

Community Tracking Study
Household Survey Methodology Report
2003 (Round Four)

APPENDICES



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MATHEMATICA
Policy Research, Inc.

**Report on Survey
Methods for the
Community Tracking
Study's 2003 Round Four
Household Survey**

Final Appendices

March 28, 2005

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APPENDIX A

ROUND FOUR SURVEY INSTRUMENT

MPR Reference No.: 8881-340

MATHEMATICA
Policy Research, Inc.

**Community Tracking
Study Round 4 Household
Survey**

CATI Questionnaire

August 30, 2004

Community Tracking Study Round 4 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 the person number of the respondent.”

INTRODUCTIONS

REINTERVIEW SAMPLE

>pA0< Hello, this is [fill 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]. We recently mailed you a letter describing the survey. 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 \$[fill 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 3.....x [goto DEL2]
===>

FOR NEW SAMPLE (VERSION 1 — LETTER)

>paa2< Hello, this is [fill 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]
NO0 [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 [fill 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 check2 [goto pap3]
 - CALL BACK3 [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 0
====>

>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< Before we start this interview, is [phone number] used for . . .

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

a. **DEMOGRAPHICS AND SCREENING**

>test< **If new sample goto >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.

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 R3] 1
- [fill NAME][RELATIONSHIP][Sex][AGE AT R3] 2
- [fill NAME][RELATIONSHIP][Sex][AGE AT R3] 3
- [fill NAME][RELATIONSHIP][Sex][AGE AT R3] 4
- [fill NAME][RELATIONSHIP][Sex][AGE AT R3] 5
- [fill NAME][RELATIONSHIP][Sex][AGE AT R3] 6
- [fill NAME][RELATIONSHIP][Sex][AGE AT R3] 7
- [fill NAME][RELATIONSHIP][Sex][AGE AT R3] 8

ALL PREVIOUS HOUSEHOLD MEMBERS
CONFIRMED OR DELETED g

R CLAIMS HOUSEHOLD NOT IN R3—NO MEMBERS
FROM ROUND 3 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 R3 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 R3 are offered in the table only to aid the interviewer in verifying the household composition relative to Round 3. 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 R3 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 R3	
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 1
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 2
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 3
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 4
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 5
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 6
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 7
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE AT R3]	..... 8
	ALL PREVIOUS HOUSEHOLD MEMBERS CONFIRMED.....				g
	RESPONDENT CLAIMS HOUSEHOLD NOT IN ROUND 32 - NO MEMBERS FROM ROUND 32 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 CONTINUEg [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 3 is confirmed as a current household member, goto >bmol<; else goto >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 R3] ..... 1
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 2
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 3
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 4
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 5
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 6
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 7
[fill NAME][RELATIONSHIP][Sex][AGE AT R3] ..... 8

