c
interview complete..... g
===>

[24]Includes all completed interviews in high intensity sites.

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 $25 for helping us with the study

IF NECESSARY READ PROBE: We are doing this study to see how managed care and other health care changes are affecting people in your community. We need to interview you as well as your wife because some of the questions ask for people's opinions about their own health and health care.

SPONSOR: The project is sponsored by a private foundation.

ENTER STATUS FOR [fill NAME]
- AVAILABLE NOW - CAN PROCEED TO SELF RESPONSE SECTION.....2
- NEED TO CALLBACK - MAKE APPT 3
- [fill NAME] REFUSES TO COMPLETE SELF-RESP MODULE 4
- [fill NAME] SPEAKS NEITHER ENGLISH NOR SPANISH 30
- [fill NAME] IS CHRONICALLY ILL 31

RESPONDENT WILL ACT AS PROXY FOR [fill NAME]
- [fill NAME] IS CHRONICALLY ILL i
- [fill NAME] IS AWAY AT SCHOOL .....s
- [fill NAME] SPEAKS NEITHER ENGLISH NOR SPANISH 1

RESPONDENT WILL NOT ACT AS PROXY FOR [fill NAME]
- REFUSAL 9
- [fill NAME] IS UNABLE TO COMPLETE SELF-RESP MODULE (ILLNESS, DISABILITY, LANGUAGE) 10
- UNAVAILABLE/UNABLE TO COMPLETE 11

===>

test b94< **[IF PERSON IS FAMILY INFORMANT'S SPOUSE goto b932[25] ELSE goto c812]**

>b932< In choosing among alternative health plans, some people have concerns that are especially important to them.

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement: I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.[26]

PROBE: CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

STRONGLY AGREE.....1
SOMEWHAT AGREE.....2
NEITHER AGREE NOR DISAGREE.....3
SOMEWHAT DISAGREE.....4
STRONGLY DISAGREE.....5
NOT APPLICABLE.....7
DON'T KNOW.....d
REFUSED.....r
===>

>c812< Next, during the past 12 months, was there any time when you didn't get the medical care you needed?

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

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

[25]Note that this question is parallel to b951 in the main interview, we will use b95n as the variable name in the analysis file.

[26]Source: Royal, Kenneth, et al., **The Gallup Arizona Health Care Poll.** P.18, The Gallup Organization, 1995. Distributions by coverage available.

>c822< 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 c832< [IF c812 EQ <1> OR <d> OR c822 EQ <1> OR <d> goto c832; ELSE goto c842]

>c832< 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
===>

>c842< 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
===>

>test d302< [IF d122 eq <1> OR PERSON HAS HAD GE 1 PHYSICIAN VISITS IN THE LAST 12 MONTHS (1 < C312 < 96 OR 1 < C322 < 5) goto d312; ELSE goto e122.]

>d312< Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ].[27]

ROTATE d312...d342.

I think my doctor may not refer me to a specialist when needed.

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d".

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

[27]The next four questions (d31_sr1…d34_sr1) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>d322< I trust my doctor to put my medical needs above all other considerations when treating my medical problems.

REPEAT IF NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d".

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

>d332< I think my doctor is strongly influenced by health insurance company rules when making decisions about my medical care.

REPEAT IF NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d".

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

>d342< I sometimes think that my doctor might perform unnecessary tests or procedures.

REPEAT IF NECESSARY: Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .

INTERVIEWER: (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.

(2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d".

STRONGLY AGREE 1
SOMEWHAT AGREE 2
NEITHER AGREE NOR DISAGREE 3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5
NOT APPLICABLE 7

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

>e122< Now I would like to ask you about satisfaction with your choice of doctors.

First primary care doctors, such as family doctors, [pediatricians,][28] 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 e132]
DISSATISFIED ..... 2 [goto e132]
NEITHER SATISFIED NOR DISSATISFIED 3

DON'T KNOW ..... d
REFUSED ..... r
===> [goto e142]

[28] Exclude for adults.

>e132< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

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

>e142< During the past 12 months, have you personally needed or seen 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 cahps121]
NO 0

DON'T KNOW .....d
REFUSED .....r
===> [goto test for uninsured]

>cahps121< In the last 12 months, did (you/NAME) see a specialist?

YES.....1
NO 0

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

>e152< Are you satisfied or dissatisfied with the choice you have for specialists?

SATISFIED.....1 [goto E152]
DISSATISFIED.....2 [goto E152]

DON'T KNOW .....d
REFUSED .....r
===> [goto test for uninsured]

>E152< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

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

>test for uninsured< IF R IS UNINSURED goto TEST E162, WHICH BEGINS VISIT SEQUENCE; ELSE goto NEW

>new< The next questions are about your experiences with [NAME OF HEALTH PLAN].
===>

>testCAHPS10< IF PERSON HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto CAHPS101; IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST goto CAHPS231; ELSE goto SP142.

>CAHPS101< In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? Would you say that it was . . .

A big problem.....1
A small problem 2
Not a problem 3
I didn't need to see a specialist
in the last 12 months.....4

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

>CAHPS231< In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from [NAME OF HEALTH PLAN]? Would you say that it was . . .

A big problem.....1
A small problem 2
Not a problem 3

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

>CAHPS371< In the last 12 months, how much of a problem, if any, did you have with paperwork for [NAME OF HEALTH PLAN]? Would you say that it was . . .

PROBE: Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.

A big problem.....1
A small problem.....2
Not a problem.....3
I didn't have any experience with paperwork for [NAME OF HEALTH PLAN] in the last 12 months.....4

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

>SP142< Given [NAME OF HEALTH PLAN]'s benefits, are you satisfied or dissatisfied with the amount you pay for health care?

SATISFIED.....1 [goto SP14X1]
DISSATISFIED.....2 [goto SP14X1]
NO AMOUNT PAID.....n

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

>SP14X1< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY.....1
SOMEWHAT.....2

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

>CAHPS381< We want to know your rating of all your experiences with [NAME OF HEALTH PLAN.

Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?

Worst health plan possible 0

.....1
.....2
.....3
.....4
.....5
.....6
.....7
.....8
.....9
Best health plan possible.....10

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

>test e162< [IF PERSON HAS HAD PHYSICIAN VISITS IN LAST 12 MONTHS (1 < c312 < 96 OR 1 < c312 <5), goto e162; ELSE goto e402]

>e162< Since [fill DATE 12 MONTHS AGO], did you visit a doctor for care of sickness, injury, or other health problems?

PROBE: (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.

(2) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES.....1 [goto e172]
NO 0

DON'T KNOW .....d
REFUSED .....r
===> [goto e202]

>e172< In what month was your **most recent** visit for sickness, injury or other health problem?

JAN 1
FEB 2
MAR 3
APR 4
MAY 5
JUNE 6
JULY 7
AUG 8
SEPT 9
OCT 10
NOV 11
DEC 12

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===>

>e182< Since that visit in MONTH, did you visit a doctor for a general check-up, physical examination, [FEMALES OVER 12 - gynecological [or pregnancy][29] check-up, or other preventive care not related to a specific health problem?

PROBE: Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists or other providers who are not medical doctors.

YES ..... 1 [goto e192]
NO 0

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test e222]

[29] Limit "or pregnancy

' to women between 12 and 50.

>e192< In what month was your most recent visit for a check up or physical exam?

JAN 1
FEB 2
MAR 3
APR 4
MAY 5
JUNE 6
JULY 7
AUG 8
SEPT 9
OCT 10
NOV 11
DEC 12

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===>

>test e192< [VERIFY THAT MONTH IN e192 IS SAME MONTH OR FOLLOWS e172; THEN goto test e222]

>e202< During the last 12 months, did you visit a doctor for a general check-up, physical examination, or other preventive care not related to a specific health problem?

PROBE: Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists or other providers who are not medical doctors.

YES ..... 1 [goto e212]
NO ..... 0 [goto e902]

DON'T KNOW ..... d
REFUSED ..... r
===> [goto SF12-e402]

>e212< In what month was your **most recent** visit?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN *

NOTE: PREV CARE VISIT DATE MUST BE WITHIN LAST 12 MONTHS

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

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

|___|___| MONTH

|___|___|___|___| YEAR
(1999 - 2001)
===>

>e902< [Fill INFORMANT] noted that you had [fill # IN c311 or c321] doctor visits in the last 12 months. Was that correct or incorrect?

CORRECT: [jb e162 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT.....1 [goto SF12 (e402)]
===>

>test e222< **[IF PERSON HAD WELL AND SICK VISIT (e162=1 and e182=1), SELECT MOST RECENT FOR e222. IF SAME MONTH FOR BOTH, FILL SICK VISIT SINCE IT WAS MORE RECENT]**

>e222< Please think about your visit for preventive care or a check-up in [fill MONTH].

Was the doctor you saw a family doctor, who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?

PROBE: Family doctors usually are in general or family practices or are internists or pediatricians who treat a variety of illnesses and problems.

FAMILY DOCTOR.....1
SPECIALIST, INCLUDING OB/GYN 2

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

>test e242< **[IF PERSON HAS USC (d102=1) goto e242; ELSE goto e24e]**

>e242< Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?

YES.....1 [goto e252]
NO 0

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

>e24e< Was this visit to an emergency room?

YES.....1 [goto e282]
NO 0

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

>e252< For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?

APPOINTMENT .....1 [goto 262]
WALK IN 0

DON'T KNOW .....d
REFUSED .....r
===> [goto e282]

The following questions are numbered differently in CATI because the pairs of questions (amount and time period) appear on the same CATI screen and therefore must have the same basic variable name with different suffixes. This is true for variables e261@amt\per, e281@amt/per and e291amt\pet.

>e262< For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

INTERVIEWER: (1) CODE "0" FOR SAME DAY

(2) ACCEPT MOST CONVENIENT TIME PERIOD.

|___|___| TIME [goto e272]

SAME DAY.....0|
(1-30)

DON'T KNOW .....d
REFUSED .....r
===> [goto e282]

>e272< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e262].

DAYS 1
WEEKS 2
MONTHS 3
===>

>e282< How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

|___|___|___| TIME [goto E282]
(1-240)

DON'T KNOW .....d
REFUSED .....r
===> [goto e292]

>E282< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e282]

MINUTES.....1
HOURS.....2
===>

>e292< For this visit, how long did it take you to get to the doctor's office?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD.

1-90 [goto E292]

DON'T KNOW.....d
REFUSED.....r
===> [goto e302]

>E292< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e292]

MINUTES.....1
HOURS.....2
===>

>e302< Still thinking about this visit in [fill MONTH], how would you rate the thoroughness and carefulness of the examination and treatment you received?

Would you say it was . . .

poor.....1
fair.....2
good.....3
very good.....4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>e312< How would you rate how well your doctor listened to you? Would you say it was . . .

poor.....1
fair.....2
good.....3
very good 4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>e322< How would you rate how well the doctor explained things in a way you could understand.

Would you say it was . . .

poor.....1
fair.....2
good.....3
very good 4
excellent.....5
DOES NOT APPLY
(NOT EXAMINED OR TREATED).....7

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

>e402< 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

===>

>e412< Next, I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

Does your health now limit you a lot, limit you a little, or not limit you at all?

PROBE: If R says s/he does not do activity: Is that because of your health?

YES, LIMITED A LOT.....1
YES, LIMITED A LITTLE.....2
NO, NOT LIMITED AT ALL 0

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

>e422< Climbing **several** flights of stairs?

Does your health now limit you a lot, limit you a little, or not limit you at all?

PROBE: If R says s/he does not do activity: Is that because of your health? AND REPEAT QUESTION.

YES, LIMITED A LOT.....1
YES, LIMITED A LITTLE.....2
NO, NOT LIMITED AT ALL 0

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

>e432< The next two questions ask about your physical health and daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

YES.....1
NO 0

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

>e442< During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

YES.....1
NO 0

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

>e452< The next two questions ask about your emotions and your daily activities.

During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

YES.....1
NO 0

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

>e462< During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

YES.....1
NO 0

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

>e472< During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere . . .

not at all 1
a little bit.....2
moderately 3
quite a bit 4
extremely 5

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

>e482< During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered . . .

all of the time.....1
most 2
some 3
a little 4
or none of the time 5

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

>e492< The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?

How much of the time during the past 4 weeks have you felt calm and peaceful?

REPEAT CATEGORIES SLOWLY

All of the time 1
Most 2
Some.....3
A little, or 4
None of the time.....5

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

>e502< How much of the time during the past 4 weeks did you have a lot of energy?

READ CATEGORIES SLOWLY

All of the time 1
Most 2
Some.....3
A little, or 4
None of the time.....5

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

>e512< How much of the time during the past 4 weeks have you felt downhearted and blue?

READ CATEGORIES SLOWLY

All of the time 1
Most 2
Some.....3
A little, or 4
None of the time.....5

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

>GSS1571< Taken all together, how would you say things are these days? Would you say you that you are very happy, pretty happy, or not too happy?

VERY HAPPY 1
PRETTY HAPPY 2
NOT TOO HAPPY.....3

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

>n1a< **[IF FEMALE AGE 50 OR UNDER]**
The next questions are about your health during the past two years. During the past two years, have you had a baby?

YES.....1
NO 0

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

>nn2c< **[IF FEMALE]** During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?

YES.....1
NO 0

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

>nn3b< Has a doctor or health professional ever told you that you had diabetes or high blood sugar?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for diabetes or high blood sugar?

>nn3c< Has a doctor or health professional ever told you that you had arthritis?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis?

>nn3d< Has a doctor or health professional ever told you that you had asthma?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for asthma?
[GO TO nn3g]

>nn3e< Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease?

>nn3g< Has a doctor or health professional ever told you that you had hypertension or high blood pressure?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?

>nn3i< 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
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for coronary heart disease?

>nn5c< Has a doctor or health professional ever told you that you had skin cancer?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for skin cancer?

>nn5h< Has a doctor or health professional ever told you that you had cancer other than skin cancer?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for that cancer?

>n5f4< **IF FEMALE or MALE AGE 50 OR UNDER GOTO nn6e. 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
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health professional for benign prostate disease?

>nn6e< Has a doctor or health professional ever told you that you had depression?

YES.....1
NO 0

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

IF YES: During the past two years, have you seen a doctor or other health care professional for depression?

>nn7< 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

>e522< Now, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement. I'm more likely to take risks than the average person.

INTERVIEWER: (1) NEITHER AGREE NOR DISAGREE IS NOT READ, BUT IS CODED IF OFFERED

(2) PROBE BY ASKING: In general, . . .
OR: Whatever you think of as risks . . .

STRONGLY AGREE .....
SOMEWHAT AGREE.....2
NEITHER AGREE NOR DISAGREE.....3
SOMEWHAT DISAGREE 4
STRONGLY DISAGREE 5

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

>e602< These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

YES.....1
NO .....0 [goto ra342]

DON'T KNOW .....d [goto ra342]
REFUSED .....r [goto ra342]
===>

>e612< Do you now smoke cigarettes every day, some days or not at all?

EVERYDAY.....1 [goto e622]
SOME DAYS.....2 [goto e632]
NOT AT ALL.....3 [goto e652]

DON'T KNOW .....d
REFUSED .....r
===> [goto test ra342]

>e622< On the average, how many cigarettes do you now smoke a day?

INTERVIEWER: IF R GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESPONDING # CIGS. AND ENTER #.

|___|___| Cigarettes
(1-96)

1	PACK	= 20 cigarettes
1.5	PACKS	= 30 cigarettes
2	PACKS	= 40 cigarettes
2.5	PACKS	= 50 cigarettes
3	PACKS	= 60 cigarettes
3.5	PACKS	= 70 cigarettes
4	PACKS	= 80 cigarettes

DON'T KNOW .....d
REFUSED .....r
===> [goto e662]

>e632< On how many of the past 30 days did you smoke a cigarette?

NONE.....0 [goto e652]

|___|___| DAYS [goto e642]
(1-31)

DON'T KNOW .....d
REFUSED .....r
===> [goto e662]

>e642< On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

INTERVIEWER: IF RESPONDENT GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESP #CIGS & ENTER NUMBER.

|___|___| NUMBER OF CIGARETTES
(1-96)

1	PACK	= 20 cigarettes
1.5	PACKS	= 30 cigarettes
2	PACKS	= 40 cigarettes
2.5	PACKS	= 50 cigarettes
3	PACKS	= 60 cigarettes
3.5	PACKS	= 70 cigarettes
4	PACKS	= 80 cigarettes

DON'T KNOW ..... d
REFUSED ..... r
===> [goto e662]

>e652< How long has it been since you quit smoking cigarettes?

READ IF NECESSARY

WITHIN THE PAST MONTH ..... 1 [goto test e672]
MORE THAN ONE MONTH BUT WITHIN THE PAST 3 MONTHS ..... 2 [goto test e672]
MORE THAN 3 MONTHS BUT WITHIN THE PAST 6 MONTHS ..... 3 [goto test e672]
MORE THAN 6 MONTHS BUT WITHIN THE PAST YEAR ..... 4 [goto test e672]
MORE THAN ONE YEAR BUT WITHIN THE PAST 5 YEARS 5
MORE THAN 5 YEARS BUT WITHIN THE PAST 15 YEARS 6
MORE THAN 15 YEARS AGO 7

DON'T KNOW ..... d
REFUSED ..... r
===> [goto test e672]

>e662< During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?

YES.....1
NO 0

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

>test e672< [IF PERSON HAD PHYSICIAN VISIT IN LAST 12 MONTHS (1 < C312 LE< 96 OR 1<C322<5) goto e672; ELSE goto ra342]

>e672< During the past 12 months, did any medical doctor advise you to stop smoking?

PROBE: In your opinion, REPEAT QUESTION.

YES.....1
NO 0

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

>ra342< During the past 12 months, did you look for or get information about a PERSONAL health concern . . .

RANDOMIZE ORDER OF 1-4 AND CODE ALL THAT APPLY.

on the Internet, ...1
from friends or relatives, ...2
from TV or radio, ...3
from books or magazines, ...4
or from somewhere else other than
your doctor (SPECIFY)?.....5
NO MORE CODE.....n
DELETE A CODE.....x

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

>test ra362< **IF R. HAD GE 1 PHYSICIAN VISITS , goto ra362; ELSE goto test ra34c2**

>ra362< During the past 12 months, have you mentioned or shown a doctor information about a medical condition or treatment for you that you found yourself or were told by others?

YES.....1
NO 0

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

>test ranew2< IF YES TO ra362 goto ranew2; ELSE goto test e16c

>ranew2< Did the doctor order a test, procedure, or prescription for you mainly because of information that you mentioned or showed to him or her?

YES.....1
NO 0

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

>test e16c< [IF THIS PERSON ACCOMPANIED CHILD ON LAST VISIT INCLUDE CHILD'S LAST VISIT QUESTIONS.] [k16-k40]

>h102< As a token of our appreciation for your help, we would like to send you a check for $25. 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

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

APPENDIX B

ROUND THREE ADVANCE LETTERS

Dear Resident:

Throughout the 1990's, the country has witnessed dramatic changes in health care, including a rapid shift to managed care. Yet, little systematic information exists about how these changes are affecting the availability of affordable, high quality care.

As the nation's largest philanthropy devoted exclusively to improving health and health care, the Robert Wood Johnson Foundation created the Center for Studying Health System Change to analyze how all these changes are affecting families in communities throughout the U.S. The Center's study began in 1996-1997, with surveys of more than 60,000 people. To illustrate a bit of what we have learned, we have enclosed a brochure describing some of the study's results.

Your household has been randomly selected to participate in the next phase of the study. While we understand how busy you are, we are asking for your help with a telephone survey that will take about 30 to 40 minutes for most families.

As a token of our appreciation for your contribution to the project, we will send *each adult member of your household* **$25** for completing the interview.

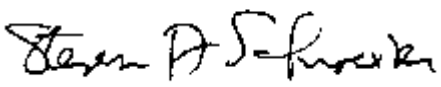
Of course, all of the information you provide will be kept strictly confidential. Your name will not be associated with your answers. Your answers will be combined with thousands of others. As with the last survey, only overall findings will be presented.

If you would like to know more about our project, you can visit the web site of the Center for Studying health System Change (**www.hschange.com**), the organization which is analyzing the results for us.

An interviewer from Mathematica Policy Research, the organization conducting the survey, will be calling soon to set up an interview. Or, if you would like to schedule the interview yourself, we have enclosed a card with a toll free number that you can call at your convenience (1-800-298-3383). If you have any questions about the study, please feel free to call Maureen Michael at the Foundation at 1-800-719-9419.

Your household's participation in this survey will make a real contribution towards our understanding of how changes in health care are continuing to affect people's lives. I hope that we can count on your help.

Sincerely,



Steven A. Schroeder, M.D.

Dear Resident:

About two years ago, your household participated in the **Community Tracking Survey**, a survey about how changes in health care are affecting people in communities across the United States. As President of the Robert Wood Johnson Foundation, which is sponsoring this project, I want to offer my thanks for your help. Information provided by you and thousands of other people is helping us understand how the shift to managed care and other changes in health care are affecting the availability and quality of the care we receive.

If you would like to know more about our project, you can visit the web site of the Center for Studying Health System Change (**www.hschange.com**), the organization which is analyzing the results for us.

Now, I am asking you to help us by participating in a follow-up telephone interview, which will take 15 to 30 minutes for most individuals. Your household's participation in this survey will make a real contribution towards efforts to provide high quality and affordable health care.

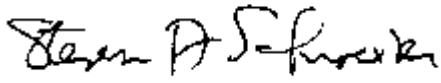
An interviewer from **Mathematica**, the research organization helping us with the survey, will be calling soon to set up an interview. Or, if you would like to schedule the interview yourself, we have enclosed a magnet with a convenient toll free number you can call (**1-800-298-3383**).

We understand how difficult it is to take time out for an interview. As a token of our appreciation for your contribution to the project, we will send *each adult member of your household* **$25** for completing the interview.

Of course, all of the information you provide will be kept strictly confidential. Your name will not be associated with your answers. Your answers will be combined with thousands of others. Only overall findings will be presented.

If you have any questions about the study, please call Maureen Michael at the Robert Wood Johnson Foundation at 1-800-719-9419. Thank you for your past help and we hope we can count on you again.

Sincerely,



Steven A. Schroeder, M.D.

SS: mlm

Dear Resident:

Recently, one of our interviewers called your household about a study concerning the health of adults and children throughout the country. I realize that you are very busy. It also is difficult to explain an important research project during a brief telephone call. I want to try to answer your questions, and as a token of our commitment, have enclosed a check for $25 for you and your family.

Some of you may have participated in this survey two years ago. Others are being asked to participate for the first time. By participating in a half hour interview, you will help us understand how the shift to managed care and other 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 and the enclosed brochure describing some of our results.

Why are we doing this study?

Health care is changing and no one really knows what these changes will mean for people. We are conducting surveys in communities throughout the country to answer many questions. But the most important ones are:

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, protected children against diseases, assisted community groups fighting illegal drugs, and helped states make health insurance more available.

Why do you have to interview my household?

For surveys to be scientifically valid, they must represent the public. Your telephone number was randomly selected from lists of possible telephone numbers in your areas. Our results will not be credible if we substitute other households for the ones we randomly selected.

Will you keep my information confidential?

Yes, absolutely. Everyone working on this study is required by law to protect the confidentiality of respondents. Also, 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. I sincerely hope that you will help us with the study.

Sincerely,

Paul B. Ginsburg
President

Dear Resident:

Recently, one of our interviewers called your household about a study concerning the health of adults and children throughout the country. I realize that you are very busy. It also is difficult to explain an important research project during a brief telephone call. I want to try to answer your questions, and as a token of our commitment, have enclosed a check for $50 for you and your family.

Some of you may have participated in this survey two years ago. Others are being asked to participate for the first time. By participating in a half hour interview, you will help us understand how the shift to managed care and other 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 and the enclosed brochure describing some of our results.

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Sincerely,

Paul B. Ginsburg
President

APPENDIX C

ROUND THREE RDD TRAINING MANUAL

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I. CONTENT OF TRAINING AND EQUIPMENT NEEDED

Training Materials for New and Experienced Interviewers. Classroom training for experienced interviewers will consist of two four-hour modules. Training for new interviewers will consist of four four-hour modules. New interviewer training will place additional emphasis on CATI usage, the scheduler, and refusal avoidance. The content of each module is displayed in Table 1. Trainers will determine if individual trainees need additional practice.

Interviewer Training Schedules. Trainees must attend modules in order (first Module 1, then Module 2, etc.). We expect that trainees will attend all sessions within one week. Trainees must obtain permission of the Survey Operations Center Manager if they need to extend their training beyond one week. We will organize the sessions in any given week so trainees have flexibility in selecting sessions. Table 2 shows a sample schedule for new interviewers. Table 3 presents a schedule for experienced interviewer training. Timing of sessions in any given week may vary due to trainer and trainee availability. Approximately one week after trainees have been interviewing, trainees will be given an additional module of training which focuses on contacting respondents, leaving messages, and refusal avoidance.

Timing, equipment, and materials needed for each session. Tables 4a and 4b show the length of time that each subject takes for new and experienced staff. It also shows the equipment and handouts needed along with references to pages in the Interviewer's Manual. Note that this schedule includes time for a 15-minute break in each 4-hour module. Trainers should schedule the break when they deem appropriate or necessary. Trainers should arrange with phone center.

TABLE 1

CONTENT OF TRAINING SESSIONS FOR NEW AND EXPERIENCED INTERVIEWERS

	New Interviewers	CTS Experienced Interviewers
Module 1	Introduction to Project and Staff Interviewing Exercise Sample Design and Selection Procedures Overview of Questionnaire (including a videotape of a CATI screen and voice-over of an interview) Introduction to Household Composition Grid and other non-standard CATI screens (multiple response screens, chronic conditions check list/and forms-based screen for insurance coverage, identifying insurance plans and products, entering name and address information)	Introduction to Project and Staff Changes in Sample Design and Selection Procedures Question-by-Question Review of the Instrument (with Round Robin) Stopping to point out new items and reviewing insurance database
Module 2	Question-by-Question Review of the Instrument (with Round Robin)--Part 1 Contact Procedures and Refusal Avoidance--Part 1	Interim Disposition Codes and Scheduling Calls Including Contact Procedures and Refusal Avoidance Secondary Family/Self Response Protocols Practice Interviewing (Small Groups/Pairs)
Module 3	Question-by-Question Review of the Instrument (with Round Robin)--Part 2 Contact Procedures and Refusal Avoidance--Part 2 Description of the Bonus Plan	THERE IS NO MODULE 3 FOR EXPERIENCED INTERVIEWERS.
Module 4	Practice Interviewing (Small Groups and Pairs) Contacting Sample Members Role Play Interim Disposition Codes and Scheduling Calls	THERE IS NO MODULE 4 FOR EXPERIENCED INTERVIEWERS.

TABLE 2

SAMPLE TRAINING SCHEDULE FOR NEW INTERVIEWERS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Module 1	Module 2	Module 3	Module 4		Module 1 *Module 3*
Afternoon	Module 2		Module 4			Module 2 *Module 4*
Evening	Module 1	Module 2 *Module 3*	Module 3 *Module 2*	Module 4		
NOTE: *Italics* indicates concurrent sessions						

TABLE 3

SAMPLE TRAINING SCHEDULE FOR EXPERIENCED INTERVIEWERS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Module 1	Module 2				Module 1
Afternoon	Module 2					Module 2
Evening	Module 1	Module 2				

Table 4A *(Continued)*

TABLE 4A

OVERVIEW OF TRAINING FOR *NEW* INTERVIEWERS

Module	Subject	Time (minutes)	Equipment	Handouts/Reference in Trainer's Manual
1	Introduction to Project and Staff	15	None	II 1-3 HSC brochures
	Ice Breaking Exercise	30	Board or flip chart, markers	II 4
	Sample Design and Selection Procedures	15	None	II 5-8
	Introduction to Household Composition Grid and other non-standard CATI screens	105	CATI terminal or personal computer, projection screen	III 1-13
	Overview of Questionnaire (Video)	60	VCR, Video Tape	IV 1-3 paper and pencil for each trainee
2	Question-by-Question Review of the Instrument (with Round Robin)--Part 1	135	CATI terminal or personal computer, projection screen	V 1-23
	Contact Procedures and Refusal Avoidance--Part 1	90	Board or Flip Chart	VI 1-16 Advance letters, brochure and insert, followup statements
3	Question-by-Question Review of the Instrument (with Round Robin)--Part 2	120	CATI terminal or personal computer, projection screen	V 24-48
	Contact Procedures and Refusal Avoidance--Part 2	90	Board or Flip Chart	VI 17-19

Table 4A *(Continued)*

Module	Subject	Time (minutes)	Equipment	Handouts/Reference in Trainer's Manual
	Description of the Bonus Plan	15	None	X
4	Practice Interviewing (Small Groups and Pairs)	120	CATI Terminals/PCs for trainees	VII 1-18 Mock interviews
	Contacting Sample Members Role Play	60	None	VIII 1-2 Cue Cards
	Interim Disposition Codes and Scheduling Calls	45	CATI terminal or personal computer, projection screen	IX 1-6

TABLE 4B

OVERVIEW OF TRAINING FOR *EXPERIENCED* INTERVIEWERS

Module	Subject	Time (minutes)	Equipment	Handouts/Reference in Trainer's Manual
1	Introduction to Project and Staff	15	None	II 1-3 HSC brochures
	Changes to Sample Design and Selection Procedures	15	None	II 5-8
	Question-by-Question Review of the Instrument (with Round Robin)	180	CATI terminal or personal computer, projection screen	V 1-48
2	Interim Disposition Codes and Scheduling Calls, Including Secondary Family and Self-Response Protocols	60	CATI Terminals/PCs for trainees	IX 1-6
	Contact Procedures and Refusal Avoidance	45	None	VI 1-16 Advance letters, brochure and insert, followup statements
	Practice Interviewing (Small Groups)	120	CATI terminal or personal computer, projection screen	VII 1-18 Mock interviews

managers to assure that training rooms are reserved and the appropriate equipment, materials, and handouts are available.

II. INTRODUCTORY MATERIAL

A. STAFF INTRODUCTIONS

TRAINER: INTRODUCE YOURSELF AND KEY MEMBERS OF THE STUDY TEAM.

SURVEY STAFF:

- Richard Strouse: Project Director
- Karen A. CyBulski: Survey Director
- Anne B. Ciemnecki: Task Leader, Training and Staffing
- Larry Snell: Survey Operations Center Manager, Princeton
- Richard Heman Ackah: Survey Operations Center Manager, Columbia
- Carrie Heist, Walter Williams, Renee Harris: Trainers
- Peter Cunningham: Center for the Study of Health Systems Change (HSC) Senior Researcher
- Lee Hargraves: Center for the Study of Health Systems Change (HSC) Researcher
- Jackie Donath: Assistant Manger, Survey Operation Center, Princeton, Lead Princeton Office Supervisor, Trainer
- Pat Licodo: Survey Operations Center Supervisor, Columbia, Lead Columbia Office Supervisor, Trainer
- Introduce any Assistant Supervisors and Monitors in Attendance.

B. INTRODUCTION TO THE PROJECT

TRAINER: PRESENT THE FOLLOWING INFORMATION. DISTRIBUTE HSC BROCHURES.

As many of you know, the U.S. health care system has been undergoing dramatic change in recent years. More and more people are shifting to HMOs and other types of managed care. There are increasing concerns about our ability to finance Medicare, Medicaid, and other government plans, and the problem of large numbers of uninsured people persists.

The Robert Wood Johnson Foundation (RWJF), located in Princeton, was established as a national philanthropy 25 years ago. Since that time, it has awarded close to $3 billion in grants in support of its mission to improve the health and health care of people in the United States.

In 1995, RWJF decided to invest in a very large study, called 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 health care experts, RWJF created *The Center for Studying Health System Change* (HSC). The Center, which is located in Mathematica's Washington office, is affiliated with MPR.

The Center's Community Tracking Study takes an in depth look at health care changes that are occurring in communities throughout the United States by focusing on two key questions:

- 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?

- 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 communities and groups of people doing better or worse than others?

The data to answer these questions is coming from surveys of people, physicians, insurers, and employers in communities that are representative of the nation. The first surveys were completed in 1996-1997. A second round of surveys were conducted in 1998-1999. 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. The brochure, which will be sent to households selected for the third round of the survey highlights some of the findings from the early version. The brochure also lists web sites where you and respondents can obtain more information about The Robert Wood Johnson Foundation (www.rwjf.org) and the Community Tracking Survey (www.hschange.com).

The survey on which you will be working is the third Community Tracking Study (CTS-3) household survey. We will be interviewing about the same number of families as in the previous round; however, all of the families who participated in the Round 2 survey will be selected for Round 3. Some also will have participated in a related survey on mental health and substance abuse issues (HCC Survey). Generally, people participating in one round of a survey are very willing to participate in subsequent waves of the same study. This is because they are familiar with the study and know that it is legitimate. To increase participation rates, we will be mailing families selected for reinterview an advance letter and brochure (the one enclosed with your manual) describing study results. We also provide telephone numbers, printed on refrigerator magnets, where they can learn more about the study and set up an interview. All adults will be offered $25 for participating in the survey, regardless of the amount their family earned in round one or two. In Rounds 1 and 2, the payment was for families, not per adult. In some instances, we will be experimenting with timing of payments. Some respondents may receive their payment prior to the interview. This is called "pre-payment" and will be limited to people who refuse to the interview without being paid first. Prepayments will be limited to a refusal conversion technique.

C. TRAINEE INTRODUCTIONS

TRAINER: TELL TRAINEES THAT IN A FEW MINUTES YOU WILL ASK THEM TO TAKE TURNS INTRODUCING THEMSELVES TO THE GROUP AND SHARING SOMETHING INTERESTING ABOUT THEMSELVES.

TELL THEM THAT AS THEY DO THIS, YOU WOULD ALSO LIKE THEM TO PRETEND THEY ARE AT HOME IN THE EVENING WHEN THE TELEPHONE RINGS. A MATHEMATICA INTERVIEWER IS ON THE PHONE. THE INTERVIEWER SAYS THE FOLLOWING:

Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation on health issues. As a token of appreciation for your help, we'll send you $25 for participating in a brief interview. May I speak with an adult at least 18 years old who lives here and is familiar with the health care of family members.

ASK THE GROUP TO THINK ABOUT THIS STATEMENT AND CALLS THEY GET AT HOME AND TO TELL THE GROUP WHAT ONE THING WOULD CAUSE THEM TO PARTICIPATE IN SUCH A SURVEY AND ONE THING WOULD CAUSE THEM NOT TO PARTICIPATE.

KEEP A LIST ON THE BOARD/FLIP CHART OF THE REASONS:

REASONS TO PARTICIPATE	REASONS NOT TO PARTICIPATE
Reason 1	Reason 1
Reason 2	Reason 2
Etc.	Etc.

AFTER EVERYONE HAS GIVEN A REASON, POINT OUT TRENDS IN THE RESPONSES.

EXPLAIN THAT ONE OF THE MOST IMPORTANT COMPONENTS OF THIS TRAINING WILL BE GAINING THE COOPERATION OF POTENTIAL RESPONDENTS.

D. SAMPLE DESIGN AND SELECTION PROCEDURES

TRAINER: PRESENT THE FOLLOWING INFORMATION

1. Population to be Studied

Our sample design will select 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, or people living in group homes or dormitories, or people who are contacted in vacation homes, assuming they have primary residences elsewhere. Nor will we survey active members of the military, even if they are living in civilian housing. 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. If you are unsure whether the setting you contacted is an institution, group quarters, or vacation residence, ask your supervisor for help. **NOTE TO TRAINER: APPENDIX C CONTAINS THE TYPES OF SETTINGS AND PERSONS EXCLUDED FROM THE STUDY. IT IS FOR REFERENCE ONLY.**

2. Sample Design--High-Intensity versus Low-Intensity Sites

The focus of our project is the impact of health system change on organizations and people at the community level. Consequently, our sample is designed to represent 60 communities, plus a supplement to represent the continental United States (Alaska and Hawaii are excluded). Twelve of these communities will be studied more intensively and are called the "high intensity" sites.

In high-intensity sites, we will survey about 1,250 families per site. HSC and other research staff will also interview key people in government and industry involved with health care. For the remaining 48 "low intensity sites, we will interview fewer families—about 300 per site. The "national supplement" sample will include 3,250 families. Overall, we expect to interview about 32,700 families.

The sample is being selected from telephone numbers and is divided into three basic groups. One group includes telephone numbers of families that were interviewed in round two. For round 3, we are projecting that 55% of the completed interviews will come from households interviewed in the round 2 survey. In some cases, the family living at that residence will be different from round two and in others the telephone number may no longer be in service or be non-residential. We are going to conduct interviews with the *current eligible* residents of the household, even if they are different from the ones who completed interviews at round one. Also, we are *not* going to attempt interviews with persons who are no longer living at the residence associated with the round two telephone number.

The second group includes a sample of telephone numbers of households and other places selected for previous rounds, but were not successfully interviewed, either because they refused, were not eligible, were non-residential facilities or businesses, or were assigned statuses of non-contact. We are calling a sample of these telephone numbers again to ensure that our overall sample is representative.

The third group consists of telephone numbers that had not been selected for the round two survey. Overall, we expect that about 40 to 45 percent of the round three interviews will have been interviewed during round two.

3. Data Collection Methods

All of the household surveys will be conducted by computer assisted telephone interview (CATI). For nearly all of these CATI interviews, you will be working with a Random Digit Dial Sample, or "RDD Sample." This is a list of telephone numbers randomly generated by a computer. Approximately 60 percent of the numbers you dial will correspond to residential households.

To represent households that do not have telephones, field locators carrying cellular telephones, will make in-person visits. When field locators determine that a household is eligible, the respondent will call into the phone center to conduct the interview. About 650 interviews will be conducted this

way. The telephone and field samples are independent. That is, we will not be conducting in-person interviews with members of the RDD sample who cannot or will not be interviewed by telephone.

4. 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 (FIU)." 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 to age 23 if they are a full-time student. This definition of the family unit is similar to the family unit used by Medicaid and other government programs that provide health insurance.

Some households will contain more than one family unit. 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. Let me illustrate with an 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 may sound complex (it is!). However, you should be relieved to know that FIUs will be formed automatically for you by the computer program. Also, we have used this program for other MPR surveys, including previous rounds of the household survey, so it is 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 concerning which family unit should be interviewed first. You may schedule interviews with additional family units after at least 50 percent of the primary family interview is complete.

5. 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 under 18. An adult knowledgeable about the health care experiences of the people living in the household—called the "informant"—will answer for him or herself and, in most cases, for other family members. However, 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 him or 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. This time, we are paying all adult respondents so self-response modules should be completed sooner than previous rounds.

6. Length of the Interview

The interview with the informant will take about 30 to 40 minutes—a bit longer for larger families. Self response interviews will average 10-15 minutes. About half of the family units will have one adult, so the average length of the interview for these families will be about a half hour. Most of the remaining family units will have two adults—typically a husband and wife—and will average about 10 minutes longer. About five percent of the interviews will have three adults and will average between 50 and 60 minutes, altogether. Based on past experience using family units, few families will have more than three adults per family unit, since additional adults typically form their own FIUs.

7. Respondent Payments

During previous rounds of the CTS, we offered payments to families that ranged from $25 to $100. This time the payments will be offered to all adults who participate. We will offer all adults $25 to participate in the survey, regardless of the amount they were offered in previous rounds. Some families may receive the money in advance of their participation, but only if they refuse to participate if they are not paid in advance.

III. DEMONSTRATION OF CATI SCREENS FOR NEW INTERVIEWERS

TRAINER: BEGIN WITH A REINTERVIEW CASE. AS YOU GO THROUGH THESE EXERCISES, YOU WILL DELETE PREVIOUS FAMILY, AND THEN, ENTER A FOUR PERSON FAMILY--MOM, DAD, 18 YEAR OLD (FULL-TIME MILITARY STATUS), AND 15 YEAR OLD.

>DEL< To begin, I'm going to list the people who were part of this household when we last interviewed on May, 1999. As I read, tell me if any of them no longer live here. INTERVIEWER DO NOT READ HOUSEHOLDER TO RESPONDENT. READ GENDER AND AGE AT LAST INTERVIEW IF NAME AND RELATIONSHIP ARE INSUFFICIENT DELETE?

	NAME	RELATION	SEX	AGE AT R2
<1>	Robert	householder	M	39
<2>	Gina	wife	F	28
<3>	Alex	stepson	M	18
<4>	Amanda	stepdaughter	F	15
<5>				
<6>				
<7>				
<8>				

<g> ALL PREVIOUS HOUSEHOLD MEMBERS CONFIRMED OR DELETED
<x> R CLAIMS HOUSEHOLD NOT IN ROUND 2 - NO MEMBERS FROM ROUND 2 REMAIN
<u> UNDELETE <e> UNDELETE THE ENTIRE HH

SHOW TRAINEES:

- Read names one at a time.
- Enter <g> if all the household members from Round 2 are confirmed. Note that CATI continues to a screen (>ADD<) where interviewer can enter new household members.
- Point out the "person number". Enter the "person number" to delete someone who no longer lives in the household. Note that an asterisk (*) will appear in the column next to the name that is "deleted." Then, enter <g> to indicate that you have deleted all household members from Round 1 who no longer live in the household and confirmed all that still live there. Again, CATI will continue to a screen where you can add new household members. Only current household members will appear on that screen (>ADD<).

- Enter <x> if no one in the household lived there at Round 2. CATI will continue to a screen (>A210<) where you can introduce the study as if you called a newly sampled household. If you made a mistake and do not want to delete the entire Round 1 household, use the Control C: b command to back up. Then enter <e> to "undelete" the entire household.

- Enter >u< if you made a mistake and need to "undelete" a person. CATI will continue to a screen (>xdel<) where you enter the person numbers of the household members you wish to put back.

- End the demonstration of this screen by deleting all household members and skipping to >hhld<.

>hhld< What are the first names of the people who live here or stay here, or who are students away at college? 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.

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.

<1> (HOUSEHOLDER GOES HERE)
<2> <6>
<3> <7>
<4> <8>
<5> <v> VACATION HOME, INSTITUTION, GROUP QUART
<n> NO OTHER HOUSEHOLD MEMBERS <x> DELETE A HOUSEHOLD MEMBER
<u> UNDELETE A HOUSEHOLD MEMBER
<e> RESPONDENT REPORTS MORE THAN EIGHT HOUSEHOLD MEMBERS
===>

SHOW TRAINEES

- Enter the person number on this screen and name on the next. Continue like this until the entire household is rostered.

- Use <x> to delete a household member. This will bring you to >DELM< where you enter the person number of the household member who you wish to delete.

- Use <u> if you have made an error and need to bring back a household member you have deleted.

- Enter <n> when you have entered the names of all household members.

- Enter <e> if the household has more than eight members. This will bring you to >emo1< which asks if any more people live in the household.

>snow< (Do/Does) (READ NAMES FROM TABLE) have another residence where (they/he/she) live(s) more than half the year?

ENTER THE PERSON NUMBER OF PERSONS HAVING ANOTHER RESIDENCE.

NOTE: STUDENTS 16-22 ARE NOT DISPLAYED IN THE TABLE. THEY ARE PART OF THE HOUSEHOLD EVEN IF AWAY AT SCHOOL MORE THAN HALF THE YEAR.

		NAME	RELATION	SEX	AGE
N	<1>	Anne	householder	f	47
N	<2>	John	husband	m	46
	<3>				
N	<4>	David	son	m	15
	<5>				
	<6>				
	<7>				
	<8>				

<x> DELETE A CODE <n> REVIEW COMPLETE ===>

SHOW TRAINEES:

- How to read the questions. Read all names that appear on the table. **Say "or" in between the last and the next to last name.** Select the appropriate pronouns and verbs. Read aloud to demonstrate, "Does Anne, John, or David have another residence where they live more than half the year?"

- Enter the person number of anyone who has such a residence. Note that the "Ns" in the left hand bar stand for "No." They will change to "Y" for "Yes" when you enter person number of anyone who has another residence for more than half the year.

- Enter <x> to delete a code. Be careful. An <x> can change a "No" to a "Yes" as well as a "Yes" to a "No". Check this and every screen carefully before you move on.

- Enter <n> when you have checked carefully and are finished.

- Note that if no one has another residence, you simply enter <n>.

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

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

A PERSON WITH A * 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.

		NAME	RELATION	SEX	AGE
	<1>	Anne	householder	f	47
	<2>	John	husband	m	46
*	<3>	Brian	son	m	18
*	<4>	David	son	m	15
	<5>				
	<6>				
	<7>				
	<8>				
	===>				

SHOW TRAINEES:

- This is the screen where you enter the number of the respondent for the main study. It is usually the person to whom you are speaking. If you know to whom you are speaking, nothing is read to the respondent on this screen.

- If you do not know the identity of the respondent, read, “With whom am I speaking?”

- If someone has an asterisk in front of his or her name, that person is ineligible because he or she is in the military or too young. If you enter the name of a person who is not eligible to be an informant, you will get an error message and will need to ask for the name of an eligible household member to respond.

>b1a< Are READ NAMES covered by a health insurance plan from any current or former employers or unions. IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE

PROBE: (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.

CODE ALL THAT APPLY

<1> you	<5>
<2> John	<6>
<3>	<7>
<4> David	<8>

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

SHOW TRAINEES:

- Begin by demonstrating how to read this question, "Are you, John, **or** David covered by a health insurance plan from any current or former employers or unions?" Note that you read "or" between the last and next to last names even though it does not appear on the screen.

- If no one is covered, enter an <n>

- If someone is covered, ask who and enter their person numbers. Then, use the <n> to indicate that no one else is covered.

- Point out that the <x> is used to change an answer.

What is the complete name of your plan?

PROBE: IF R HAS DIFFICULTY RECALLING NAME, ASK:
Do you have an insurance card or something else with your plan name on it?

SPELLING AID: SOME COMMON COMPANY NAMES

AETNA	HUMANA	PRUDENTIAL
BC/BS	KAISER	SELECT CARE
CIGNA	MAXICARE	US HEALTHCARE
FIRST OPTION	NYL CARE	WAUSAU

<d> DON'T KNOW
<r> REFUSED

===>

SHOW TRAINEES:

- Point out that this is the beginning of a series of questions to identify insurance plans.
- The names on the screen are not responses, they are correct spellings of large plans/insurance companies.
- Enter the full name of the insurance plan including the insurance company name and product on this screen. Demonstrate by entering Prudential, HMO Plus.
- Point out that interviewers cannot use the numeric key pad in this section.

What is the complete name of your plan?

PROBE: IF R HAS DIFFICULTY RECALLING NAME, ASK:
Do you have an insurance card or something else with your plan name on it?

SPELLING AID: SOME COMMON COMPANY NAMES

AETNA	HUMANA	PRUDENTIAL
BC/BS	KAISER	SELECT CARE
CIGNA	MAXICARE	US HEALTHCARE
FIRST OPTION	NYL CARE	WAUSAU

<d> DON'T KNOW
<r> REFUSED

===>Prudential HMO Plus
INTERVIEWER: CODE WHETHER DOCUMENT USED.
<1> INSURANCE CARD
<2> CLAIMS FORM
<3> INSURANCE POLICY
<0> NO DOCUMENT USED
<9> INSURANCE COMPANY NAME INCORRECT; BACKUP AND CORRECT
(Prudential HMO Plus)

SHOW TRAINEES:

- Demonstrate that the screen will scroll and you will see the response just entered and a place to enter whether the respondent used a document to provide the name of the insurance plan.

- Point out that if the name of the plan is incorrect, you enter a <9> to correct it. Normal CATI commands are not used in this section of the questionnaire. Interviewers must follow the directions on the screen.

- Change the name of the plan to Prudential HMO

I'm going to read a list of plans offered by that company. Tell me if one
of them is the name of your plan. (READ FROM THE LIST OF PRODUCTS.
USE ARROW KEYS TO PAGE.)

100 *	Prudential	HMO
101 *	Prudential	Out of Area
102 *	Prudential	Point of Service
103 *	Prudential	PPO
104 *	Prudential	PRODUCT NOT SPECIFIED

5 matches found
<1> Confirm highlighted entry
<0> Insurance company name does not match
<9> Insurance company name incorrect; backup and correct (Prudential HMO)

SHOW TRAINEES

- How to move the cursor around the screen to highlight an entry
- How to enter <1> to confirm/select a highlighted entry.

```
I'm going to read a list of plans offered by that company.  Tell me if one
of them is the name of  your plan.  (READ FROM THE LIST OF PRODUCTS.
USE ARROW KEYS TO PAGE.)
 100 *                Prudential   HMO
 101 *                Prudential   Out of Area
 102 *                Prudential   Point of Service
 103 *                Prudential   PPO
 104 *                Prudential   PRODUCT NOT SPECIFIED
|-------------------------------------------------------------------------------------------|
| INTERVIEWER: YOU HAVE SELECTED THIS PLAN. IS IT CORRECT?   |
| Prudential HMO                                                                            |
| <1> Yes                                                                                   |
| <2> No                                                                                    |
| ===>                                                                                        |
|  ------------------------------------------------------------------------------------------|
              5 matches found
<1> Confirm highlighted entry
<0> Insurance company name does not match
<9> Insurance company name incorrect; backup and correct ( prudential HMO )

===>1
```

SHOW TRAINEES

- Enter <1> if the plan is correct.
- Demonstrate what happens if you enter a <2> to say the plan is incorrect.

>k831< Did you not get or postpone getting medical care for David for any of the following reasons?

INTERVIEWER: READ RESPONSE CATEGORIES SLOWLY TO RESPONDENT, ENTERING RESPONSES AS THEY ARE GIVEN

<1> Worry about the cost,
<2> The doctor or hospital wouldn't accept your health insurance,
<3> Your health plan wouldn't pay for the treatment,
<4> You couldn't get an appointment soon enough,
<5> You couldn't get there when the doctor's office or clinic was open,
<6> It takes too long to get to the office or clinic from your house or work,
<7> You couldn't get through on the telephone,
<8> You were too busy with work or other commitments to take the time
<9> You didn't think the problem was serious enough
<0> Or any other reason I haven't mentioned (SPECIFY).
<n> NONE CITED/NO OTHER RESPONSES
<d> DON'T KNOW
<r> REFUSED
<x> NEED TO DELETE A RESPONSE
===>

SHOW TRAINEES

- This screen is like the screens that list household members.

- Read each reason and wait for a reply. Enter the number of the reason to which the respondent says "yes". The number of that reason will appear in the bar at the left. If the respondent says, "no" after you read a reason, simply read the next reason.

- If the respondent says, "no" to every reason, enter <n> to continue. The <n> indicates that you asked every item and you are finished with this screen.

- Again, <x> is used to delete a response.

>e17I< In what month was your most recent visit for sickness or injury?

(1) JAN (7) JULY
(2) FEB (8) AUG
(3) MAR (9) SEPT
(4) APR (10) OCT
(5) MAY (11) NOV
(6) JUNE (12) DEC

(d) DON'T KNOW (r) REFUSED

MONTH YEAR (1999 - 2000)

SHOW TRAINEES:

- On screens like this, you enter the month in the first field and year in the second field. Demonstrate what happens when you enter an invalid date.

>cc3<
Has a doctor or health professional ever told you that you had:
(1) = YES (0) = NO (d) = DK (r) = RF (h) HELP

__ diabetes or high blood sugar?

__ coronary heart disease (INCLUDES ANGINA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, BYPASS SURGERY, ANGIOPLASTY, HEART DISEASE)

SHOW TRAINEES

- Enter a "yes" to coronary heart disease to show that a "yes" response to most chronic condition items will lead to a follow-up question.

- Emphasize the importance of rereading the root question each time you go to a follow-up question.

IV. THE TRAINING VIDEO

TRAINER: THE PURPOSE OF THE VIDEO TAPE IS TO INTRODUCE TRAINEES TO THE FLOW OF THE QUESTIONNAIRE AND TO REINFORCE GENERAL TRAINING AND CATI SKILLS DISCUSSED EARLIER. SAY:

What you are about to see is a demonstration of a Community Tracking Survey interview from Round 2. The interviewer has made some errors to see if you are paying attention. As you watch the video keep a list of interviewer's mistakes. We'll see if anyone can catch them all. The Round 3 interview is very similar to the previous round's interview.

PLAY THE VIDEOTAPE

ASK THE TRAINEES TO REPORT THE ERRORS THEY RECORDED WHILE WATCHING THE VIDEO. RECORD THE RESPONSES ON THE BOARD. REVIEW ANY ERRORS THAT WERE NOT REPORTED BY THE TRAINEES.

Errors in the Training Tape

Item Number	Description of Error
>snow<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>bbeg<	Did not read verbatim. The interviewer did not finish reading the question. She left out the important message about the respondent incentive.
>b1a<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
	Incorrect Probing. The interviewer asked are "Who is covered? Is it you, June and Daisy?" The interviewer should not have added the second part of the probe.
>b1c<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>b1d<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>b1ey<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>b1f<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.

Item Number	Description of Error
>b1g<	Did not read verbatim. The interviewer said “you” instead of reading all of the names in the household.
>b2<	Did not read verbatim. The interviewer said “enrolled in” rather than “enrolled”.
>zb211< [note this question number does not appear on the screen]	Incorrect Coding. This is not a text line. The interviewer should not have entered “///” after the name of the plan.
>b261<	Incorrect Coding. The interviewer initially tried to enter the name at the prompt. The interviewer should have entered “1” and entered the name of the employer at the next screen. The interviewer should not have entered “///” after the name of the employer.
>b65a<	Incorrect Coding. The interviewer initially tried to enter the name at the prompt. The interviewer should have entered “1”. The interviewer should not have entered “///” after the name of the plan.
>b95<	Incorrect Probing. The interviewer incorrectly probed “strongly agree or somewhat disagree”. The correct probe would have been “strongly agree or somewhat agree”.
>d33I<	Did not read verbatim. The interviewer added “would you agree or disagree” to the end of the question.
>d34I<	Did not read verbatim. The interviewer added “would you agree or disagree” to the end of the question.
>e111<	Did not read verbatim. The interviewer said “would you say” instead of “would that be.”
>e41I<	Did not read verbatim. The interviewer read “in doing these activities” instead of “in these activities”.
>cc4c<	Did not read verbatim. The interviewer did not read the second pronunciation of angina.
>cc5<	Did not read verbatim. The interviewer did not read introduction to the question. “During the past two years, has a doctor or other health professional told you that you had...”
Respondent question about length	The interviewer reported that there were only about two minutes left. Actually there were about 10 minutes left and this did not include the self-response module.

V. QUESTION-BY-QUESTION REVIEW OF THE INSTRUMENT

A. USE OF THE QUESTION-BY-QUESTION GUIDE

TRAINER: SAY: 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 answer choices exactly as they are written.

As we go through the questionnaire, I 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. A QxQ is located in each interviewing carrell.

B. DATA FOR CASE 1

HOUSEHOLD COMPOSITION FOR CASE 1
(Use for Modules A and B)

TRAINER: BEGIN WITH A REINTERVIEW CASE. DEMONSTRATE HOW TO CONFIRM OR DELETE INDIVIDUAL HOUSEHOLD MEMBERS. THEN, DELETE THE ENTIRE HOUSEHOLD AND BEGIN AGAIN AS IF CONTACTING A NEWLY SAMPLED HOUSEHOLD. ENTER THE FOLLOWING INFORMATION AS YOU DESCRIBE EACH QUESTION.

Module a

- John, age 66, is the householder.
- Mary, his wife, age 55, is the informant. They have 3 children.
- Their son Bill, age 20, is a full time student.
- Bill's twin Sara, age 20, is not a full time student.
- Katy, age 12, is John and Mary's other daughter.
- Nancy, age 2, is Sara's daughter (the householder's granddaughter).
- Joe, age 22, is Sara's boyfriend and also lives in the household.

Module b

CONTINUE WITH CASE 1 AND ENTER INFORMATION FOR MODULE b (SEE PAGE 11). ILLUSTRATE PROBES, DEFINITIONS AND INTERVIEWER INSTRUCTIONS THAT APPEAR ON THE CATI SCREEN. POINT OUT THAT THIS IS A VERY UNUSUAL HOUSEHOLD. OUR PURPOSE IS TO DEMONSTRATE HOW THE INSTRUMENT HANDLES A WIDE RANGE OF POSSIBILITIES FOR INSURANCE COVERAGE.

- John is enrolled in a non-HMO Medicare plan, has CHAMPUS and also a Medigap policy.

- Mary has private coverage (an HMO) through her employer.

- Bill is currently uninsured but had private coverage that stopped five months ago.

- Katy is on Medicaid, which started 6 months ago, and previously she was uninsured.

THIS IS PROBABLY WHERE YOU WILL REACH THE END OF MODULE 2 FOR NEW INTERVIEWERS.

C. DATA FOR CASE 2

BEFORE CONTINUING WITH MODULE C, REVIEW MODULES A AND B BY ENTERING ANOTHER CASE. BEGIN WITH A NEWLY SAMPLED HOUSEHOLD. ASK ONE PERSON TO READ THE QUESTIONS AS THE TRAINER PROVIDES THE RESPONSES. YOU WILL USE THIS CASE TO REVIEW THE Q-BY-Q FOR THE REMAINING SECTIONS OF THE QUESTIONNAIRE.

Module a

- Marge, age 42, is the householder and informant.

- Homer, age 45, is her husband.

- Bart, age 12, is their son.

- Lisa, age 10, is their daughter.

- Maggie, age 2, is their daughter.

Module b

- Marge has had private health coverage through her employer for the past 10 years. She is the policy-holder for the plan and everyone else in the family is covered by this plan.

Module c

- Marge has had three overnight stays in the hospital in the last 12 months.

Module f

- Marge has one job, as a policewoman for the local government (the Springfield Police Department). She is a salaried employee and makes $40,000 per year.
- Homer has two jobs--one main job as a technician at the Nuclear Power Plant, and one part-time job as a donut-taster. At his main job, Homer makes $15 per hour.

Module h

- At the end of the interview with Marge, Homer comes to the phone to be interviewed.

D. QUESTION-BY-QUESTION REVIEW

MODULE A: INTRODUCTION AND SCREENING

Content: This section covers the following points:

- Introduces the study and answers respondents' questions
- *Emphasizes that each person interviewed will earn $25 for participating in the survey*
- Identifies the household informant
- Enumerates the household composition
- Verifies and updates household composition for reinterview sample
- Obtains demographic characteristics (age, sex, education, military status, and relationships to householder)
- Forms family units which mimic insurance units
- Identifies families and persons to be excluded from the survey

- Selects individuals in each family unit about whom the survey is to be conducted

Response Level: Questions in this module are asked of the family informant
Key Points: Identifying the Family Informant: As described above, the "informant" is an adult familiar with the health care of the people who live in the household.

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. The CATI program also provides instructions in several places to remind you of the types of residences that are not eligible for the survey. Nearly all of the telephone numbers you call will clearly be either household residences or businesses. Ask your supervisor for help if you are uncertain.

These questions reproduce 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".

pA0 This is the introduction for the reinterview sample. All members of the reinterview sample were mailed an advance letter and brochure. The introduction references the brochure and focuses on quality of care since that was the main study goal included in the brochure's closing statement. It also refers to the advance letter, the date of the Round 2 CTS interview, or for those interviewed for the HCC study, the HCC interview date. Both the reinterview introduction and the introduction for newly sampled households refer to the $25 respondent incentive payment. Some members of the reinterview sample may have received a $35, $50, or $100 incentive for participating in Round 2. These households will be offered $25 this year. Because the reinterview sample consists of telephone numbers (not individuals) that were called last year, and because telephone numbers can be reassigned, some members of the reinterview sample may **not** have participated in Round 2. If this is the case, enter <x> at this screen. If MPR has obtained an endorsement from a health official in the state you are calling, the introduction will mention the endorsement.

s1 This is the introduction for newly sampled households. There are two versions--one for households that received an advance letter and brochure and one for households that did not.

We are able to match addresses to listed telephone numbers and can send an advance mailing to those households. We cannot obtain address information for households with unlisted telephone numbers. Thus, households with unlisted numbers will never get advance materials.

This survey contains a methodological experiment to measure the impact of the advance letter and brochure on survey participation. Some of the households with address information were randomly selected to **not** get advance materials.

a3 This screen provides answers to commonly asked questions. It is the same for all samples.

HOUSEHOLD COMPOSITION

There are two versions of the household composition screen. One for households that participated in Round 2 and one for new households. As we enumerate the household, 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." We will not survey people living in institutions, such as nursing homes, military barracks, or prisons, in group settings, such as dormitories or rooming houses, or in vacation homes, assuming they have permanent residences elsewhere. Nor will we survey active members of the military, even if they are living in civilian housing.

DEL DEL is the screen for reinterview households who remember participating in the Round 2 interview.

Read the names of the household members that appear on the screen. Use genders and ages if necessary to jog the respondent's memory. Do not read the relationship "householder."

Enter the person number of anyone who no longer lives in the household. Code <u> will "undelete" or replace anyone who you may have deleted by mistake. Use code <x> if no household members from Round 1 are in the household. This code will flag the household as new sample and skip to hhld. Code <e> will "undelete" or replace the entire household if you mistakenly delete the household.

Use code <g> when all members of the household have been confirmed or deleted.

DEL2 Verifies that people interviewed at this phone number in round 2 are no longer there.

A210 This is an introduction for respondents who claim their household did not participate in Round 2.

ADD This question acts as a probe to be sure babies and other persons are not excluded. If eight or more persons in the household, enter <e>.

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 children and how many are adults.

head If the householder from Round 2 is no longer part of the household, this question identifies the current householder. Householder is defined as the person who owns or pays most of the rent in the house.

hhld This is the household composition screen for new households. New households are newly sampled households or Round 2 households with no Round 2 household members left. 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 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>. If respondent refusal to provide first names, enter relationships to the householder rather than initials.

As previously noted, people living in a vacation residence, institutions (i.e., nursing homes, prisons, hospitals), or group quarters (i.e., group homes for special need groups) are ineligible and excluded. Appendix C provides a detailed description of these ineligible categories; the main exclusions are summarized below.

(1) **Families with two or more homes**--Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year.

(2) **Persons in vacation homes, tourist cabins, and trailers**--Interview persons living in vacation homes, tourist cabins, and trailers if they usually live there, or if they have no usual residence anywhere else. Do not include them if they usually live elsewhere.

(3) **Citizens of foreign countries temporarily in the United States**--List citizens of foreign countries and members of their families who are living in the unit in the United States, but not on the premises of an Embassy, Ministry or Consulate. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.

(4) **Persons living in institutions**--Persons who live in certain types of institutions at the time of the interview (prisons or other correctional facilitates, nursing homes, and other facilities for persons who require long term care or treatment) should not be included as members of the sample unit. They are usual residents at the institution.

(5) **Group quarters** --Persons in settings where there are 10 or more unrelated persons living together should be excluded. Examples include rooming houses, group homes that provide support services, halfway houses, and off campus college quarters (for 10 or more unrelated persons).

(6) **Other non-institutional group quarters--**Persons living in military barracks or other non-institutional group settings are ineligible for the survey. We are not including college dormitories in the survey; however, full time college students under 23 years of age should be included as part of the family unit, even if the students are living at school at the time of the survey. We are making this exception because these students are typically included under their parent's health insurance plans.

more This question acts as a probe so that babies and other persons are not excluded.

bmo1-byr1 Enter the month and year (using all four digits) that the householder was born.

age1 If the respondent does not know the householder's birthdate, 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 based on the householder's school.

grd1 Record the number of years of school the householder completed. The display 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.

bmo2-byr2 Enter the month and year (using all four digits) that each household member was born.

age2 Enter the age as of the date of the interview for each household member enumerated. If the respondent is uncertain, ask his or her best estimate. Age is a critical variable, make sure you record an answer for each member. If there is an infant less than one year of age enter "0" if the infant is six months or less and enter "1" if over six months of age.

sex2 Enter the sex of each household member enumerated. Verify sex as you read each name aloud to the respondent.

col2 Enter whether any household member less than 23 years old is a full-time student. The definition of full-time status should be based on the person's school.

grd2 Record the number of years of school completed for each household member; the display on the screen explains the relationship between academic degrees and years of schooling.

mil2 Consider a household member 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 a foreign country). This question is asked of every adult up to 65 years of age.

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 "cohabitees" are not coded or treated the same as spouse. Since insurance companies typically do not recognize coverage for cohabitees, they will be assigned to their own family units and be interviewed separately for this survey. Cohabitees, boyfriends and girlfriends of the householder living in the household will be recorded as (12) Non-Relative/Unmarried Partner. 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.

Great-grandchildren should be recorded under (5) Grandchild. Put half brothers and half sisters in the Sibling Category (7). Put roomers and hired hands in with the Non-Relative/Unmarried Partner category (12). An adopted child (if offered by the respondent) is coded (13). The relationship question is repeated for each member of the household.

mar2 We ask if anyone age 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 that 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 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 (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 accurately record 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're 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 in the beginning of the next section.

snow Enter the person numbers of any household members who live somewhere else for half of the year or more. Note that students age 16-22 are not displayed on this screen as we do not want to code students who live away at school even if they are away for half the year or more. The purpose of this question is to flag sample members who change residences seasonally. These people are sometimes called "snowbirds."

resp This screen will also show you which household members are not eligible to be respondents for the main interview. 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. For example, **Male = m, Female = f.** For age, have you entered 81 instead of 18, or 06 instead of 60? **A quick glance at this information will give you the opportunity to use the jb or b command to go back and correct the information.**

(2) **Each person in the household is delineated by codes 1-8 which 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 asked of each adult. Persons with an asterisk beside their name are not eligible to be respondents.

bbeg This screen tells the informant who the interview will ask about. There is one screen for each family unit.

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, directly purchased 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 for anyone reported as uninsured

- Obtains the name of the insurance company and plan for private insurance plans

- Obtains information on the characteristics of family member's current private or public health insurance plans

- C Asks about coverage during 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

- C Asks for total years of HMO coverage

- C 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 to aid interviewers in verifying coverage. Questions on managed care attributes plan, and employer names vary by type of plan (private plan, state subsidized plans, and medicare). 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, which is asked of each adult (adults other than the informant are asked this question in the self response module).

b1 In the introduction to the health insurance module, you will tell the respondent that you will be asking who in the family is covered by various types of health insurance plans obtained through employers, purchased directly, or from government programs.

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 though 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 are finished. Use <x> to delete a response.

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 and older and receiving Medicare and his or her spouse is under 65 and receiving private coverage through a job.