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

```


>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) IF 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 KNOWd [goto age1]
====>

>byr1< [no erase]

|__|__| MONTH
(112)

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

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

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

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

18 OR OLDER a
LESS THAN 18 c
==>

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

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

MALE m
FEMALE f
==> [if age1 lt 23 goto col1; else goto grd1]

>col1< (Is [fill 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 [fill 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 KNOWd [goto age2]
====>

>byr2<

[no erase]

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

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

DON'T KNOWd [goto age2]
====> [goto SEX2]

>age2<

What is [fill 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 [fill 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
 - WIFE2
 - OWN SON/DAUGHTER.....3
 - ADOPTED SON/DAUGHTER¹ 13
 - STEP SON/DAUGHTER4
 - GRAND SON/DAUGHTER.....5
 - PARENT6
 - BROTHER/SISTER.....7
 - SON/DAUGHTER-IN-LAW.....8
 - MOTHER/FATHER-IN-LAW9
 - 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
 - NO0 [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
- ====>

¹Adopted 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.

²The 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 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 R3 child has been identified as an R4 FIU member and is under age 18.

IF YES: Select R3 child as R4 child and goto >resp<

IF > 1 R3 sampled child (due to FIU reformation), set a flag and pick one child of the flagged children at random.

IF NO: Sample new R3 child (demographics collected above) and goto >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 [fill PSU NAME] area at any time from August 2000 THROUGH September 2001?

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 August 2000 THROUGH September 2001?

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 2000 THROUGH September 2001?

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).

>last_ck<

Before we go any further, let's review the list I have of all of the household members.

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

THE HOUSEHOLD ROSTER CANNOT BE CHANGED AFTER THIS SCREEN

<n> OK AS IS
<c> CHANGE ROSTER

>resp<

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

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

===>

b. HEALTH INSURANCE

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

INTERVIEWER: NOTE ONLY ONE CHILD IS SELECTED PER FAMILY

READ IF NECESSARY: My name is [fill INTERVIEWER NAME]. I am calling about the Community Tracking Study. The purpose of the Community Tracking Study is to see how the shift to managed care and other health changes are affecting people in your community.

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 AND DO NOT INCLUDE MEDIGAP OR SUPPLEMENTAL INSURANCE FOR MEDICARE RECIPIENTS.

PROBES:

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

CODE ALL THAT APPLY

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

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

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

>b1b<

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

IF YES: Who is covered?

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

PROBES:

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

CODE ALL THAT APPLY

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

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

DON'T KNOW d
 REFUSED r

==>

>b1c<

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

IF YES: Who is covered?

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

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

CODE ALL THAT APPLY

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

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

- DON'T KNOW d
- REFUSED r

==>

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

IF YES: Who is covered?

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

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

CODE ALL THAT APPLY

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

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

DON'T KNOW d
REFUSED r

====>

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

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

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

====>

>b1ex<

IF STATE ONLY OFFERS MEDICAID: Are [fill 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 b1f1]

>b1ey<

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

CODE ALL THAT APPLY

Medicaid/fill STATE NAME 1 [goto b1e]
 fill STATE SPECIFIC PLANS, INCLUDING CHIP
 [BLANK IF NO STATE PROGRAM] 2 [goto b1h]

NO ONE COVERED/NO MORE CODES n [goto test b1f1]

SOMEONE COVERED, DON'T KNOW
 WHICH PLAN..... d [goto b1e];
 FOLLOW MEDICAID ATTRIBUTE SEQUENCE IF
 CAN'T IDENTIFY PROGRAM NAME, fill Medicaid.

REFUSED r [goto test b1f1]
 DELETE A CODE..... x
 ===>

>b1e<

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

CODE ALL THAT APPLY

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

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

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

>b1h<

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 [fill NAMES] covered by a health insurance plan that I have not mentioned. IF YES: What is the name of the plan?

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

DON'T KNOW d
REFUSED r

==>

>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), goto b2; ELSE, goto Test b401].**

>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, b1b OR b1c 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.

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

|__| PLANS
(1-3)

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

>b231<

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

In whose name is this plan?³

INTERVIEWER: CODE NON-SPECIFIED POLICYHOLDER 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
====>

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

>b2311< Is [fill POLICYHOLDER] a postal worker?

YES 1 [goto b2p1]
 NO 0

DON'T KNOW d
 REFUSED r

====> [goto b2312]

>b2312< Is [fill POLICYHOLDER] a federal government employee?

YES..... 1 [goto fed1@num1]
 NO 0 logic

DON'T KNOW d
 REFUSED r

====> [goto b2p1]

>b2p1@an< What is the name of [fill POLICYHOLDER]'s health insurance company or health plan?

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

>b2p1@nam< **INTERVIEWER: ENTER THE VERBATIM NAME OF THE HEALTH PLAN**

>TEST< IF b2311=1 OR b2312=1, goto fed1@num1, ELSE goto [STATENAME]1@NUM1

FEDERAL

>fed1@num1< What is the name of [fill POLICYHOLDER]'s health insurance plan?

INTERVIEWER : CODE PLAN; READ PLAN NAMES IF NECESSARY

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

PROGRAMMER NOTE: DISPLAY PLAN NAMES OFFERED POSTAL OR NON-POSTAL WORKERS IN THIS SITE, OR STATE IF PLAN IS OFFERED STATEWIDE. IF R. CAN'T SELECT A PLAN, THEN RECORD TEXT RESPONSE AS AN OTHER SPECIFY. IF RESPONSE TO B2312 IS D/R, THEN DISPLAY NON-POSTAL PLANS. NOTE THAT FEHBP LISTS INSURERS/PLANS AS A COMBINED ENTITY ON THE WEB SITE SO IT MAKES SENSE TO PRESENT PLANS TO FEDERAL EMPLOYEES AS THEY ARE OFFERED RATHER THAN SEPARATING INTO INSURER AND PLAN ITEMS AS WE DO FOR OTHER EMPLOYEES.

OTHER 99

DON'T KNOWd
REFUSED r

====> [goto test b221]

NON-FEDERAL:

>[STATENAME]1@NUM1<USE LIST BELOW TO CODE INSURER. PROBE: READ LIST IF NECESSARY. IF BLUE CROSS/BLUE SHIELD PROBE WITH HIGHLIGHTED INSURERS. PROGRAM TO DISPLAY VERBATIM FROM [STATENAME]p1 AND ALPHABETIZED LIST OF INSURERS, STAND ALONE PPOS AND TPAS OFFERED IN THIS SITE OR STATEWIDE ON A SINGLE SCREEN OR TWO SCREENS WITH INTERVIEWER ABLE TO SCROLL TO SECOND SCREEN.

IF RESPONSE IS A STAND ALONE PPO OR TPA, SINGLE PRODUCT HEALTH PLAN, OR UNSPECIFIED PLAN NAME, SKIP TO B2316; IF REFUSED, SKIP TO TESTB24; ELSE IF R. NAMED A MULTI-PRODUCT PLAN goto B2315. NOTE THAT THE DATABASE WILL IDENTIFY WHETHER AN INSURER OFFERS MULTIPLE PLANS IN THE R'S SITE.

HIGHLIGHT BLUE CROSS/BLUE SHIELD PLANS SINCE SOME MARKETS MAY HAVE MORE THAN ONE LICENSED PLAN.

>STATENAME]p1< Is [fill POLICYHOLDER]'s health plan from [fill NAME OF MULTI-PRODUCT INSURER FROM B2314IN] one of the following products?

INTERVIEWER: READ LIST OF PRODUCTS OFFERED BY THIS INSURER

DISPLAY LIST OF INSURANCE PRODUCTS OFFERED BY INSURER IN THIS SITE OR STATEWIDE.

>b221< **INTERVIEWER: CODE WHETHER DOCUMENT USED. [NO ERASE]**

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

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

>b241< Who is covered by [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 b2611]
NO0

DON'T KNOWd
REFUSED r
====> [goto b271]

>b2611< In order to get the best information possible about people's health insurance coverage, we need the name and address of the employer or union that provides this coverage.

PROBE IF RESPONDENT ASKS FOR ADDITIONAL INFORMATION ON WHY WE WANT EMPLOYER/UNION ADDRESS: We are trying to understand differences in insurance plans offered by employers and unions. Although we may try to contact your employer or union to learn more about your plan, we will not identify you by 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: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE. IF R. PROVIDES ADDRESS, ALSO ASK FOR PHONE NUMBER

>b6p1@nam<EMPLOYER NAME
>b6p1@ad<1ST STREET ADDRESS
>b6p1@ad2<2ND STREET ADDRESS
>b6p1@cit<CITY
>b6p1@st<STATE
>b6p1@zip<ZIP CODE
>b6p1@ac<AREA CODE
>b6p1@ex<EXCHANGE
>b6p1@num<TELEPHONE NUMBER

DON'T KNOWd
REFUSED r

TEST IF FEDERAL EMPLOYEE, goto b26a

>b26121< **INTERVIEWER: CODE WHETHER EMPLOYER OR UNION. IF UNSURE, ASK: Is [insert NAME] a union or employer?**

UNION 1
EMPLOYER 2

DON'T KNOW d
REFUSED r

==>

>b26a< Is information on this plan available in a booklet provided by [fill POLICYHOLDER's] employer or insurer?

YES 1
NO 0

DON'T KNOW d
REFUSED r

==>

>b26b< Is information on this plan available on a company Intranet or website that [fill POLICYHOLDER] can access from a computer?

YES 1
NO 0

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 [fill 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, if b251 <eq> 1 and policyholder is listed in b231, goto b3111; else, goto b331] NOTE THAT A POLICYHOLDER ONLY HAS TO BE LISTED IN B231; THE INFORMANT DOES NOT HAVE TO BE THE POLICYHOLDER.

>b31111< ESI PLANS:

For coverage through [fill EMPLOYER NAMED IN b2611], does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

PROBE: Do not include the cost of any copayments, coinsurance, or deductibles anyone in the family may have had to pay.

YES, PAY ALL OF PREMIUM/COST 1

YES, PAY SOME OF PREMIUM/COST 2

YES, BUT DON'T KNOW IF PAY ALL OR

SOME OF PREMIUM OR COST 3

NO, PAY NONE OF THE COST..... 0 [goto b331]

DON'T KNOW d [goto b331]

REFUSED r [goto b331]

====>

>b31121@at<How much is [fill POLICYHOLDER's NAME] premium for health insurance through ([fill EMPLOYER NAMED IN b261]/[his/her] employer)?

PROBE: Your best estimate of the amount [fill POLICYHOLDER NAME] pays for coverage each pay period would be fine.

NONE.....0

\$|_|_|_|_|_|

\$(10-9997) [goto b31121@p]

DON'T KNOWd

REFUSED r

====> [goto b331]

>b31121@p< **INTERVIEWER: CODE TIME PERIOD.**

WEEK 1

EVERY OTHER WEEK2

TWICE A MONTH3

MONTH.....4

QUARTER.....5

SEMI-ANNUAL.....6

ANNUAL7

====> [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 KNOWd

REFUSED r

====> [goto ngi1]

>b321<

INTERVIEWER: CODE TIME PERIOD.

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

>ngi1<

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

- YES 1
 - NO 0

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

>ngi2<

Do you have to pay a higher premium to cover any pre-existing medical conditions or health problems you or a family member has?

- YES 1
 - NO 0

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

>ngi3<

Did you or any family members have pre-existing conditions that are not covered by this policy?

- YES 1 [goto ngi4]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ===> [goto b331]

>ngi4< Which pre-existing conditions are not covered?

INTERVIEWER: RECORD VERBATIM

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

>b331< Does [fill 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 the 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
====>

⁴Substitute "members" if informant is not covered.

>b361< Is [fill 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 ([fill 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 ([fill 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 b232-b392 FOR SECOND PLAN; IF b2=3, ASK b233-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 POLICYHOLDER (b40) AND PERSONS COVERED (b1f1)] enroll in [fill 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 BELOW WITH * IN FRONT] 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 59ad]

[fill NAME] 2 [goto 59ad]

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 b1ex <eq> 1 or b1ey eq <1> or <d>) goto b64; else goto test b70.]

NOTE: Deleted b61, b62 and b63.

>b64<

Under (Medicaid/[fill 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 [fill STATE NAME]/Medicaid) in the past 12 months, that is, after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in ([fill 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 ([fill 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 ANY PERSON HAS NO PRIVATE PLAN BUT DOES HAVE A STATE PLAN, INCLUDING CHIP, OR OTHER PLAN. [IF b1a, b1b, and b1c ARE NOT COVERING PERSON i, AND PERSON i HAS COVERAGE BY b1h OR b1i1, FOR ANY PERSON i, goto b71; ELSE goto test b80].**

>b71< Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder⁵.

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

INTERVIEWER: CODE NON-SPECIFIC POLICYHOLDER 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

⁵ If not covered by state plans [B1H], and they are covered by an "other plan not mentioned," then the text from that other plan [B1H] is filled in b71, b77 and b78.

>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 [fill 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 [fill 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 FAMILY MEMBERS ARE UNINSURED, goto b80 FOR FIRST PERSON; ELSE goto TEST b85]**

>b79< Is family coverage offered under [fill POLICYHOLDER'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 POLICYHOLDER's] 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 b84a]

>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
- ==>

>b84a<

If [fill NAME] was sick and needed a lot of medical care, do you think you would be eligible for Medicaid [fill or NAME OF STATE PROGRAM]?

PROBE: Medicaid [and fill NAME OF STATE PROGRAM] are government programs that pay for health care.

YES..... 1

NO 0

DON'T KNOW d

REFUSED r

==>

REPEAT b80 - b84a FOR EACH CURRENTLY UNINSURED PERSON OR goto TEST B85.
CURRENTLY INSURED

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

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

INTERVIEWER: CODE ONLY ONE.

- Private insurance from an employer or union or directly purchased from an insurance company..... 1
 - [Medicaid/fill state name] 2
 - [fill state plan] 3
 - Champus, Champ-VA, Tricare or other military coverage 4
 - Indian health service 5
 - a different Medicare plan⁶ [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]

⁶Can 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) goto 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

- private insurance from an employer or union or directly purchased from an insurance company..... 1
- (Medicaid/[fill STATE NAME]) 2
- [fill STATE PLAN] 3
- CHAMPUS, CHAMP-VA, TRICARE or other military coverage 4
- Indian health service 5
- a different Medicare plan [SUPPRESS IF PERSON LT 65]..... 6
- or did (he/she/you) not have any health insurance coverage 0 [goto next insured person whose coverage began LT 12 months ago or test b90]

- DON'T KNOW d [goto next insured person whose coverage began LT 12 months ago or test b90]

- REFUSED r [goto next insured person whose coverage began LT 12 months ago or test b90]

- ====>

>test 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
NO0

DON'T KNOWd
REFUSEDr
==>

>test b882< [If b852 eq <1> and current coverage is private (bla, blb or blc) goto 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 CHANGED2
CURRENT PLAN IS LESS EXPENSIVE3
CURRENT PLAN HAS BETTER SERVICES:
PREFERRED DOCTORS, BETTER QUALITY,
CONVENIENT LOCATION, ETC.⁷4
OTHER [SPECIFY]5

DON'T KNOWd
REFUSEDr
==>

>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]
NO0

DON'T KNOWd
REFUSEDr
==> [goto test b902]

⁷Frequency for particular services is too low to justify burden and cost of separate coding.

>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 MONTHS0
- (1-30) 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 YEARS2
- 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.⁸

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 goto Module C; else, if R. reports Medicaid/CHIP and one private plan, store the private plan and goto Module C; else goto b96.**

>b961< Which of the following plans (do you/does [fill NAME]) use for all or most of (your/[fill 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

⁸Source: 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 [fill 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]
NO0

DON'T KNOWd
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 RESPONSESn
NEED TO DELETE A RESPONSE x

DON'T KNOWd
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 KNOWd
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])⁹. 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
==>

test goes before er1

⁹Delete 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 tester]

>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
==>

>tester<

IF c151 ge 1 OR c221 ge 1 OR c231 ge1, THEN goto er1; ELSE goto c311

>er1<

I would like you to think about (your/[fill NAME]'s) last visit to the emergency room. Did (you/[fill NAME]) go to the emergency room to treat an accident or injury or for some other health problem?

ACCIDENT OR INJURY 1
OTHER REASON 2 [goto er2]

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

>er2< What was the health problem?

RECORD VERBATIM

====>

>er3< Before going to the emergency room, (were you/was [fill NAME]) able to contact a doctor or other health professional about this problem?

YES..... 1 [goto er4]
NO 0

DON'T KNOW d
REFUSED r
====> [goto er5]

>er4< Did a doctor or other health professional tell (you/[fill NAME]) to go to the emergency room?

YES..... 1 [goto c311]
NO 0

DON'T KNOW d
REFUSED r
====> [goto er6]

>er5< Before going to the emergency room or calling for emergency medical assistance, did (you/[fill NAME]) try to see or call a doctor or other health professional about this problem?

YES..... 1
NO 0

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

>er6<

At the time (you/[fill NAME]) went to the emergency room, were there any places other than an emergency room where (you/[fill NAME]) could have gone to treat this problem?

- YES..... 1 [goto er7]
- NO 0

- DON'T KNOW d
- REFUSED r
- ====> [goto er9]

>er7<

Would that be a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, or some other place?

- DOCTOR'S OFFICE 1
- HMO..... 2
- HOSPITAL OUTPATIENT CLINIC 3
- OTHER CLINIC OR HEALTH CENTER 4
- SOME OTHER PLACE..... 5

- DON'T KNOW d [goto tester 9]
- REFUSED r [goto tester 9]
- ====>

>er8<

Why did you decide to go to the emergency room instead of [fill PLACE IN er7]?

- CLOSED 1
- TOO FAR AWAY..... 2
- COST TOO MUCH..... 3
- OTHER [SPECIFY] 0

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

- changed skip to c311

>tester9< If c121 or c151 equals "0" goto c311 (no hospital admissions past year or no hospital admissions from ER)

>er9< As a result of this emergency room visit, (were you/was [fill NAME]) admitted to the hospital for an overnight stay?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r

==>

>c311< Since [fill 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.
 - (5) Exclude nurse practitioners and physician's assistants.

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's assistant, [or midwife] during the last 12 months?

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

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

NO/NONE 0 [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]¹⁰

>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]

>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
==>

¹⁰Even 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.

>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
NO0

DON'T KNOWd
REFUSED r
==>

NOTE: c521-c621 deleted.

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.

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 <d> OR c821 EQ <1> or <d> goto c831; ELSE goto c841]

>c831<

[INFORMANT SELF RESPONSE] Did you not get the medical care you needed or have delays getting 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
 ==>

>test<

If didn't get care when needed use "didn't get" version of fill (c811 eq 1 and c821 ne 1)
 If postponed care when needed use "postponed" version of fill (c811 ne 1 and c821 eq 1)
 If both didn't get and postponed use "didn't get" version of fill (c811 eq 1 and c821 eq 1)

>unmet1<

[INFORMANT SELF RESPONSE] What was the most recent health problem for which you (didn't get/put off getting) medical care?

RECORD VERBATIM

DON'T KNOW d
 REFUSED r
 ==>

>unmet2< During the past 12 months, did you see a doctor to treat this problem?

YES..... 1 [goto testunmet2a]
 NO 0

DON'T KNOW d
 REFUSED r
 ==> [goto c841]

>testunmet2a< If didn't get care (c811 eq 1) goto unmet3

>unmet2a< Did you put off seeing a doctor to treat this problem?

INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)

YES..... 1 [goto unmet3]
 NO 0

DON'T KNOW d
 REFUSED r
 ==> [goto c841]

>unmet3< During the past 12 months, were you referred to a specialist to treat this problem?

PROBE: Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.

INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)

YES..... 1 [goto unmet3a]
 NO 0

DON'T KNOW d
 REFUSED r
 ==> [goto unmet4]

>unmet3a< Did you see the specialist (IF DELAYED CARE: when the doctor referred you or did you put off seeing the specialist)?

YES—SAW WHEN REFERRED 1
 NO—DIDN'T SEE SPECIALIST
 (PUT OFF SEEING) 0

DON'T KNOW d
 REFUSED r
 ==>

>unmet4< During the past 12 months, did a doctor order or recommend medical tests to treat this problem?

PROBE: Medical tests may include blood work, PET SCANS, MRIs, etc.

YES..... 1 [goto unmet4a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto unmet5]

>unmet4a< Did you get the tests (IF DELAYED CARE: when the doctor ordered them or did you put off getting the tests)?

YES—GOT TESTS WHEN ORDERED..... 1
NO—DIDN'T GET WHEN ORDERED (PUT OFF
GETTING TESTS)..... 0

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

>unmet5< During the past 12 months, did a doctor order or recommend any medical procedures, including surgery, to treat this problem?

YES..... 1 [goto unmet5a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto c841]

>unmet5a< Did you have the procedure or surgery (IF DELAYED CARE: when the doctor ordered it or did you put off getting the procedure or surgery)?

YES – GOT PROCEDURE OR SURGERY..... 1
NO – DIDN'T HAVE (PUT OFF HAVING
PROCEDURE OR SURGERY) 0

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?¹¹

YES..... 1
NO 0

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

>test c93< [ASK c22...c842...FOR NEXT PERSON¹²; 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
====> [gotoc94]

¹¹Source: NHIS, AAU.111

¹²Include unmet need (k811...k831) for child, substituting child's home for second person.

>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 \$1,9992
 \$2,000 TO \$2,9993
 \$3,000 TO \$4,9994
 \$5,000 OR MORE5

 DON'T KNOWd
 REFUSED r
 ===>

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

YES.....1 [goto c95]
 NO0

 DON'T KNOWd
 REFUSED r
 ===> [goto Section d]

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

INTERVIEWER: REPEAT STEM IF NECESSARY

PROGRAMMER NOTE: ROTATE c95a-c95e

	YES	NO	DON'T KNOW	REFUSED
Been contacted by a collection agency?	1	0	d	r
Had problems paying for other necessities?	1	0	d	r
Put off major purchases, such as a new home or car?	1	0	d	r
Had to take money out of savings?	1	0	d	r
Had to borrow?	1	0	d	r

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 [fill NAME] is sick or needs advice about (his/her/you) health, does (he/she/you) go to one place or more than one place?

- YES..... 1 [goto d111]
- NO, THERE IS NO PLACE0 [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 CLINIC3
- OTHER CLINIC OR HEALTH CENTER4
- HOSPITAL EMERGENCY ROOM.....5
- SOME OTHER PLACE.....6

- DON'T KNOW d
- REFUSED r

==>

>sn1< IF UNINSURED: At this place, (do you/does [fill NAME]) pay full price for medical care or (do you/does [fill NAME]) pay a lower amount based on what (you/[fill NAME]) can afford to pay?

FULL PRICE0
LOWER AMOUNT 1

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]¹³ 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 [fill NAME] received, or was it for some other reason?

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

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

>d161< Did [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]

¹³Fill hierarchically: if d121 answered and d131=1 - (1)doctor,(2) nurse,(3) health professional; else fill d111 if d111 ≤ 5; else place.

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

- ([fill NAME]/you/your) [fill 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 sn2< **[IF NO UNINSURED IN FIU SKIP TO test 302
IF sn1 = 1 FOR ANY MEMBER OF FIU, goto sn4
ELSE, goto sn2]**

>sn2< Thinking of the area where you live, is there a place that offers affordable medical care for people without health insurance?

- YES..... 1 [goto sn3]
 - NO 0
- DON'T KNOW d
 - REFUSED r
- ====> [goto test d302]

>sn3< Is that place a doctor's office, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

- DOCTOR'S OFFICE 1
- HOSPITAL OUTPATIENT CLINIC 3
- OTHER CLINIC OR HEALTH CENTER 4
- HOSPITAL EMERGENCY ROOM..... 5
- SOME OTHER PLACE..... 6

- DON'T KNOW d
- REFUSED r

==>

>sn4< How long (does/would) it take you to get to [IF sn1 EQUALS 0: INSERT PLACE NAMED IN sn3, ELSE INSERT PLACE FROM D11: the doctor's office, the hmo, the hospital outpatient clinic, the clinic or health center, the hospital emergency room, that place]?

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

|_|_|_| TIME [goto sn4per]
(1-240)

- DON'T KNOW d
- REFUSED r

==> [goto sn5]

>sn4per< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS sn4]

- MINUTES 1
- HOURS 2

==>

>sn5< During the last 12 months, have you (or has anyone in your family) seen a physician or other health professional at [fill PLACE NAMED IN D111 OR sn3] when you did not have health insurance?

- YES 1 [goto test d302]
- NO 0

- DON'T KNOW d
- REFUSED r

==> [goto sn6]

>sn6<

Why haven't you gone to this place for medical care?

RECORD VERBATIM AND POST CODE ALL THAT APPLY

- NO NEED/NEVER GET SICK 1
 - STIGMA 2
 - NOT ELIGIBLE FOR SERVICES/
DON'T THINK THEY WOULD ACCEPT ME 3
 - DISTANCE—TOO FAR TO GO 4
 - WAIT TOO LONG 5
 - DON'T HAVE THE SERVICES I NEED 6
 - POOR QUALITY CARE..... 7
 - BAD NEIGHBORHOOD 8
 - NO TRANSPORTATION 9
 - LANGUAGE BARRIER..... 10
 - HOURS NOT CONVENIENT..... 11
 - NONE OF THESE/NO MORE CODES..... n

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

>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 d35.]

>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.]¹⁴

¹⁴The 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.

>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
- ====>

>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 "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
- ====>

>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 "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
- ====>

>d351<

Next, I am going to read some statements about health and medical care. Usually, you go to the doctor as soon as you start to feel bad. Is that . . .

- definitely true, 1
 - mostly true, 2
 - mostly false, or 3
 - definitely false? 4

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

>d361<

You will do just about anything to avoid going to the doctor. Is that . . .

- definitely true, 1
 - mostly true, 2
 - mostly false, or 3
 - definitely false? 4

 - 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 $1 \leq c311 \leq 96$, or $1 \leq c321 \leq 5$, or $1 \leq c331 \leq 96$, or $1 \leq c341 \leq 5$) goto e101, ELSE goto 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 DISSATISFIED3