Also note that some universities provide limited health insurance coverage to students. Students who are less than 23 will be included with their parent's unit; however, some graduate students or older undergraduates, who are not employed by the university but who

have limited health insurance coverage through these plans, will fall into the survey. These plans should be included.

COBRA plans should also be included here.

However, 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 bought on your own. Also include any type of group plan which is purchased through a professional association or trade group.

Again, if 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 covering their non-custodial children.

bld This question asks about coverage from Medicare; name and age are CATI fills.

Medicare - Refers to the Federal health insurance coverage most common for persons 65 years and over. In certain rarer situations, people under 65 may be covered because of disability benefits (SSI). People receiving Medicare may also receive other benefits, including supplemental private coverage, which are called medigap policies, 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. This question intends to include Medicare HMOs as well as traditional Medicare coverage.

bld1 A verification screen appears to check that any person in the family unit who is 65 years old and older and who is not listed as receiving Medicare, was not a mistaken omission. There

are a very small number of persons 65 and older who are not receiving Medicare, but this will be very rare.

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, these **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.

CHAMPUS — (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability.

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.

TRICARE — (Pronounced Tr§ Care) A relatively new program expected to grow in use over the next decade. Several military health plans are offered to active duty personnel, their families, and retirees. Choices offered under TRICARE are varied, including health maintenance plans, as well as other plans with a range of managed care and indemnity options.

VA-- (Pronounced VA) The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

b1f1 — The question obtains the type of military coverage offered family members. Most responses will be obvious. However, some respondents may not recognize the have TRICARE or not be sure whether it is TRICARE Standard, Extra, or Prime. 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 or military coverage that is not listed, record it under "other."

b1g The question ask 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 bih, either because the name by which the respondent knows a program is different from the ones which were precoded or because there are additional programs which 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 one previously reported answers. It is particularly important to answer this question correctly because the answer determines how many sets of questions on private health insurance plans will be asked.

The next section of the questionnaire uses a data base to match responses with insurance companies and products that are available in the area where the respondent lives.

Interviewers begin by entering a complete and accurate name of the respondent's plan and then enter if the respondent used a document such as an insurance card, claims form, or policy as a source of information. You will not be able to use the numeric key pad in this section.

The next screen displays a list of plans offered by the insurance company in the state where the respondent lives. Use the arrow keys to move the cursor from one plan to another. The <enter> key

will take you to the top of the list. Plans offered by large insurers in large states may take more than one screen. To select a plan, place the cursor on the plan (it will be highlighted) and enter <1>. A box will pop up and you will need to verify your selection.

Read all the choices to the respondent. Use the PRODUCT NOT SPECIFIED option if the respondent cannot select a matching plan from the list or if the respondent does not know the plan name. Enter <0> for INSURANCE COMPANY NAME DOES NOT MATCH only if the insurance company name entered on the previous screen does not match the insurance company names. Use code <9> if you need to change the insurance company name. (You cannot use the regular CATI commands in this section.)

If the product is not specified or the insurance company name does not match, CATI will skip to an item that asks if the insurance plan was obtained in another state. If it was, interviewers will enter the new state using two letter postal abbreviations. CATI will repeat the identification process in the new state.

This process repeats for each private health insurance plan.

Following are guidelines for entering insurance companies and products:

Name of Plan: It's critical that the respondent is as specific as possible. For example, if the respondent says the name of the plan is "Cigna" ask them for a more specific name. Plans have all kinds of names, and each name usually signifies particular features of the coverage. Notice the probe that asks respondents to refer to an insurance document if necessary. Also, record the specific name of a Health Maintenance Organization (HMO) or Individual Practice Association (IPA). Do not accept the general **type** of plan (such as family plan, major medical) for the **name** of the plan; probe for a specific name. Enter the name of the health insurance plan and verify the spelling with the informant. The program allows 72 characters for each plan name. These plan names will be matched against a master list and coded, so it is important that they be as complete as possible.

(1) If: A generic name is reported such as family plan or major medical:
Then: Probe for and record only the full name of the insurance plan, for instance, Aetna High Option, Blue Cross/Blue Shield Federal Employee Plan, etc. Also, record the specific name of a Health Maintenance Organization, like Kaiser HMO Plus. Do **not** abbreviate, (except for Blue Cross/Blue Shield which may be recorded as "BC/BS"), unless that is all the respondent can report, in which case note that the full name is unknown.

(2) If: If the respondent does not know the name of the plan,
Then: Always ask for use of an insurance card or other document.

(3) If: An insurance card or policy is not available, but the respondent tells you the plan is provided through a union, fraternal group, employer, etc.,
Then: Enter the name of the group, being as specific as possible (for example, in the plan is through a union, get the number of the local union) and indicate "DK name" of the plan.

(4) If: If the respondent indicates he/she has a Blue Cross plan and a Blue Shield plan,

. **Then:** Consider as one plan and enter Blue Cross/Blue Shield (or BC/BS). However **do not** add Blue Shield (BS) to the name if only Blue Cross is reported.

Some common company names are listed on the screen as a spelling guide.

b204 For reinterview sample whose Round 2 insurance coverage matches our data base, we display the name of the Round 2 plan and ask if the individual or family still has the plan. If the plan is no longer valid, the CATI skips to the plan and product identification items.

b205 Asks respondents who no longer have their Round 2 plan if their plan changed. Use the <0> code if the plan name is incorrect for any reason.

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 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.

b261 This question asks for the name of the employer or union who provides this plan. A probe is provided to respond to questions concerning why this question is being asked. When gathering this information, be as specific as possible. This information will be critical in a later study of respondents' insurance and often the employer's name is a critical link. If the coverage is through a union, get the specific local chapter number, and the type of employee covered (e.g., clerical, manual...) if possible. Again, notice the probe that asks respondents to refer to a document if necessary, and the second probe that stresses the confidentiality of this information.

For the reinterview sample, the employer or union name appears on the screen.

b271 This question asks respondents whose coverage was not obtained through an employer or union if the coverage was from a government program.

b281 This question obtains the name of the government program from b271. CATI will fill the names of programs in the respondent's state.

b291 This question determines if each plan's coverage 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 as enrolling in the plan. If the respondent says he or she stayed with the same plan during open enrollment, code <n>.

b301 For each person who enrolled in the past 12 months, the program asks how many months ago the person enrolled. If the respondent indicates that a family member enrolled more than 11 months ago, go back to b291 and correct the respondent's answer.

b311 This question asks the amount of the premium for non-employer and non-union plans. The premium is the cost of the regular payments for health insurance coverage only, not for health care services.

The amount can be entered for one of seven periods listed in the next question Enter the amount and unit at the respective arrows; best estimates are fine. Enter the dollar amount and hit the "enter" key. The next screen will prompt you to enter the time period (e.g., per week, month, year...)

b321 The code for the unit of the time period for which the premium is paid is entered on this screen.

b331 This question asks if there is a requirement to sign up with a certain primary care doctor, group of doctors, or clinic which the respondent must go to for routine care. Note the probe, excluding emergency care and care from a specialist to which the patient had been referred.

b341 This question asks about the need for approval or referral from a primary care doctor or health plan to see a specialist. If the answer is conditional, sometimes yes and sometimes no, provide the answer which applies most often in this person's use of specialists.

b351 The point of this question, as with several others in this series, is to ascertain if the insurance plan restricts the choice of physicians. In b351, the person is asked whether he or she is restricted to doctors listed in a book, directory, or a list associated with the plan. Persons who belong to plans with these restrictions typically belong to a preferred provider organization; however, we are not using this term in the survey because many respondents may not understand it.

b361 The question asks if the plan is an HMO; a probe is provided for respondents who are unsure if their plan is a health maintenance organization. You should use the definition in the instrument; however additional information on HMOs follows:

Health Maintenance Organization (HMO)--A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis.

There are three basic types of HMOs:

- **A Group/Staff HMO**--Delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.

- **An Individual Practice Association (IPA)**--Makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.

- **Network HMO**--Contracts with two or more group practices to provide health services.

b371 This question asks if there is no referral, will the plan pay the costs of visits to doctors who are not associated with the plan or HMO. It is asked of persons who indicated that the plan is an HMO or indicated that the plan limits choice through a book, list, or directory of doctors (which will typically be a preferred provider organization).

b381 This question asks if the employer offers more than one health insurance plan to its employees.

b391 This question determines whether employers offering more than one plan offer both HMO and non-HMO plans. Note that the fill includes the type of insurance product that the respondent does NOT have.

These questions (b311-391) repeat for each private health plan.

These questions ask about military insurance coverage.

b40 This question identifies the policy holder for military coverage plans.

b41 This question determines if this coverage was continuous for the entire year. It is similar to the question asked for private coverage.

b421 If the coverage was for less than 12 months, this question is asked to determine how many months ago enrollment began.

b54 Families reporting Medicare coverage will be asked questions about their plans that are similar to those asked of persons with private coverage. Medicare recipients can participate in HMO plans. Nationally, only about fifteen percent of Medicare beneficiaries are in HMOs, but penetration is much higher in some areas of the country. Although persons sign up for Medicare as persons rather than as families, it is very rare for a married couple to choose different plans (one choosing an HMO and one choosing a traditional indemnity

plan). The interview is designed only to ask one set of questions about Medicare per family. In the unlikely case that you interview a family in which one person has an HMO and the other an indemnity plan, you should report the characteristics of the HMO plan. You will be able to identify this situation in b54.

As note above, very few families in which there are two Medicare beneficiaries will have different plans--one HMO and one traditional indemnity. However, if this happens, you should record which family member is in the HMO, using options <2> or <3>. If there is only one Medicare beneficiary and he or she if covered by an HMO or there are two Medicare beneficiaries and both are covered by an HMO, enter <1>; if no one is covered by a Medicare HMO (which will be true for over 85 percent of Medicare beneficiaries), code <0>.

b55a-b Medicare beneficiaries in HMOs are asked for the name of their plans; these questions are similar to those asked for private health insurance plans. if two Medicare beneficiaries in a family have different plans, enter both names here. Then, enter if what, if any, document the respondent used to identify the plan.

b55c Some Medicare HMOs are obtained through the beneficiary's current or former employer.

b51-b53 These questions are similar to those asked of persons with private health coverage. If a husband and wife have different Medicare plans with one in an HMO and another in an indemnity plan, ask for characteristics of the HMO plan.

b56 This question is asked for participants who said they were in Medicare HMOs or those who may be in HMOs because they believe they are restricted to selecting their doctors from a directory or list

b57-b58 These questions identify Medicare recipients who have been enrolled in their plans for less than a year. It is possible, for example, that the person could have been enrolled in a Medicare HMO for the last six months and been in a traditional Medicare plan before that. In that case, we want to note the enrollment in the HMO six months ago. Do not count a decision to continue in the same plan during an open enrollment period as enrollment.

b59 Here, we ask whether Medicare beneficiaries have supplemental private health insurance policies to cover costs not covered by Medicare.

b59a1 These questions determine whether medigap or supplemental Medicare policies were obtained through a current or past employer or union.

b64-b78 Families in which person members receive Medicaid and have no private plans are asked a series of questions about their plans, which are similar to those asked about private health insurance plans. Note that Medicare beneficiaries are skipped over these questions (we only ask b60). These questions, which are asked about Medicaid plans are similar to those asked about private health coverage.

b67-b68 These questions, which are asked about Medicaid plans, are similar to those asked about private health insurance coverage.

b71 Asked if the family member is covered by a state plan and has no private plan. Question asks who the policyholder is. Same question as b231. Question is repeated for each person.

b77 Same as b291. It is changed to refer to state plan.

b78 Same as b301. It is also changed to refer to state plan

b79 Families with one uninsured member and at least one privately insured member are asked if family coverage is offered under the private plan.

b791 If family coverage is offered under the private plan, we ask why uninsured members are not covered. Cost is a precoded answer category. Other reasons must be recorded using the "other, specify" category.

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.

b82 The question ascertains if the previous coverage was an HMO. The probe is the same as the one used for other questions about HMOs.

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 the reasons 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.

Example:

A person who lost his or her insurance coverage when he or she was terminated will receive code 1.

Example:

A person who loses employer-paid coverage due to divorce will be coded in 3.

b851 The next series of questions 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. This first question asks for the type of coverage prior to current one.

The answer categories reflect the type of coverage asked throughout the questionnaire. Code only one answer. Choose option <0> below 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 an insurance plans and <6> is blank if the person is less than 65 years of age.

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.

b871 This question is asked to determine if the previous plan was an HMO.

b881 The question asks about the reason for changing insurance plans. It is not necessary to ready 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.

b872 This question will appear only if family members had two different policies during the month just prior to their current plan(s). This should occur very rarely.

b882 This question only applies to families that had two different policies during the month just prior to their current plan(s).

b901 This question asks the informant if he/she has ever been enrolled in an HMO in his or her entire life. It is asked only of the informant if s/he has been enrolled in a HMO in the last year. The respondent's best estimate is fine.

b911 This question asks the informant how many years s/he has been enrolled in an HMO.

b921 If the respondent to b901 says "don't know," then this probe will appear on the interviewer's screen. It is one of several probes used to get an estimate using broad ranges when the respondent is unable to provide a more precise estimate.

b951 This question is asked only of the family informant here; it is included in the self-response module for other adults in the family. The respondent is asked to rate his or her level of agreement on a 1 to 5 scale with "1" being the strongest level of agreement.

Read the question slowly to ensure the respondent clearly hears the options. Remember that we are asking the respondent's opinion here; there are no right or wrong answers. Note the probe to code "7" if the respondent states that the question does not apply to him or her.

b96 For individuals with more than one plan this question determines which plan is used for most health care needs.

MODULE C: RESOURCE USE AND UNMET NEED DURING THE LAST 12 MONTHS

This marks the beginning of the section on use of health care resources during the last 12 months. The informant is asked all questions about him or herself and the randomly selected child (if any). The informant is also asked questions about any other adult in the family unit, with the exception of the questions on not getting or delays in getting medical care, called unmet need. Other adults are asked these unmet need 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, 2000 then the reference period is from August 15, 1999 to August 14, 2000. Resource use is asked by category of health care--i.e., hospitalizations, emergency room use, physician encounters, selected non-physician encounters, surgical procedures, home health care, and some preventive care (flu shots and mammograms). Asking people about their use of health care resources one category at a time has been shown to improve the accuracy of reporting.

We also ask whether each person had a medical visit for routine preventive care, a routine check up for an ongoing health problem, mental health care, or home care. We also ask if each person had a flu shot. We ask women age 40 or older how long it has been since their last mammogram. The informant is also asked to estimate out-of-pocket medical expenditures.

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. Often people include or count **days** in the hospital. The question is restricted to the number of **nights** spent in the hospital after admission.

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** he or she has 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 precise numbers cannot be remembered.

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.

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.

c3p1 We ask if any of the doctor visits were for routine preventive care such as a physical examination, checkup, or well-child visit. We ask about routine monitoring of a chromic condition in the next question.

c3c1 This question asks about routine checkups for ongoing problems or chronic health conditions. The probe contains examples of ongoing health problems.

c331 This question determines the number of times each family member has seen a nurse practitioner, physician assistants or midwives 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.

c351 We ask if any of the nurse practitioner, physician assistant, or midwife visits were for routine preventive care such as physical examination, checkup, or well-child visit. We ask about routine monitoring of a chronic condition in the next question, if the respondent reports no preventive care during the last 12 months.

c361 This question asks about routine checkups for ongoing problems or chronic health conditions. The probe contains examples of ongoing health problems.

c411 This question asks if any family member had surgery or other surgical procedures in the last 12 months. The surgery or procedures would have taken place in a hospital or in a doctor's office. "Doctor's office" is defined broadly to include outpatient clinics and outpatient surgical centers. Note the probe indicating that both major and minor surgery and procedures are included. A simple yes/no answer is recorded.

c421 This question asks how many different times surgery or procedures were performed for each family member during the past 12 months. Because surgeries are infrequent, major events in most people's lives, some respondents may include surgeries that happened **before** the reference period began. Emphasize that the reference period is limited to the 12-month period.

c431 For those family members who had surgery or procedures in the last 12 months (from c411), this question determines how many of the surgeries involved an overnight or longer stay in the hospital. Enter the number.

c511 This question determines if any family member saw a mental health professional in the past year. The mental health professional could be a psychiatrist (M.D.), a psychologist, a psychiatric nurse, or a clinical social worker. A simple yes/no answer is recorded. Unlike most other questions in this section, a subsequent frequency question on the number of **times** seen during the past 12 months is **NOT** asked.

c531 This question asks if any family member received a flu shot in the past 12 months. Read the definition of flu shot given as a follow-up statement to the question. A simple yes/no answer is recorded.

c611 This question is asked about every female family member who is 40 years of age or older. It asks if the person has **ever** had a mammogram. Read the statement and question as worded. A mammogram is an X-ray procedure used to detect breast cancer at an early stage. It can detect smaller growths that go undetected by physical examination.

c621 For those family members who have ever had a mammogram (from c611), this question determines how long it has been since the last mammogram. Read the five answer categories which present time periods carefully to yourself. They are not read to the respondent unless it is necessary.

The next series of questions is about unmet needs for health care during the last 12 months. The informant is asked these questions about him or 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.

c811 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 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.

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c831 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 *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, but note the **exclusions:**

- Dental care
- Health insurance premiums
- Any costs paid by health insurance

Some respondents may need time to answer. Give the respondent time to think, and accept a 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.

MODULE D: USUAL SOURCE OF CARE/PATIENT TRUST

The following questions ask the informant about each family member's usual source of health care. The informant is also asked to answer a series of questions about patient/physician trust. Since these trust questions are highly subjective, a family informant is not expected to answer accurately for other family members, these questions will be included in the self-response module.

d101 The question asks if each family member has a usual source of health care. As noted, emphasize the word USUALLY in the question. If the person is unsure if they have a usual source of 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 For any family member who is reported to have at least one usual source of care (from d101), the purpose of this question is to ascertain the kind of place the **usual** source of care is. If a family member has more than one usual source of care, this question refers to the source of care used **most often.** 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.

d121 For any family member who has a usual source of 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.

d131 For any family member who has a usual source of care (from d101), the purpose of this question is to determine if the same individual is usually seen at the usual source of care. Even if a patient has a usual source of care, the patient may see a different health professional each time he or she visits.

d141 For any family member who has a usual source of care (from d101), this question determines if there was a change in the usual place of health care during the past 12 months.

d151 For any family member who has changed his or her usual source of care (from d141), this question determines the main reason for the change. Read the question and answer choices carefully. Follow up questions probe for more detail.

d161 This question asks the respondent to provide more detail on changes related to heath insurance.

d171 This question asks for respondents who answered "other" to d151 to provide more information about the reason for changing the place they usually go for health care.

d311-d341 This series of questions is on physician-patient trust. These questions are asked of the informant. These are subjective questions with a five-point scale for answer categories. Read the statements EXACTLY as worded. Do not reword any statement. If a respondent is confused, reread the statement as is. These statements are person-level and self-responded.

Note category <7> NOT APPLICABLE. This might be used when a doctor has not been seen for several years or when the respondent feels the statement does not apply to his or her circumstance.

DO NOT OVERPROBE THESE QUESTIONS, (d311-d341), ESPECIALLY WITH THE ELDERLY.

If a respondent is confused after rereading the question and answer choices, accept a "don't know" answer.

MODULE E: SATISFACTION, HEALTH STATUS (SF12), CHRONIC CONDITION, AND RISK BEHAVIORS

This section covers a variety of topics related to health status and satisfaction with health care. 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 to be self-responded. 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 his or her behalf. 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 a asking it. Use the NEITHER SATISFIED NOR DISSATISFIED answer only if the respondent offers it.

e121-e131 Read the question. Note the probe indicating that a primary care doctor is defined as the one you call first in the case of sickness or injury.

e141 Read the question determining if the respondent has personally needed or seen a specialty doctor over **the past 12 months.** Note the probe listing examples of specialty doctors.

CAHPS12 Asked only if the family member needed or has seen a specialist.

e151-E151 Read the question as worded asking about the level of satisfaction with the choice of specialty doctors.

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. The time frame for these questions is in the past 12 months.

CAHPS10 *Addresses how much of a problem is was/is to get a referral to see a specialist. This questions is only asked of family members that had a doctor's visit and needed to see a specialist. If a respondent reports that he/she did not need a referral code "not a problem."*

CAHPS23 *Addresses problems with delays in health care because he/she had to wait for approval from the health plan. This is asked only if the person had a doctor's visit.*

CAHPS37 *Addresses problems with paperwork related to getting heath care. This is asked only if the person had a doctor's visit.*

SP14-SP14x *Asks about satisfaction with the amount paid for health care. The unfolding method is used.*

CAHPS38 *This question asks for an overall rating of the individual's experiences with his/her health care plan. A scale ranging from worst health plan possible (0) to best plan possible (10) is used.*

A series of questions now begin to identify the family member's last doctor's visit. Once this visit is identified, we will ask a series of "process of care" questions about the last visit. The last doctor's visit is chosen to make it easier for the respondent to recall the detailed aspects of the visit.

e161 This question determines if the person visited a doctor in the last 12 months for sickness, injury, or other health problems. Other health problems are defined in the probe to include visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc. A simple yes/no answer is recorded.

e171 For any family member who had a doctor visit for sickness or injury (from e161), this question determines the **month** of that visit. Enter the number next to the appropriate month. Valid months are marked with an asterisk. The computer will not permit you to enter a month that is previous to the 12 month reference period. Give the respondent time to think back. Encourage best estimates. You may want to remind the respondent of the reference period.

e181 For any family member who had a doctor visit for sickness or injury (from e161), this question determines if the family member visited a doctor **since that visit** for a general check-up or other preventive care. Visits for immunizations and mammograms can be included **only** if a doctor was seen. This question is asked because people sometimes forget visits for preventive care. A simple yes/no answer is recorded.

e191 For any family member who had a doctor visit for general check-up or other preventive care (from e181), this question determines the **month** of that visit. Enter the number next to the appropriate month. Valid months are marked with an asterisk. The computer will not permit you to enter a month that is previous to the 12 month reference period. Give the respondent time to think back. Encourage best estimates.

e201 If any family member did not have a visit for sickness or injury, this question is asked. The wording is slightly different from e181-191. The question asks if the family member had a doctor visit for a general check-up or other preventive care. Visits for a pregnancy check-

up are included, and visits for immunizations and mammograms can be included **only** if a doctor was seen. A simple yes/no answer is recorded.

e211 For any family member who had a doctor visit for a general check-up or other preventive care (from e201), this question determines the **month** of that visit. Enter the number next to the appropriate month. Valid months are marked with an asterisk. The computer will not permit you to enter a month that is previous to the 12 month reference period. Give the respondent time to think back. Encourage best estimates.

e901-e911 This is a consistency check that will appear on your screen when an inconsistent answer was given. For example, if an informant said that a person had 3 doctor visits in the last year and now the respondent says there were no visits, the original number needs to be corrected. The interviewer will verify the answers as correct or incorrect and take the appropriate action as directed on the screen.

These questions (e221 - e321) refer to the family member's **last doctor visit** for sickness or injury or for a general check-up.

e221 To keep the respondent focused on the visit we want to ask about, the month of the last visit and a phrase indicating whether this visit was for sickness or preventive care appears on the screen. This question determines the **type** of doctor seen at the last visit. Read the probe if the respondent is unsure of what is meant by "family doctor" and "specialist."

e241 This question determines if the place where the respondent was seen by a doctor on the last visit was the place he or she usually goes for health care.

E241 For family members whose answer to the previous question (e241) was "no," this question determines if the last visit was to an emergency room.

e251 This question determines if the person had an appointment or just walked in to the last visit to the doctor. If someone calls a doctor and needs to be seen immediately, and the person is given an actual time (even one hour later) that same day, consider it an appointment. However, if the person is told to come right away and they will be "fit" into the schedule, consider it a walk-in.

e261-e271 This question determines the amount of time between contacting the doctor to schedule an appointment, and the date or time actually scheduled. The answer can be recorded in EITHER days, weeks, or months; only one unit can be chosen. Notice the probe. After you enter the number the respondent gives you, the next screen will prompt you to enter the units (days, weeks, etc.)

e281-E281 The question determines the amount of waiting time spent in the waiting room prior to seeing a medical person for this visit. If more than one medical person is seen (for example, a nurse takes blood pressure and then a doctor conducts an examination), include the time waiting to see the first medical person with whom the family member has scheduled the visit. The amount of time can be entered as EITHER minutes or hours, but not both. Notice the probe. After you enter the number the respondent gives you, the next screen will prompt you to enter the units (days, weeks, etc.)

e291-E291 This question determines the amount of time it took to get to the doctor's office (or emergency room) from wherever the person came (home or office). The question is still asking about the **most recent visit**, not visits in general. The amount of time can be entered in EITHER minutes or hours, but not both units. Notice the probe. After you enter the number the respondent gives you, the next screen will prompt you to enter the units (days, weeks, etc.)

e301-e311 A series of subjective questions now begins regarding different aspects of the doctor-patient relationship during the last visit. Ratings are coded on a five-point scale from poor to excellent. Sometimes the question does not apply (for example, if the person was not examined or treated). In this case, choose category <7>.

Read the answer categories related to the scale (1-5).

e321 This questions refers to the last visit. Ratings are coded on a five-point scale from poor to excellent. Sometimes the respondent will tell you the question does not apply (for example, if the person was not examined or treated). In this case, choose category <7>.

Read the answer categories related to the scale (1-5).

e401 This question asks about overall health status. The five-point scale is rated from excellent to poor. Read the answer categories to the respondent.

e411-e421 These two questions ask if the person's health limits him or her from doing certain activities that a person might do on a typical day. The question has a three-point scale indicating that the person is limited a lot, limited a little, or not limited at all. Read the

questions and probes carefully. The first question includes examples of what is meant by "moderate activities." Although these are meant as examples, read them exactly as worded; do not provide other examples yourself.

Note that if the respondent says he or she does not do an activity, read the probe, "Is this because of your health?" And repeat the question.

e431-e441 These two questions ask about **physical health** and daily activities. Notice the reference period for these questions is **the past 4 weeks.**

e451-e461 These questions ask about **emotions** and daily activities. The reference period is still **the past 4 weeks.**

e471-e481 These two questions ask how much pain, physical health and emotional problems have interfered with normal activities over **the past 4 weeks**. However, a five-point scale is used ranging from "not at all" to "extremely." Read the answer categories to the respondent, give the respondent time to answer and repeat the question and response categories if necessary.

e491-e501 These questions ask how often the person feels a certain way. The answer choices are a five-point scale which range from all of the time to none of the time. Read the introduction and each question carefully. NOTE the direction to READ THE CATEGORIES SLOWLY so that the respondent has time to hear and understand the categories.

e511 This question asks how often the person feels downhearted and blue. Again, the answer choices are a five-point scale which range from all of the time to none of the time.

GSS157 Question asks about the family members' overall happiness.

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. Enter a <1> for YES, a <0> for NO, a <d> for DON'T KNOW and an <r> for REFUSED for each condition. 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 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 reread 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. Following is a key to the phonetic symbols:

\&\ as a and u in abut	\.\ as e in bet	\o\ as aw in law
\[^&]\ as e in kitten	\'\ as ea in easy	\oi\ as oy in boy

\&r\ as ur and er in further	\g\ as g in go	\th\ as th in thin
\a\ as a in ash	\I\ as I in hit	\[th_]\ as th in the
\a\ as a in ace	\I\ as I in ice	\ü\ as oo in loot
\ä\ as o in mop	\j\ as j in job	\u\ as oo in foot
\au\ as ou in out	\[ng]\ as ng in sing	\y\ as y in yet
\ch\ as ch in chin	\o\ as o in go	\zh\ as si in vision

This training manual contains descriptions of each condition for your information. DO NOT define conditions for respondents.

cc1 Women younger than 50 are asked if they have had a baby during the past two years. This question refers to live births, not pregnancies. Code "Yes" ONLY if the respondent has delivered a baby in the past two years. If the respondent is currently pregnant, code "No". If the respondent miscarried, had an abortion, or did not have a live birth, also code "No".

For the first four chronic conditions, we ask if the respondent has seen a doctor or health care professional during the past two years. If the respondent has the condition but has not seen a medical professional, code "No".

cc2c Women are asked about abnormal uterine bleeding. Uterine bleeding is bleeding in-between menstrual periods, abnormally heavy periods, and bleeding in post-menopausal women, except those who are not taking hormone replacement therapy. Uterine or vaginal bleeding can occur in women who no longer experience menstrual periods. Let the respondents determine what is abnormal for them. If "uterine" is unclear to the respondent, you may clarify with "vaginal bleeding or bleeding from the vagina".

For the remaining of 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 that past two years the respondent has seen a doctor for the condition.

cc3a Diabetes (**dI-&-´bE-tEz, di-&-´bE-t&s**) 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.

cc3b Arthritis (**är-´thrI-t&s**) 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.

cc3c Asthma (**´ax-ma**) is a condition of allergic origin that is marked by continuous or outbursts of labor 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.

cc3d 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 or wheezing.

cc3e Hypertension (**´hI-p&r-ten(t)-sh&n**) or high blood pressure includes pregnancy-induced high blood pressure.

cc3i Coronary heart disease is also know as ischemic heart disease or coronary artery disease. It is disease of the heart that results from hardening or clogging of the arteries surrounding the heart. Symptoms include chest pain and shortness or breath.

cc5a Skin cancer includes any of the following: actinic keratosis (AK), basal cell carcinoma, malignant melanoma, or squamous cell carcinoma.

cc5b *Respondents are asked about cancer other than skin cancer.*

cc5d Depression is a so-called 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 *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.*

e521 Read the statement and record the level of agreement or disagreement. Respondents may initially respond by saying, "well, it depends." If this happens, stress generality with a probe such as "well, overall" or "in general." As previously mentioned, do not interpret subjective questions for the respondent. If there is a pause or expressions of confusion, simply reread the statement or question.

QUESTIONS ON CIGARETTE SMOKING AND OTHER TOBACCO USE

A series of questions now begin regarding cigarette smoking. They are self-responded. The series determines if the person ever smoked at least 100 cigarettes per day; whether he or she currently smokes; if yes, how many cigarettes are smoked and on how many days during the last 30 days he or

she has smoked. If the person has quit smoking, the length of time since quitting is asked. Whether a medical doctor advised the person to quit smoking is asked for anyone who has had a doctor's visit during the past 12 months.

e601 Self-explanatory.

e611 For family members who said they've smoked at least 100 cigarettes in their entire life, this question how often they now smoke--everyday, some days or not at all. Enter the answer carefully, since other questions will be asked depending on the answer here.

e621 For family members who smoke every day, this question asks how many cigarettes are smoked per day. Note the probe indicating that **a pack equals 20 cigarettes.** The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).

e631 For family members who smoke "some days" this question determines the number of days they smoked during the past 30 days.

e641 For family members who smoke "some days" this question asks how many cigarettes are smoked. Note the probe indicating that **a pack equals 20 cigarettes.** The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).

e651 This question is asked for those persons who do NOT currently smoke but have in the past. It determines when they quit smoking. Review the long list of categories. Read the categories ONLY IF NECESSARY.

e661 Self-explanatory

e671 Asked of those who have had a doctor's visit during the past 12 months and who currently smoke.

SATISFACTION AND PROCESS OF CARE QUESTIONS FOR A SAMPLED CHILD

k12-ee5a The following questions are asked if a family has a sampled child who had at least one physician visit in the last 12 months. The family informant responds for the child.

k12-k13 Read the statement. Review the probe indicating that the respondent should consider services he or she felt were needed but were not received.

k14 Determines if the child saw a specialist in the last 12 months. Refer to the probe for examples of "specialist" doctors.

kCAHPS12 Asked only if the child needed or has seen a specialist (answered yes to k14).

k15-K15a Same as the choice of specialty doctor satisfaction question asked of adults. This is asked for the selected child.

These next questions address the family member's opinion of experiences with his/her child's health plan. Most of the questions deal with the family member's opinion on referrals, paperwork associated with their child's health plan, and payment for services. The time frame for these questions is in the past 12 months.

kCAHPS10 *Addresses how much of a problem is was/is to get a referral to see a specialist. This questions is only asked if the child had a doctor's visit and needed to see a specialist. If a respondent reports that he/she did not need a referral code "not a problem."*

kCAHPS23 *Addresses problems with delays in health care because the child had to wait for approval from the health plan. This is asked only if the child had a doctor's visit.*

kCAHPS37 *Addresses problems with paperwork related to getting heath care. This is asked only if the child had a doctor's visit and the child is the only person covered by the policy.*

kSP14-kSP14x *Asks about the child's amount of satisfaction with the amount he/she pays for health care. The informant is used as a proxy. The unfolding method is used.*

kCAHPS38 *The parent is asked to give an overall rating of his/her experiences with their child's health care plan. A scale ranging from worst health plan possible (0) to best plan possible (10) is used.*

e161 This question determines the name(s) of adult(s) who went with the child to her/his most recent doctor visit.

If the name of an adult family member other than the informant is given here, questions regarding the child's last doctor visit will be added to that adult's self-response module. Otherwise, questions to determine the child's most recent visit and process of care questions are now asked of the family informant about the child. The computer program automatically makes these determinations for the interviewer.

k16I-k17I Same as adult questions e161-e171, but asked about the selected child. Review directions for those questions if necessary.

k18I-k19I *Same as adult questions e18I-e19I, but asked about the selected child. Review directions for those questions if necessary.*

k90I Verification question. Same as question e901 asked of adults.

k22I-k32I Same as questions e221-e301 asked of adults. These questions are asked in reference to the sampled child.

k40I Same as question e401. This question refers to the sampled child.