DON'T KNOWd
REFUSED r
===> [goto e121]

>e111< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

DON'T KNOWd
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],¹⁵ 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 e15a]

¹⁵Exclude for adults.

>CAHPS12< In the last 12 months, did (you/[fill 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 e15a]

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

VERY 1
SOMEWHAT 2

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

– CHANGED e15a1 to CAHPSLANG

>test e15a< IF DOCTOR VISIT IN LAST 12 MONTHS—(c311 ge 1 OR c321 ge 1) goto CAHPSLANG

>CAHPSLANG< In the last 12 months, how often did you have a hard time *speaking with or understanding* a doctor or other health providers because you spoke different languages—never, sometimes, usually or always?

NEVER..... 1
SOMETIMES..... 2
USUALLY 3
ALWAYS 4

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 [fill NAME OF HEALTH PLAN].

====>

>testCAHPS10< IF PERSON HAD A DOCTOR VISIT [c311 equals 1-96 or c32 equals 1-5] AND NEEDED TO SEE A SPECIALIST [e141 equals 1] , goto CAHPS10; ELSE, IF PERSON HAD A DOCTOR VISIT [c311 equals 1-96 or c32 equals 1-5] BUT DIDN'T NEED TO SEE A SPECIALIST [e141 <>1] goto CAHPS23S; ELSE goto CAHPS37S.

>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, or..... 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
- ====>

>CAHPS23S< In the last 12 months, did you need approval from [fill NAME OF HEALTH PLAN] for any care, tests, or treatment?

- YES..... 1 [goto CAHPS23]
 - NO 0
 - DON'T KNOW d
 - REFUSED r
- ====> [goto CAHPS37S]

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

PROBE: If the respondent says that they are members of more than one plan, say "Think about your experiences with the plan you use for all or most of your health care."

- a big problem, 1
 - a small problem, or..... 2
 - not a problem? 3
 - NO VISITS IN LAST 12 MONTHS 4

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

>CAHPS37S< In the last 12 months, did you have to fill out any paperwork for [fill NAME OF HEALTH PLAN]?

- YES..... 1 [goto CAHPS37]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====> [goto SP14]

>CAHPS37< In the last 12 months, how much of a problem, if any, did you have with paperwork for [fill 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, or..... 2
 - not a problem? 3
 - I DIDN'T HAVE ANY EXPERIENCE WITH
PAPERWORK FOR [fill NAME OF HEALTH
PLAN] IN THE LAST 12 MONTHS 4

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

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

PROBE: IF THE RESPONDENT SAYS THAT THEY ARE MEMBERS OF MORE THAN ONE PLAN, SAY: "Think about your experiences with the plan you use for all or most of your health care."

- SATISFIED.....1 [goto SP14X]
- DISSATISFIED.....2 [goto SP14X]
- NO AMOUNT PAIDn

- DON'T KNOWd
- REFUSED r
- ====> [goto CAHPS38]

>SP14X< Would that be very (dis)satisfied or somewhat (dis)satisfied?

- VERY 1
- SOMEWHAT2

- DON'T KNOWd
- REFUSED r
- ====>

>CAHPS38< We want to know your rating of all your experience with [fill 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 possible0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- Best health plan possible..... 10

- DON'T KNOWd
- 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 and year was [fill NAME]'s **most recent** visit for sickness, injury, or other health problem?¹⁶

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 - 2004)
====>

¹⁶In 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 [fill MONTH], did [fill NAME] visit a doctor for a general check up, physical examination, [fill FEMALES OVER 12—gynecological [or pregnancy]¹⁷ 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 and year 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 - 2004)
 ===>

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

¹⁷Limit "or pregnancy" to women between 12 and 50.

>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, [fill FEMALES OVER 12—gynecological [or pregnancy] check up], or other preventive care not related to a 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 e211]
NO 0 [goto e901]

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

>e211< In what month and year 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 - 2004)
====> [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?

CORRECT [jb e161 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT..... 1
====>

>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 KNOWd

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, injury or other health problem] 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 KNOWd

REFUSED r

====>

>test e241< **[IF PERSON HAS USC (d101 = 1) goto e241; ELSE goto E24a1]**

>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]
NO0

DON'T KNOWd
REFUSEDr
==>

>E24a1< Was this visit to an emergency room?

YES.....1 [goto e281]
NO0

DON'T KNOWd
REFUSEDr
==>

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

APPOINTMENT1 [goto e261]
WALK IN2

DON'T KNOWd
REFUSEDr
==> [goto e281]

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 e291 @amt/per.

>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.

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.

|__|__|__| 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.

|__|__| 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, or 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, or4
 - 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, or4
 - excellent? 5
 - DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7

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

– NEW TEST

>test e331< IF UNINSURED goto e331, ELSE goto e401

>e331< How much did the physician charge for this visit? Was it free, less than \$20, \$20 to \$50, more than \$50 but less than \$100, or \$100 or more?

- FREE 1 [goto e401]
 - LESS THAN \$202 [goto e401]
 - \$20 TO \$503
 - MORE THAN \$50 BUT LESS THAN \$1004
 - \$100 OR MORE 5

 - DON'T KNOW d [goto e401]
 - REFUSED r [goto e401]
- ====>

>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
- ==>

>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 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?
 [goto 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?

>cc5f<

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
NO0

DON'T KNOWd
REFUSED r
==>

SRM RESPONDENT SELECTION

>testsrms<

IF UNINSURED goto SRM1, IF AGE GE 65 goto SRM1. ELSE RANDOMLY
SELECT 1/6 OF REMAINING TO goto SRM1; ELSE goto E521

>srm1<

Next, I am going to ask you whether you have had some particular health problems in the last 3 months. In the past 3 months, have you had . . .

PROGRAMMER NOTE: ROTATE SEQUENCE

INTERVIEWER NOTE: IF R. CAN'T RECALL WHETHER IT LASTED MORE THAN A MINUTE CODE DON'T KNOW

	YES	NO	DON'T KNOW	REFUSED
a. Back pain or neck pain that made it very painful to walk a block or go up a flight of stairs?	1	0	d	r
b. Shortness of breath when lying down, waking up, or with light work or light exercise?	1	0	d	r
c. Loss of consciousness or fainting?	1	0	d	r
d. Unusually blurry vision or difficulty seeing?	1	0	d	r
e. Headaches that are either new or more frequent or severe than ones you have had before?	1	0	d	r
f. Cough with yellow sputum (spew-tum) and fever?	1	0	d	r
h. Sadness, hopelessness, frequent crying, or felt depressed?	1	0	d	r
i. Anxiety, nervousness, or fear that has kept you from doing the usual amount of work or social activities?	1	0	d	r
j. Pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs?	1	0	d	r
k. A sprained ankle that is too painful to bear weight?	1	0	d	r
m. Fatigue, extreme tiredness, or generalized weakness?	1	0	d	r
q. FEMALE: A lump or mass in the breast? .	1	0	d	r
u. MALE, AGE 40 OR OLDER: A great deal of difficulty starting urination or passing urine?	1	0	d	r
v. Difficulty hearing conversations or telephone calls?	1	0	d	r
w. Chest pain that lasted more than a minute?	1	0	d	r

Symptom Response Index: Symptom Selection

Note: *Serious symptoms* are a to e, q, w
Morbid symptoms are f, h to k, m, u, v

Select symptoms in the following order:

1. Select one *serious symptom* (if any) at random for the respondent.
2. If the respondent had no *serious symptoms*, select one *morbid symptom* at random (if any).

>sr22< (Now/Next) I have a question about [fill SYMPTOM]. Did this problem first appear in the past three months or before that?

APPEARED IN PAST 3 MONTHS..... 1 [goto srm2a]
 BEFORE THAT 2

DON'T KNOW d
 REFUSED r
 ==>

>test srm2< IF BEFORE 3 MONTHS, RETURN TO SYMPTOM LIST AND SELECT ANOTHER SYMPTOM FOLLOWING LOGIC ABOVE.
IF NO MORE SYMPTOMS, goto e521

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED.

>sr22a< Did you first have this problem within the last week or before that?

APPEARED IN LAST WEEK..... 1 [goto srm2c]
 BEFORE THAT 2

DON'T KNOW d
 REFUSED r
 ==>

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED.

>sr22b< Did you first have this problem within the past 4 weeks?

YES..... 1
 NO 0

DON'T KNOW d
 REFUSED r
 ==>

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED.

>sr2c< [IF FEMALE LE 45]: Was this problem associated with a pregnancy?

YES..... 1
NO 0

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

>sr3< Have you seen a doctor or other health professional about this problem?

YES..... 1 [goto sr4]
NO 0

DON'T KNOW d
REFUSED r
====> [goto sr5]

>sr4< How soon did you see a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

SAME OR NEXT DAY 1
WITHIN A FEW DAYS 2
WITHIN A WEEK OR TWO 3
AFTER A COUPLE OF WEEKS..... 4

DON'T KNOW d
REFUSED r
====> [goto sr8]

>sr5< During the past three months, have you talked on the telephone to a doctor or other health professional about this problem?

YES..... 1 [goto sr6]
NO 0

DON'T KNOW d
REFUSED r
====> [goto sr7b]

>sr6< How soon did you telephone a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

- SAME OR NEXT DAY 1
 - WITHIN A FEW DAYS 2
 - WITHIN A WEEK OR TWO 3
 - AFTER A COUPLE OF WEEKS 4

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

>sr7a< At any time in the past three months, did you think that you needed to see a doctor or other health professional for treatment of this problem, rather than just talk to someone on the telephone?

- YES 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==> [goto srm8]

>sr7b< At any time in the past three months, did you think that you needed to contact a doctor or other health professional about this problem?

- YES 1 [goto srm7c]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ==> [goto srm8]

>sr7c< Did you actually *try* to see a doctor or other health professional about this problem?

- YES 1
 - NO 0

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

>sr8< Did this problem limit your ability to do any of your usual activities?

YES..... 1 [goto srm8a]
 NO 0

DON'T KNOW d
 REFUSED r
 ==> [goto e521]

>sr8a< For how many days were you limited in your ability to do any of your usual activities?

PROBE: In the past three months?

INTERVIEWER: IF LESS THAN ONE DAY, ENTER 1.

|_|_| DAYS
 (1-90)

DON'T KNOW d
 REFUSED r
 ==>

>sr9< (Modified NHIS AHS.040) As a result of this problem, did you miss work at a job or business?

YES..... 1 [goto srm9a]
 NO 0 [goto srm10]
 NA—DOES NOT WORK..... n

DON'T KNOW d
 REFUSED r
 ==> [goto e521]

>sr9a< How many days of work did you miss?

|_|_| DAYS
 (1-30)

DON'T KNOW d
 REFUSED r
 ==>

>srn10< Do you have paid sick leave as a benefit at your job?

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 [goto e611]
 NO 0

DON'T KNOW d
 REFUSED r
 ===> [goto BRFSS10]

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

EVERYDAY..... 1
 SOME DAYS..... 2
 NOT AT ALL..... 3

DON'T KNOW d
 REFUSED r
 ===>

>BRFSS10< (BRFSS12.10) About how much do you weigh without shoes?

INTERVIEWER NOTE: ROUND UP FRACTIONS

<80 - 500> POUNDS

DON'T KNOW d
REFUSED r
==>

>BRFSS11< (BRFSS12.11) About how tall are you without shoes?

INTERVIEWER NOTE: ROUND DOWN FRACTIONS

<3-7> FEET

AND/OR

<1-11> INCHES

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 (you/[fill 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 K15a]
DISSATISFIED 2 [goto K15a]
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 k16I. 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 goto kCAHPS23S; ELSE goto test kCAHPS37.**

>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] 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
====>

>kCAHPS23S< In the last 12 months, did [fill CHILD] need approval from [fill NAME OF HEALTH PLAN] for any care, tests, or treatment?

YES 1 [goto kCAHPS23]
NO 0

DON'T KNOW d
REFUSED r
====> [goto test kCAHPS37]

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

Would you that it was . . .

- a big problem, 1
 - a small problem, or..... 2
 - not a problem? 3
 - NO VISITS IN LAST 12 MONTHS..... 4

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

>test kCAHPS37< IF CHILD IS THE ONLY FAMILY MEMBER COVERED BY HIS OR HER POLICY, ASK kCAHPS37S, ELSE goto kCAHPS38.

>kCAHPS37S< In the last 12 months, did you have to fill out any paperwork for [fill CHILD]'s [fill NAME OF HEALTH PLAN]?

- YES..... 1 [goto kCAHPS37]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====> [goto kSP14]

>kCAHPS37< In the last 12 months, how much of a problem, if any, did you have with paperwork for [fill CHILD]'s [fill 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, or..... 2
 - not a problem? 3
 - I didn't have any experience with paperwork for [fill NAME OF HEALTH PLAN] in the last 12 months 4

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

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

PROBE: If the respondent says that they are members of more than one plan, say "Think about your experiences with the plan you use for all or most of our health care."

SATISFIED.....1 [goto kSP14X]
DISSATISFIED.....2 [goto kSP14X]
NO AMOUNT PAIDn

DON'T KNOWd
REFUSED r
===> [goto kCAHPS38]

>kSP14X< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT2

DON'T KNOWd
REFUSED r
===>

>kCAHPS38< We want to know your rating of all your experience with [fill CHILD]'s [fill 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 possible0
..... 1
..... 2
..... 3
..... 4
..... 5
..... 6
..... 7
..... 8
..... 9
Best health plan possible..... 10

DON'T KNOWd
REFUSED r
===>

>test k16l< **[IF CHILD HAD GE ONE PHYSICIAN VISIT(S) IN LAST 12 MONTHS (1 ≤ c 31 ≤ 96 or 1 ≤ c 32 ≤ 5), goto e16x; ELSE goto k40]**

>e16x<

Who went with [fill 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 k40]

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 SCREEN FOR CHILDREN WITH SPECIAL NEEDS.

>k16<

Since [fill DATE 12 MONTHS AGO], did [fill 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 k17]
 NO 0

DON'T KNOW d
 REFUSED r
 ===> [goto k20]

>k17<

In what month and year was [fill NAME]'s **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 - 2003)
==>

>k18<

Since that visit in MONTH, has [fill 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 and year 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 - 2003)
==>

>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 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 and year 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 - 2003)
====> [goto test k22]

>k90<

Earlier I noted that [fill NAME] had [fill #] doctor visit(s) in the last 12 months. Is that correct or incorrect?

CORRECT: BACKUP TO OBTAIN LAST DOCTOR VISIT [jb kl6]

INCORRECT, NO DOCTOR VISITS IN PAST
12 MONTHS..... 1 [goto k40]
====>

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

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

Was the doctor [fill 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 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 an 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 k26]
WALK IN 2

DON'T KNOW d
REFUSED r
====> [goto k28]

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 k26@amt/per, k29@amt/per.

>k26< 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.

SAME DAY..... 0

|__|__| TIME [goto k27]
(0-30)

DON'T KNOW d
REFUSED r
====> [goto k28]

>k27< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k26]

DAYS 1
WEEKS 2
MONTHS 3
====>

>TEST< VERIFY VALUES GREATER THAN 12 MONTHS

>k28< 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.

|__|__| TIME [goto K28]
(1-240)

DON'T KNOW d
REFUSED r
====> [goto k29]

>K28< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k28]

MINUTES 1
HOURS 2
====>

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>k29< For this visit, how long did it take you to get to the (doctor's office/emergency room)?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD.

|__|__| TIME [goto K29]
(1-90)

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

>K291< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k291]

MINUTES 1
HOURS 2
====>

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>k30<

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

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

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

>k40< In general, would you say [fill NAME]'s health is . . .

excellent, 1
 very good, 2
 good, 3
 fair, or 4
 poor? 5

DON'T KNOW d
 REFUSED r
 ===>

SCREEN FOR CHILDREN WITH SPECIAL NEEDS (SOURCE: NATIONAL SURVEY OF CHILDREN WITH SPECIAL NEEDS)

>scsn1< Does [fill NAME] currently need or use medicine prescribed by a doctor (other than vitamins)?

YES 1 [goto scsn1a]
 NO 0

DON'T KNOW d
 REFUSED r
 ===> [goto scsn2]

>scsn1a< Is this because of ANY medical, behavioral, or other health condition?

YES 1 [goto scsn1b]
 NO 0

DON'T KNOW d
 REFUSED r
 ===> [goto scsn2]

>scsn1b< Is this a condition that has lasted or is expected to last for at least 12 months?

YES 1
 NO 0

DON'T KNOW d
 REFUSED r
 ===>

>scsn2< Does [fill NAME] need or use more medical care, mental health or educational services than is usual for most children of the same age?

YES..... 1 [goto scsn2a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto scsn3]

>scsn2a< Is this because of ANY medical, behavioral, or other health condition?

YES..... 1 [goto scsn2b]
NO 0

DON'T KNOW d
REFUSED r
====> [goto scsn3]

>scsn2b< Is this a condition that has lasted or is expected to last for at least 12 months?

YES..... 1
NO 0

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

>scsn3< Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

YES..... 1 [goto scsn3a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto scsn4]

>scsn3a< Is this because of ANY medical, behavioral, or other health condition?

YES..... 1 [goto scsn3b]
NO 0

DON'T KNOW d
REFUSED r
====> [goto scsn4]

>scsn3b< Is this a condition that has lasted or is expected to last for at least 12 months?

YES..... 1
NO 0

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

>scsn4< Does your child currently need or get special therapy such as physical, occupational, or speech therapy?

YES..... 1 [goto scsn4a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto scsn5]

>scsn4a< Is this because of ANY medical, behavioral, or other health condition?

YES..... 1 [goto scsn4b]
NO 0

DON'T KNOW d
REFUSED r
====> [goto scsn5]

>scsn4b< Is this a condition that has lasted or is expected to last for at least 12 months?

YES..... 1
NO 0

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

>scsn5< Does your child have any kind of emotional, developmental or behavioral problem for which he or she needs or gets treatment or counseling?

YES..... 1 [goto scsn5a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto test e801]

>scsn5a< Is this because of ANY medical, behavioral, or other health condition?

YES..... 1 [goto scsn5b]
 NO 0

DON'T KNOW d
 REFUSED r
 ==> [goto test e801]

>scsn5b< Is this a 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, or 4
 poor? 5

DON'T KNOW d
 REFUSED r
 ==> [REPEAT FOR EACH ADULT; THEN goto f10]

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)?¹⁹

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
====>

¹⁹Include 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?²⁰

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 VARY97 [goto 13x1]

DON'T KNOWd

REFUSEDr

===> [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)?

MORE1

LESS.....2

DON'T KNOWd

REFUSEDr

===>

²⁰Note 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 d

REFUSED r

==>

>f211<

[On (your/his/her) main job], about how many people are employed at the location where [fill NAME] work(s)?

PROBES: (1) How many people work for your employer in the building or buildings in the factory, store, or office complex where you work?

(2) Your best estimate is fine.

- ONE 1
 - 2-4..... 2
 - 5-9..... 3
 - 10-24..... 4
 - 25-49..... 5
 - 50-99..... 6
 - 100-249..... 7
 - 250-499..... 8
 - 500-999..... 9
 - 1000 OR MORE 10

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

>test f221<

[IF f201 eq 2, 3, or 4 goto f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.

>f221<

[Does (your\his\her) employer/Do(es) fill NAME] operate in more than one location?

NOTE: Fill is for self-employed and farmers.

- YES..... 1 [goto f231]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====> [goto f241]

>f231< About how many people are employed by ([fill NAME]/your employer) at all locations?

PROBE: Your best estimate is fine.

- ONE 1
 - 2-4..... 2
 - 5-9..... 3
 - 10-24..... 4
 - 25-49..... 5
 - 50-99..... 6
 - 100-249..... 7
 - 250-499..... 8
 - 500-999..... 9
 - 1000 OR MORE 10

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

>f241< What kind of business or industry is this?

PROBE: What do they make or do there?

- SPECIFY 1
-
- DON'T KNOW d
 - REFUSED r
- ====>

>f251< Are you a member of either a labor union or an employee association like a union? [SIPP, CNTRC]

- YES..... 1 [goto f261]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====> [goto f301]

>f261< Are you covered by a union or employee association contract? [SIPP, EMPLOC]

YES..... 1
NO 0

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 KNOWd [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 KNOWd
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 POLICYHOLDER FOR EMPLOYER-BASED PLAN [PERSON LISTED IN b231 AND b251 = 1] AND HAS MORE THAN ONE JOB [f121=1], goto f401; ELSE goto test f50]

>f401< Is [fill PERSON NAME]'s health insurance with [fill INSURANCE PLAN NAME] from (his/her/your) main job or business?

YES..... 1
 NO 0

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

>test f50< [IF PERSON IS NOT SELF-EMPLOYED (f201 = 1, 2, 3 or 4) AND IS NOT A POLICYHOLDER 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]²¹ The questions for workers who decline own employer's coverage are not asked of policyholders.

²¹Skipped self-employed.

>f501< Does (your/[fill NAME]'s) employer or union offer a health insurance plan to any of its employees?

INTERVIEWER: THIS QUESTION APPLIES TO [fill NAME's] LOCATION.

YES..... 1 [goto test f5011]
NO 0

DON'T KNOW d
REFUSED r
==> [goto test f611]

>TEST5011< [IF f261=1, goto f5011;else goto f511]

>f5011< Is the health insurance plan offered by [fill NAME]'s employer or union?

EMPLOYER 1
UNION 2
BOTH [FILL EMPLOYER IN FOLLOWING QUESTIONS].. 3

DON'T KNOW d [goto NEXT PERSON OR G10]
REFUSED r [goto test f611]

>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 test f611]
REFUSED r [goto test f611]
==>

>test f521< **[IF PERSON HAS INSURANCE COVERAGE UNDER AN EMPLOYER/UNION BASED PLAN (NAMED UNDER BIA OR BIC), goto f541; ELSE 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]

>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 test f611]
REFUSED r [goto test f611]
==>

>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 testf611]

>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
====>

Next sequence is for employed workers offered health insurance by their employers but who are insured under another plan.

>test f611< [If not insured by own employer AND f511=1 AND (b1a=1 or b1c=1), goto f611, else next person or g10]

>f611< Does (your/[fill NAME's]) employer offer a health insurance plan where the premium is less than the amount (you're/she's/he's) paying for (your/his/her) current plan?

PROBE: The premium is the amount deducted from your paycheck.

YES..... 1 [goto f63a1]
NO 0 [goto f621]

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

>f621< Does (your/[fill NAME's]) employer offer a health insurance plan where the premium is about the same as the premium (you are/[fill NAME] is) paying for (your/his/her) current plan?

PROBE: The premium is the amount deducted from (your/his/her) paycheck.

YES..... 1 [goto f63a1]
NO 0

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

>f63a1< If (you/[fill NAME]) changed to that plan, would (you/he/she) have to pay more, less, or about the same amount each time (you/he/she) saw a doctor?

MORE 1
LESS 2
ABOUT THE SAME..... 3

DON'T KNOW d
REFUSED r
==>

>f63b1< If you changed to that plan, would you have to pay more, less, or about the same amount each time you fill(ed) a prescription?

MORE 1
LESS 2
ABOUT THE SAME..... 3

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 (2002). During (2002), 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 (2002) 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 MORE7

DON'T KNOWd [goto g11]

REFUSED r

==> [goto test g20]

>g11<

Which of the following income ranges is closest to your family's (2002) 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 g20-g221 FOR EACH PERSON; HOWEVER, SKIP FOR INFORMANT'S OWN CHILD OR GRANDCHILD.]

>g20<

(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
- ====>

>g22n1< I'm going to read you a list of five race categories. Please choose one or more races that (you/he/she) consider(s) (yourself/himself/herself) to be.

INTERVIEWER: READ ALL CATEGORIES. CODE UNLISTED, RESPONDENT-OFFERED CATEGORIES IN "OTHER."

PROBE IF RESPONDS "HISPANIC" OR "LATINO": Would that be White Hispanic/Latino, African American Hispanic/Latino, or something else?

INTERVIEWER: CODE ALL RACES

White..... 1
African American or Black 2
American Indian or Alaska Native..... 3
Asian 4
Native Hawaiian or Other Pacific Islander 5
OTHER [SPECIFY] 6

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

>g301< (Are you/Is he/Is she/Is [fill NAME]) a citizen of the United States?

YES..... 1 [goto g311]
NO 0

DON'T KNOW d
REFUSED r
====> [goto g321]

>g311< (Were you/Was he/Was she/Was [fill NAME]) born a citizen of the United States or did you become a citizen of the United States through naturalization?

BORN..... 1 [goto NEXT PERSON OR test g23]
NATURALIZED 2

DON'T KNOW d
REFUSED r
====> [goto g321]

>g321<

When did (you/[fill NAME]) come to live in the United States?

CODE YEAR OR NUMBER OF YEARS AGO

PROGRAMMER: CHECK THAT YEAR OR NUMBER OF YEARS AGO IS NOT BEFORE BIRTH

|_|_|_|_| YEAR

|_|_|_|_| NUMBER OF YEARS AGO
(0-AGE)

DON'T KNOWd

REFUSEDr

==>

>test g23<

**[IF FAMILY HAS MORE THAN ONE ADULT, goto NEXT PERSON OR g23;
ELSE goto test h10]**

>g23<

**INTERVIEWER: THERE WILL BE A SELF RESPONSE MODULE FOR THIS
CASE**

<g> CONTINUE

==>

h. CLOSING (FIU)

>test h10< [IF DID NOT RECEIVE PRE-PAYMENT, goto h10; IF RECEIVED PRE-PAYMENT AND REINTERVIEW, goto h20; ELSE, goto h30]

>h10< As a token of our appreciation for your help, we would like to send you a check for (\$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
==>

>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< Not counting any cellular telephones, are there any other telephone numbers in this household besides [fill NUMBER] that people receive calls on?

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

PROBE: Please exclude telephone lines used only for computer modems or faxes.

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 PREFERENCE3
 - 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 [FILL 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 [FILL NAMES] now?

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

==>

IF NECESSARY ADD: I need to speak with (him/her/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 1

- CALLBACK c [goto callback]
 - REFUSED r [goto refused]
- ==>

>test< **IF SELF RESPONSE MODULE, goto INTRODUCTION FOR SELF-RESPONSE**
IF SECONDARY FAMILY, goto INTRODUCTION FOR SECONDARY FAMILY

>next_person< [SELF RESPONSE MODULE I would like to speak with [fill NAME]. I need to ask (him/her) 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 [FILL 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 1

CALLBACK c ²²
LANGUAGE PROBLEM..... l

REFUSED r
SUPERVISOR REVIEW..... s

====>

<fin> Thank you again for your time and interest in this important survey.

This concludes the survey unless you have a brief comment you would like to add.

Comments [SPECIFY]..... c

Interview Complete..... g

====>

²²THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.