CHILDREN'S CHRONIC CONDITIONS

The next series of questions asks about whether the selected child 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. Enter a <1> for YES, a <0> for NO, a <d> for DON'T KNOW and an <r> for REFUSED for each condition. 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.

Following is a key to the phonetic symbols:

\&\ as a and u in abut	\e\ as e in bet	\o\ as aw in law
\[^&]\ as e in kitten	\e\ as ea in easy	\oi\ as oy in boy
\&r\ as ur and er in further	\g\ as g in go	\th\ as th in thin
\a\ as a in ash	\I\ as I in hit	\[th_]\ as th in the
\a\ as a in ace	\I\ as I in ice	\ü\ as oo in loot
\ä\ as o in mop	\j\ as j in job	\u\ as oo in foot
\au\ as ou in out	\[ng]\ as ng in sing	\y\ as y in yet
\ch\ as ch in chin	\o\ as o in go	\zh\ as si in vision

This training manual contains descriptions of each condition for your information. DO NOT define conditions for respondents.

For chronic conditions in children, we ask if the sampled child has ever seen a doctor or health professional for the condition. If the child has had the condition but has not seen a doctor, code "no".

ee2c Code "Yes" ONLY if the child has EVER gone to a doctor or other provider for the treatment of chronic ear infections, such as more than four ear infections in any one year.

ee4c Asthma (**'az-ma**) is a condition often of allergic origin that is marked by continuous or bursts 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.

ee4d Attention deficit hyperactivity disorder, also called ADHD or ADD is a condition that causes, among other things, hyperactivity, short or interrupted attention span, or anti-social behavior in children. It is more common in boys than in girls, and it is often treated with medication. Please remember that you should answer "yes" only if the child has seen a doctor for this condition.

ee5 *Asks whether the child uses more medical care, mental health, or educational services compared to other children the same age.*

ee5a *Only asked if the response to ee5 is yes. Asks whether this over use of services is because of medical, behavioral, or another health condition expected to last for 12 months or more.*

e80t- Same as question e401 asked of informants. This question repeats for all adults in the

e802 family.

ra34 *Asks where the individual has gotten information about a personal health concern. This is a code all that apply question. Responses are in a randomized order.*

ra36 *Asked only if the individual has had 2 or more doctor's visits in the past 12 months. Asks if the family member has mentioned the information they found personally to a doctor.*

ranew *This question asked if the individual responded yes to ra34 or ra36. Asks if the doctor ordered a test, procedure, or prescription because of the information found or presented.*

ra34c-newrac *Same questions asked for adults (ra34-ranew), except they ask about the selected child.*

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, 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.

C 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 described 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 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. Such 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.** 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> as a last resort.

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 is 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 <u>other than</u> 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 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.

f301 This question determines the easiest way to report the person's earnings: hourly, weekly, bi-weekly/every two weeks, twice monthly, monthly, and annually. A probe is provided for respondents who are concerned about confidentiality. In the unlikely case that the respondent offers a time period that is not listed, ask for monthly or annual earnings.

f321 The computer program selects the appropriate time period based on the answer to the previous question.

All questions refer to **how much the person usually earns before deductions.** If the person is paid by piece rate (pay is based on the number of items produced), ask for **usual** earnings per whatever time period the respondent chooses (week, month, year, etc.). Again the importance of the question is explained and the respondent is reminded about confidentiality. The respondent should include overtime pay/commissions and tips that are usually received.

f331 This question is a probe to get an estimate in broad categories if the respondent could not provide a specific answer to the previous question.

f341 If you entered an amount that is extremely high or low, the program will ask you to verify it. If the amount is not correct, it must be corrected by backing up to the earnings question.

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. As with other questions with various wording choices based on previous questions and whether the subject of the question is the informant or another family member, the program will select appropriate fills.

f541 This question determines how many insurance plans are offered to employees; this question and the two that follow are skipped for employer-based plans we asked about earlier in the interview.

f551 This question determines if an HMO is offered to employees. A brief definition of an HMO (used in other questions) is included as a probe.

f561 If the employer offers more than one plan, including an HMO option, this question determines if non-HMO plans also are offered.

FAMILY INCOME

The next two questions are about family income. 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 1997, 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. The survey is about the "**civilian non-institutionalized population**;" however, 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.

g20 Two questions are asked to classify adults (and any adopted children) by ethnicity. We do not ask these questions for the selected (natural) child. The first question asks which, if any, family members are of Hispanic origin. Read the probe if the informant is reluctant to answer. The answers are used for research purposes only; individuals are never identified.

g221 The question determines the race of each person. Read the categories and the probe, if necessary. As noted, code any "mixed race" under category <5> OTHER.

g23 This is a transition to the self-response module. Read the introduction, as worded. Names of other adult family members for whom we need the self response module will be filled by the program. There will be few cases (about five percent of families), where you will need to schedule more than one self-response module. In many cases, you will be able to complete the self response module as part of the interview. If you cannot complete the self response module, the program will take you to the callback routine to set up a time to call back for the information. Once all self-response modules or appointments are scheduled, the program will take you to the closing.

CLOSING

We expect to contact a sample of interviewed families in two years for another survey to understand how changes in health care and health insurance affected people. So, it is necessary to obtain accurate information on their addresses. We also 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. Finally, we let respondents with chronic health conditions in high-intensity sites know that an interviewer from RAND may be contacting them for a 5-10 minute interview regarding quality of care study. There will be an additional payment if the respondent chooses to participate in that study also.

h10 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.**

h20-h34 Please note that this series of questions about telephone coverage provides information which is ONLY used as for statistical purposes to ensure that the sample is representative.

h20 This question determines if anyone in the household had the phone number at the time of the Round 2 interview.

h30 This question determines if there are ANY other telephone numbers in this household besides the one called for the survey. If so, it asks for how many. Note that the actual telephone numbers are not recorded.

h31 This question determines the type of usage (home, business and home, or business) the other phone numbers are used for. Again, this information is used only for statistical purposes.

h32 This question determines if there was any time during the past 12 months when there was NO working telephone in the household.

h33 This question is asked if there was a "yes" answer to h32. It determines for how many the past 12 months the household was without a working telephone.

h34 This question determines the main reason the household did not have a working telephone.

next-person This screen in the transition screen for other household interviews, either self-response modules or other family member interviews. All eligible respondents will be shown on this screen.

h23 *Introduction to the self response module. This section asks about personal health. Each self-respondent will receive $25 for answering this section.*

fin This is the ending statement for the survey. Sample members in the twelve high-intensity sites with chronic conditions may be contacted by RAND another research company, for their quality of care study. Participation in the quality of care follow up study takes only 5-10 minutes. Respondents will receive additional compensation.

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, even from 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.

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 him or herself.

- **Length:** Be sure to emphasize that the self response module will take only ten 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 heath insurance plans
- Unmet need in obtaining medical services
- Opinions concerning various aspects of trust between doctors and patients
- Satisfaction with choice of physicians
- Questions about the last visit to the doctor during the past 12 months
- Health status (SF-12)
- Chronic conditions
- Cigarette smoking
- If this person took the sampled child to the doctor on the child's last visit, questions about that visit

VI. CONTACTING RESPONDENTS AND GAINING COOPERATION

TRAINER: BEGIN THE GAINING COOPERATION LESSON WITH THE FOLLOWING EXERCISE. GO AROUND THE TABLE, ASKING EACH TRAINEE TO POINT OUT WHICH QUESTIONS THEY FIND MOST SENSITIVE. RECORD THEIR RESPONSES ON THE BOARD OR FLIP CHART. YOU WILL ACCUMULATE A WIDE RANGE OF ANSWERS. POINT OUT THAT INTERVIEWERS HAVE VARYING POINTS OF VIEW ABOUT WHICH QUESTIONS ARE PERSONAL OR INTRUSIVE. TELL TRAINEES THAT RESPONDENTS ALSO VARY ABOUT WHICH ITEMS THEY FIND SENSITIVE. THE POINT OF THIS EXERCISE IS THAT INTERVIEWERS ARE NOT TO PROJECT THEIR OWN SENSITIVITIES TO RESPONDENTS.

TRAINER: DESCRIBE THE ADVANCE MAILING BRIEFLY USING INFORMATION FROM SECTION A, BELOW. THEN, ASK A TRAINEE TO READ A COPY OF THE LETTERS TO THE GROUP. ASK TRAINEES TO TELL YOU THE MAIN POINTS OF THE LETTER. THEN, ASK TRAINEES TO LOOK AT THE BROCHURE AND INSERT AND REVIEW ITS CONTENTS.

A. ADVANCE MAILINGS

For surveys on public policy issues, it is very important to get as high a response rate as possible. To increase our chances of getting a high response rate, we are mailing advance materials about the study to some households in our sample. The mailing includes a letter and a brochure that we designed for the project. It also includes a refrigerator magnet with MPR's toll-free number so respondents can call with questions or to schedule an interview. The mailings will be timed to arrive about one week before the first attempt to telephone the household.

All households in the reinterview sample will receive the advance mailings. The materials will be mailed to the address that the informant provided during the previous interview. The newly selected households will not receive the advance mailing.

B. ADVANCE LETTER

The advance letter (Exhibit A) contains the following key points:

- Members of the reinterview samples are thanked for their previous participation.
- Members are asked to participate in the Round 3 survey

- The letter introduces the Mathematica interviewer and lets people know that he/she will be calling

- The letter assures the respondent about survey confidentiality

- The letter references the brochure that describes key findings from earlier rounds

- The letters offers a name and telephone number for Maureen Michael, a contact at RWJF who people can call if they need more information. Her telephone number is (800) 719-9419

- The letter provides MPR's telephone number, (800) 298-3383, that respondents can call to set up an appointment or be interviewed at their convenience

C. BROCHURE

All mailings will include a brochure, an insert, and a refrigerator magnet. The brochure is titled, "Results from the Community Tracking Study."

TRAINER'S NOTE: THIS VERSION OF THE MANUAL DESCRIBES THE ROUND 2 BROCHURE. WHEN THE ROUND 3 BROCHURE IS AVAILABLE, WE WILL UPDATE THIS SECTION. THE ROUND 2 BROCHURE WILL BE USED FOR THE FIRST SAMPLE RELEASE.

- **Inside Panel 1**: Describes the Robert Wood Johnson Foundation, the Center for Studying Health System Change, and the Community Tracking Study.

- **Inside Panel 2**: Describes the shift from fee-for-service medicine to managed care. Employers, both large and small, have shifted to managed care for their employees. In addition, more than half of privately insured individuals are enrolled in HMOs. Nine out of 10 primary care physicians say they act as gatekeepers for their patients. This means that only they can make referrals to specialists.

- **Inside Panel 3**: Says that despite the shift to managed care, most people (nearly 90 percent) report that they are satisfied with their health care. Sixty-one percent are very satisfied and 28 percent are somewhat satisfied. Still, some are concerned. The transition to managed care strains the traditional bond of trust between doctors and patients. The Round 1 survey found that 29 percent of people interviewed think their

EXHIBIT A
ADVANCE LETTER FOR REINTERVIEW SAMPLE

Dear [STATE] resident:

About two years ago, your household participated in the **Community Tracking Survey**, a survey about how changes in health care are affecting people in communities across the United States. As President of the Robert Wood Johnson Foundation, which is sponsoring this project, I want to offer my thanks for your help. Information provided by you and thousands of other people is helping us understand how the shift to managed care and other changes in health care are affecting the availability and quality of the care we receive.

If you would like to know more about our project, you can visit the web site of the Center for Studying health System Change (**www.hschange.com**), the organization which is analyzing the results for us.

Now, I am asking you to help us by participating in a follow-up telephone interview, which will take 15 to 30 minutes for most individuals. Your household's participation in this survey will make a real contribution towards efforts to provide high quality and affordable health care.

An interviewer from **Mathematica**, the research organization helping us with the survey, will be calling soon to set up an interview. Or, if you would like to schedule the interview yourself, we have enclosed a magnet with a convenient toll free number you can call (**1-800-298-3383**).

We understand how difficult it is to take time out for an interview. As a token of our appreciation for your contribution to the project, we will send *each adult member of your household* **$25** for completing the interview.

Of course, all of the information you provide will be kept strictly confidential. Your name will not be associated with your answers. Your answers will be combined with thousands of others. Only overall findings will be presented.

If you have any questions about the study, please call Maureen Michael at The Robert Wood Johnson Foundation at 1-800-719-9419. Thank you for your past help and we hope we can count on you again.

Sincerely,

Steven A. Schroeder, M.D.

SS: mlm

doctor is strongly influenced by health insurance rules when making decisions about their care. Sixteen percent worry that their doctor might not refer them to a specialist when needed.

- **Right flap**: Fifty eight percent of Round 1 survey respondents would be willing to accept higher costs in order to choose their own doctor. Physicians' perceptions of their ability to provide high quality care to their patients varied widely, ranging from a low of 69 percent in Orange County, California to a highs of 82 percent in Lansing, Michigan and Syracuse, New York.

- **Back Panel:** Provides telephone numbers for Maureen Michael and web sites for the Robert Wood Johnson Foundation and the Center for Studying Health Systems Change.

- **Insert:** The insert has Mathematica's toll-free number for respondents to call with questions or concerns or to be interviewed at their convenience.

D. INTRODUCTION TO THE SURVEY

1. Gaining Cooperation

During general training we place a heavy emphasis on reading questions verbatim. While this is crucial when asking the survey *questions*, it is not necessary to read the *introduction* verbatim. 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. While you will need to develop a persuasion style that you are comfortable with, we can help you learn certain basics about gaining cooperation:

- Project your voice so that you sound confident, knowledgeable and enthusiastic

- Know your lines; be prepared to answer any questions or concerns the respondent may have

- Listen carefully to exactly what the respondent says and respond to their particular concerns

2. The CATI Introduction

The introduction that will appear on your CATI screen is short and only contains the most basic information about the survey (SHOW THE INTRODUCTION ON THE CATI SCREEN AND REFER TO EXHIBIT B, BELOW):

- Identifies the interviewer's first and last names
- Identifies the purpose of call (to participate in a major health study)
- States the sponsor of the study (RWJF)
- States that the purpose is not for sales, fund raising, or political purposes
- Offers a monetary incentive (usually $25) for participation
- Asks to speak with an adult who lives in the household and is familiar with the health care of the people who live in the household
- Mentions the letter and brochure if appropriate
- For reinterview households, refers to the month and year of participation in either the CTS or the HCC study

3. Answers to Questions Provided on the CATI Screen.

This brief introduction is sufficient for many people. We don't want to engage people in more discussion than is necessary during the introduction, so move right into the first question of the survey without delay if you sense the respondent has agreed to do the survey. However, some

EXHIBIT B

CATI INTRODUCTIONS

REINTERVIEW SAMPLE:
Hello, this is NAME with the Community Tracking Survey, the health care study that your household participated in on DATE. We recently mailed you a brochure describing some of our findings, which we hope you found interesting. Now, we are conducting a follow-up study to understand how managed care and other changes are affecting the quality of care people receive. As a token of appreciation for your help, we'll send you a check for $25.

Since the survey is about health issues, I would like to speak with an adult who lives here and is familiar with the health care of family members.

IF NECESSARY, ADD: Your household's participation in this follow up survey, which has the support of state health departments throughout the country will make a real contribution toward efforts to provide high quality and affordable high quality health care. Let's begin...

NEW SAMPLE:

Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation about health issues. As a token of appreciation for your help, we'll send you $25 for participating in a brief interview. May I speak with an adult at least 18 years old who lives here and is familiar with the health care of family members.

ADDITIONAL TEXT IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people. The questions are very basic - things like "Are you satisfied with your health care and choice of doctors? Do you have health insurance? Have you had a flu shot in the last 12 months?" The interview is strictly confidential and you don't have to answer any questions you don't want to.

LENGTH: The interview will only take about half an hour and we will send you $25 for helping us with the study.

people will want more information about the study before committing time. The second part of the CATI introduction contains brief responses to the following questions and concerns (See Exhibit C):

- The Robert Wood Johnson Foundation
- A contact and 800 phone number at RWJF
- The study's purpose
- Selection methods
- Confidentiality

E. ADDRESSING RESPONDENTS CONCERNS ABOUT THE SURVEY

For some respondents, the information on the CATI screen will not be enough. For these cases, we've prepared a series of "follow up statements" based on comments from interviewers who have been successful at gaining respondents' cooperation. Some things to keep in mind about these statements:

- **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 best suits 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.

EXHIBIT C

ANSWERS TO QUESTIONS PROVIDED ON THE CATI SCREENS

SPONSOR:	The project 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.
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 Maureen Michael at (800) 719-9419.
PURPOSE:	We are doing this study because fundamental changes are taking place in health care today, but little information is available on how these changes are affecting people. For example, the project will help us understand whether people are getting the health care they need, their satisfaction with choice of physicians and quality of care, and how we can help children and adults who don't have health insurance or may lose it.
SELECTION:	Your telephone number was randomly generated by a computer to represent many others in your community. For our results to be accurate, it is very important that we interview the households we select.
CONFIDENTIALITY:	All of your answers are confidential. The answers you give will be combined with answers from other people in your community. Your name will not be linked with the answers.

- **Listening to the Respondent:** Listen carefully to what the respondent says and acknowledge their comments. If the respondent gives a fairly long-winded explanation of why they're reluctant to do the survey, assume they're not in too big of a hurry and use one of the follow up statements on why we're doing the study, etc. If the respondent seems rushed, keep your comments short and offer "we can get started and if you need to stop we can finish another time." If there's lots of commotion in the background, offer "Maybe I've called at a bad time..." and try to set up a callback.

- **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..."

TRAINER: GO OVER STATEMENTS. FOR EACH TOPIC HEADING, HAVE A TRAINEE READ THROUGH ALL THE BULLETED STATEMENTS

CTS-3 FOLLOW UP STATEMENTS

I'M NOT INTERESTED:

- We're not selling anything or trying to ask for money.

- It's really important that we hear about your experiences and opinions because health care has changed so much in recent years and we don't know how people like you are being affected by these changes.

- Many people today are worried that they may lose their health insurance, might have to pay more than they can afford, or they won't be able to get the care they need.

- 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. If people aren't insured, we want to give them an opportunity to voice their concerns. If people's health needs aren't being met, we want to know why. We will use what we learn to improve health care in communities throughout the country.

- You represent many others in your community and we really need your help.

- 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.

WHY ARE YOU DOING THIS STUDY?

- We are doing this study because health care has changed so much in recent years and we don't know how people like you are being affected by these changes.

- 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. If people aren't insured, we want to give them an opportunity to voice their concerns. If people's health needs aren't being met, we want to know why. We will use what we learn to improve health care in communities throughout the country.

- The study will help answer questions like: what types of health plans best cover different families' needs, how satisfied are people with their insurance plans and medical providers, can people afford the health care they need, and how can we help people who don't have health insurance or may lose it.

- 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 are trying to get accurate information on people's health concerns and views and to use what we learn improve health care in communities throughout the country.

SELECTION AND CONFIDENTIALITY:

- Your telephone number was randomly generated by a computer program. You represent many other households in your neighborhood.

- I want to assure you that we did not get your telephone number from a commercial listing and that your answers will be confidential. Your name will not be put on any kind of mailing list or sold to any company. I can give you the telephone number of a staff member at the Robert Wood Johnson Foundation who can confirm this commitment. Her name is Maureen Michael at 800-719-9419.

- Your name will not be linked with your answers. Your answers will be combined with those from other people from around the country. Our goal is to get accurate information on people's health concerns and views and use what we learn to improve health care in communities throughout the country.

- If you have not already received a letter from the Robert Wood Johnson Foundation stating our commitment to confidentiality, we will send you a letter and brochure stating in writing our commitment to protect the information you provide.

HAS ALREADY DONE THE INTERVIEW BEFORE:

- Your continuing participation is very important to us. Only you can give us an accurate update about your health and the type of health services that are available to you now. We especially need this information from people**,** like you**,** who participated in the first phase of this study. Also, for research findings to be believable, information needs to come from a broad cross-section of people.

I DON'T KNOW ANYTHING ABOUT HEALTH CARE/I'M TOO OLD/I LIVE ALONE:

- Your opinions are very important to us. There are no right or wrong answers. We just want to hear about your experiences with health care so that our study represents all kinds of people.

- 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 don't know how people like you are being affected by these changes.

- We need to get accurate information on people's health concerns and views and use what we learn to improve health care in communities throughout the country.

I'M SATISFIED WITH MY HEALTH CARE/I DON'T HAVE ANY HEALTH PROBLEMS:

- We want to hear from people who are both satisfied and dissatisfied with their current health care. We also want to hear from you whether you see doctors often, or whether you rarely use health care.

- Our goal is to get accurate information on people's health concerns and views and to use what we learn to improve health care in communities throughout the country.

SKEPTICAL/WANTS MORE INFORMATION:

- I can give you the website address of the Robert Wood Johnson Foundation (www.rwjf.org) or the website address for the Center for Studying Health Systems Change (www.hschange.com). These websites will give you information about this important study that we would like you to be part of. I can call you back in a few days; after you get a chance to look at the websites.

- If you would like to find out more about our study, you can call Maureen Michael at the Robert Wood Johnson Foundation at 800-719-9419.

WANTS COPY OF THE RESULTS OF THIS STUDY:

- After we finish the survey, the results will be published in medical journals, newspapers, magazines, and other publications. We would be happy to send you results from the last round of the survey or you could look at the website at www.hschange.com.

WHO ARE YOU:

- I work for Mathematica; we are part of the Robert Wood Johnson Foundation research team

WHAT IS THE FOUNDATION:

- The Robert Wood Johnson Foundation is a non-profit organization whose sole mission is to improve health care. The foundation is not associated with any political party or private company.

- Since 1972, the foundation has given more than $3 billion in grants. A few examples are projects:

  -- to 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 assist communities and state governments make changes in health insurance and health care.

WHAT HAVE YOU ALREADY LEARNED:

- We have results on why people change their doctor, how health plans influence doctor-patient relationships, and why people change their health plan. You can see the results from previous years at the following website: www.hschange.com.

HOW LONG WILL THE INTERVIEW TAKE:

- The length depends on each family's personal circumstances. For most families, the interview averages about 30 to 40 minutes; it is about 15 to 20 minutes for single persons. We need your help and will schedule the interview at any time that is convenient.

- We can get started now, and if you need to stop we can finish it another time.

- For most households the interview will take about a half hour -- less for single persons. Why don't we get started, and if you have to stop we can finish it later?

DON'T HAVE TIME:

- I can schedule the interview at any time that is convenient for you. Also, if you prefer, we can start it now and finish it later.

- 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?

- What time of day is best for you -- mornings, afternoons or evenings?

- Is there someone else in the household who can do the interview. We can talk to any adult who is familiar with the health care of family members.

OUTRIGHT REFUSAL:

- Is there any particular reason you won't do the interview? [ADDRESS CONCERN]

F. SPECIAL CIRCUMSTANCES

TRAINER: THIS SECTION OF TRAINING COVERS SOME SPECIAL CIRCUMSTANCES THAT INTERVIEWERS MIGHT ENCOUNTER WHILE CONTACTING RESPONDENTS. REVIEW THEM BRIEFLY.

- **If you are asked medical questions by the respondent**, you should explain that you are a professional interviewer but have no medical training. Whatever your educational background or experience, you are not expected to act as a doctor, nurse or other health professional.

- **Some people interviewed in round 2, may ask if we will be reviewing their medical records.** You should explain that we will **not** be using their medical records for this study, but an other organization might call and ask permission to access their medical records to help in our research. You should also explain that they can participate in our survey, and get still receive $25 for their help, even though they choose not to participate in the medical records study.

- You will be interviewing people representing a cross section of Americans. **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 conduct the interview with a family member who speaks English. If you are having difficulty communicating with the household, notify your supervisor and we will attempt to find an interviewer who can speak the primary language in that household.

- 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.

- **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 ages. 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.

1. **Minimize Addressing the Respondent by His or Her First Name.** In this study, you will have first and last names for householders who have a telephone listed in their own name, but not for those whose numbers are unlisted or whose telephones are not in their own name. In addition, for confidentiality reasons, you ask only for the first names of household members; therefore, you may not be able to address the selected respondent as "Mr." or "Mrs." Many older respondents feel uncomfortable when a stranger addresses them by their first name. If you do not know the respondent's last name, you should refrain from repeatedly using his or her first name throughout the interview. Once you have identified

older respondents by name, an alterative is to use a more respectful form of address, such as "ma'am" or "sir."

2. **Adapt Your Pace and Diction to Suit the Respondent**. Some older respondents may have physical, sensory, and/or cognitive age-related limitations that may make it difficult for them to participate in telephone interviews. Some, because of a hearing impairment and/or their level of education, may have trouble grasping the meaning of some questions. Other respondents' cognitive functioning may have slowed a little or be mildly limited and they may need a little more time to think and respond. Physical limitations may result in a few respondents not having the strength or endurance to complete an interview in one sitting.

   The following are tips on handling situations that may occur when interviewing frail elderly respondents:

   - **Pace:** Adjust the speed at which you read the questions to suit the respondent.

   - **Clarity:** Speak clearly. Even a slight hearing impairment can result in soft consonants and syllables being difficult to understand.

   - **Patience:** Do not read too quickly, probe too soon and, above all, in your haste to move on, do not suggest answers to the respondents. Give the respondent time to think and wait for him or her to answer.

   - **Sensitivity:** If a respondent is clearly fatigued or distressed, offer to call back and complete the interview later.

- You may encounter a **respondent who is incapable of participating meaningfully in an interview.** If it is clear to you when you first speak with someone that his or her level of impairment is severe enough to limit the usefulness of the data, you should ask to speak to someone else in the household. Alternatively, you should thank the individual and call back later and try to speak to someone else in the household. If the respondent lives alone you should notify a supervisor and have him or her speak with the respondent. If this is not possible, code the interview accordingly and make clear notes about the situation including the fact that the respondent lives alone.

  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.

- **If a Respondent Is Hearing Impaired,** MPR 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.

Other tips for helping people with slight hearing impairment to hear you, include:

- Emphasize soft consonants because they are the most difficult to distinguish
- Lower the pitch of your voice

TRAINER: END THE GAINING COOPERATION LESSON WITH THE FOLLOWING EXERCISE. TELL TRAINEES THAT THEY NOW KNOW A LOT ABOUT THE STUDY THAT THEY WILL BE EXPECTED TO CONVEY TO RESPONDENTS. GO AROUND THE TABLE, ASKING EACH TRAINEE TO TELL YOU SOMETHING THEY KNOW ABOUT THE STUDY THAT THEY MAY NEED TO SHARE WITH A RESPONDENT. INSIST THAT EVERYONE PROVIDE A UNIQUE TIDBIT OF INFORMATION. KEEP A LIST ON THE BOARD OR FLIP CHART. GIVE POSITIVE REINFORCEMENT TO BUILD THE TRAINEES' CONFIDENCE.

VII. MOCK INTERVIEWS

TRAINER:

- HAND OUT SCRIPT OUTLINE FOR THE MOCKS, TELL TRAINEES THEY WILL TAKE TURNS BEING THE RESPONDENT AND THE INTERVIEWER. DISTRIBUTE THE SCRIPTS ONE AT A TIME SO THAT INTERVIEWERS MUST CHECK IN WITH YOU BEFORE BEGINNING THE NEXT MOCK. ONLY GIVE THE TRAINEE WHO WILL BE THE RESPONDENT THE MOCK OUTLINE.

- GO OVER INTERVIEWER'S INSTRUCTIONS WITH THE GROUP

- ALWAYS GIVE THE INTERVIEWERS A REINTERVIEW CASE NUMBER. TELL THEM THAT THEY WILL ALWAYS NEED TO INTRODUCE THE STUDY, DELETE THE ENTIRE FAMILY, AND THEN CONTINUE AS IF WORKING WITH NEW SAMPLE.

- HAVE TRAINEES GO THROUGH ALL FOUR MOCKS. AS THEY PRACTICE, GO AROUND THE ROOM TO SEE HOW TRAINEES ARE DOING, AND HAVE ANY ASSISTANT TRAINERS AND MONITORS DO THE SAME

  SAY: For this exercise the trainer will have divided you into pairs. In each pair, the trainer will assign one person to the role of interviewer ("INT" in the outline) and the other to the role of respondent ("RES" in the outline). You will complete one mock interview in these roles and reverse roles for the next one.

  The interviewer will conduct the interview using the correct interviewing techniques discussed and demonstrated during training.

  The respondent will follow the attached Mock Interview outline to answer the interviewer's questions. This outline describes the household and gives information relevant to answering questions in each module. Sometimes the information will be general; other times you will see question numbers with specific answers we want you to use. Sometimes you will see an instruction that tells you to supply your own answer. You must read through the Mock Outline thoroughly and be sure you understand what you have to do. If you don't know how to play your role you will confuse the interviewer. You should play a reasonably cooperative respondent. Ask a trainer for help if you are not certain about what you need to do.

  The respondent has more than one job. Besides supplying the answers to the questions, you must make sure that the interviewer is recording the information correctly, and is using appropriate interviewing techniques. At the end of the interview, you must be prepared to provide your partner with useful feedback.

MOCK A

Module A: Introduction and Screening

RES: [AFTER INTERVIEWER READS INTRODUCTION]: "How long will this interview take?" [WAIT FOR RESPONSE]

RES: "How come you chose us to interview?"

PEOPLE CURRENTLY LIVING PERMANENTLY IN THE HOUSEHOLD ARE:

- Alice, age 45, answers the telephone and says she and Ted are joint householders. (Interviewer should enter Alice as householder)
- Ted, Alice's spouse, is 44 years old.
- Alison, their daughter, is 14 years old.

THE FAMILY INFORMANT IS ALICE.

Module B: Health Insurance

b1a. **RES:** "Yes, we are all covered by Ted's plan from work.

No-one is covered by Medicare, Medicaid, CHAMPUS, etc. Indian Health Service, or any type of state specific plan). The only coverage is private insurance through Ted's employer.

b2 One plan--Blue Cross and TED is the policy holder. The Commonwealth of Pennsylvania provides this plan. The family has had the plan for five years.

b211 **RES:** "Blue Cross"

INTERVIEWER SHOULD PROBE: "Can you be more specific?"

RES: "It's some option plan."

INTERVIEWER SHOULD READ PROBE

INT: "Do you have an insurance card..."

RES: "Yes, it's called Blue Cross Option Plus."

The family members have a choice of doctors.

They do not need approval or referral to see a specialist.

There is no book or directory associated with the plan.

It is not an HMO.

It is not the only plan offered by Ted's employer.

b951 **RES:** "Strongly disagree."

b98 **RES:** "No"

Module C: Resource Use and Unmet Need

No-one has been hospitalized and no-one has visited the emergency room in the last 12 months.

TED and ALICE have each had one visit to a doctor in the past 12 months.

ALISON sees a pediatrician who has taken care of her for the last five years. She has seen a nurse practitioner once in the last 12 months.

No-one has had any surgery, seen/talked to a mental health professional or received home health care.

c611 **RES:** "Yes. I've had a mammogram, in fact I had one last month."

C621 **RES:** Make sure interviewer verifies question by saying, "So, you said it's been a month since your last mammogram?"

c811 **RES:** "No."

C821 **RES:** "Oh you know how it is."

INTERVIEWER SHOULD REPEAT THE QUESTION.

RES: "Well not really. If I really thought I needed it, I would have gone."

C90 **RES:** "The same"

c92 **RES:** "I don't know".

INTERVIEW SHOULD PROBE

"Between $300 and $600".

INTERVIEWER SHOULD USE APPROPRIATE PROBE. A GOOD ONE WOULD BE:

"I can only enter one number, what would you like me to enter. Would you say less than $500 or between $500 and $1999?"

Module D: Usual Source of Care and Patient Trust

TED AND ALICE have a family practitioner where they have been patients for the last five years. They see the same doctor each time they visit. Their daughter visits a pediatrician in the same family practice, who has been her doc for the last 5 years.

ANSWER OPINION QUESTIONS AS YOU WISH. OCCASIONALLY MISUNDERSTAND A QUESTION. THE INTERVIEWER SHOULD RE-READ IT ONCE ONLY AND IF YOU STILL HAVE TROUBLE HE OR SHE SHOULD CODE THE ANSWER AS "DON'T KNOW" AND GO TO THE NEXT QUESTION.

Module E: Satisfaction, Health Status and Risk Behaviors

PROVIDE YOUR OWN ANSWERS TO SATISFACTION QUESTIONS.

TED has seen a doctor for sickness in the past 12 months. Alice had a general checkup with her usual family practice doctor. Alison has seen her doctor also.

SUPPLY YOUR OWN ANSWERS FOR QUESTIONS ABOUT DOCTOR VISIT

e411 **RES:** I don't like playing golf and I don't bowl.

THE INTERVIEWER SHOULD REREAD THE QUESTION EMPHASIZING THE WORDS **"MODERATE ACTIVITIES, SUCH AS**"

SUPPLY YOUR OWN ANSWERS AFTER THIS.

ccp1 Alice has diabetes

e521 **RES:** I'm not a risk taker so what do you want me to say. I guess I agree.