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 and about [fill NAME]'s last visit to the doctor. These questions will only take about 10 to 15 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]

WILL COMPLETE SELF RESPONSE SECTION 1

RESPONDENT WILL ACT AS PROXY FOR [fill NAME]

[fill NAME] IS CHRONICALLY ILL 2

[fill NAME] IS AWAY AT SCHOOL 3

[fill NAME] SPEAKS NEITHER ENGLISH

NOR SPANISH 4

[fill NAME] WON'T DO SELF-RESPONSE SECTION 5

==>

>b93<

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.²³

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
- ==>

>c81<

Next, during the past 12 months, was there any time when you didn't get the medical care you needed?

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

- YES 1
 - NO 0

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

²³Source: Royal, Kenneth, et al., **The Gallup Arizona Health Care Poll**. P.18, The Gallup Organization, 1995. Distributions by coverage available.

>c82< And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?

- YES..... 1
 - NO 0

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

>test c83< [IF c81 EQ <1> OR <d> OR c82 EQ <1> OR <d> goto c83; ELSE goto c84]

>c83< 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
- ====>

>test< If didn't get care when needed use "didn't get" version of fill (c81 eq 1 and c82 ne 1)

If postponed care when needed use "postponed" version of fill (c81 ne 1 and c82 eq 1)

If both didn't get and postponed use "didn't get" version of fill (c81 eq 1 and c82 eq 1)

>unmet1< [SELF RESPONSE] What was the most recent health problem for which you (didn't get/put off getting) medical care?

RECORD VERBATIM

DON'T KNOW d
 REFUSED r
 ===>

>unmet< During the past 12 months, did you see a doctor to treat this problem?

YES 1 [goto testunmet2a]
 NO 0

DON'T KNOW d
 REFUSED r
 ===> [goto c84]

>testunmet2a< If didn't get care (c81 eq 1) goto unmet3

>unmet2a< Did you put off seeing a doctor to treat this problem?

INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)

YES 1 [goto unmet3]
 NO 0

DON'T KNOW d
 REFUSED r
 ===> [goto c84]

>unmet3< During the past 12 months, were you referred to a specialist to treat this problem?

PROBE: Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.

INTERVIEWER NOTE: PROBLEM WAS (fill unmet1)

YES..... 1 [goto unmet3a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto unmet4]

>unmet3a< Did you see the specialist (IF DELAYED CARE: when the doctor referred you or did you put off seeing the specialist)?

YES—SAW WHEN REFERRED 1
NO—DIDN'T SEE SPECIALIST
(PUT OFF SEEING) 0

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

>unmet4< During the past 12 months, did a doctor order or recommend medical tests to treat this problem?

PROBE: Medical tests may include blood work, PET SCANS, MRIs, etc.

YES..... 1 [goto unmet4a]
NO 0

DON'T KNOW d
REFUSED r
====> [goto unmet5]

>unmet4a< Did you get the tests (IF DELAYED CARE: when the doctor ordered them or did you put off getting the tests)?

YES—GOT TESTS WHEN ORDERED 1
NO—DIDN'T GET WHEN ORDERED
(PUT OFF GETTING TESTS) 0

DON'T KNOW d
REFUSED r
==>

>unmet5< During the past 12 months, did a doctor order or recommend any medical procedures, including surgery, to treat this problem?

YES 1 [goto unmet5a]
NO 0

DON'T KNOW d
REFUSED r
==> [goto c84]

>unmet5a< Did you get the procedure or surgery (IF DELAYED CARE: when the doctor ordered it or did you put off getting the procedure or surgery)?

YES—GOT PROCEDURE OR SURGERY 1
NO—DIDN'T HAVE (PUT OFF
HAVING PROCEDURE OR SURGERY) 0

DON'T KNOW d
REFUSED r
==>

>c84< 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

>d3i<

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].²⁴

ROTATE d31...d34.

>d31<

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

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	f
===>	

²⁴The next four questions (d31...d34) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>d32<

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
- ====>

>d33<

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
- ====>

>d34<

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
- ====>

>d35<

Next, I am going to read some statements about health and medical care. Usually, you go to the doctor as soon as you start to feel bad. Is that . . .

- definitely true, 1
 - mostly true, 2
 - mostly false, or 3
 - definitely false? 4

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

>d36<

You will do just about anything to avoid going to the doctor. Is that . . .

- definitely true, 1
 - mostly true, 2
 - mostly false, or 3
 - definitely false? 4

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

>e12<

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

First primary care doctors, such as family doctors, [pediatricians,]²⁵ or general practitioners, who treat a variety of illnesses and give preventive care.

Are you satisfied or dissatisfied with the **choice** you personally have for primary care doctors?

PROBE: Most people go to a primary care doctor first when they have a sickness or injury they have not had before.

SATISFIED..... 1 [goto e13]
 DISSATISFIED..... 2 [goto e13]
 NEITHER SATISFIED NOR DISSATISFIED 3

DON'T KNOW d
 REFUSED r
 ===> [goto e14]

>e13<

Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
 SOMEWHAT 2

DON'T KNOW d
 REFUSED r
 ===>

>e14<

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 e15a]

²⁵Exclude for adults.

>cahps121< In the last 12 months, did (you/[fill NAME]) see a specialist?

YES..... 1
NO 0

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

>e15< Are you satisfied or dissatisfied with the **choice** you have for specialists?

SATISFIED..... 1 [goto test E15a]
DISSATISFIED..... 2 [goto test E15a]
NEITHER SATISFIED NOR DISSATISFIED 3

DON'T KNOW d
REFUSED r
====> [goto test e15a]

>E15a< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY 1
SOMEWHAT 2

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

>test e15a< IF DOCTOR VISIT IN LAST 12 MONTHS—c312 OR c322 ge 1, goto CAHPSLANG

>CAHPSLANG< In the last 12 months, how often did you have a hard time speaking with or understanding a doctor or other health providers because you spoke different languages? Never, sometimes, usually or always?

NEVER..... 1
SOMETIMES..... 2
USUALLY 3
ALWAYS 4

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

>test for uninsured< IF R. IS UNINSURED, goto TEST e16, WHICH BEGINS VISIT SEQUENCE; ELSE goto cah_intro

>cah_intro< The next questions are about your experiences with (your health plan/[fill NAME OF HEALTH PLAN]).

====>

>testCAHPS10< **IF PERSON HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto CAHPS101; ELSE, IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST, goto CAHPS23S1; ELSE goto CAHPS37S1**

>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, or 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

====>

>CAHPS23S1< In the last 12 months, did you need approval from [fill NAME OF HEALTH PLAN] for any care, tests, or treatment?

- YES 1 [goto CAHPS231]
- NO 0

DON'T KNOW d
REFUSED r

====> [goto CAHPS37S1]

>CAHPS231< In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from (your health plan/[fill HEALTH PLAN])? Would you say that it was . . .

- a big problem, 1
- a small problem, or 2
- not a problem? 3
- NO VISITS IN LAST 12 MONTHS 4

DON'T KNOW d
REFUSED r

====>

>CAHPS37S1< In the last 12 months, did you have to fill out any paperwork for (your health plan/[fill HEALTH PLAN])?

YES..... 1 [goto CAHPS371]
NO 0

DON'T KNOW d
REFUSED r
====> [goto SP14]

>CAHPS371< In the last 12 months, how much of a problem, if any, did you have with paperwork for (your health plan/[fill 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, or 2
not a problem? 3
I didn't have any experience with paperwork
for [fill NAME OF HEALTH PLAN] in the last
12 months 4

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

>SP14< Given (your health plan/[fill 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
====> [goto CAHPS381]

>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 experience with (your health plan/[fill 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 e16< **[IF PERSON HAS HAD PHYSICIAN VISITS IN LAST 12 MONTHS (1 <= c31 <= 96 OR 1 <= c32 <= 5), goto e16; ELSE goto test e40]**

>e16< 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 e17]

NO 0

DON'T KNOW d

REFUSED r

====> [goto e20]

>e17<

In what month and year 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 - 2003)
==>

>e18<

Since that visit in [fill MONTH], did you visit a doctor for a general check-up, physical examination, [gynecological [or pregnancy] 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 e19]
- NO 0

- DON'T KNOW d
- REFUSED r
- ==> [goto test e22]

>e19<

In what month and year 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 - 2003)
==>

>test e19<

[VERIFY THAT MONTH IN e19 IS SAME MONTH OR FOLLOWS e17; THEN goto test e22]

>e20<

During the last 12 months, did you visit a doctor for a general check-up, physical examination, [gynecological [or pregnancy] 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 e21]
- NO 0 [goto e90]

- DON'T KNOW d
- REFUSED r
- ==> [goto e40]

>e21<

In what month and year 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 - 2003)
====> [goto test e22]

>e90<

Earlier I noted that you had [fill # IN c312 or c322] doctor visit(s) in the last 12 months. Is that correct?

CORRECT: [jb e16 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT 1
====>

>e91<

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 e16]
(1-96)

DON'T KNOW d
REFUSED r
====> [goto e40, SF12]

>test e22< [IF PERSON HAD WELL AND SICK VISIT (e16=1 and e18=1), SELECT MOST RECENT FOR e22. IF SAME MONTH FOR BOTH, FILL WELL VISIT SINCE IT WAS MORE RECENT]

>e22< Please think about your visit for [preventive care or a check-up/care of sickness, injury, or other health problem] 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 e24< [IF PERSON HAS USC (d102=1) goto e24; ELSE goto e24a]

>e24< 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 e25]
NO 0

DON'T KNOW d
REFUSED r
==>

>e24a< Was this visit to an emergency room?

YES..... 1 [goto e282]
NO 0

DON'T KNOW d
REFUSED r
==>

>e25< For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?

APPOINTMENT 1 [goto e262]
WALK IN 2

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 e262@amt/per, e282@amt/per, and e292@amt/per.

>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.

SAME DAY..... 0

|__|__| TIME [goto e272]
(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
====>

>TEST< VERIFY VALUES GREATER THAN 12 MONTHS

>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
==>

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>e292< For this visit, how long did it take you to get to the [doctor's office/emergency room]?

INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD.

|__|__| TIME [goto E292]
(1-90)

DON'T KNOW d
REFUSED r
==> [goto e30]

>E292< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e292]

MINUTES 1
HOURS 2
==>

>TEST< VERIFY VALUES GREATER THAN 8 HOURS

>e30<

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, or4
 - excellent? 5
 - DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7

 - DON'T KNOW d
 - REFUSEDr
- ====>

>e31<

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

- poor,..... 1
 - fair,.....2
 - good,.....3
 - very good, or4
 - excellent? 5
 - DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7

 - DON'T KNOW d
 - REFUSEDr
- ====>

>e32<

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, or4
 - excellent? 5
 - DOES NOT APPLY
(NOT EXAMINED OR TREATED)..... 7

 - DON'T KNOW d
 - REFUSEDr
- ====>

>test e33< IF UNINSURED, goto e33, ELSE goto e40

>e33< How much did the physician charge for this visit? Was it free, less than \$20, \$20 to \$50, more than \$50 but less than \$100, or \$100 or more?

- FREE 1 [goto e40]
 - LESS THAN \$20 2 [goto e40]
 - \$20 TO \$50 3
 - MORE THAN \$50 BUT LESS THAN \$100 4
 - \$100 OR MORE 5

 - DON'T KNOW d [goto e40]
 - REFUSED r [goto e40]
- ====>

>e34< How did you pay for this visit? Did you . . .

- pay the entire bill when you received the care, 1
 - pay the entire bill at a later time, 2
 - pay a little at a time, but pay the entire bill, 3
 - pay some but not all of the bill, or 4
 - not pay the bill at all? 5

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

>e40< 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
- ====>

NOTE e41 to e48 DELETED IN ROUND 4

>e4i< 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?

HIT ENTER TO CONTINUE ===>

>e49< 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
- ===>

NOTE e50 DELETED IN ROUND 4

>e51< 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
- ===>

>GSS1572< Taken all together, how would you say things are these days? Would you say 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 AND 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?
[goto 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

==>

SRM RESPONDENT SELECTION

>testsrn<

IF UNINSURED goto SRM1, IF AGE GE 65 goto SRM1. ELSE RANDOMLY SELECT 1/6 OF REMAINING TO goto SRM1; ELSE goto e52.

>srm1<

Next, I am going to ask you whether you have had some particular health problems in the last 3 months. In the past 3 months, have you had . . .

PROGRAMMER NOTE: ROTATE SEQUENCE

INTERVIEWER NOTE: IF R. CAN'T RECALL WHETHER IT LASTED MORE THAN A MINUTE CODE DON'T KNOW

	YES	NO	DON'T KNOW	REFUSED
a. Back pain or neck pain that made it very painful to walk a block or go up a flight of stairs?	1	0	d	r
b. Shortness of breath when lying down, waking up, or with light work or light exercise?	1	0	d	r
c. Loss of consciousness or fainting?	1	0	d	r
d. Unusually blurry vision or difficulty seeing?	1	0	d	r
e. Headaches that are either new or more frequent or severe than ones you have had before?	1	0	d	r
f. Cough with yellow sputum (spew-tum) and fever?	1	0	d	r
h. Sadness, hopelessness, frequent crying, or felt depressed?	1	0	d	r
i. Anxiety, nervousness, or fear that has kept you from doing the usual amount of work or social activities?	1	0	d	r
j. Pain in the hip, knee, or leg that makes it difficult to walk a block or go up a flight of stairs?	1	0	d	r
k. A sprained ankle that is too painful to bear weight?	1	0	d	r
m. Fatigue, extreme tiredness, or generalized weakness?	1	0	d	r
q. FEMALE: A lump or mass in the breast? .	1	0	d	r
u. MALE, AGE 40 OR OLDER: A great deal of difficulty starting urination or passing urine?	1	0	d	r