THE INTERVIEWER SHOULD READ THE QUESTION AGAIN.

RES: I see. I don't agree with that because I'm not a risk taker.

INTERVIEWER NOW NEEDS TO ASK: "Do you disagree somewhat or disagree strongly?"

SUPPLY YOUR OWN ANSWERS TO SMOKING QUESTIONS

k12 THIS STARTS A SERIES OF QUESTIONS ABOUT SATISFACTION WITH CHILD'S HEALTH CARE.

SUPPLY YOUR OWN ANSWERS TO QUESTIONS k13, k14, and k40

ee4a Alison has asthma

e16x **RES:** "I did."

ALISON SAW HER USUAL PEDIATRICIAN ABOUT HER ASTHMA AND ALSO FOR A CHECK UP BEFORE GOING TO CAMP.

SUPPLY YOUR OWN ANSWERS TO QUESTIONS ABOUT WAIT TIME AND SATISFACTION
e801 SUPPLY OWN ANSWER

Module F: Employment and Earnings

Neither TED nor ALICE has a business or farm.

ALICE hasn't worked in the last six months.

TED works 40 hours as usual a week on his one job. He is employed by the Commonwealth of Pennsylvania and therefore by a STATE GOVERNMENT.

f211 **RES:** "Oh I'd say about 300 in their school district."

INTERVIEWER MUST PROBE FOR THE NUMBER OF EMPLOYEES WHERE TED WORKS

RES: In his school it's between 50 - 100

f241 **RES:** "Its a school. He teaches children."

TED MAKES $50,000 A YEAR

Module G: Income

TOTAL $65000 A YEAR

ALL ARE NOT HISPANIC. CONSIDER RACE WHITE.

g23. **RES:** Why do you want to talk to him, haven't I answered all your questions?

MAKE SURE THE INTERVIEWER READS FROM CATI SCRIPT: "I need to speak with him because its hard to get opinions on how people feel about their health even from a family member."

RES: "Is his interview going to be as long as mine?

INTERVIEWER SHOULD REASSURE YOU THAT (S)HE ONLY NEEDS TO SPEAK TO TED FOR ABOUT 5 - 10 MINUTES.

Module H: Closing

SUPPLY YOUR OWN ANSWERS TO THE REMAINING QUESTIONS.

Self Response Module

SUPPLY YOUR OWN ANSWERS TO TED'S HEALTH QUESTIONS.

MOCK B

Module A: Introduction and Screening

INTERVIEWER INSTRUCTIONS: READ THE INTRODUCTION

THE PHONE IS ANSWERED BY A FRIEND WHO IS VISITING. HIS NAME IS PHILBERT.

THE INTERVIEWER SHOULD ASK TO SPEAK TO SOMEONE WHO LIVES IN THE HOUSEHOLD.

RESPONDENT COMES TO THE PHONE AND ASKS**:** How did you get my telephone number?

RESPONDENT MAKE SURE INTERVIEWER REPLIES BY READING APPROPRIATE RESPONSE FROM SCRIPT IN al. "HOW WAS MY HOUSEHOLD SELECTED".

PEOPLE CURRENTLY LIVING IN THE HOUSEHOLD ARE:

Alexa who comes to the phone when Philbert calls her. She is 30. She has completed 12th Grade.

Alexa lives with her son Sherman. He is 8 years old.

NO-ONE ELSE LIVES IN THE HOUSEHOLD

NO-ONE IS ON ACTIVE MILITARY DUTY

THE **FAMILY INFORMANT** IS ALEXA

Module B: Health Insurance

The **only** health insurance this family has is under **Medicaid**. They have been covered by **Medicaid** for two years.

Module C: Resource Use and Unmet Need

Alexa was not hospitalized in the last 12 months.
Sherman was a patient in a hospital overnight, once in the last 12 months. He was admitted through the emergency room.

C161 "He was in the hospital four days".

THE INTERVIEWER SHOULD PROBE FOR THE NUMBER OF **NIGHTS** SHERMAN WAS IN THE HOSPITAL.

"He was in the hospital three nights."

Alexa saw a doctor six times in the last twelve months. She saw a physician's assistant 12 times, Alexa has diabetes. She did not see any other type of medical person.
Sherman saw a doctor twice and no other type of medical person.

No-one had flu shots. Alexa delayed getting medical care for herself because she didn't have money for the bus or a taxi and her car was broken.

They spent $50 on out of pocket expenses on medical care.

Module D: Usual Source of Care and Patient Trust

Both Alexa and Sherman go to the clinic at the HMO for their usual health care. They see whatever doctor is available. They have been going to the same place for two years.

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO OPINION QUESTIONS

Module E: Satisfaction, Health Status and Risk Behaviors

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO OPINION QUESTIONS

Neither has seen a specialist.

Both Alexa and Sherman have visited a doctor in the last 12 months for health problems.

RESPONDENT: Alexa had her most recent diabetes visit in May 2000 (health problem). Her most recent general checkup was in June 2000. Sherman had a visit for strep throat in April 2000 and a general checkup in June 2000.

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO APPOINTMENT, TIME QUESTIONS AND OPINION QUESTIONS.

E411 **RESPONDENT:** SUPPLY YOUR OWN ANSWERS TO QUESTIONS ABOUT PHYSICAL AND EMOTIONAL LIMITATIONS AND HEALTH.

e601 **RESPONDENT:** ALEXA SMOKES A PACK AND A HALF A DAY AND HAS NEVER QUIT EVEN FOR ONE DAY. NO-ONE HAS SUGGESTED SHE QUIT.

RESPONDENT: ALEXA IS SATISFIED WITH THE CARE SHERMAN RECEIVES. SUPPLY YOUR OWN RESPONSES

e16x ALEXA TOOK SHERMAN TO HIS MOST RECENT DOCTOR APPOINTMENT

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO QUESTIONS ABOUT SHERMAN'S MOST RECENT VISIT FOR ILLNESS.

Module F: Employment and Earnings

Alexa does not have a business nor does she have a farm. She did not do any work for pay last week.

Module G: Family Income

The income for this family in 1999 was $20,000.

g201 "No"

g211 "A mixture of everything". **RESPONDENT:** MAKE SURE THE INTERVIEWER CODES THIS AS "OTHER".

Module H: Closing

RESPONDENT: SUPPLY YOUR OWN ANSWERS.

MOCK C

Module A: Introduction and Screening

INTERVIEWER INSTRUCTIONS: READ THE INTRODUCTION

PERSON WHO ANSWERS TELEPHONE: Let me get my wife, she can answer your questions better than I can.

THE **FAMILY INFORMANT** COMES TO THE TELEPHONE.

INTERVIEWER SHOULD REINTRODUCE THE SURVEY

PEOPLE CURRENTLY LIVING IN THE HOUSEHOLD ARE

Patricia aged 60. She has an AA.

Alfred aged 66. He has a BA.

Patricia's aunt, Ella, who is 80

NO-ONE ELSE LIVES IN THE HOUSEHOLD.

NO-ONE IS ON ACTIVE MILITARY DUTY

CATI SHOULD REFLECT INFORMATION ABOUT FAMILY MEMBERS. IF IT WAS ENTERED CORRECTLY PATRICIA AND ALFRED ARE ONE FAMILY UNIT. ELLA IS IN A SECOND FAMILY UNIT.

PATRICIA IS THE **FAMILY INFORMANT**.

Module B: Health Insurance

Alfred is covered by Medicare and he has private insurance to cover what Medicare does not (Medigap). Patricia is insured with Principal Mutual (private insurance) through her job. This is all the insurance coverage they have.

Patricia changed insurers during the last 12 months when she changed jobs. Alfred's insurance has remained the same. There was no time in the last 12 months when Alfred and Patricia were without insurance.

Patricia and Alfred do not belong to an HMO, they both go to the same family practitioner in his private solo practice. Under her previous insurance plan, Patricia went to an HMO. She was enrolled in that HMO plan for five years.

FOLLOW THE ABOVE OUTLINE SUPPLYING YOUR OWN ANSWERS TO QUESTIONS THAT ARE NOT COVERED.

Module C: Resource Use and Unmet Need

Neither Patricia nor Alfred was hospitalized in the last 12 months. Alfred visited an emergency room for medical treatment and had 3 doctor visits. Patricia has not visited a doctor or specialist for illness in the past 12 months but saw her family practitioner for a routine check up.

Both got the medical care they needed when they needed it.

Module D: Usual Source of Care and Patient Trust

Patricia and Alfred have a usual source of care, their family practitioner. They see the same doctor each time they go. Remember Patricia changed the place she goes for health care in the last 12 months. She says the main reason was because she didn't think the care was very good at the HMO and when she changed jobs she had a choice so she chose not to go to an HMO any longer.

SUPPLY YOUR OWN ANSWERS TO THE OPINION QUESTIONS

Module E: Satisfaction, Health Status and Risk Behaviors

SUPPLY YOUR OWN ANSWERS TO THE OPINION QUESTIONS. MAKE SURE YOU GIVE ANSWERS A FEW TIMES THAT CAUSE THE INTERVIEWER TO PROBE. MAKE SURE THE PROBES ARE APPROPRIATE.

e161/e201 Alfred visited a doctor for both sickness, injury or other health problems in June 2000 and a general checkup in July 2000. He has high blood pressure and diabetes.

e201 Patricia had one general check up with their family practitioner in the last 12 months. She has no chronic health conditions.

PLEASE SUPPLY YOUR ANSWERS TO THE REMAINING QUESTIONS IN THIS MODULE

Module F: Employment and Earnings

Patricia worked last week on one job. She works 35 hours per week. She is a receptionist at a rural health clinic. She is employed by the county health department. Six people work where she does. Her hourly wage rate is $7.50.

Module G: Family Income

g10 About $25,000

Neither are Hispanic. Both are African American.

g23 ALFRED HAS GONE OUT; SCHEDULE A CALLBACK

MOCK D

Module A: Introduction and Screening

INTRODUCTION

INTERVIEWER INSTRUCTION: READ THE INTRODUCTION

RESPONDENT: This sounds like something I would be interested in talking about. I'm talking long distance right now. Can you call me back in ten minutes?

INTERVIEWER SHOULD AGREE ENTHUSIASTICALLY AND SKIP TO CALLBACK AND SET APPOINTMENT.

TEN MINUTES HAVE ELAPSED. INTERVIEWER SHOULD REMIND THE RESPONDENT WHO (S)HE IS AND ONLY REREAD ALL THE INFORMATION IF THE RESPONDENT SOUNDS AS THOUGH HE OR SHE HAS FORGOTTEN IT.

PEOPLE CURRENTLY LIVING IN THE HOUSEHOLD ARE:

Mary who is talking to the interviewer and will be the **Family Informant**. She is 40 and has a high school diploma. Joe her husband is also 40 and has a high school diploma. Their daughter Joella is 22 and is not attending school.

NO-ONE ELSE LIVES IN THE HOUSEHOLD

NO-ONE IN THE HOUSEHOLD IS ON ACTIVE MILITARY DUTY

Module B: Health Insurance

Joe has no insurance and Mary is covered under a state program. They have no other insurance. This has been there insurance status for the last year and a half.

Module C: Resource Use and Unmet Need

Mary has had one hospital stay of one night. She was admitted through the emergency room.

Joe has gone to the emergency room for treatment but has not been hospitalized.

Mary has seen a doctor six times. Joe has had no doctor visits. All of Mary's visits to the clinic family doctor have been for illness. Neither of them have had a general check up.

There have been no visits to other types of medical personnel and no surgery for either of them.

Neither has had a flu shot. Mary has had a mammogram in the last year.

RESPONDENT THE INTERVIEWER SHOULD PROBE BY REREADING THE QUESTION AND EMPHASIZING “the last 12 months”.

c821 Mary says the reason Joe ended up in the emergency room was because he put off getting the care he needed. He worried about the cost.

c92 Maybe $100

Module D: Usual Source of Care and Patient Trust

Mary goes to a clinic for her regular health care. Joe has no regular place of care.

There have been no changes in where Mary goes.

d201 The reason Joe has no regular place of care is because he doesn’t have insurance.

SUPPLY YOUR OWN RESPONSES TO OPINION QUESTIONS

Module E: Satisfaction, Health Status and Risk Behaviors

SUPPLY YOUR OWN RESPONSES TO OPINION QUESTIONS

Mary has had abnormal uterine bleeding, an ulcer and depression.

She smokes a pack of cigarettes a day.

SUPPLY THE REST OF RESPONSES YOURSELF.

Module F: Employment and Earnings

Joe and Mary do not have a business or farm and neither is employed.

Module G: Family Income

g10 Don’t know

g11 Less than $10,000

g20 Both no

g221 Both White

Module H: Closing

Next-Person

NEITHER JOE OR JOELLA IS AVAILABLE, SCHEDULE CALLBACK FOR JOE.

EXIT CASE.

CALLBACK. JOE NOT HOME BUT JOELLA IS. COMPLETE INTERVIEW WITH JOELLA USING YOUR OWN ANSWERS.

JOE COMES HOME DURING JOELLA'S INTERVIEW. COMPLETE INTERVIEW WITH JOE.

VIII. GAINING COOPERATION EXERCISES

A. EXERCISES

Now we're going to practice making calls and introducing the survey in a group. We'll go around the room and someone will play a reluctant respondent. Your job is to persuade that respondent to let you interview him or her. You must decide how much of the introduction to read, when to use other written material and when to ad lib. Remember there are answers to questions in the brochure, letters and follow up statements.

TRAINER: BEGIN WITH THE TRAINER PLAYING THE RESPONDENT AND ASK SIMPLE QUESTIONS THAT INTERVIEWERS CAN ANSWER BY LOOKING AT THE INTRODUCTION, ADDITIONAL CATI SCREEN, FOLLOW UP STATEMENT AND BROCHURE. BEGIN WITH EASY SCENARIOS AND PROGRESS TO HARDER ONES.

AFTER TRAINEES UNDERSTAND THE EXERCISE, ASK THEM TO BE THE RESPONDENT. USE "CUE CARDS" SO THEY KNOW WHAT ROLES TO PLAY.

SCENARIOS FOR TRAINERS TO PLAY:

- I am making dinner now.
- I don't give out information over the phone.
- Take me off your list.
- We did not do this survey last year.
- I have Medicare
- We just moved here.
- I have a legal case pending so I cannot answer any questions.
- I don't live here. I am the babysitter.
- My wife takes care of all our health insurance.
- Can you put the questionnaire in the mail?
- I do not want to change long distance companies.

- This sounds like a scam. Why would you pay me to do this?
- Why don't you call someone else?
- I never received a letter or brochure.
- I don't do surveys on the phone
- I won't do the survey because once you do one survey,"they" won't leave you alone.
- I don't see how I can help, I am happy with my insurance and I have no family.
- I'm too worried about my own health to discuss it with anyone.
- We are in the middle of packing and moving and do not have the time to do an interview.

B. WHEN NOT TO ATTEMPT TO CONVERT A REFUSAL

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.

IX. DISPOSITION CODING AND CALL SCHEDULING

TRAINER: THIS IS A "HANDS" ON EXERCISE. PAIR THE TRAINEES AND HAVE THEM SIT LOOK AT CATI SCREENS TOGETHER. REVIEW THE INTRODUCTORY SCREENS AND DISPOSITION CODES THAT ARE REPRODUCED ON THE FOLLOWING PAGES.

FOR ALL CASES:

```
>dial<      DIAL THIS NUMBER:  (609) 223-9078
            TIME:      (NJ)
            RESPONDENT:      NEXT Q:

 <d>  AUTODIAL THE NUMBER
 <1>  SOMEONE ANSWERS
 <2>  NO ANSWER
 <3>  ANSWERING MACHINE
 <4>  BUSY
 <5>  COMPUTER MODEM OR FAX LINE
 <6>  TEMPORARILY NOT-IN-SERVICE
 <7>  CIRCUIT PROBLEMS; CIRCUITS OVERLOADED
 <8>  FAST BUSY; FAST RING; NO RING
 <9>  NOT-IN-SERVICE; DISCONNECTED; NON-WORKING; CHANGED TO NEW
NUMBER
 <h>  DISPLAY HISTORY
 <0>  MISTAKE -- DON'T WANT THIS CASE
```

SHOW TRAINEES:

- <1> Whenever a human being answers the phone, use this code, no matter what the person says or does. If privacy manager denies, code as first refusal, otherwise code as answering machine.
- <2> Let the phone ring six times before coding as "no answer"
- <3> Do not leave a message on an answering machine until your supervisor tells you that it is okay. Use this code if you are not sure if you have reached a home or business answering machine. You will get a screen that asks you to code the type of answering machine.
- <4> If you get a regular busy signal, use this code
- <5> This is a high pitched tone
- <6> This will be a recorded message
- <7> This will be a recorded message
- <8> This is obvious
- <9> This will be a recorded message. DO NOT call a new number.
- <h> This will display a call history and interviewer notes.
- <0> DO NOT EXIT CASES unless you are ready to leave for the day, take a break, or your supervisor asks you to handle a call-in. Every case must be called when it comes up unless you get explicit permission to exit it.

>code_s1<
CONTINUE WITH INTERVIEW
<1> SPEAKER IS 18 OR OLDER
<2> WILL CALL SOMEONE 18 OR OLDER TO THE PHONE
<9> WANTS MORE INFORMATION
CALLBACK
<3> NO PERSON 18 OR OLDER HOME NOW
<10> CALLBACK
PROBLEM
<5> PROBABLE MENTAL IMPAIRMENT
<6> LANGUAGE BARRIER
<11> SUPERVISOR REVIEW
REFUSAL
<7> HOUSEHOLD REFUSAL
<12> HUNG UP DURING INTRODUCTION
INELIGIBLE
<4> NO PERSON 18 OR OLDER LIVES IN THE HOUSEHOLD
<8> NOT A RESIDENCE
(BUSINESS/NON-RESIDENCE/GROUP QUARTERS/INSTITUTION/VACATION HOME)

SHOW TRAINEES

<1> Takes you to the screen to begin the interview
<2> Takes you to the introduction
<9> Takes you to a screen with answers to commonly asked questions
<3> Takes you to the screen to schedule a call back
<10> Takes you to the screen to schedule a call back
<5> Takes you to screens to record information for your supervisor to review
<6> Takes you to screens to record language spoken
<11> Takes you to screens to record information for your supervisor to review
<7> Takes you to a screen to record the reason for the refusal
<12> Exits the case
<4> Exits the case
<8> Exits the case

FOR REINTERVIEW CASES:

>s1<
Hello, this is NAME with the Community Tracking Survey, the health care study that your household participated in on DATE. We recently mailed you a brochure describing some of our findings, which we hope you found interesting. Now, we are conducting a follow-up study to understand how managed care and other changes are affecting the quality of care people receive. As a token of appreciation for your help, we'll send you a check for $25.

Since the survey is about health issues, I would like to speak with an adult who lives here and is familiar with the health care of family members.

IF NECESSARY, ADD: Your household's participation in this followup survey, which has the support of state health departments throughout the country will make a real contribution toward efforts to provide high quality and affordable high quality health care. Let's begin...

TYPE <g> TO CONTINUE
<b> TO BREAKOFF/ADDITIONAL INFORMATION
<x> R CLAIMS HOUSEHOLD NOT IN ROUND 1 ===>

SHOW TRAINEES:

<g> Takes you to a screen to begin the interview
<b> Takes you to a screen to code interim/final statuses; also provides a code for skipping to a screen with answers to commonly asked questions
<x> Takes you to a screen to verify that no one lived in the household at Round 2

>Ref1< INTERVIEWER: CODE MAIN REASON FOR REFUSAL
INTERVIEWER CODE THE MAIN REASON FOR THE REFUSAL

(1) CONFIDENTIALITY/ACCESS TO PHONE NUMBER
(2) SKEPTICAL ABOUT LACK OF SPONSORSHIP
(3) DOESN'T LIKE STUDY'S PURPOSE (UNSPECIFIED REASON)
DOESN'T THINK STUDY WILL MAKE A DIFFERENCE
(4) NOT INTERESTED (UNSPECIFIED)
(5) INTERVIEW TOO LONG
(6) DOESN'T HAVE TIME FOR SURVEY
(7) OTHER SPECIFY BELOW

TRAINER: REVIEW ALL CODES WITH TRAINEES

STRESS THE IMPORTANCE OF ACCURATELY CODING FIRST REFUSALS. STRESS THAT WE WILL BE TRACKING THIS BY INTERVIEWER AND MISCODING REFUSALS IS A FORM OF DATA FALSIFICATION AND WILL RESULT IN IMMEDIATE TERMINATION.

TRAINER: REVIEW CALL SCHEDULING AS PART OF THIS EXERCISE. ASK A TELEPHONE CENTER SUPERVISOR FOR HELP IF YOU DO NOT FEEL QUALIFIED TO DO THIS SEGMENT OF THE TRAINING YOURSELF.

>next_person<

I also would like to speak briefly with READ NAMES. I need to ask (him/her/them) a few questions about (his/her/their) health and opinions. We also will send (him/her/each of them) $25 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 NUMBER

<c> CALLBACK [goto callback]
<r> REFUSED [goto refused]

===>

TRAINER: REVIEW HOW TO CODE THE NEXT RESPONDENT. REVIEW MAKING APPOINTMENTS FOR SECONDARY FAMILIES OR SELF-RESPONDENTS.

X. THE BONUS PLAN

TRAINER SAY: Because this is such a long project, we want to keep interviewers motivated to stick with it. To this end, we are paying a bonus for completed interviews and refusal conversions. The bonus plan is a "point" system where you earn points for different types of completed interviews. The points convert to dollars. You must work at least 250 hours for MPR before you are eligible to be paid for your points. But, points accumulate from the first hour you work. Remember, the more you work, the more money you earn. We will prepare a memo describing the bonus plan shortly after interviewing begins.

FOLLOW-UP TRAINING FOR CTS-3

This training is designed to follow-up with the CTS-3 interviews after they have been doing interviews for approximately 3 weeks. The training session should be a mix of new and experienced interviewers. Trainees must have attended all CTS-3 training modules and have done actual interviews before participating in this training.

The first part of this training will entail a round robin discussion of problems encountered during interviewing. TRAINERS SHOULD ANSWER ANY QUESTIONS/PROBLEMS THAT ARISE.

TRAINERS: PRESENT THE FOLLOWING INFORMATION ABOUT HOW TO DEAL WITH ISSUES THAT HAVE BEEN COMING UP. TRAINERS SHOULD REVIEW MONITORING SHEETS AND DISCUSS COMMON PROBLEMS.

- DIFFERENCES BETWEEN HUDI AND CALLBACK. REVIEW CODING SCREENS. REFER TO SECTION IX OF THE TRAINING MANUAL.

- HOW TO DEAL WITH TEEN PHONE LINES/FAX MACHINES: INTERVIEWERS ARE ALLOWED TO CALL THE MAIN HOUSEHOLD NUMBER. PUT IN THE NUMBER IN THE NOTES FOR THE NEXT INTERVIEWER.

- PROXIES: WE WILL BE ALLOWING PROXIES FOR COGNITIVE IMPAIRMENTS OR CHRONIC HEALTH CONDITIONS. IF THE FIRST FIU CORE INTERVIEW IS COMPLETE AND ADDITIONAL FIU RESPONDENTS HAVE CONGITIVE IMPAIRMENTS THAT PRECLUDE SELF-RESPONDING, SOMEONE FROM THE FIRST FIU CAN ACT AS A PROXY, PREFERABLY THE INFORMANT FROM THAT FIU. WE WILL **NOT** BE USING PROXIES FOR REFUSALS. GET PERMISSION FROM SUPERVISOR BEFORE USING A PROXY.

- LANGUAGE BARRIERS: WE HAVE BILINGUAL ENGLISH/SPANISH INTERVIEWERS CONDUCTING THE INTERVIEW. IF THE RESPONDENT SPEAKS LITTLE OR NO ENGLISH, CODE THE LANGUAGE THAT THE RESPONDENT SPEAKS AND PUT THE CASE IN SUPERVISOR REVIEW. IF THE LANGUAGE IS ONE THAT WE DO NOT HAVE INTERVIEWERS/INTERPRETERS FOR, YOU MAY BE ASKED TO GET SOMEONE ELSE FROM THE FAMILY TO ACT AS A PROXY OR TO USE THE AT&T LANGUAGE LINE FOR INTERPRETATION. GET PERMISSION FROM SUPERVISOR BEFORE USING A PROXY OR A TRANSLATOR.

TRAINERS: INTRODUCE THE NEXT EXERCISE. HAVE THE TRAINEES GO AROUND THE ROOM AND INTRODUCE THEMSELVES. AS THEY DO THIS, HAVE THEM LIST ONE REFUSAL THAT THEY HAVE ENCOUNTERED WHILE CONDUCTING INTERVIEWS AND TELL THE GROUP WHAT TECHNIQUES/STATEMENTS THEY USED TO OVERCOME THE REFUSAL. KEEP A RECORD OF REFUSALS AND TECHNIQUES USED TO OVERCOME THE REFUSAL. SEND A COPY TO KAREN AND/OR CARRIE AFTER THE TRAINING.

A. EXERCISE ONE- REFUSAL AVOIDANCE

Now we're going to practice making calls and introducing the survey in a group. We'll go around the room and someone will play a reluctant respondent. Your job is to persuade that respondent to let you interview him or her. You must decide how much of the introduction to read, when to use other written material and when to ad lib. Remember there are answers to the questions in the brochure, letters, and follow-up statements.

TRAINER: BEGIN WITH THE TRAINER PLAYING THE RESPONDENT AND ASK SIMPLE QUESTIONS THAT THE INTERVIEWERS CAN ANSWER BY LOOKING AT THE INTRODUCTION, ADDITIONAL CATI SCREEN, FOLLOW-UP STATEMENTS, AND BROCHURE. BEGIN WITH EASY SCENARIOS AND PROGRESS TO HARDER ONES.
AFTER THE FIRST EXAMPLE, HAVE ONE TRAINEE PLAY THE INTERVIEWER AND ONE PLAY THE PERSON BEING CALLED. USE THE CATI INTRODUCTION SCREENS ON PAGE VI-7 OF THE TRAINING MANUAL.

SCENARIOS FOR THE TRAINEES TO PLAY:

- I am expecting guests any minute.
- What will this information be used for?
- Is this confidential? I don't like to give out personal information.

- I told you everything about my family last year. Nothing has changed. Do we need to do this again?
- I am happy with my health insurance and I don't want to change coverage.
- I have health insurance. Why don't you call someone who is uninsured?
- How did you get my phone number?
- I'm going to report you to the phone company. Stop calling me.
- I don't think that by interviewing people you will change health care in this country.
- I don't want to lose my Medicaid benefits.
- I'm on long distance right now.
- I just talked to my insurance agent last week.
- I just had surgery and don't want to talk about it right now.
- I was just to the doctor's office. Is this about my test results?
- I don't want to buy anything from you.
- I don't have any health problems. I don't see how I could help.
- I don't think this is a legitimate study.
- How has the information you already have changed healthcare?

TRAINERS: HANDOUT THE CTS-3 QUIZ. GIVE THE TRAINEES 15 MINUTES TO TAKE THE QUIZ AND THEN GO OVER THE QUIZ WITH THE GROUP.

B. EXERCISE TWO- LEAVING ANSWERING MACHINE MESSAGES

Part of gaining cooperation might not involve speaking to an actual person. More and more these days, answering machines and privacy managers are used in households. Just as it is important to sound confident, knowledgeable, and enthusiastic when speaking to an individual, it is just as important to project these qualities when speaking to an answering machine. It takes practice to gain these qualities. The following exercise will help you gain confidence when leaving messages on answering machines and privacy managers.

TRAINER: DIVIDE THE TRAINING CLASS INTO SMALL GROUPS OF 3-4. HAVE EACH PERSON IN EACH GROUP PRACTICE READING THE FOLLOWING SCRIPT OUTLOUD AMONG THEMSELVES.

NEW: 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 trying to sell anything or asking for money. We would like your household to participate in a brief interview and we will send each adult $25 for helping us. Please call Jackie Licodo at 1-800-298-3383. Again the phone number is 1-800-298-3383. Thank you!

REINTERVIEW : I'm calling for the Community Tracking Study, the health care study your household participated in last year. We recently mailed you a letter about the study and would very much like to reinterview your household again. We will send each adult in your household $25 for helping us. Please call Jackie Licodo at 1-800-298-3383. Again the phone number is 1-800-298-3383. Thank you!

TRAINER: AFTER EACH PERSON HAS PRACTICED THE SCRIPT HAVE THEM USE A PHONE AND CALL INTO A SUPERVISOR'S VOICE MAIL. THE INTERVIEWERS WILL LEAVE 2 MESSAGES BACK TO BACK. THE FIRST MESSAGE WILL BE LEFT WITHOUT USING THE SCRIPT, BUT THE INTERVIEWERS SHOULD GET THE GENERAL CONTENT OF THE SCRIPT IN THE MESSAGE. THE SECOND MESSAGE WILL BE LEFT USING THE

SCRIPT. AFTER EACH PERSON HAS DONE THE EXERCISE, USE A SPEAKER PHONE AND PLAY BACK EACH MESSAGE ONE AT TIME FOR THE TRAINEES. AFTER EACH MESSAGE, ASK THE GROUP WHAT ABOUT THE MESSAGE WOULD WANT THEM TO CALL BACK AND PARTICIPATE OR NOT CALL BACK AND NOT PARTICIPATE. KEEP A LIST OF REASONS ON A FLIPCHART. AFTER THE EXERCISE IS COMPLETE, REVIEW THE TRENDS IN RESPONSES. EXPLAIN THAT A CONFIDENT SOUNDING MESSAGE, WITHOUT HESITATION PRODUCES THE BEST RESULTS..

TRAINERS: MESSAGES WILL BE LEFT AFTER THE 4TH AND 8TH TIME THE PHONE NUMBER IS CALLED. ADDITIONALLY, MESSAGES WILL BE LEFT 2 CALLS BEFORE POSSIBLE FINAL STATUS. THE CATI PROGRAM WILL LET THE INTERVIEWER KNOW WHEN TO LEAVE A MESSAGE.

ANSWERING MACHINE/PRIVACY MANAGER SCRIPTS

NEW SAMPLE:

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 trying to sell anything or asking for money. We would like your household to participate in a brief interview and we will send each adult $25 for helping us. Please call Jackie Licodo at 1-800-298-3383. Again the phone number is 1-800-298-3383. Thank you!

REINTERVIEW SAMPLE:

I'm calling for the Community Tracking Study, the health care study your household participated in last year. We recently mailed you a letter about the study and would very much like to reinterview your household again. We will send each adult in your household $25 for helping us. Please call Jackie Licodo at 1-800-298-3383. Again the phone number is 1-800-298-3383. Thank you!

CTS-3 Quiz

1. You are doing your introduction for CTS in a re-interview sample case. As you read the roster, the respondent tells you that no one on the roster is in the household and that they just got this number three months ago. You should:

A. Delete the current household roster and do the interview with the new household.
B. Put the case in supervisor review WITH A GOOD NOTE!
C. Code the case as a refusal.
D. Ask the current respondent for the phone number of the people who used to live in the household.

2. When you call and introduce yourself and the study, the respondent listens to your introduction, says “Not now” and hangs up. You should:

A. Put the case into supervisor review.
B. Put the case into callback, no specific time.
C. Code the case as a refusal.
D. Call the case back and try to re-explain yourself.

3. When you call and introduce yourself and the study, the respondent listens to your introduction, says “Call me later” and hangs up. You should:

A. Put the case into supervisor review.
B. Put the case into callback, no specific time.
C. Code the case as a refusal.
D. Call the case back and try to re-explain yourself.

4. When you call and introduce yourself and the study, the respondent listens to your introduction, says she likes doing surveys but can’t do it now. She says to call back at 7:00 PM and hangs up. You should:

A. Put the case into supervisor review.
B. Put the case into callback, no specific time.
C. Code the case as a refusal.
D. Put the case into callback for 7:00 PM today.

5. When a respondent picks up the phone and tells you that this is the fax line in the household, you should:

A. Try to interview the respondent. If the respondent refuses, code it as a fax line.
B. Do not interview the respondent. Code it as a fax line.
C. Try to interview the respondent. If the respondent refuses, code it as a refusal.
D. Put the case in super review.

6. A case has a husband and wife and three children under the age of 18 (Louie, Huey, and Dewey). The husband completes the core interview (Huey is the selected child) and the wife completes her self-response unit. Who will be paid and how much?

A. The husband will receive $25; no one else in the household will be paid.
B. The husband will receive $25; the wife will receive $25.
C. The husband will be paid $50; no one else in the household will be paid.
D. The husband will receive $100; the wife will receive $25.

7. The husband in the case above asks you why you are only asking about Huey. Your best response is:

A. Huey is the middle child, and we always interview the middle child when there are three children.
B. I don't know, it's just a computer thing.
C. The computer randomly selects one child when there are more than one in the household. This prevents the interview from getting too long.
D. WE are only interested in Huey for this study.

8. You complete the core interview with the wife. You ask for her husband to do the self-response unit. She tells you that her husband is deaf. You should:

A. See if he can use a TDY machine for the hearing-impaired.
B. Put the case in super review WITH A GOOD NOTE.
C. Code the self-response as a refusal.
D. Ask the wife to act as a proxy and do the interview.