v. Difficulty hearing conversations or telephone calls?	1	0	d	r
w. Chest pain that lasted more than a minute?	1	0	d	r

Symptom Response Index: Symptom Selection

Note: *Serious symptoms* are a to e, q, w
Morbid symptoms are f, h to k, m, u, v

Select symptoms in the following order:

3. Select one *serious symptom* (if any) at random for the respondent.
4. If the respondent had no *serious symptoms*, select one *morbid symptom* at random (if any).

>srn2< (Now/Next) I have a question about [fill SYMPTOM].
Did this problem first appear in the past three months or before that?

APPEARED IN PAST 3 MONTHS..... 1 [goto srm2a]
BEFORE THAT 2

DON'T KNOW d
REFUSED r
==>

>test srm2< IF BEFORE 3 MONTHS, RETURN TO SYMPTOM LIST AND SELECT
ANOTHER SYMPTOM FOLLOWING LOGIC ABOVE.
IF NO MORE SYMPTOMS, goto e52

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED

>srn2a< Did you first have this problem within the last week or before that?

APPEARED IN LAST WEEK..... 1 [goto srm2c]
BEFORE THAT 2

DON'T KNOW d
REFUSED r
==>

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED

>srn2b< Did you first have this problem within the past 4 weeks?

YES..... 1
NO 0

DON'T KNOW d
REFUSED r
==>

DISPLAY SYMPTOM FOR INTERVIEWER REFERENCE AS NEEDED

>sr2c< [IF FEMALE LE 45]: Was this problem associated with a pregnancy?

YES.....1
NO0

DON'T KNOWd
REFUSED r
==>

>sr3< Have you seen a doctor or other health professional about this problem?

YES.....1 [goto sr4]
NO0

DON'T KNOWd
REFUSED r
==> [goto sr5]

>sr4< How soon did you see a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

SAME OR NEXT DAY1
WITHIN A FEW DAYS2
WITHIN A WEEK OR TWO3
AFTER A COUPLE OF WEEKS.....4

DON'T KNOWd
REFUSED r
==> [goto sr8]

>sr5< During the past three months, have you talked on the telephone to a doctor or other health professional about this problem?

YES.....1 [goto sr6]
NO0

DON'T KNOWd
REFUSED r
==> [goto sr7b]

>srm6< How soon did you telephone a doctor or other health professional about this problem after it started? Was it the same or next day, within a few days, within a week or two, or after a couple of weeks?

- SAME OR NEXT DAY 1
 - WITHIN A FEW DAYS 2
 - WITHIN A WEEK OR TWO 3
 - AFTER A COUPLE OF WEEKS..... 4

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

>srm7a< At any time in the past three months, did you think that you needed to see a doctor or other health professional for treatment of this problem, rather than just talk to someone on the telephone?

- YES 1
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====> [goto srm8]

>srm7b< At any time in the past three months, did you think that you needed to contact a doctor or other health professional about this problem?

- YES 1 [goto srm7c]
 - NO 0

 - DON'T KNOW d
 - REFUSED r
- ====> [goto srm8]

>srm7c< Did you actually *try* to see a doctor or other health professional about this problem?

- YES 1
 - NO 0

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

>srn8< Did this problem limit your ability to do any of your usual activities?

YES.....1 [goto srm8a]
 NO0

DON'T KNOWd
 REFUSED r
 ==> [goto e52]

>srn8a< For how many days were you limited in your ability to do any of your usual activities?

INTERVIEWER: IF LESS THAN ONE DAY, ENTER 1.

|__|__| DAYS
 (1-90)

DON'T KNOWd
 REFUSED r
 ==>

>srn9< (Modified NHIS AHS.040) As a result of this problem, did you miss work at a job or business?

YES.....1 [goto srm9a]
 NO0 [goto srm10]
 NA—DOES NOT WORK.....n

DON'T KNOWd
 REFUSED r
 ==> [goto e52]

>srn9a< How many days of work did you miss?

|__|__| DAYS
 (1-30)

DON'T KNOWd
 REFUSED r
 ==>

>srn10< Do you have paid sick leave as a benefit at your job?

YES..... 1
 NO 0

DON'T KNOW d
 REFUSED r
 ===>

>e52< 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
 ===>

>e60< These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?

YES..... 1 [goto test e61]
 NO 0

DON'T KNOW
 REFUSED r
 ===> [goto BRFSS10]

>e61< Do you now smoke cigarettes every day, some days or not at all?

EVERYDAY..... 1
 SOME DAYS..... 2
 NOT AT ALL..... 3

DON'T KNOW d
 REFUSED r
 ===>

>BRFSS10< (BRFSS12.10) About how much do you weigh without shoes?

INTERVIEWER NOTE: ROUND UP FRACTIONS

<80 - 500> POUNDS

DON'T KNOW d

REFUSED r

====>

>BRFSS11< (BRFSS12.11) About how tall are you without shoes?

INTERVIEWER NOTE: ROUND DOWN FRACTIONS

<3-7> FEET

AND/OR

<1-11> INCHES

DON'T KNOW d

REFUSED r

====>

>test e16c< **[IF THIS PERSON ACCOMPANIED CHILD ON LAST VISIT INCLUDE CHILD'S LAST VISIT QUESTIONS] [k16-scsn5b]**

>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 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 FOUR ADVANCE LETTERS

Dear Resident:

In the last decade, 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.

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 minutes for most individuals.

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.

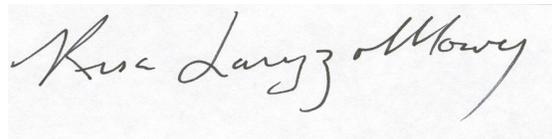
Of course, all of the information you provide will be kept strictly confidential. Your name will not be associated with your answers. Your answers will be combined with thousands of others. As with the last survey, only overall findings will be presented.

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.org), 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 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 Penny Bolla at the Foundation at 1-800-719-9419.

Your household's participation in this survey will help us understand how changes in health care are continuing to affect people's lives. I hope that we can count on your help.

Sincerely,

A handwritten signature in black ink, reading "Risa Lavizzo-Mourey". The signature is written in a cursive style and is positioned above a light gray rectangular background.

Risa Lavizzo-Mourey, M.D., M.B.A.

RLM: pb

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 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.org), 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 about 30 minutes for most individuals. Your household's participation in this survey will help us understand how to provide high quality and affordable health care.

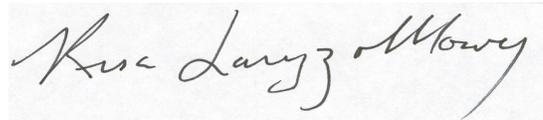
An interviewer from **Mathematica**, the research organization helping us with the survey, will be calling soon to set up an interview. Or, if you would like to schedule the interview yourself, we have a convenient toll free number you can call (**1-800-298-3383**).

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 Penny Bolla 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,

A handwritten signature in black ink that reads "Risa Lavizzo-Mourey". The signature is written in a cursive style and is positioned above a light gray rectangular background.

Risa Lavizzo-Mourey, M.D., M.B.A.

RLM: pb

Dear NAME:

Recently, one of our interviewers completed an interview with someone in your household concerning the health of adults and children throughout the country. You were also selected to participate in this survey. 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.

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 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. Ginsberg
President

APPENDIX C

ROUND FOUR RDD TRAINING GUIDE

D. 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 (including one randomly selected child) 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 3 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 3. 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 3. If this is the case, enter <x> at this screen.

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 3 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 3 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 3 are no longer there.
- A210 This is an introduction for respondents who claim their household did not participate in Round 3.
- 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 3 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 facilities, 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 birth date, 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.
coll	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.

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
- 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
- Asks for total years of HMO coverage
- 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 through employers or unions. If the answer is "Yes," ask, "Who is covered?" Enter the person number of all family members who are covered. Enter <n> when you 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.

b1d 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.

b1d1 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 Trī 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 on 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. To select a plan, enter the number of the plan from the list or enter 99 for OTHER selection not listed. If a product is selected, the next screen will display different products offered under the plan.

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.

- 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").
- b2311- These new questions ask if policy holder is a postal worker or federal employee. Then,
b2316 R is asked about the name of the insurance company or health plan from a selected list.
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.
- b3111 These new questions ask about the premium cost for employer plans and the amount paid
b3121 for coverage
- 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.
- ngi1- These new questions ask if R's non-group policy covers some of the cost of prescription
ngi4 medicines, pre-existing conditions, and whether any family members have pre-existing conditions that are not covered
- 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 is 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- Families in which person members receive Medicaid and have no private plans are asked
b78 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- These questions, which are asked about Medicaid plans, are similar to those asked about
b68 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.

b84a This new question asks if R and other uninsured people believe they would be eligible for their states' health insurance program for long –term or extensive care

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.
- er1-er9 These new questions ask about the last emergency room visit and the nature of the health problem and the reason for the visit . Whether the visit was by referral or if there were other available options)
- 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 chronic 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.

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.
- 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.

unm1- These new questions ask about recent health problems that required a doctor or specialist
unm5 but for which help or care was put-off or delayed over the last 12 months.

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.

c94- These new questions ask about any difficulty paying medical bills over the last 12 months
c95 and what types of financial problems the family may have experienced

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.

sn1 The new question asks if fees for care are waived or based on a sliding scale.

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.

provethn This new question asks about the race of the health professional R and SR usually sees

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 health 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.
- sn2-
sn6 These new questions ask of one uninsured person in the FIU, with no usual source of care, and no health insurance, where people can get affordable medical care in the area where they live. R is asked about convenience of that place and the frequency of visits for family members.
- 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.
- d351-
d361 These new questions ask if R usually goes to a doctor when she feels bad or if she avoids seeing a doctor at all costs.

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 asking it. Use the NEITHER SATISFIED NOR DISSATISFIED answer only if the respondent offers it.

e121- Read the question. Note the probe indicating that a primary care doctor is defined as the
e131 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- Read the question as worded asking about the level of satisfaction with the choice of
E151 specialty doctors

CAHPSLAN This new question ask if R had a difficult time speaking with or understanding a doctor or other health provider because of a language barrier.

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 it was/is to get a referral to see a specialist. This question 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”.

CHAPS23S This new question asks if approval from R's health plan was necessary for any tests or care, or treatment in the past 12 months.

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.

CHAPS37S This new question asks about paperwork required by R's health plan in the past 12 months

CAHPS37 Addresses problems with paperwork related to getting health care. This is asked only if the person had a doctor's visit.

*SP14- Asks about satisfaction with the amount paid for health care. The unfolding method is
SP14x 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- This is a consistency check that will appear on your screen when an inconsistent answer
e911 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- This question determines the amount of time between contacting the doctor to schedule
e271 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- The question determines the amount of waiting time spent in the waiting room prior to
E281 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- This question determines the amount of time it took to get to the doctor's office (or

E291 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- A series of subjective questions now begins regarding different aspects of the doctor-
e311 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).

e331 If R is uninsured, this new question asks how much the physician charged for a visit with a range from free to \$100 or more.

e341 If R is uninsured, this new question asks how R paid for the visit or if R was billed at all.

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.

e491 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	\ē\ as e in bet	\o\ as aw in law