9. You call a household and the 16-year old answers the phone. She says that you are calling a teen line. You should:

A. Apologize and code as a non-residence.
B. Ask the teen to bring an adult to the phone; if she refuses; ask for another phone number to the household; if she refuses to do that; code the case as a refusal
C. Ask the teen to bring an adult to the phone; if she refuses; ask for another phone number to the household; if she refuses to do that; put the case in super review.
D. Ask the teen for another number to the household. If she refuses; schedule a callback for no specific time.

10. If a respondent says they do not have to wait at all when they go to the doctor's office, not even for a minute, and you find that cati will NOT accept "0" as an answer, you should:

A. Put the case in super review.
B. Code "don't know" and ask the next question.
C. Code "1" for minutes and ask the next question.
D. Continue to probe until the respondent says something like "Well, I guess I did wait for five minutes once" and then code 5 minutes.

11. In asking about out-of-pocket costs for health care, the respondent says " between $250 and $500 dollars." You should:

A. Code $250, the LOWER figure.
B. Code $500, the HIGHER figure.
C. Probe by asking something like "What is your best estimate of your out-of-pocket costs?"
D. Code "don't know."

12. In engaging a reluctant respondent, the respondent asks what the results were of the last round of the study. You should:

A. Summarize some of the results from your handout.
B. Tell the respondent the results have been published in a variety of newspaper and magazine reports, and invite the to visit the hschange Web Site.
C. Tell the respondent you cannot tell them any of the results of the past studies.
D. Tell them you don't know.

13. You are interviewing a mother with one child, a daughter. They are the only members of the household. When you ask who took the child to her most recent doctor's visit, the mother says that her father took her daughter to the doctor because she had to work. You should:

A. Code that the mother took her daughter and fill out a problem sheet.
B. Code don't know.
C. Put the case in super review and tell the respondent you will call her back.
D. Code 0-NON-FAMILY MEMBER / NO ONE

14. You are calling a re-interview sample and the respondent says that one person on the roster no longer lives there (James, listed in the third slot.) In order to delete James, you should:

A. Hit 3 on the DEL screen, then hit g- All previous household members confirmed.
B. Hit x- person claims no one in household from round one and start fresh with the roster.
C. Hit u-undelete a person.
D. Continue with original roster but DO NOT ASK questions about James.

15. You are engaging a reluctant respondent. The respondent says they are not really interested, and they do not agree to a callback. They are not angry, do not say that they will not do it, listen to your arguments, but just say, "I'm not very interested" and hang up.
You should:

A. Code as a refusal, LEAVING GOOD NOTES.
B. Code as a HUDI, because you did not start the survey.
C. Put in super review, LEAVING GOOD NOTES.
D. Code as a callback, no specific time.

16. You are speaking to the informant of the household. There are 2 other household members besides the informant: a husband and a 12 year old child. The husband speaks no English, but the person you are speaking with is bilingual. The husband will have difficulty doing the self response module. You should:

A. Determine which language he speaks and conduct the interview in that language.
B. Determine which language he speaks, and code the appropriate language from the call disposition screen.
C. If Spanish is the language he speaks, talk to your supervisor to arrange for a Spanish interviewer to conduct the interview in Spanish.
D. B and C are the correct answers.
E. A and B are the correct answers.

17. Medicaid is:

A. Is a partially State funded program for low income persons. The names of the program may change depending on the State.
B. Helps provide medical care and prescription drugs for low income women and children.
C. Is a federally funded program for persons age 65 and older or persons with certain disabilities.
D. Is a medical program that may be supplemented by Medigap Insurance.
E. A and B are the correct answers.
F. C and D are the correct answers.

CTS-3 QUIZ ANSWERS

1. A
2. C
3. B
4. D
5. C
6. B
7. C
8. D
9. B
10. C
11. C
12. A and B
13. D
14. A
15. A
16. D
17. E

OVERVIEW OF CTS-3 FOLLOW-UP TRAINING

Subject	Time (minutes)	Equipment	Handouts/Reference
Review of Common Problems	60	None	None
Refusal Avoidance Exercise	30	None	None
Refusal Avoidance Practice/CTS-3 Quiz	60	Cue cards	Follow-up statements (section VI pgs 11-15), CATI intro screens (section VI, pg. 7). Quiz
Answering Machine Practice	60	telephone flipchart	answering machine scripts

APPENDIX D

LOCATOR/SCREENING MANUAL

MATHEMATICA POLICY RESEARCH, INC.

COMMUNITY TRACKING STUDY

Round III

Locator/Screening Manual

October 2000

Jim Cashion
Beverly McCarthy
Kristin Quitoni

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INTRODUCTION

I. THE COMMUNITY TRACKING STUDY—ROUND III

As many of you know, the U.S. health care system has been undergoing dramatic change in recent years. More and more people are shifting to HMOs and other types of managed care. There are increasing concerns about our ability to finance Medicare, Medicaid, and other government plans, and the problem of large numbers of uninsured people persists.

The Robert Wood Johnson Foundation (RWJF), located in Princeton, was established as a national philanthropy more than 25 years ago. Since that time, it has awarded approximately three billion dollars in grants in support of its mission to improve the health and health care of people in the United States.

In 1995, RWJF decided to invest in a very large study, called 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 health care experts, RWJF created *The Center for Studying Health System Change* (HSC). The Center, which is located in Mathematica's Washington office, is affiliated with MPR.

The Center's Community Tracking Study takes an in depth look at health care changes that are occurring in communities throughout the United States by focusing on two key questions:

- 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?
- 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 communities and groups of people doing better or worse than others?

The data to answer these questions is coming from surveys of people, physicians, insurers, and employers in communities that are representative of the nation. The first surveys were

completed in 1996-1997. For the household survey, we interviewed 32,732 families that included 49,807 adults and 10,639 children. In addition, surveys were conducted with 12,350 physicians and over 22,000 employers. Results from these surveys are already being used to understand how changes in health care are affecting us. The brochure, which will be sent to households selected for the third round of the survey highlights some of the findings from the first two surveys. The brochure also lists web sites where more information about the Robert Wood Johnson Foundation (www.rwjf.org) and the Community Tracking Survey (www.rwjf.org) can be obtained.

The survey on which you will be working is the third Community Tracking Study (CTS-III) household survey. The number of eligible households for Round III is estimated to be approximately the same number of households as in Round I and Round II. However, during this round about 40% to 45% of the families may have participated in the Round I or Round II surveys. Some also will have participated in a related survey on mental health and substance abuse issues (AHCC Survey). Generally, people participating in the first two round of a survey are very willing to participate in subsequent waves of the same study. This is because they are familiar with the study and know that it is legitimate. To increase participation rates, all eligible respondents will be offered $25 if they choose to participate in the survey.

II. SAMPLE

As with the previous Community Tracking Studies, the sample assigned to you will be in the form of contact sheets (backed with an In-Person Screener) which have been sorted in order by census block (See Exhibit 1). As you are working through your assignment, you should compare the address on each contact sheet with the address on the printout of the original listing forms (See Exhibit 2). If a particular Housing Unit (HU) has been released for screening, there should be a "Yes" indicated on the listing form beside the line number for that particular HU. There will also be a contact sheet for that particular HU included. The listing form printout may provide you with more detail which will assist you in locating the unit. The line number from the listing form is also printed on the contact sheet. Since your assignments are grouped by blocks, you should contact all units on one block and assign the appropriate interim or final status code before beginning another block. Areas maps will also be enclosed to help you locate the interviewing areas (IA's) in which your assignments are located. If you did not originally list the area in which you are screening, and you are uncertain of the location, please ask your supervisor for assistance before proceeding.

CTS - III FIELD SURVEY CONTACT SHEET MPR_ID: **EXHIBIT 1**

INTERV. AREA: SITE: (City/State)
CENSUS TRACT: LOCATOR ID :
BLOCK #:
LINE # :
ADDRESS:
APT # :
NAMES (If available):
DESCRIPTION (If available):

#	DATE	TIME	AM/PM	STATUS	CATI	NOTES
(1)	__/__	_____	AM/PM	|___|	Y/N	_____
(2)	__/__	_____	AM/PM	|___|	Y/N	_____
(3)	__/__	_____	AM/PM	|___|	Y/N	_____
(4)	__/__	_____	AM/PM	|___|	Y/N	_____
(5)	__/__	_____	AM/PM	|___|	Y/N	_____
(6)	__/__	_____	AM/PM	|___|	Y/N	_____
(7)	__/__	_____	AM/PM	|___|	Y/N	_____
(8)	__/__	_____	AM/PM	|___|	Y/N	_____
(9)	__/__	_____	AM/PM	|___|	Y/N	_____
(10)	__/__	_____	AM/PM	|___|	Y/N	_____

ELIGIBILITY CRITERIA:

If Q3, or Q6 or Q7 on screener = YES, the HU (Housing Unit) is **ELIGIBLE** for survey
If Q6 or Q7 on screener = NO, the HU (Housing Unit) is **INELIGIBLE** for the survey.

STATUS CODES:

INTERIM:

60 NOT HOME
80 RETURN VISIT NEEDED (Explain in NOTES)

FINAL (CIRCLE ONE CODE):

01 COMPLETE (All core & s/r completed)
02 COMPLETE (All core completes, missing 1 or more s/r)
03 COMPLETE (At least 1 core complete; at least 1 core not complete)
20 REFUSED IN-FIELD SCREENER
21 REFUSAL (NON-PHONE HH - ELIGIBILITY UNKNOWN)
22 REFUSAL (ELIGIBLE AFTER CORE SCREENER)
30 LANGUAGE/ OTHER BARRIER _____
40 (INELIGIBLE) SCREENED OUT OF IN-FIELD SCREENER
41 NOT SELECTED/NO ELIGIBLE PERSON IN HH
45 NOT A RESIDENCE/ VACATION HOME
46 NO HOUSING UNIT EXISTS
47 VACANT
65 EFFORT ENDED/MAXIMUM VISITS (No Personal Contact)
66 EFFORT ENDED /MAXIMUM VISITS (Personal Contact;No Screener)

EXHIBIT 1

TELEPHONE SCREENER (CITY, STATE)

Hello, my name is _____ [SHOW ID] with the Community Tracking Study, a project to see how managed care and other health Care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation about health care issues. I have a few short questions and, depending upon your answers, you may be eligible to participate in the study. [IF NECESSARY, ADD: Selected households will be paid for participating.]

1. Were you or any of the other people who stay here living at this address on or before July 1, 1998?

1 YES	0 NO
8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE A CB	9 REFUSED

2. Is there currently a working telephone in this household? **Do not include any cellular telephone service you may have.**

1 YES **(INSTRUCTION: If Q.1 = YES, GO TO Q. ; If Q.1 = NO, GO TO Q.4)**	0 NO GO TO Q.3
8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB	9 REFUSED TERMINATE

3. Has this household been without a working telephone for two weeks or longer? **Do not include any cellular telephone service you may have.**

1 YES, ELIGIBLE; GO TO Q.8	0 NO GO TO Q.4
8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB	9 REFUSED TERMINATE

4. Since July 1, 2000, have you or any of the other people who stay here lived in any of these counties: List Counties

(INSTRUCTION: CODE 'YES' IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 2000)

1 YES GOT TO Q.7	0 NO
8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE ODE AS CB	9 REFUSED TERMINATE

5. Did you or any of the other people who stay here just move into this household within the last two weeks?

(INSTRUCTION: CODE 'YES' IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS

1 YES	0 NO
8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB	9 REFUSED TERMINATE

6. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?

Do not include any cellular telephone service you may have.

1 YES (If Telephone, Enter R's Current #: (_____)_____/_____) ELIGIBLE, GO TO Q.8
0 NO TERMINATE, CODE 40 INELIGIBLE
8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
9 REFUSED TERMINATE

8. Your household is eligible for this study because you have been without telephone service for at lest part of the time in the last 12 months. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, you and each adult 18 years of age and older who participates in an interview about their health needs will each receive $25. We are interviewing households from our office in Princeton, NJ. I'm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

IF MORE INFORMATION NEEDED, READ: The purpose of the project is to see how the shift to managed care and other health care changes are affecting people in your community. The questions are very basic – thing like "Are you satisfied with your health care? "Do you have health insurance?", "How long does it take you to get to the doctor?", "Have you had a flu shot in the last 12 months?" *etc*. The interview is strictly confidential and you skip any questions you don't want to answer.

EXHIBIT 2

WASHINGTON STATE FIELD SURVEY`S LISTING

LISTER I.D.: 8974	CENSUS TRACT: 51400	

LINE	REL	BLOCK	ADDRESS	APT	DESCRIPT
073		411	6521 208 ST SW BLDG M	7	
074		411	6521 208 ST SW BLDG M	8	
075		411	6521 208 ST SW BLDG M	9	206-712-0724
076		411	6521 208 ST SW BLDG M	10	
077		411	6521 208 ST SW BLDG M	11	NO ENGLISH
078		411	6521 208 ST SW BLDG M	12	
079		411	6521 208 ST SW BLDG M	13	NO ENGLISH
080		411	6521 208 ST SW BLDG M	14	NO ENGLISH
081		411	6521 208 ST SW BLDG M	15	
082		411	6521 208 ST SW BLDG M	16	
083		411	6507 208 ST SW BLDG N	1	
084		411	6507 208 ST SW BLDG N	2	NO ENGLISH

III. SUPPLEMENTAL OR MISSED HOUSING UNITS

Once you begin your assignments and in the process of comparing your contact sheets to the printout of the listing forms, you may encounter a housing unit or housing units which were missed during the original listing phase OR has been added since the completion of Rounds I and II. This being the case, these housing units ***will not appear on the listing form printout*** and ***will not have a pre-printed contact sheet for screening***. If you discover such a housing unit or units, complete the blue supplemental listing form for each missed unit (See Exhibit 3). Please note that instructions for using the form are printed on the back of each form. You should return the supplemental listing form(s) to MPR with your weekly returned assignments. These units will be processed and added to the sample base for the particular IA in which they were discovered. It is very important to remember that should you come upon unlisted or supplemental housing unit(s) in any of the blocks of your assigned IA's, ***these HU's do not need to be screened at this time.*** After the blue supplemental listing form(s) which you completed has been reviewed by MPR, a decision of whether or not to include a supplemental HU(s) in your screening assignment will be made. If you have any questions about what constitutes a housing unit, or how to complete the supplemental listing form, call your field supervisor.

MPR SUPPLEMENTAL LISTING FORM

Locator Name:	Locator I.D.:	Census Tract:	Block #:
_____	|__|__|__|__|__|	|__|__|__|__|.|__|__|	|__|__|__|__|

Line No.	Found After Line	Block #	Unique Address	Apt. No.	Description of HU, if necessar

7

IV. SCREENING PROCEDURES

As with Rounds I and II, you are to approach each housing unit in-person for which you have a contact sheet and administer the In-Person Screener. Regardless of whether a HU's was eligible or ineligible when screened during the previous field studies, ***all housing units you contact must be administered the In-Person Screener to determine whether the household is eligible for the interview in the current field study***.

As you review the In-Person Screener, you will see that we are considering households to be eligible for the interview if they have been ***without*** a working telephone for at least 2 weeks since July 1, 2000. If a household is currently without a telephone and has been for two weeks, that household will be eligible (this includes households without a working telephone in which *all* members moved into the household within the past two weeks). Other households will be considered eligible if they have been without a working telephone for two weeks or longer *and* at least some of the current household members lived in the study area on or before July 1, 1998. *This is a general overview of the screening criteria. To correctly screen households, follow the screening instrument carefully* (See Reverse Side of Exhibit 1). *The instrument contains instructions on when a household is eligible and ineligible. If any uncertainties arise, please discuss it with your field supervisor.*

With cellular telephone services so readily available today, it is important for you stress to any potential respondent that access to any active cellular telephone service during the time frames referenced in the In-Person Screener are not to be considered. For this survey and for initial screening purposes, MPR is only interested in those HU's that did not have regular telephone service, sometimes referred to as long-lines, in-home connected telephone service. The In-Person Screener has been modified to add this exclusion to Questions 3, 6 and 7. If a respondent appears to be talking about cellular telephone, always probe for clarity.

V. INITIATING THE INTERVIEW

Once a household is deemed eligible by the In-Person Screener (a "yes" response to questions 3, 6, or 7) and the informant agrees to complete the interview, you should call MPR's telephone center on the cellular telephone which has been issued to you. The number you are to use to reach MPR is 800-298-3383. Please identify yourself as a CTS Field Locator with a field interview that needs to be completed on CATI. At that point, you will be connected with a CTS telephone interviewer who will ask you for the case MPR ID number from the contact sheet. When the case is brought up on the CATI screen, the telephone interviewer will ask you several questions before you hand the cellular phone over to the respondent:

- First, the CATI interviewer will ask you to verify the street address (and apartment number, if applicable) of the housing unit to confirm that you and the telephone interviewer are both on the correct case. The address (or the description of the housing unit, if an address was unavailable at the time of listing) will be the same one that is listed on the contact sheet and on the printout of the original listing form.
- Next, the CATI interviewer will ask you which question on the screener made the household eligible for the full interview—question 3, 6 or 7. If you review the screener, you will see that a "yes" response at question 3, 6 or 7 indicates that the household is "eligible" and directs you to go to question 8 which is an introduction to the full interview.

At this point you will hand the cellular telephone to the household informant or respondent and the telephone interviewer will conduct the interview on CATI.

VI. INTERVIEWING AND DATA COLLECTION RULES ON INCENTIVES, SPANISH INTERVIEWS, PROXIES, STUDENT STATUS AND VACANT VS. UNINHABITED

A. INCENTIVES

Once again, the field version of the CTS interview will be administered using CATI and the CATI program will collapse the separate family interviews and self response modules into one interview—overriding the need to make call back visits to complete secondary core interviews or self response modules. However, the CATI telephone interviewer will ask to speak with other household members for key sections, but will be instructed to accept the proxy responses of the informant if the other household members are not immediately available.

To encourage participation among eligible households, we are providing you with cash advances to use to offer cash incentive payments to eligible households. The amount of a household's incentive payment will be determined by the size of the household. Any eligible member of the family that completes the interview will receive $25.00. You will *not* need to calculate the total incentive amount to be paid to a household. The CATI program will do the calculation based upon the household composition question early in the interview. Therefore, when you screen-in an eligible household, you will be offering the informant $25 (see wording on the screening instrument). Once the informant is on the cellular telephone with the CATI interviewer, the interviewer will inform the respondent of the increased incentive amount, if applicable, after the household composition has been completed. Then, at the end of the interview, the CATI interviewer will ask the respondent to put you back on the telephone. At that point, the CATI interviewer will tell you how much money the household is owed. The CATI interviewer will also ask you how much cash you gave the respondent. *Before you leave the household, you must have the respondent/s sign one of the receipts that will be enclosed in*

your shipment of supplies. The amount entered on the receipt should equal the amount of *cash* that was given to the respondent's. Refer to the "Administrative Issues" section of this manual for instructions or your field supervisor on how to document the use of your cash advance for incentive payments.

B. SPANISH INTERVIEWS

MPR's telephone center is staffed with Spanish-speaking interviewers who are trained on this study. If you encounter a household that does not have any English-speaking members who can complete the interview, ask to speak to a Spanish-speaking interviewer when you place the call.

C. USE OF PROXIES

The questionnaire design is set up so that a single informant responds for all household members. However, it is extremely important to remember that an individual acting as a proxy for another member of the household must be an adult and consider themselves knowledgeable of the other household members' health status and insurance coverage. If the primary respondent cannot act as a proxy, the interview will be terminated and the respondent will receive incentive payment(s) only for the interviews they have completed.

D. STUDENT STATUS

Under some circumstances, full-time students are not eligible for the interview. You must administer the screening instrument, and if eligible after screening, call the 800 number. If the person is ineligible for the interview, CATI will screen them out.

In situations where you may be dealing with students, you should NOT read Item #8 on the

In-Person Screener as written. Instead, use the following introduction to the interview:

Because your household has been without telephone service for at least part of the time since July, I would like for your to speak with an interviewer from our telephone center to determine if you are eligible to take part in this survey about your household's health needs. If you are eligible, we will give you $25.00 at the end of the interview for your participation.

E. VACANT VS. UNINHABITED

A housing unit will be considered "Vacant" if one of the following criteria applies:

- If after three or more attempts (at least three weeks between first and last attempt) there is no evidence that the unit will be occupied by March 31.
- If verified from owner, landlord, building manager, etc. that the unit will not be occupied by March 31.
- If the unit is under construction or being renovated and will not be occupied by March 31.

A housing unit will be considered "Uninhabitable" if one of the following criteria applies:

- If the unit is clearly UNFIT for living (that is, those with large holes in the roof and walls, or boarded up due to fire).
- If the unit has been targeted for demolition.

VII. INTERIM AND FINAL STATUS CODES

Interim and final status codes will be assigned in two ways. All attempts that do not result in a connection with CATI will receive a non-CATI interim status code. Anytime a call is initiated to MPR's telephone center and the case is brought up on CATI, resulting interim or final status codes will be tracked by CATI. While CATI will track these cases, it is important to report whether a case received it's status on CATI or not. If you review the contact sheet, you will see that the column before the "notes○ column asks you to circle a "y"—yes, the case was called up on CATI, or "n"—no the case did not enter CATI. *However, both CATI and non-CATI interim and final status codes must be reported in your weekly calls to your supervisor.*

VIII. MPR'S TELEPHONE CENTER HOURS

Make certain you plan your work schedule to coincide with the hours our telephone center is open and staffed to take your calls. Please note the telephone center's hours of operation for your particular Time Zone:

Monday through Thursday,	9:00 a.m. - 11:00 p.m. (EST) 8:00 a.m. - 10:00 p.m. (CST) 7:00 a.m. - 9:00 p.m. (MST) 6:00 a.m. - 8:00 p.m. (PST)
Friday,	9:00 a.m. - 7:00 p.m. (EST) 8:00 a.m. - 6.00 p.m. (CST) 7:00 a.m. - 5:00 p.m. (MST) 6:00 a.m. - 4:00 p.m. (PST)
Saturday,	9:00 a.m. - 4:00 p.m. (EST) 8:00 a.m. - 3:00 p.m. (CST) 7:00 a.m. - 2:00 p.m. (MST) 6:00 a.m. - 1:00 p.m. (PST)
Sunday,	1:00 p.m. - 8:00 p.m. (EST) 12:00 p.m. - 7:00 p.m. (CST) 11:00 a.m. - 6:00 p.m. (MST) 10:00 a.m. - 5:00 p.m. (PST)

IX. TIPS ON USING THE CELLULAR TELEPHONES

A few isolated instances have been reported where the "No Service" indicator lights steadily or "No Service" appears on the phone's LCD display panel. If this should happen to you while trying to place a call on the cellular phone, it is probably because you are calling from a "marginal reception area" (a location where there is interference or no signal at all). A marginal reception area may also be indicated by a fast busy or alternating high-low sound when attempting to place a call. In some cases, you can alleviate the "No Service" problem and increase signal strength by adjusting the cellular telephone antenna, moving the cellular phone closer to a window or taking the phone to another location in the house. If you are unable to correct a "No Service" problem while in a respondent's home, other arrangements for getting the eligible respondent to a telephone will have to be made. Please contact MPR's Cellular Telephone Manager, Candy Chaney as soon as possible at 1-888-633-8327 to report such problems.

If you experience phone problems other than a "No Service" indication and are unable to reach Ms. Chaney for assistance, you can always dial 611 and then press SND for Technical Service assistance from the carrier providing cellular service for your telephone. Remember, however, you cannot use this feature if there is a "No Service" indication. You must have service, to complete *any* telephone call.

A. CRUISE COUNTS FOR BLOCKS WITH "ZERO" HOUSING UNITS

When Interviewing Areas (IA) in all twelve sites were originally listed in the Fall of 1996, many blocks were found to contain no Housing Units (HU's). Since that time, it is quite possible developments or HU's have been built within these blocks. If that is the case, MPR would like to know. Therefore, in addition to the contact sheets for your regular locating assignments, each

of you will also receive separate Cruise Count sheets and Locater Maps (See Exhibits 4A and 4B) specifically for the blocks within your IA's where no HU's were reported in the original Listing Phase. Using the Cruse Count sheets, you will conduct a count of any HU's on the "zero" designated blocks. As you know, the cruise count for any block is a preliminary number of HU's expected to be found ***after*** the block is actually listed. *For this exercise, there will be* ***NO LISTING***. If any HU's now exist on formerly "zero" blocks, all MPR needs is the number of HU's found during the Cruise Count. It will be determined at a later date if these blocks need to be listed. In most cases, the Cruse Count process usually takes less than 15 minutes per block. Since all of you will be completing your listing/screening assignments in the IA's around these blocks, any Cruise Counts should be completed during the same visit to a particular IA.

It is important to remember when conducting a Cruise Count to *always count to your right.* The starting point for a designated block is usually the NE corner of the block, walking forward and counting the HU's on your right. It there are dead end streets, caul-de-sacs, *etc.*, within the block, turn right onto that street counting the HU's on your right, then crossing to the other side of the street and continue counting the HU's on your right. If you have any questions concerning this procedure, please refer them to either your field supervisor or me.

MPR BLOCK BY BLOCK CRUISE COUNT FORM - CTS III

DATE:
Oct-2000
PROJECT:
8696
LOCATER:

STATE:
AR

COUNTY:
LONOKE
TRACT:
208
IA:
AR050.01
RANGE
MIN

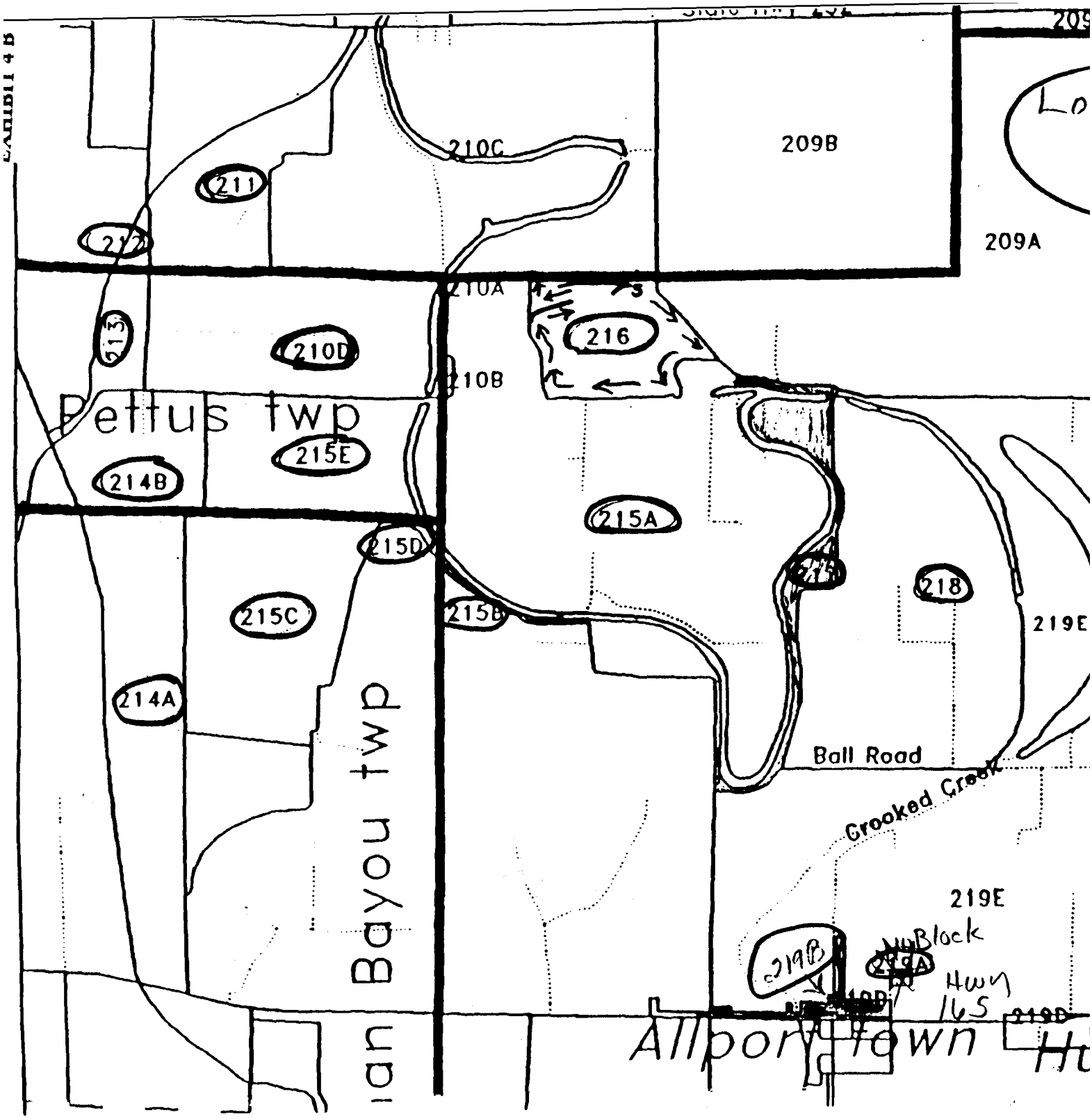
MAX

NOTE FOR
OFFICE:
COVERS
REPS

R2 IS SEL

TOTAL

	Census Tract	Census Block	Census HUs	Round 1 Cruise Count HUs	Current Cruise Count HUs
1	208	210D	0	0	0
2	208	211	0	0	0
3	208	212	2	0	0
4	208	213	0	0	5
5	208	214 A	4	0	4
6	208	214 B	1	0	0
7	208	215 A	1	0	0
8	208	215 B	0	0	3
9	208	215 C	0	0	12
10	208	215 D	0	0	0
11	208	215 E	0	0	4
12	208	216	0	0	5
13	208	217	2	0	0
14	208	218	5	0	0
15	208	219 A	2	0	2
16	208	219 B	21	18	—
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
			38	18	0


209B
210C
211
209A
210A
213
216
210D
210B
Pettus twp
215E
214B
215A
215D
218
215C
215B
219E
214A
Ball Road
Crooked Creek
Bayou twp
219E
219B
Block
Hwy
165
Allport town

B. GETTING STARTED

Once you receive your assignments and supply of field materials, please review the contents carefully to ensure you have received everything documented in a memorandum that will be enclosed. Do not attempt to operate or use your cellular telephone or begin your field work until you have received a telephone call from Beverly McCarthy, your field supervisor. She will contact you to review all of the clerical and administrative procedures concerning your assignments. After this you will be asked to place a telephone call to Beverly on your cellular telephone. Once you have made this telephone call, Beverly will connect you with one of the telephone CTS interviewers so that you can go through a mock interview. Even if you were a Field Locater for CTS-II, you will still need to go through the mock interview. There are two reasons why this step is necessary. First, it will assure us that your cellular telephone is in working order and will acquaint you with MPR's telephone center and the procedures for calling in and accessing cases. It will also give our telephone center staff practice in taking these calls. Second, doing the mock interview will familiarize you with the instrument that has been developed for Round III and what the respondents will be engaged in after you locate them and determine their eligibility. For the mock interview, you can either make up answers or answer according to your own household composition and circumstances.

C. ADMINISTRATIVE ISSUES

(COMPANY CONFIDENTIAL)

X. CONFIDENTIALITY

One of the most important duties of the project staff is to protect the confidentiality of data gathered during surveys. The responsibility starts with the listers and the field interviewers but project directors, principal investigators, and senior company officials are just as involved. All employees are required to sign a confidentiality pledge as a condition of employment. A copy of the pledge is shown as Exhibit 9.

MPR has a legal and moral obligation to keep all information gathered about respondents in the strictest confidence. The data provided from your listing assignments will be used only in aggregate statistical form to develop a sample frame of potential respondents for this project and will never be released in a form in which individuals could be identified. The confidentiality pledge that you signed when you were hired by MPR obligates you to keep all information you collect during your field work in complete and total confidence.

EXHIBIT 9

MATHEMATICA
Policy Research, Inc.

PO Box 2393
Princeton, NJ 08543-2393
TEL (609) 799-3535
FAX (609) 799-0005

CONFIDENTIALITY PLEDGE

I understand that the names of individuals, businesses and families participating in projects conducted by Mathematica Policy Research, Inc., (MPR) and any facts or information that could be useful in identifying such individuals, businesses or families or which is associated only with particular individuals or families is private information. I agree that I will not reveal such private information, regardless of how or where I acquired it, to any person unless such person has been authorized by the Project Director(s) or the Project Manager(s) to have access to the information.

I further understand this agreement shall continue to bind me even after the project(s) is (are) completed and/or even though my employment or consultant agreement with MPR has terminated, and that unauthorized use or disclosure of any private information is a breach of the terms of my employment or consultant agreement with MPR and may subject me to court action by any interested party or to other sanctions by MPR.

Nothing herein shall be construed to prevent divulgence of information to any court or governmental agency, if such divulgence is required by law; but if I am subpoenaed, or if I have reason to believe that I may be called upon to make such divulgence, I agree to notify the President or MPR promptly in writing and, upon his request, to cooperate in all lawful efforts to resist such divulgence.

I further agree that I will not use, in any way other than in the course of my authorized employment, any information deemed confidential by the terms of any contract or other written agreement between MPR and any other organization, except by written authorization by both parties. It is my understanding that MPR and the contracting organization(s) have the exclusive right to all confidential information acquired or developed under such a contract or other written agreement.

Name:_____ Signature:_____

Date:_____

Location:_____

APPENDIX E

ESTIMATING RESIDENCY

APPENDIX E

ESTIMATING RESIDENCY

When calculating a response rate, the denominator should reflect all eligible cases sampled. However, in many surveys, eligibility status is not determined for all cases and must be estimated. For random digit dialing (RDD) surveys, residency is typically 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. The percentage of telephone numbers for which residency is not determined has been increasing in recent years. Piekarski, et al. (1999) note that while the percentage of telephone households has increased only 11 percent from 1988 to 1998, the number of telephone numbers that could be dialed in an RDD survey increased by 80 percent. Even after accounting for the increase in multiple residential telephone numbers within households and the growth in business numbers, they argue that many of these numbers are not assigned to users.

In the following sections, we review three methods (CASRO, business office, and survival analysis) used to estimate residency for unresolved telephone numbers. Then we show the impact of these methods (including two estimation procedures for the CASRO method) on response rates for the Round Three CTS household survey RDD sample.

A. METHODS TO ESTIMATE RESIDENCY

The CASRO Method. The first method, commonly referred to as the "CASRO"[1] method,

[1] CASRO stands for the Council of American Survey Research Organizations, and their special report, "On the definition of Response Rates," [LR 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 their recommendations is to apply the eligibility rate for cases with determined eligibility status to those with undetermined eligibility status.

assumes that the unresolved telephone numbers have the same residency rate as resolved telephone numbers. First we classify each sampled telephone number into one of four groups:

1. Telephone number resolved as a working residential number
2. Telephone number resolved as a business or non-working number by Genesys-ID or Genesys-ID-Plus, which excludes many business and non-working telephone numbers before the telephone number is called by an interviewer
3. Telephone number resolved as a business number or a non-working number after being called by an interviewer
4. Telephone number status never resolved.

We then calculate a residency rate among the resolved cases and apply this rate to the unresolved telephone numbers (Group 4) to estimate how many of them are residential telephone numbers. We computed two variations on this method. The first variation (CASRO1) excludes Group 2 cases from the calculation of the residency rate, assuming that telephone numbers that were screened out by Genesys prior to sample release are unlike those that were released to be called. Under that variation, the residency rate among the resolved cases is calculated as:

$$(1) \qquad \text{Residency Rate} = \frac{\text{Group 1}}{\text{Group1} + \text{Group3}}$$

The second variation (CASRO2) includes Group 2 in the calculation of the residency rate, assuming that inclusion of all initially sampled telephone numbers is a better representation of the residency rate. Under this variation, the residency rate among the resolved cases is calculated as:

$$(2) \qquad \text{Residency Rate} = \frac{\text{Group 1}}{\text{Group1} + \text{Group2} + \text{Group3}}$$

Limitations of the CASRO method are that (1) it does not consider the number of contact attempts in allocating undetermined telephone numbers; (2) it does not use other information that

may be known about unresolved numbers to estimate the percentage residential; and (3) it tends to be overly conservative (estimating a higher residency rate among unresolved cases than is believed to be the case).

The Business Office Method. Because of growing concern that the CASRO method may overestimate the proportion of undetermined telephone numbers that are residential, some survey organizations contact telephone business offices to determine the residency of a sample of unresolved numbers. The percentage of unresolved numbers estimated as residential according to this method is the ratio of the number of telephone numbers the business office has resolved as residential to the total number of telephone numbers resolved by the business office. This approach has been used by the National Household Education Survey (Brick and Broene 1997), the National Immunization Survey (NIS) (Shapiro et al. 1995), and the first round of the National Survey of American Families (Brick et al. 1998). Although evidence shows that the business office method also overestimates the fraction of telephones that are residential (Shapiro et al. 1995), this approach often yields a slightly lower residential rate than does the CASRO method.

The main drawback of the business office method is poor cooperation rates by business offices. We attempted to contact business offices for the first round of the CTS, but the response was too low to use for estimation purposes. Instead, we used the results of calls made to telephone business offices by the NIS to estimate residency for three classes of telephone numbers with undetermined residency: (1) ring, no answers; (2) mechanical answering devices; (3) and telephone numbers for which contact was made but residency was not determined (a very small group).[2] Using NIS data, we estimated that 27 percent of the "ring, no answers" were residences; for telephone numbers with a final disposition of mechanical answering devices (no

[2] We used the NIS rather than the NHES data because the sample size was much larger; the first round of the NSAF used a blend of NIS and NHES data.

personal contact), we estimated that 72 percent were residences, and for telephone numbers for which a contact was made but residency was not determined, we estimated that 88 percent were residential.

The weaknesses of this method are that it requires substantial resources, and business office cooperation is unpredictable and varies by office. Reliance on NIS data from 1995 for national surveys becomes increasingly problematic over time since these results are now several years old.

The Survival Analysis Method. The third method, developed by Brick et al. (2002) estimates the residency rate by modeling the "time to resolution" in the same way that one would model the "time until death" in a biostatistical setting. This approach assumes that there is a distribution of the number of attempts made to resolve a case, rather than a designated maximum number of attempts for all cases. In this method, each call attempt is considered a "trial," and the numbers designated as residential, non-residential, and unresolved at each attempt are incorporated into the model. Note that unresolved cases are assigned a final status when no further attempts will be made; this is the equivalent of a censored observation in biostatistical terminology. Out of this model is generated an overall residency rate and a residency rate among unresolved cases, which is applied to the Group 4 telephone numbers as part of the response rate calculation. In contrast to the business office method, this approach does not require data from external sources and is portable across studies because the percentage residential is estimated from each survey. While theoretically appealing, the approach is sensitive to modeling assumptions (discussed below).

B. RESULTS

We compared the two CASRO computation procedures, the business office method, and the survival method and have summarized our unweighted and weighted results for household level

RDD response rates in Tables E.1 and E.2, respectively. Residency is determined for households prior to computing FIU level response rates, so the residency imputation method has no further impact on FIU response rates.

For the overlap sample, the two CASRO methods result in the same weighted household response rates (63.9 percent), the business office method increases the response rate to 64.4 percent, and the survival method to 66 percent. The two CASRO approaches were identical for the overlap sample because there were no group 2 cases in the overlap sample (telephone number resolved as a business number or a non-working number using Genesys-ID or Genesys-ID-Plus screening procedure before being released to the telephone operations center).

Combining new and old working banks used to sample telephone numbers for the first time in Round Three, the survival (53.5 percent) and CASRO2 methods (53.8 percent) result in slightly higher response rates than the business office method (52.3 percent) or CASRO1 (49 percent).

Combining the overlap and new and old working bank samples, the RDD household level response rate was approximately the same for the CASRO2 (60.7 percent) and the business office method (60.5 percent). The CASRO1 method resulted in a response rate that was slightly lower (58.9 percent), and the survival method in the highest response rate (62.0 percent).

Although the survival method resulted in a higher response rate, we were concerned that the method was not robust and decided against using it despite its theoretical appeal. We had designed Round Three field operations so that we could mimic the assumptions required to compute residency using the survival analysis method, randomly varying the number of calls to resolve telephone numbers with no contact (ring no answers and mechanical answering devices) (see Brick et al. 2002). We also discussed estimation procedures with Westat statisticians who developed the procedure for the second round of the National Survey of American Families.

TABLE E.1

ROUND THREE RDD UNWEIGHTED HOUSEHOLD RESPONSE RATES
BY SAMPLE GROUP AND RESIDENCY ESTIMATION METHODS
(Percents)

	CASRO1 HHOLD UNWGTED RESP RATE	CASRO2 HHOLD UNWGTED RESP RATE	BUS OFF HHOLD UNWGTED RESP RATE	SURVIVAL HHOLD UNWGTED RESP RATE
Overlap				
1 - R2 Complete	77.1	77.2	77.7	78.5
2 - R2 Hard Refusal	21.5	21.6	21.8	22.3
3 - R2 Oth Nonresponse	29.3	32.6	30.1	32.8
4 - R2 Non-hhold	53.2	59.9	52.4	56.0
5 - R2 No Answer	19.0	27.0	21.3	25.3
6 - R2 Mech Ans Dev	33.6	37.0	36.5	44.8
Total R2 Noncomplete	39.0	42.3	39.2	41.5
Total Overlap	67.9	69.3	68.4	69.9
Non-Overlap				
7 – Old Working Banks	51.3	54.9	54.3	55.6
8 – New Working Banks	53.0	58.0	54.8	56.6
Total Old and New Working Banks	51.3	55.0	54.3	55.6
Total RDD	**61.7**	**64.1**	**63.2**	**64.7**

TABLE E.2

ROUND THREE RDD WEIGHTED HOUSEHOLD RESPONSE RATES
BY SAMPLE GROUP AND RESIDENCY ESTIMATION METHOD
(Percents)

	CASRO1 HHOLD WGTED RESP RATE	CASRO2 HHOLD WGTED RESP RATE	BUS OFF HHOLD WGTED RESP RATE	SURVIVAL HHOLD WGTED RESP RATE
Overlap				
1 - R2 Complete	78.6	78.6	79.3	80.1
2 - R2 Hard Refusalr	19.2	19.2	19.5	19.8
3 - R2 Oth Nonresp	24.4	24.4	25.3	27.4
4 - R2 Non-hhold	54.3	54.3	53.7	57.4
5 - R2 No Answer	18.7	18.7	18.8	22.1
6 - R2 Mech Ans Dev	30.1	30.1	32.0	41.5
Total R2 Noncomplete	35.1	35.1	35.3	37.3
Total Overlap	63.9	63.9	64.4	66.0
Non-Overlap				
7 - Old Working Banks	49.0	53.9	52.4	53.6
8 - New Working Banks	48.9	53.0	50.7	52.3
Total Old and New Working Banks	49.0	53.8	52.3	53.5
Total RDD	**58.9**	**60.7**	**60.5**	**62.0**

We calculated the survival method residency rate separately for (1) prior round completes, (2) prior round noncompletes, and (3) telephone numbers new to Round Three. Models were tested with different assumptions regarding whether dispositions that did not result in a confirmed residential contact were considered residential or treated as unresolved. In some cases interviewers noted that a telephone number was a "probable residence" or "residence," although some call attempts indicated the number may not have been a residential land line (codes of cell phone, fax, computer, modem, pager, etc.); other cases were coded as "mechanical answering devices." We compared CASRO2 and survival residency rates for unresolved telephone numbers using three sets of assumptions regarding the classification of cases as residential or unresolved (see Table E.3).[3]

Depending on how we classified residency for these ambiguous disposition codes, estimated residency rates for unresolved cases varied considerably for the survival method but were consistent for the CASRO2 method. We were concerned that estimates of residency, and consequently response rates, were too sensitive to small changes in assumptions affecting the calculation of residency for unresolved cases under the survival method.

A numeric example will illustrate why the percentage of unresolved telephone classified as residential under the survival method is so sensitive to slight changes in assumptions. This rate is calculated as the estimated number of unresolved cases that are thought to be residential, divided by the number of unresolved cases. The numerator is the total number of cases

[3] The model used for comparison to other residency estimation methods assumed that telephone numbers that reached a maximum limit without a confirmed residential contact, including those limited to mechanical answering devices, were unresolved and that those coded as "hung up during introduction," "privacy manager," "language barrier," and "effort ended" were classified as residential.

TABLE E.3

ESTIMATED RESIDENCY RATES FOR UNRESOLVED TELEPHONE NUMBERS

(Percents)

Status Code	Classification	Round 2 Complete		Round 2 Noncomplete		New to Round 3	
		CASRO2	Survival	CASRO2	Survival	CASRO2	Survival
First Set of Assumptions:							
Maximum calls – Residential	Residential						
Maximum calls – Probable residence	Residential	79.7	50.5	24.7	42.4	34.0	43.9
Mechanical answering device	Unresolved						
Second Set of Assumptions:							
Maximum calls – Residential	Unresolved						
Maximum calls – Probable residence	Unresolved	79.6	41.1	24.2	24.1	33.7	29.6
Mechanical answering device	Unresolved						
Third Set of Assumptions:							
Maximum calls – Residential	Residential						
Maximum calls – Probable residence	Residential	79.7	10.4	24.8	4.7	34.1	4.4
Mechanical answering device	Residential						

Note: The dominant class of ambiguous cases was maximum calls- probable residence (1,526-- 358 round 2 complete, 484 round 2 noncomplete, and 684 new to round 3). There were 287 telephone numbers coded maximum calls-residential (215 round 2 complete, 28 round 2 noncomplete, and 44 new to round 3). There were only 79 telephone numbers with a final disposition of mechanical answering device (12 round 2 complete, 26 round 2 noncomplete, and 41 new to round 3)

estimated to be residential (total sample size times the overall residency rate) minus the number of known residential cases. The calculation is sensitive to relatively small changes in the residency rate, the number of cases classified as residential, and the number of cases classified as unresolved.

For example, under the first set of assumptions in Table E.3 for telephone numbers new to round 3, the residency rate for unresolved cases was calculated as:

$$(3) \qquad R_{unresolved} = \frac{(.347)(46,659) - 14,817}{3,083} = 43.9\%$$

Under the second set of assumptions, which re-classifies the disposition codes "maximum calls –probable residence" and "maximum calls- residence" from residential to unresolved, the estimated residency rate for unresolved cases decreases from 43.9 percent to 29.6 percent:

$$(4) \qquad R_{unresolved} = \frac{(.334)(46,659) - 14,596}{3,304} = 29.6\%$$

In contrast, the residency rate for unresolved cases using the CASRO2 calculation method was virtually unchanged – from 34.0 percent with the first set of assumptions to 33.7 percent with the second. The residency rate for unresolved cases remained stable because the CASRO method calculates the residency rate for unresolved numbers directly (the number of residential cases divided by the number of resolved cases).

$$(5) \qquad R_{unresolved} = \frac{14,817}{14,817 + 28,759} \cong \frac{14,596}{14,596 + 28,759} \cong 34\%$$

We also have become increasingly concerned about continued use of the business office method because the estimates upon which it was based are several years old. When we were weighting the Round 3 household survey, we asked statisticians working on the National Immunization Survey whether they had contacted business offices more recently to update the

1995 estimates but were told they had not. Given our inability to obtain an acceptable cooperation rate from business offices and the lack of fresh data from other sources, we felt that continued reliance on NIS data was problematic.

The CASRO2 method of estimating residency for unresolved telephone numbers resulted in a response rate for the RDD sample that was very close to the business office and only slightly lower than the survival method, required few assumptions, and no external data. The key assumption required in using CASRO2 rather than CASRO1 is the inclusion of telephone numbers excluded by Genesys-ID and Genesys-ID-Plus screening in the denominator, which we believe is reasonable. Consequently we decided to use the CASRO2 procedure to estimate residency for Round Three response rates.

This represents a shift from Round Two when we used the business office method and Round One when we used CASRO1 to classify residency. For the first round of the CTS, fewer numbers were excluded using Genesys ID, and ID plus did not yet exist, so the current procedure is similar to the one used in Round One. We shifted to the business office method for Round Two because of growing concern that CASRO methods overestimated the percentage residential. We still share that concern, but are uncomfortable relying on data that are several years old. The survival method is theoretically appealing, but we are reluctant to use it because estimates are so sensitive to slight changes in assumptions.

APPENDIX F

DETAILED CTS ROUND THREE HOUSEHOLD SURVEY RESPONSE RATES

APPENDIX F.1

CTS ROUND 3 HOUSEHOLD SURVEY UNWEIGHTED RESPONSE RATES AT HOUSEHOLD LEVEL

R3 Site for Sample Selection (0-60)	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with undet elig	Inelig Phone	Screened out by Genesys	Undetermined Tel. Status: No Answer	Undetermined Tel. Status: Answ Dev.	Undetermined Tel. Status: Contact	Estd. Elig. Hholds	Hhold Response Rate
RDD Response Rates by Site											
National Supplement (outside 60)	2,611	43	28	991	1,702	2,868	518	4	154	3,837.31	68.04
Boston, MA PORTION	973	16	7	564	627	739	237	5	89	1,679.68	57.93
Cleveland-Lorain-Elyria, OH PMSA	954	8	5	483	548	1,008	208	4	58	1,543.62	61.80
Greenville-Spartanburg-Anderson, SC MSA	965	13	15	460	684	1,120	138	3	63	1,507.67	64.01
Indianapolis, IN MSA	923	12	8	455	582	835	190	3	41	1,463.82	63.05
Lansing-East Lansing, MI MSA	1,049	11	22	407	678	925	233	3	48	1,556.96	67.37
Little Rock-North Little Rock, AR MSA	1,090	15	20	361	841	1,378	168	0	52	1,528.94	71.29
Miami, FL PMSA	930	25	9	675	1,176	1,389	354	5	154	1,783.45	52.15
Newark, NJ PMSA	926	16	10	510	692	1,413	428	3	100	1,576.92	58.72
Orange County, CA PMSA	947	17	8	615	950	1,315	376	1	96	1,723.47	54.95
Phoenix-Mesa, AZ MSA	848	14	8	337	879	1,521	228	1	77	1,271.46	66.69
Seattle-Bellevue-Everett, WA PMSA	897	9	12	486	783	1,276	275	2	76	1,493.32	60.07
Syracuse, NY MSA	1,012	10	9	467	611	770	174	5	40	1,569.98	64.46
Atlanta, GA MSA	186	2	3	92	189	271	61	1	15	298.19	62.38
Augusta-Aiken, GA-SC MSA	221	3	1	89	150	253	32	0	10	325.37	67.92
Baltimore, MD PMSA	228	3	3	98	142	267	67	1	15	349.37	65.26
Bridgeport/Stamford/Danbury CT PMSAs	243	6	2	112	185	348	72	3	28	385.25	63.08
Chicago/Kenosha/Kankakee PMSAs	229	4	5	121	186	348	78	0	18	374.31	61.18
Columbus, OH MSA	273	4	6	94	157	352	53	3	14	390.62	69.89
Denver-Boulder-Greeley, CO CMSA	244	2	3	120	256	346	87	0	23	394.88	61.79
Detroit, MI PMSA	262	1	2	145	175	300	76	2	12	435.26	60.19
Greensboro-Winston-Salem-High Point, NC	239	1	0	97	155	251	47	1	10	357.73	66.81
Houston-Galveston-Brazoria, TX CMSA	242	2	2	140	278	314	90	1	22	419.71	57.66
Huntington-Ashland, WV-KY-OH MSA	251	1	2	88	117	184	25	0	10	351.35	71.44
Killeen-Temple, TX MSA	236	8	19	86	219	357	36	1	28	347.97	67.82
Knoxville, TN MSA	237	3	5	92	166	278	55	1	19	354.55	66.84
Las Vegas, NV-AZ MSA	235	4	3	112	204	317	73	0	17	367.50	63.95
Los Angeles-Long Beach, CA PMSA	231	3	6	152	235	506	88	1	32	405.81	56.92
Middlesex/Trenton PMSAs	238	1	1	107	132	354	85	0	20	372.72	63.85
Milwaukee-Racine, WI CMSA	254	1	2	79	146	260	39	0	18	348.95	72.79
Minneapolis-St. Paul, MN-WI MSA	280	0	3	54	256	351	40	0	6	341.99	81.87
Modesto, CA MSA	282	2	1	114	153	288	51	0	14	425.42	66.29
Nassau-Suffolk, NY PMSA	231	0	2	146	152	307	66	2	18	401.90	57.48
New York City	265	9	3	199	205	308	109	3	35	524.06	50.57
Philadelphia, PA-NJ PMSA	273	4	2	160	199	280	104	3	20	478.01	57.11
Pittsburgh, PA MSA	253	1	1	110	106	267	39	1	10	379.51	66.67
Portland-Salem, OR-WA CMSA	297	5	3	100	214	417	43	0	14	414.96	71.57
Riverside-San Bernardino, CA PMSA	261	3	3	126	184	380	57	0	23	410.36	63.60
Rochester, NY MSA	352	3	1	126	182	395	56	1	12	504.15	69.82
San Antonio, TX MSA	263	6	3	105	210	335	50	0	21	393.05	66.91
San Francisco, CA PMSA	212	0	2	147	214	471	89	0	25	378.70	55.98

APPENDIX F.1 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with undet elig	Inelig Phone	Screened out by Genesys	Undetermined Tel. Status: No Answer	Undetermined Tel. Status: Answ Dev.	Undetermined Tel. Status: Contact	Estd. Elig. Hholds	Hhold Response Rate
Santa Rosa, CA PMSA	235	4	2	136	149	284	47	0	13	387.48	60.65
Shreveport-Bossier City, LA MSA	257	5	1	96	189	323	50	0	9	375.20	68.50
St. Louis, MO-IL MSA	306	2	0	104	169	348	43	0	16	432.63	70.73
Tampa-St. Petersburg-Clearwater, FL MSA	272	6	3	134	276	309	88	7	22	451.07	60.30
Tulsa, OK MSA	282	5	4	115	252	431	54	1	20	420.90	67.00
Washington/Hagerstown PMSAs	246	2	4	111	158	358	78	2	16	385.45	63.82
West Palm Beach-Boca Raton, FL MSA	239	9	1	210	337	315	109	4	33	508.16	47.03
Worcester/Fitchburg PMSAs	259	2	2	130	126	253	39	1	12	409.08	63.31
Dothan, AL MSA	296	5	6	129	157	347	30	0	7	438.66	67.48
Terre Haute, IN MSA	245	1	7	106	267	526	48	0	14	365.66	67.00
Wilmington, NC MSA	231	4	2	93	175	329	64	2	12	347.04	66.56
Nonmetropolitan AL – AL5	310	5	2	99	117	347	33	0	8	431.15	71.90
Nonmetropolitan AR - AR3	356	5	2	83	192	414	52	0	10	463.07	76.88
Nonmetropolitan GA - GA7	208	7	0	99	142	222	39	0	6	324.10	64.18
Nonmetropolitan IL - IL1	265	5	1	100	167	521	38	0	6	374.57	70.75
Nonmetropolitan IN - IN4	254	0	1	104	134	337	42	0	4	368.72	68.89
Nonmetropolitan ME - ME1	275	1	1	60	95	255	39	0	4	348.69	78.87
Nonmetropolitan NC - NC5	272	4	2	77	239	420	65	0	24	377.26	72.10
Nonmetropolitan UT - UT1	364	1	1	72	194	426	45	0	8	452.73	80.40
Nonmetropolitan WA - WA5	291	2	2	101	173	441	52	0	12	411.26	70.76
RDD Response Rates by High/Low Intensity											
1-HIGH INTENSITY SITE	11,514	166	133	5,820	9,051	13,689	3,009	35	894	18,699.29	61.57
2-LOW INTENSITY SITE	12,481	157	133	5,370	8,875	16,311	2,823	42	765	19,004.51	65.67

	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with undet elig	Tele. Hhold	Undet if Tele. Hhold	Hot a Hhold	Undet if Hhold		Estd. Elig. Hholds	Hhold Response Rate
In-Person Response Rates by Site											
Boston, MA PORTION	21	0	0	4	182	89	36	0		35.75	58.74
Cleveland-Lorain-Elyria, OH PMSA	46	0	2	4	141	13	62	1		53.39	86.16
Greenville-Spartanburg-Anderson, SC MSA	69	1	1	5	717	17	147	2		76.70	89.97
Indianapolis, IN MSA	97	1	1	14	290	36	53	74		140.18	69.20
Lansing-East Lansing, MI MSA	20	0	0	8	251	16	23	0		29.61	67.55
Little Rock-North Little Rock, AR MSA	61	0	0	8	395	9	63	0		70.34	86.72
Miami, FL PMSA	37	0	1	2	479	2	26	26		40.96	90.34
Newark, NJ PMSA	80	2	0	0	47	72	14	0		127.77	62.61
Orange County, CA PMSA	11	1	0	1	639	45	14	0		13.90	79.15
Phoenix-Mesa, AZ MSA	76	0	0	0	202	2	5	0		76.55	99.29
Seattle-Bellevue-Everett, WA PMSA	47	1	0	14	198	116	40	201		132.98	35.34
Syracuse, NY MSA	30	0	0	3	302	18	202	0		34.77	86.27
In-Person Response Rates	595	6	5	63	3,843	435	685	304		832.88	71.44

APPENDIX F.1 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with undet elig	Inelig Phone	Screened out by Genesys	Undetermined Tel. Status			Estd. Elig. Hholds	Hhold Response Rate
							No Answer	Answ Dev.	Contact		
RDD Response Rates by Size of Site (Site Sample)											
1-LG MSA 3 MIL OR MORE	2,907	43	34	1,684	2,252	3,424	921	18	259	5,000.47	58.13
2-LG MSA 2-3 MIL	6,651	90	60	3,488	5,877	9,084	1,928	24	594	10,977.03	60.59
3-LG MSA 1-2 MIL	6,977	49	36	1,820	2,684	5,083	1,080	11	275	6,201.61	64.13
4-LG MSA <1 MIL	7,093	101	109	3,075	5,061	7,824	1,356	22	416	10,821.78	65.54
5-SM MSA	772	10	15	328	599	1,202	142	2	33	1,151.35	67.05
6-NON-MSA	2,595	30	12	795	1,453	3,383	405	0	82	3,551.55	73.07
RDD Response Rates for Site Sample											
1-SITE SAMPLE	23,995	323	266	11,190	17,926	30,000	5,832	77	1,659	37,703.80	63.64
RDD Response Rates by Sample Group											
1-R2 COMPLETE	15,735	135	70	3,797	4,636	567	356	13	573	20,389.66	77.17
2-R2 HARD REFUSR	479	28	8	1,637	555	181	66	22	53	2,221.80	21.56
3-R2 OTH NONRESP	142	11	14	301	262	1,065	85	0	72	435.70	32.59
4-R2-NON-HHOLD	1,803	40	77	883	5,727	10,197	2,005	3	269	3,011.21	59.88
5-R2 NO ANSWER	32	1	4	30	163	179	659	1	46	118.72	26.95
6-R2 MEC ANS DEV	72	1	1	64	124	81	131	0	72	194.36	37.04
7-RESIDUAL	8,031	144	112	5,286	7,560	19,239	2,878	40	686	14,631.34	54.89
8-NEW	312	6	8	183	601	1,359	170	2	42	538.31	57.96
RDD Response Rates for Noncomplete Overlap Cases	2,528	81	104	2,915	6,831	11,703	2,946	26	512	5,981.80	42.26
RDD Response Rates by Sample and Overlap Status											
1-OVERLAP	18,263	216	174	6,712	11,467	12,270	3,302	39	1,085	26,371.46	69.25
2-RESID/NEW	8,343	150	120	5,469	8,181	20,598	3,048	42	728	15,169.65	55.00
RDD Response Rates	26,606	366	294	12,181	19,628	32,868	6,350	81	1,813	41,541.1	64.05

APPENDIX F.2

CTS ROUND 3 HOUSEHOLD SURVEY UNWEIGHTED RESPONSE RATES AT FAMILY LEVEL

R3 Site for Sample Selection (0-60)	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Hhold Family) Response Rate
RDD Response Rates by Site						
National Supplement (outside 60)	3,095	184	35	3,279	94.39	64.22
Boston, MA PORTION	1,160	87	5	1,247	93.02	53.89
Cleveland-Lorain-Elyria, OH PMSA	1,137	73	7	1,210	93.97	58.07
Greenville-Spartanburg-Anderson, SC MSA	1,136	57	11	1,193	95.22	60.95
Indianapolis, IN MSA	1,104	43	6	1,147	96.25	60.69
Lansing-East Lansing, MI MSA	1,231	54	20	1,285	95.80	64.54
Little Rock-North Little Rock, AR MSA	1,288	59	13	1,347	95.62	68.17
Miami, FL PMSA	1,157	136	47	1,293	89.48	46.66
Newark, NJ PMSA	1,140	105	8	1,245	91.57	53.77
Orange County, CA PMSA	1,176	111	17	1,287	91.38	50.21
Phoenix-Mesa, AZ MSA	1,042	68	21	1,110	93.87	62.61
Seattle-Bellevue-Everett, WA PMSA	1,039	75	7	1,114	93.27	56.02
Syracuse, NY MSA	1,172	57	13	1,229	95.36	61.47
Atlanta, GA MSA	229	10	7	239	95.82	59.77
Augusta-Aiken, GA-SC MSA	260	16	3	276	94.20	63.98
Baltimore, MD PMSA	281	22	7	303	92.74	60.52
Bridgeport/Stamford/Danbury CT PMSAs	280	18	2	298	93.96	59.27
Chicago/Kenosha/Kankakee PMSAs	282	11	0	293	96.25	58.88
Columbus, OH MSA	328	19	1	347	94.52	66.06
Denver-Boulder-Greeley, CO CMSA	277	12	8	289	95.85	59.23
Detroit, MI PMSA	308	22	5	330	93.33	56.18
Greensboro-Winston-Salem-High Point, NC	284	13	1	297	95.62	63.89
Houston-Galveston-Brazoria, TX CMSA	289	16	4	305	94.75	54.63
Huntington-Ashland, WV-KY-OH MSA	304	10	0	314	96.82	69.16
Killeen-Temple, TX MSA	278	10	8	288	96.53	65.47
Knoxville, TN MSA	280	7	1	287	97.56	65.21
Las Vegas, NV-AZ MSA	285	23	2	308	92.53	59.17
Los Angeles-Long Beach, CA PMSA	289	23	0	312	92.63	52.73
Middlesex/Trenton PMSAs	291	15	1	306	95.10	60.72
Milwaukee-Racine, WI CMSA	307	7	1	314	97.77	71.17
Minneapolis-St. Paul, MN-WI MSA	323	10	1	333	97.00	79.41
Modesto, CA MSA	336	20	2	356	94.38	62.56
Nassau-Suffolk, NY PMSA	292	20	1	312	93.59	53.79
New York City	324	34	2	358	90.50	45.76
Philadelphia, PA-NJ PMSA	335	34	4	369	90.79	51.85
Pittsburgh, PA MSA	290	22	3	312	92.95	61.96
Portland-Salem, OR-WA CMSA	356	17	5	373	95.44	68.31
Riverside-San Bernardino, CA PMSA	323	20	2	343	94.17	59.89
Rochester, NY MSA	419	23	4	442	94.80	66.19
San Antonio, TX MSA	316	19	4	335	94.33	63.12
San Francisco, CA PMSA	255	37	3	292	87.33	48.89
Santa Rosa, CA PMSA	288	11	0	299	96.32	58.42
Shreveport-Bossier City, LA MSA	308	16	5	324	95.06	65.11
St. Louis, MO-IL MSA	359	10	3	369	97.29	68.81

APPENDIX F.2 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Hhold Family) Response Rate
Tampa-St. Petersburg-Clearwater, FL MSA	318	14	4	332	95.78	57.76
Tulsa, OK MSA	333	16	6	349	95.42	63.93
Washington/Hagerstown PMSAs	298	23	4	321	92.83	59.25
West Palm Beach-Boca Raton, FL MSA	278	14	4	292	95.21	44.78
Worcester/Fitchburg PMSAs	301	16	2	317	94.95	60.12
Dothan, AL MSA	335	15	4	350	95.71	64.59
Terre Haute, IN MSA	285	6	2	291	97.94	65.62
Wilmington, NC MSA	271	11	8	282	96.10	63.97
Nonmetropolitan AL - AL5	365	25	17	390	93.59	67.29
Nonmetropolitan AR - AR3	411	9	4	420	97.86	75.23
Nonmetropolitan GA - GA7	257	16	5	273	94.14	60.42
Nonmetropolitan IL - IL1	303	7	2	310	97.74	69.15
Nonmetropolitan IN - IN4	290	5	3	295	98.31	67.72
Nonmetropolitan ME - ME1	326	8	2	334	97.60	76.98
Nonmetropolitan NC - NC5	337	13	6	350	96.29	69.42
Nonmetropolitan UT - UT1	431	12	2	443	97.29	78.22
Nonmetropolitan WA - WA5	352	12	1	364	96.70	68.43
RDD Response Rates by High/Low Intensity						
1-HIGH INTENSITY SITE	13,782	925	175	14,707	93.71	57.70
2-LOW INTENSITY SITE	14,867	769	166	15,636	95.08	62.44
In-Person Response Rates by Site						
Boston, MA PORTION	36	1	0	37	97.30	57.16
Cleveland-Lorain-Elyria, OH PMSA	62	0	2	62	100.00	86.16
Greenville-Spartanburg-Anderson, SC MSA	95	1	1	96	98.96	89.03
Indianapolis, IN MSA	175	7	4	182	96.15	66.54
Lansing-East Lansing, MI MSA	25	0	1	25	100.00	67.55
Little Rock-North Little Rock, AR MSA	88	2	0	90	97.78	84.80
Miami, FL PMSA	68	0	0	68	100.00	90.34
Newark, NJ PMSA	121	3	6	124	97.58	61.10
Orange County, CA PMSA	19	0	0	19	100.00	79.15
Phoenix-Mesa, AZ MSA	138	1	0	139	99.28	98.57
Seattle-Bellevue-Everett, WA PMSA	49	0	1	49	100.00	35.34
Syracuse, NY MSA	49	2	2	51	96.08	82.89
In-Person Response Rates	925	17	17	942	98.2	70.15
RDD Response Rates by Size of Site (Site Sample)						
1-LG MSA 3 MIL OR MORE	3,514	260	31	3,774	93.11	54.13
2-LG MSA 2-3 MIL	8,014	593	128	8,607	93.11	56.42
3-LG MSA 1-2 MIL	4,800	298	34	5,098	94.15	60.38
4-LG MSA <1 MIL	8,358	404	92	8,762	95.39	62.52
5-SM MSA	891	32	14	923	96.53	64.73
6-NON-MSA	3,072	107	42	3,179	96.63	70.61

APPENDIX F.2 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Hhold Family) Response Rate
RDD Response Rates for Site Sample						
1-SITE SAMPLE	28,649	1,694	341	3,0343	94.42	60.09
RDD Response Rates by Sample Group						
1-R2 COMPLETE	18,850	919	189	19,769	95.35	73.58
2-R2 HARD REFUSR	561	61	5	622	90.19	19.44
3-R2 OTH NONRESP	162	30	3	192	84.38	27.50
4-R2 NON-HHOLD	2,169	153	45	2,322	93.41	55.93
5-R2 NO ANSWER	33	7	0	40	82.50	22.24
6-R2 MEC ANS DEV	78	5	0	83	93.98	34.81
7-RESIDUAL	9,525	689	126	10,214	93.25	51.19
8-NEW	366	14	8	380	96.32	55.82
RDD Response Rates for Noncomplete Overlap Cases	3,003	256	53	3,259	92.14	38.94
RDD Response Rates by Sample and Overlap Status						
1-OVERLAP	21,853	1,175	242	23,028	94.90	65.72
0-RESID/NEW	9,891	703	134	10,594	93.36	51.35
RDD Response Rates	31,744	1,878	376	33,622	94.41	60.47

APPENDIX F.3

CTS ROUND 3 HOUSEHOLD SURVEY WEIGHTED RESPONSE RATES AT HOUSEHOLD LEVEL

R3 Site for Sample Selection (0-60)	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened out by Genesys	Undetermined Tel. Status			Estd. Elig. Hholds	Hhold Response Rate
							No Answer	Answ. Dev.	Contact		
RDD Response Rates by Site											
National Supplement (outside 60)	45,508,479.05	867,113.98	624,973.78	22,569,391.72	35,820,332.89	88,169,131.13	12,965,057.90	70,185.97	3,374,404.19	73,584,622.97	61.85
Boston, MA PORTION	1,635,150.86	30,847.92	14,520.82	1,119,375.87	1,224,107.02	1,046,752.52	546,219.09	9,902.26	188,633.05	3,093,721.72	52.85
Cleveland-Lorain-Elyria, OH PMSA	1,473,231.10	13,280.48	9,012.31	911,934.14	958,623.76	805,107.07	422,184.47	8,845.35	104,831.11	2,623,482.77	56.16
Greenville-Spartanburg-Anderson, SC MSA	1,547,270.97	24,489.45	27,980.00	851,220.92	1,204,553.51	357,109.69	280,142.31	6,960.14	109,745.20	2,605,976.08	59.37
Indianapolis, IN MSA	1,476,328.99	21,505.19	16,391.60	840,624.30	1,074,626.29	564,276.26	409,097.98	6,340.66	78,619.43	2,518,457.99	58.62
Lansing-East Lansing, MI MSA	1,227,877.37	14,494.14	28,569.30	567,501.02	882,375.90	126,703.50	350,947.06	4,715.73	58,980.18	1,980,738.08	61.99
Little Rock-North Little Rock, AR MSA	1,429,484.61	21,984.62	30,996.51	560,802.40	1,210,558.24	223,665.90	271,839.44	0.00	79,970.02	2,168,248.12	65.93
Miami, FL PMSA	1,097,555.48	32,669.67	12,561.44	901,045.54	1,551,901.98	660,082.25	542,240.30	6,456.56	206,996.94	2,294,687.87	47.83
Newark, NJ PMSA	1,214,940.59	28,400.33	14,906.26	800,882.44	1,075,939.89	930,350.80	750,182.31	4,491.50	153,372.45	2,302,387.06	52.77
Orange County, CA PMSA	1,450,594.91	27,755.85	13,819.74	1,123,241.79	1,735,933.82	823,965.50	766,525.13	3,012.16	176,018.75	2,964,394.08	48.93
Phoenix-Mesa, AZ MSA	1,242,880.73	21,585.71	11,606.71	570,799.03	1,464,743.17	1,332,806.64	426,392.18	2,513.57	135,126.54	2,022,112.10	61.46
Seattle-Bellevue-Everett, WA PMSA	1,537,270.89	15,877.85	21,755.99	948,436.83	1,523,132.62	857,164.89	593,484.44	5,562.01	152,191.86	2,789,856.46	55.10
Syracuse, NY MSA	1,363,085.57	17,075.85	14,333.46	732,813.45	923,407.07	183,238.58	322,112.72	7,668.70	61,495.33	2,288,515.65	59.56
Atlanta, GA MSA	319,157.64	3,845.13	4,577.83	178,737.64	411,771.38	1,778,277.48	146,224.38	1,455.62	24,500.17	530,010.89	60.22
Augusta-Aiken, GA-SC MSA	239,385.36	4,111.93	1,206.49	118,259.32	196,718.81	165,268.24	46,746.46	0.00	11,102.40	380,841.74	62.86
Baltimore, MD PMSA	211,223.26	3,067.45	3,292.81	111,762.35	155,641.01	1,060,879.60	86,848.92	1,649.72	15,464.85	350,473.86	60.27
Bridgeport/Stamford/Danbury CT PMSAs	375,511.53	9,620.52	3,849.10	203,318.03	343,607.69	373,957.28	156,323.25	6,527.81	55,465.16	649,736.56	57.79
Chicago/Kenosha/Kankakee PMSAs	555,958.64	9,715.40	14,352.74	374,556.83	528,779.29	3,401,728.46	268,889.45	0.00	61,706.72	998,276.17	55.69
Columbus, OH MSA	343,148.59	4,517.50	8,131.21	134,515.48	226,973.14	659,684.87	88,200.33	5,560.51	21,210.71	513,601.86	66.81
Denver-Boulder-Greeley, CO CMSA	310,167.60	3,390.87	4,334.45	179,409.61	366,767.04	813,858.18	141,814.65	0.00	32,909.63	533,155.22	58.18
Detroit, MI PMSA	375,968.64	1,642.19	2,979.85	242,316.18	286,183.86	1,234,665.45	141,496.14	3,361.95	19,462.24	660,619.87	56.91
Greensboro-Winston-Salem-High Point, NC	401,719.35	1,512.17	0.00	198,197.57	305,158.07	483,615.15	105,135.61	1,512.17	21,827.89	650,313.14	61.77
Houston-Galveston-Brazoria, TX CMSA	338,317.35	3,020.32	2,620.89	222,597.81	439,936.45	1,152,467.91	162,987.92	1,616.93	35,026.34	609,157.24	55.54
Huntington-Ashland, WV-KY-OH MSA	318,245.49	1,451.77	2,727.58	138,495.21	168,678.63	99,304.24	42,673.15	0.00	13,975.39	478,712.57	66.48
Killeen-Temple, TX MSA	302,741.84	11,976.66	27,354.38	122,310.33	326,095.26	117,599.15	56,415.16	2,008.38	39,030.13	469,486.02	64.48
Knoxville, TN MSA	363,716.28	5,544.35	7,496.44	165,862.72	296,268.58	303,480.07	109,124.87	1,369.59	34,094.08	582,792.93	62.41
Las Vegas, NV-AZ MSA	391,982.25	6,679.22	5,690.68	224,577.41	391,415.15	571,680.21	160,701.04	0.00	31,436.16	664,837.54	58.96
Los Angeles-Long Beach, CA PMSA	546,589.54	7,514.72	15,827.99	413,093.63	631,945.34	3,286,884.34	271,908.96	4,658.59	92,232.26	1,025,234.28	53.31
Middlesex/Trenton PMSAs	340,603.42	2,713.88	1,754.67	189,695.69	224,962.95	673,616.35	164,861.49	0.00	35,744.46	577,203.42	59.01
Milwaukee-Racine, WI CMSA	375,291.74	1,662.89	3,325.77	140,467.20	248,383.46	690,341.64	77,489.05	0.00	32,135.52	539,679.07	69.54

APPENDIX F.3 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened out by Genesys	Undetermined Tel. Status			Estd. Elig. Hholds	Hhold Response Rate
							No Answer	Answ. Dev.	Contact		
Minneapolis-St. Paul, MN-WI MSA	333,399.31	0.00	3,952.10	77,878.24	355,264.28	1,174,842.15	62,587.89	0.00	8,027.14	421,686.55	79.06
Modesto, CA MSA	370,549.82	2,667.73	1,244.93	179,322.11	222,385.29	139,530.22	90,805.91	0.00	20,521.16	611,233.98	60.62
Nassau-Suffolk, NY PMSA	287,781.42	0.00	3,297.52	230,016.01	227,992.72	1,141,838.86	112,711.30	2,956.91	24,965.28	549,686.83	52.35
New York City	556,041.38	22,593.75	7,311.80	493,224.22	499,003.46	1,729,780.37	300,800.18	6,982.11	85,421.31	1,153,246.11	48.22
Philadelphia, PA-NJ PMSA	462,023.30	7,762.77	4,129.23	308,105.61	381,754.06	1,307,439.90	224,735.97	5,605.49	41,796.65	834,933.09	55.34
Pittsburgh, PA MSA	350,106.06	1,362.15	1,773.63	187,382.56	175,726.07	1,034,926.34	73,757.76	2,502.64	14,822.71	558,847.18	62.65
Portland-Salem, OR-WA CMSA	444,379.86	10,171.63	4,927.19	178,946.69	359,834.67	1,003,536.20	83,290.12	0.00	24,353.63	659,564.12	67.37
Riverside-San Bernardino, CA PMSA	344,860.11	4,172.11	4,209.01	194,866.58	275,969.58	987,203.67	94,270.61	0.00	37,041.37	568,115.03	60.70
Rochester, NY MSA	253,520.73	2,038.92	831.81	110,970.14	155,000.25	405,955.55	57,700.23	1,352.72	10,264.44	390,101.92	64.99
San Antonio, TX MSA	317,020.77	7,387.91	3,726.27	145,770.27	290,307.70	569,216.95	77,553.47	0.00	29,554.82	499,079.13	63.52
San Francisco, CA PMSA	265,549.92	0.00	3,729.63	217,028.94	306,369.70	975,805.87	146,677.43	0.00	35,115.42	529,066.59	50.19
Santa Rosa, CA PMSA	325,939.86	5,717.21	3,155.60	228,001.78	248,587.71	179,248.57	89,190.24	0.00	22,643.10	586,740.59	55.55
Shreveport-Bossier City, LA MSA	336,936.81	6,818.44	1,457.35	145,722.81	278,516.23	156,065.13	83,522.02	0.00	15,688.88	528,484.03	63.76
St. Louis, MO-IL MSA	356,173.31	3,450.58	0.00	140,921.27	239,964.03	1,057,380.49	67,630.50	0.00	21,631.13	529,303.40	67.29
Tampa-St. Petersburg-Clearwater, FL MSA	436,653.64	11,910.17	5,020.07	251,402.71	488,146.49	701,636.25	174,567.57	14,494.75	40,579.14	777,488.63	56.16
Tulsa, OK MSA	308,198.95	5,775.57	5,959.51	149,197.76	312,591.33	361,738.26	75,640.69	1,217.73	23,535.48	488,931.48	63.04
Washington/Hagerstown PMSAs	467,632.21	5,875.05	8,853.12	241,587.26	353,119.92	2,206,683.06	191,693.07	7,756.17	34,623.19	771,564.46	60.61
West Palm Beach-Boca Raton, FL MSA	344,867.67	14,456.82	1,663.74	360,136.59	551,943.58	293,227.16	197,444.88	6,788.68	55,136.69	811,541.84	42.50
Worcester/Fitchburg PMSAs	274,855.88	2,915.78	2,257.39	164,635.21	156,208.34	244,559.00	55,800.36	1,248.33	14,875.55	471,641.21	58.28
Dothan, AL MSA	963,896.32	17,584.38	20,080.99	478,516.55	567,481.29	51,354.86	125,269.40	0.00	22,984.19	1,518,780.71	63.47
Terre Haute, IN MSA	663,782.42	2,968.05	21,263.07	343,375.77	841,809.63	71,409.23	164,417.23	0.00	40,196.51	1,082,274.26	61.33
Wilmington, NC MSA	1,327,940.73	29,879.66	25,811.74	617,676.13	1,126,812.53	120,911.07	475,144.81	11,887.06	81,371.14	2,192,454.06	60.57
Nonmetropolitan AL - AL5	846,807.98	18,302.78	5,817.68	348,368.55	370,765.90	37,029.82	123,748.50	0.00	25,854.51	1,306,015.55	64.84
Nonmetropolitan AR - AR3	990,066.35	14,625.76	6,055.53	289,964.28	607,244.97	377,224.46	191,523.46	0.00	34,236.93	1,387,548.00	71.35
Nonmetropolitan GA - GA7	799,998.99	34,694.77	0.00	474,633.09	658,109.75	349,412.22	213,361.54	0.00	28,067.90	1,373,078.63	58.26
Nonmetropolitan IL - IL1	841,622.91	18,432.15	4,120.22	383,764.08	646,966.52	219,364.02	168,081.81	0.00	26,363.85	1,298,318.79	64.82
Nonmetropolitan IN - IN4	698,886.33	0.00	3,083.17	355,697.87	434,981.71	96,920.45	157,877.23	0.00	13,033.54	1,124,952.24	62.13
Nonmetropolitan ME - ME1	1,281,605.82	5,317.15	6,122.41	316,389.52	539,646.31	273,931.71	249,979.62	0.00	24,474.39	1,713,399.31	74.80
Nonmetropolitan NC - NC5	857,378.50	16,900.96	6,813.20	272,101.83	854,471.35	208,997.66	257,723.47	0.00	93,078.99	1,283,061.33	66.82
Nonmetropolitan UT - UT1	1,202,060.83	4,111.93	4,111.93	276,891.39	730,022.49	156,191.23	208,587.34	0.00	30,172.86	1,595,714.72	75.33
Nonmetropolitan WA - WA5	1,190,205.40	8,460.12	9,937.07	494,551.56	802,706.94	219,575.99	282,828.07	0.00	62,483.52	1,867,003.21	63.75
RDD Response Rates by High/Low Intensity											
1-HIGH INTENSITY SITE	16,695,672.07	269,967.06	216,454.15	9,928,677.73	14,829,903.27	7,911,223.60	5,681,367.42	66,468.64	1,505,980.85	29,652,577.99	56.30
2-LOW INTENSITY SITE	24,610,472.16	368,341.25	290,239.79	1,2015,220.39	19,608,990.89	34,720,245.34	7,106,763.49	92,513.86	1,620,239.54	39,697,989.33	61.99

APPENDIX F.3 *(continued)*

	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Telephone Hhold	Undet if Telephone Hhold	Not a Hhold	Undet if Hhold	Estd. Elig. Hholds	Hhold Response Rate
In-Person Response Rates by Site										
Boston, MA PORTION	21,439.73	0.00	0.00	16,680.78	685,550.89	264,172.71	73,288.51	0.00	52,036.21	41.20
Cleveland-Lorain-Elyria, OH PMSA	69,299.04	0.00	3,775.35	13,804.76	304,027.06	34,312.86	86,825.06	3,899.05	90,305.09	76.74
Greenville-Spartanburg-Anderson, SC MSA	240,990.69	3,056.10	6,787.79	16,290.85	2,932,599.71	54,609.11	543,570.80	4,220.10	264,626.12	91.07
Indianapolis, IN MSA	236,516.90	3,899.45	1,715.02	31,793.93	864,145.81	107,543.57	139,980.57	90,852.43	317,205.78	74.56
Lansing-East Lansing, MI MSA	130,821.88	0.00	0.00	58,153.34	1,684,703.76	96,593.43	143,513.49	0.00	198,717.43	65.83
Little Rock-North Little Rock, AR MSA	136,629.84	0.00	0.00	16,976.00	964,799.09	16,240.97	146,574.22	0.00	155,836.43	87.68
Miami, FL PMSA	238,701.61	0.00	6,566.06	18,228.41	2,944,643.03	13,196.67	174,142.26	163,019.65	269,859.53	88.45
Newark, NJ PMSA	226,596.03	7,018.59	0.00	0.00	165,163.93	214,173.02	26,660.86	0.00	359,082.62	63.10
Orange County, CA PMSA	37,993.47	4,049.11	0.00	1,866.87	2,209,852.89	164,751.94	39,229.63	0.00	47,119.27	80.63
Phoenix-Mesa, AZ MSA	181,367.78	0.00	0.00	0.00	519,536.10	7,444.19	15,675.92	0.00	183,294.05	98.95
Seattle-Bellevue-Everett, WA PMSA	140,214.79	4,762.74	0.00	43,446.16	1,057,274.15	536,347.02	171,811.38	490,343.55	337,198.41	41.58
Syracuse, NY MSA	69,601.52	0.00	0.00	5,329.86	918,536.25	50,051.22	511,454.45	0.00	78,706.44	88.43
In-Person Response Rates	1,730,173.29	22,785.99	18,844.22	222,570.95	15,250,832.67	1,559,436.69	2,072,727.15	752,334.78	2,353,987.4	73.5

APPENDIX F.3 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened out by Genesys	Undetermined Tel. Status			Estd. Elig. Hholds	Hhold Response Rate
							No Answer	Answ. Dev.	Contact		
RDD Response Rates by Size of Site (Site Sample)											
1-LG MSA 3 MIL OR MORE	5,256,839.57	92,817.25	75,174.29	3,593,595.06	4,756,600.76	17,144,679.50	2,254,955.15	41,339.12	583,401.92	9,676,763.84	54.32
2-LG MSA 2-3 MIL	9,431,897.84	138,522.90	94,635.77	5,829,096.65	9,519,806.58	12,451,691.89	3,565,015.73	47,993.69	970,606.45	16,983,289.98	55.54
3-LG MSA 1-2 MIL	5,432,503.96	79,910.42	57,724.41	2,957,098.72	4,267,556.13	6,956,399.64	1,960,188.01	19,257.56	442,198.77	9,179,454.29	59.18
4-LG MSA <1 MIL	9,520,650.27	155,780.04	165,942.47	4,912,177.07	7,713,911.32	3,896,375.20	2,389,429.55	38,505.08	647,694.91	15,768,458.40	60.38
5-SM MSA	2,955,619.47	50,432.09	67,155.80	1,439,568.45	2,536,103.45	243,675.16	764,831.44	11,887.06	144,551.85	4,793,509.03	61.66
6-NON-MSA	8,708,633.11	120,845.61	46,061.20	3,212,362.17	5,644,915.93	1,938,647.56	1,853,711.03	0.00	337,766.49	12,949,091.78	67.25
RDD Response Rates for Site Sample											
1-SITE SAMPLE	41,306,144.22	638,308.31	506,693.94	21,943,898.12	34,438,894.17	42,631,468.94	12,788,130.91	158,982.51	3,126,220.39	69,350,567.31	59.56
RDD Response Rates by Sample Group											
1-R2 COMPLETE	51,013,954.16	522,993.70	194,423.26	10,948,380.63	14,584,806.44	566.77	1,235,777.85	66,455.58	1,704,062.43	64,867,672.04	78.64
2-R2 HARD REFUSR	2,747,659.68	219,649.98	103,855.12	11,123,605.49	3,561,799.99	281.33	371,085.95	59,286.32	313,232.25	14,280,613.66	19.24
3-R2 OTH NONRESP	505,581.58	89,208.62	114,685.71	1,439,777.48	1,043,963.82	1,599.87	371,325.68	0.00	295,294.58	2,073,883.95	24.38
4-R2 NON-HHOLD	7,734,026.20	222,126.89	278,341.26	3,473,370.41	23,487,462.68	15,295.54	8,087,779.75	26,144.26	1,145,440.18	14,246,753.74	54.29
5-R2 NO ANSWER	201,968.28	2,717.77	41,570.05	162,463.80	1,063,421.42	536.52	3,927,066.24	2,502.64	238,111.88	1,081,419.78	18.68
6-R2 MEC ANS DEV	458,048.18	2,049.39	2,050.35	388,409.84	698,619.97	239.01	898,676.08	0.00	538,628.91	1,521,123.86	30.11
7-RESIDUAL	22,558,508.51	420,149.95	360,395.43	15,865,428.22	22,691,160.64	125,330,544.20	9,892,350.48	72,064.32	2,030,639.68	41,851,637.07	53.90
8-NEW	1,594,876.68	26,525.98	36,346.55	1,111,853.97	3,127,992.09	5,451,536.83	969,126.78	2,715.35	235,214.66	3,012,086.19	52.95
RDD Response Rates for Noncomplete Overlap Cases	11,647,283.92	535,752.66	540,502.49	16,587,627.01	29,855,267.88	17,952.27	13,655,933.69	87,933.23	2,530,707.8	33,203,794.99	35.08
RDD Response Rates by Sample and Overlap Status											
1-OVERLAP	62,661,238.09	1,058,746.36	734,925.75	27,536,007.65	44,440,074.32	18,519.04	14,891,711.54	154,388.80	4,234,770.24	98,071,467.02	63.89
0-RESID/NEW	24,153,385.19	446,675.93	396,741.97	16,977,282.19	25,819,152.73	130,782,081.03	10,861,477.26	74,779.67	2,265,854.34	44,863,723.26	53.84
RDD Response Rates	86,814,623.28	1,505,422.29	1,131,667.72	44,513,289.84	70,259,227.05	130,800,600.07	25,753,188.8	229,168.47	6,500,624.58	142,935,190.28	60.74

APPENDIX F.4

CTS ROUND 3 HOUSEHOLD SURVEY WEIGHTED RESPONSE RATES AT FAMILY LEVEL

R3 Site for Sample Selection (0-60)	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Hhold Family) Response Rate
RDD Response Rates by Site						
National Supplement (outside 60)	53,927,460.13	3,308,170.62	613,426.34	57,235,630.74	94.22	58.27
Boston, MA PORTION	1,948,294.23	151,510.05	8,718.67	2,099,804.28	92.78	49.04
Cleveland-Lorain-Elyria, OH PMSA	1,753,645.11	112,295.92	10,561.61	1,865,941.04	93.98	52.78
Greenville-Spartanburg-Anderson, SC MSA	1,820,877.37	101,910.30	16,977.54	1,922,787.67	94.70	56.23
Indianapolis, IN MSA	1,765,191.88	72,371.39	10,543.51	1,837,563.27	96.06	56.31
Lansing-East Lansing, MI MSA	1,432,282.99	66,609.73	23,188.16	1,498,892.71	95.56	59.24
Little Rock-North Little Rock, AR MSA	1,687,516.02	86,234.27	17,376.27	1,773,750.29	95.14	62.72
Miami, FL PMSA	1,363,718.75	160,903.79	54,346.10	1,524,622.53	89.45	42.78
Newark, NJ PMSA	1,507,161.31	138,655.93	10,492.55	1,645,817.24	91.58	48.32
Orange County, CA PMSA	1,797,399.70	166,113.76	24,588.65	1,963,513.46	91.54	44.79
Phoenix-Mesa, AZ MSA	1,531,944.65	98,452.80	36,538.04	1,630,397.45	93.96	57.75
Seattle-Bellevue-Everett, WA PMSA	1,779,781.04	128,552.82	10,475.39	1,908,333.85	93.26	51.39
Syracuse, NY MSA	1,579,246.36	74,050.25	16,308.24	1,653,296.61	95.52	56.89
Atlanta, GA MSA	388,725.90	18,016.27	10,571.51	406,742.17	95.57	57.55
Augusta-Aiken, GA-SC MSA	287,889.51	16,113.80	3,792.78	304,003.31	94.70	59.53
Baltimore, MD PMSA	259,713.13	21,080.56	7,184.83	280,793.70	92.49	55.74
Bridgeport/Stamford/Danbury CT PMSAs	430,608.51	28,911.74	2,904.38	459,520.25	93.71	54.16
Chicago/Kenosha/Kankakee PMSAs	681,971.24	26,250.86	0.00	708,222.10	96.29	53.63
Columbus, OH MSA	416,149.19	25,417.76	1,475.01	441,566.95	94.24	62.97
Denver-Boulder-Greeley, CO CMSA	352,764.25	16,743.13	10,989.55	369,507.37	95.47	55.54
Detroit, MI PMSA	440,446.81	31,137.77	7,271.10	471,584.59	93.40	53.15
Greensboro-Winston-Salem-High Point, NC	480,075.76	21,511.62	1,516.27	501,587.38	95.71	59.12
Houston-Galveston-Brazoria, TX CMSA	403,808.22	23,789.03	5,349.27	427,597.25	94.44	52.45
Huntington-Ashland, WV-KY-OH MSA	382,419.04	11,795.08	0.00	394,214.12	97.01	64.49
Killeen-Temple, TX MSA	356,694.67	13,105.99	11,767.91	369,800.66	96.46	62.20
Knoxville, TN MSA	425,890.79	9,919.16	1,886.99	435,809.95	97.72	60.99
Las Vegas, NV-AZ MSA	474,359.08	39,225.10	4,337.65	513,584.17	92.36	54.46
Los Angeles-Long Beach, CA PMSA	682,254.31	54,461.00	0.00	736,715.31	92.61	49.37
Middlesex/Trenton PMSAs	414,513.25	21,393.11	1,329.63	435,906.36	95.09	56.11
Milwaukee-Racine, WI CMSA	451,014.64	12,439.47	1,366.77	463,454.11	97.32	67.67
Minneapolis-St. Paul, MN-WI MSA	387,379.15	11,573.94	3,259.52	398,953.09	97.10	76.77
Modesto, CA MSA	441,548.57	28,201.45	2,489.86	469,750.02	94.00	56.98
Nassau-Suffolk, NY PMSA	363,988.50	24,092.28	1,137.52	388,080.78	93.79	49.10
New York City	679,051.62	71,809.02	4,270.16	750,860.64	90.44	43.60
Philadelphia, PA-NJ PMSA	568,494.06	58,726.27	6,595.08	627,220.33	90.64	50.16
Pittsburgh, PA MSA	401,334.88	30,401.97	3,922.26	431,736.85	92.96	58.24
Portland-Salem, OR-WA CMSA	532,273.18	25,423.73	7,623.67	557,696.91	95.44	64.30
Riverside-San Bernardino, CA PMSA	427,388.81	27,262.07	2,513.42	454,650.88	94.00	57.06
Rochester, NY MSA	302,568.78	16,637.37	2,750.68	319,206.14	94.79	61.60
San Antonio, TX MSA	381,133.03	22,301.45	4,422.48	403,434.48	94.47	60.01
San Francisco, CA PMSA	318,701.32	46,104.70	5,214.69	364,806.03	87.36	43.85
Santa Rosa, CA PMSA	399,593.48	14,981.24	0.00	414,574.72	96.39	53.54
Shreveport-Bossier City, LA MSA	402,462.02	21,274.51	6,242.46	423,736.54	94.98	60.55
St. Louis, MO-IL MSA	415,842.41	11,385.77	3,581.78	427,228.18	97.33	65.50

APPENDIX F.4 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Hhold Family) Response Rate
Tampa-St. Petersburg-Clearwater, FL MSA	509,835.38	21,673.00	6,077.07	531,508.38	95.92	53.87
Tulsa, OK MSA	364,100.05	16,885.98	6,367.91	380,986.03	95.57	60.24
Washington/Hagerstown PMSAs	563,133.75	48,366.68	7,309.83	611,500.43	92.09	55.81
West Palm Beach-Boca Raton, FL MSA	401,478.79	19,480.43	5,510.40	420,959.22	95.37	40.53
Worcester/Fitchburg PMSAs	320,944.51	17,099.30	2,982.41	338,043.81	94.94	55.33
Dothan, AL MSA	1,089,010.52	47,054.11	12,783.92	1,136,064.62	95.86	60.84
Terre Haute, IN MSA	771,391.07	16,183.70	5,830.30	787,574.77	97.95	60.07
Wilmington, NC MSA	1,546,791.63	70,917.90	46,292.29	1,617,709.54	95.62	57.91
Nonmetropolitan AL - AL5	998,287.24	72,535.93	51,662.13	1,070,823.17	93.23	60.45
Nonmetropolitan AR - AR3	1,138,528.79	29,963.08	11,326.66	1,168,491.88	97.44	69.52
Nonmetropolitan GA - GA7	985,532.04	63,862.55	19,165.78	1,049,394.59	93.91	54.72
Nonmetropolitan IL - IL1	961,468.37	22,708.29	6,368.37	984,176.67	97.69	63.33
Nonmetropolitan IN - IN4	807,316.08	14,221.55	7,789.47	821,537.64	98.27	61.05
Nonmetropolitan ME - ME1	1,519,409.77	36,629.50	9,052.72	1,556,039.27	97.65	73.04
Nonmetropolitan NC - NC5	1,059,517.42	39,611.30	19,311.21	1,099,128.72	96.40	64.41
Nonmetropolitan UT - UT1	1,418,890.56	39,620.40	6,337.77	1,458,510.96	97.28	73.28
Nonmetropolitan WA - WA5	1,439,155.09	51,013.08	3,790.51	1,490,168.17	96.58	61.57
RDD Response Rates by High/Low Intensity						
1-HIGH INTENSITY SITE	19,967,059.40	1,357,661.01	240,114.72	21,324,720.41	93.63	52.72
2-LOW INTENSITY SITE	29,245,849.18	1,429,313.98	353,725.98	30,675,163.17	95.34	59.11
In-Person Response Rates by Site						
Boston, MA PORTION	36,598.54	931.53	0.00	37,530.08	97.52	40.18
Cleveland-Lorain-Elyria, OH PMSA	94,565.81	0.00	5,029.29	94,565.81	100.00	76.74
Greenville-Spartanburg-Anderson, SC MSA	322,127.69	2,124.40	3,399.58	324,252.09	99.34	90.47
Indianapolis, IN MSA	418,320.54	11,449.06	9,000.74	429,769.60	97.34	72.58
Lansing-East Lansing, MI MSA	165,879.78	0.00	3,711.65	165,879.78	100.00	65.83
Little Rock-North Little Rock, AR MSA	206,809.59	2,499.18	0.00	209,308.77	98.81	86.63
Miami, FL PMSA	416,935.79	0.00	0.00	416,935.79	100.00	88.45
Newark, NJ PMSA	351,319.92	7,810.81	17,510.36	359,130.73	97.83	61.73
Orange County, CA PMSA	66,021.86	0.00	0.00	66,021.86	100.00	80.63
Phoenix-Mesa, AZ MSA	320,450.76	1,167.11	0.00	321,617.87	99.64	98.59
Seattle-Bellevue-Everett, WA PMSA	153,777.80	0.00	2,439.52	153,777.80	100.00	41.58
Syracuse, NY MSA	119,059.31	7,054.19	5,986.82	126,113.49	94.41	83.49
In-Person Response Rates	2,671,867.39	33,036.28	47,077.95	2,704,903.67	98.78	72.6
RDD Response Rates by Size of Site (Site Sample)						
1-LG MSA 3 MIL OR MORE	6,356,180.13	484,066.97	50,085.63	6,840,247.11	92.92	50.48
2-LG MSA 2-3 MIL	11,344,735.78	830,531.79	175,175.74	12,175,267.56	93.18	51.75
3-LG MSA 1-2 MIL	6,568,782.35	402,256.52	46,735.26	6,971,038.87	94.23	55.77
4-LG MSA <1 MIL	11,207,911.75	565,798.32	122,132.95	11,773,710.07	95.19	57.48
5-SM MSA	3,407,193.22	134,155.71	64,906.51	3,541,348.93	96.21	59.32
6-NON-MSA	10,328,105.37	370,165.68	134,804.61	10,698,271.04	96.54	64.93

APPENDIX F.4 *(continued)*

R3 Site for Sample Selection (0-60)	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Hhold Family) Response Rate
RDD Response Rates for Site Sample						
1-SITE SAMPLE	49,212,908.59	2,786,974.99	593,840.71	51,999,883.58	94.64	56.37
RDD Response Rates by Sample Group						
1-R2 COMPLETE	60,982,402.84	2,570,894.77	640,332.35	63,553,297.61	95.95	75.46
2-R2 HARD REFUSR	3,262,193.59	209,021.16	11,967.41	3,471,214.74	93.98	18.08
3-R2 OTH NONRESP	580,660.01	82,938.88	10,041.21	663,598.88	87.50	21.33
4-R2 NON-HHOLD	9,275,006.07	784,677.82	177,798.87	10,059,683.89	92.20	50.05
5-R2 NO ANSWER	204,367.99	89,413.46	0.00	293,781.45	69.56	12.99
6-R2 MEC ANS DEV	513,795.43	45,097.64	0.00	558,893.08	91.93	27.68
7-RESIDUAL	26,496,367.51	2,206,911.53	345,194.90	28,703,279.04	92.31	49.76
8-NEW	1,825,575.28	106,190.35	21,932.32	1,931,765.63	94.50	50.04
RDD Response Rates for Noncomplete Overlap Cases	13,836,023.08	1,211,148.96	199,807.48	15,047,172.04	91.95	32.25
RDD Response Rates by Sample and Overlap Status						
1-OVERLAP	74,818,425.92	3,782,043.73	840,139.83	78,600,469.65	95.19	60.82
0-RESID/NEW	28,321,942.79	2,313,101.88	367,127.22	30,635,044.66	92.45	49.77
RDD Response Rates	103,140,368.71	6,095,145.61	1,207,267.05	109,235,514.32	94.42	57.35