[\^&]\ as e in kitten	\ē\ 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-&-ˈbE-tEz, di-&-ˈbE-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-ˈthrI-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 (**ˈax-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 (**ˈhI-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.*
- srm1- This new set of questions asks all adults about symptoms relating to health problems in the

- srm10 past three months. The follow-up questions, asked of symptomatic adults, ask about frequency, if medical care or advise was received and whether they experienced physical limitations or missed work.
- 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 Questions about cigarette smoking .
- 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.
- brfss10- These new questions are being used to calculate the BMI (body mass index) obesity
brfss11 measure

SATISFACTION AND PROCESS OF CARE QUESTIONS FOR A SAMPLED CHILD

- k12- The following questions are asked if a family has a sampled child who had at least one
k40 physician visit in the last 12 months. The family informant responds for the child.
- k12- Read the statement. Review the probe indicating that the respondent should consider
k13 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- Same as the choice of specialty doctor satisfaction question asked of adults. This is asked
K15a 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 it was/is to get a referral to see a specialist. This question 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 health 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- Asks about the child's amount of satisfaction with the amount he/she pays for health
kSP14x 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- Same as adult questions e161-e171, but asked about the selected child.
k17I Review directions for those questions if necessary.

*k18I- Same as adult questions e181-e191, but asked about the selected child. Review
k19I directions for those questions if necessary.*

k90I Verification question. Same as question e901 asked of adults.

k22I-- Same as questions e221-e301 asked of adults. These questions are asked in
k32I reference to the sampled child.

K40I Same as question e401. This question refers to the sampled child.

SCREEN FOR CHILDREN WITH SPECIAL NEEDS

scsn1- This set of questions asks about prescribed medicines, medical care or other services the
scsn5b child may need more than most children of the same age. They also ask about conditions and limitations that have lasted or are expected to last for at least 12 months.

e80t- Same as question e401 asked of informants. This question repeats for all adults in the
e802 family.

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.
- 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 other than the main one. The hours for the main job were reported in f131. Round hours to the nearest whole hour.

f201 The question determines the type of employer for the person's main job. The program will fill the appropriate language based on answers to previous questions. Note that a not-for-profit organization or a foundation is coded as a private company. Read the answer categories only if necessary.

- f211 Please note that this questions asks for the **number of employees at the location where the person works**, that is the building or buildings in the factory, store, or office where he or she works. The answer is coded into broad categories, so an exact response is not necessary.
- f221 This question asks if the employer operates in more than one location. It will not be asked if the employer is a local, state, or federal government. The question will read employer or use an alternative fill for those who are self-employed or farmers.
- f231 If there is more than one location, this question asks for the **total 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.
- f611-
f63b1 These new questions are asked of insured workers who decline their employer's coverage. The questions compare an employer's insurance with R's current health coverage.

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 This new question offers a list of five race categories to which R can respond to all that apply. It replaces another race question.

- g301 This new question asks about citizenship to help establish eligibility for public insurance..
- 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- This screen in the transition screen for other household interviews, either self-response
- person modules or other family member interviews. All eligible respondents will be shown on this screen.
- 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 health 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

SPECIFIC ITEMS TO MENTION DURING TRAINING

- **Read the questions verbatim and read the whole question/all response options.**
- **Read the probes provided, when necessary.**
- **Emphasize the time period in question, i.e. 4 weeks, since [date], ever.**
- **Item e121 “now I would like to ask you about satisfaction with CHOICE of doctor.” Emphasize satisfaction with choice NOT satisfaction with doctor.**
- **With the chronic conditions, re-read the question when you change to a new screen.**
- **Make sure you review the <resp> screen. Verify all household members and then ask who you are speaking to.**
- **With the insurance database, make sure you read all of the insurances listed. Only a certain number will appear on a page. Make sure you go on to the next page and continue reading.**
- **Make sure you get the correct spelling of the health insurance plan. Spell it under your breath if need be.**
- **Be specific when recording what the company R works for makes/does.**
- **With the questions that ask the R to “strongly agree,” “somewhat agree,” “somewhat disagree,” or “strongly disagree”....if R says yes....re-read all the response categories.**
- **The question regarding ethnicity (Do you consider yourself to be of Hispanic origin....) may be problematic. If R states yes to this question and then is confused by the next question about race (White, Black, Indian, Asian) and still responds as Hispanic code as other for race.**
- **Make sure you ask for apt. # when getting addresses (Line 2).**

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-xxx-xxxx**).

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,

Risa Lavizzo-Mourey, M.D.

RM: mlm

CTS 4 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

b2311 RES: Postal Worker

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.

C811: Put off or postponed care

c92 RES: "I don't know".

INTERVIEW SHOULD PROBE

RES: "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

SUPPLY YOUR OWN ANSWERS AFTER THIS.

cc3b Alice has diabetes

srm1 Alice has several of the conditions and the symptoms appeared in the past 3 weeks.

k12 THIS STARTS A SERIES OF QUESTIONS ABOUT SATISFACTION WITH CHILD'S HEALTH CARE.

SUPPLY YOUR OWN ANSWERS TO QUESTIONS k13, k14, and k40

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

scsn1 Alison takes medicine for asthma

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.

RES: "He was in the hospital three nights."

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 2002 (health problem). Her most recent general checkup was in June 2002. Sherman had a visit for strep throat in April 2002 and a general checkup in June 2002.

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO APPOINTMENT, TIME QUESTIONS AND OPINION QUESTIONS.

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 2002 was \$20,000.

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 2002 and a general checkup in July 2002. 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 their 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.

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

Has had problems paying medical bills.

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.

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.

Mary has in the past and still smokes cigarettes.

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

g22n1 Both White and Indian and Naturalized

Module H: Closing

Next-Person

NEITHER JOE OR JOELLA IS AVAILABLE, SCHEDULE CALLBACK FOR JOE.

EXIT CASE.

CALLBACK. JOE COMPLETES INTERVIEW

CTS-4 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.

CTS-4 FOLLOW UP STATEMENTS

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.

CTS-4 FOLLOW UP STATEMENTS

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.

CTS-4 FOLLOW UP STATEMENTS

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]

INTERIM TRAINING FOR CTS-4

This training is designed to enhance CTS-4 training sessions and is an interim training to be conducted before the interviewers have begun conducting live interviews. The training session should be a mix of new and experienced interviewers. Trainees must have attended all CTS-4 training modules before participating in this training.

OVERVIEW OF CTS-4 INTERIM TRAINING

Subject	Time (minutes)	Equipment	Handouts/Reference
Review of Common Training Issues	60	None	Training Issues Document
Refusal Avoidance Practice	60	Cue cards, Responses to Commonly /Asked Questions	Follow-up statements (SEE HANDOUT), CATI intro screens
Practice on CATI with Mock Interviews	However long the individual needs	CATI	Mock Doc

The first part of this training will entail a discussion of the training issues encountered during the Pre-Test 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.

INTERIM TRAINING FOR CTS-4

- 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.

INTERIM TRAINING FOR CTS-4

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 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?

INTERIM TRAINING FOR CTS-4

- 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?

TRAINER: LET THE INTERVIEWERS USE THE MOCK INTERVIEWS TO PRACTICE.

REFUSAL CONVERSION EXERCISE

“Give an example of an interview you were conducting and the respondent refused.

What techniques did you use to convert the refusal?”

October 16, 2000

1. Female said that she did not have time. She was too busy. Interviewer offered to call back at a better time and she agreed to the call back.
2. Female would not do the interview because she doesn't like to do them over the phone. The interviewer talked to the respondent and told her that we were a legitimate organization working with RWJF in Princeton, NJ. The woman actually used to live around here, so common ground was gained and she agreed to do the interview.
3. Female respondent didn't believe that all the information was confidential. The interviewer gave R the website address and the phone number of Maureen Michaels so she could see that it was confidential and legitimate. R said that “we could be giving her any phone number and she still didn't believe it.” The interview was put into refusal.
4. A male from the reinterview sample said that he didn't have the time to do the interview...he only had 10 minutes. Once the interview was started, he stayed on the phone for an hour and completed the interview. The respondent and the interviewer had good rapport.
5. A male answered and said that he was not interested in doing the interview. The interviewer asked if there was anyone else in the household. R said that his wife was there, but she wouldn't be interested. The interviewer asked if she could speak with her and let her refuse on her own. The wife wound up doing the interview. She was a graphic designer and was familiar with RWJF.
6. The R refused. The interviewer provided the respondent with the website address and said that we would call back in a week, once the person had a chance to look at the website, R agreed to the callback.
7. The male refused. He turned the phone over to his wife and she did the core interview. The male may have heard his wife on the phone and heard the types of questions and agreed to the self response module.
8. Female said that she had no time to do the interview. The interviewer said that we could start and that we could call her back to finish at a later time. The R wound up completing the interview. She felt more comfortable knowing that she had a “way out” if she needed to get off the phone.
9. The R said “last time I was harassed to no end.” Would not complete the interview.
10. Male stated, “. . . what part of no don't you understand” The interviewer coded it as a refusal.
11. Female stated “last time the interview took too long.” “I just don't have time to do the interview.” Nothing the interviewer said changed her mind.

REFUSAL CONVERSION EXERCISE

12. R just would not do the interview. There was no reason given, so the interviewer could not address his/her concerns.

October 17, 2000

13. R thought interviewer was a telemarketer and interviewer gave him/her the 2 800 numbers and the 2 website addresses and talked about RWJF. R did the interview.
14. R was concerned about confidentiality. Interviewer explained that his/her name was not connected to any of the data. R completed the interview.
15. Interviewer was asked what difference the interview will make in changing health care. Interviewer said that we need as many opinions as possible to make generalizations and to change things in this country. Interview was completed.
16. R didn't feel like he/she had the time to do the interview. Interviewer set a call back agreed upon by R.
17. R was concerned that the interview was political. Interviewer stated that RWJF is not affiliated with a political party.
18. R stated "I guess you won't stop talking until I do the interview."; i.e. Interviewer had a follow-up statement for every argument the respondent used for not doing the interview. Interview was completed.
19. No specific example...only has been working for a week. Just be confident and answer any questions the respondent has.
20. R claimed that he/she did not get a check from the last time they did the interview. Interviewer took down all the information and verified that a check was sent.
21. Interviewer emphasized the incentive, but R still did not want to do the interview. Just not interested
22. R didn't have time to do the interview. The interviewer just kept talking to the man and he eventually agreed to participate.

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23. R didn't remember doing the interview. The interviewer jumped ahead to the household composition screen and confirmed the household members. They did the interview.
24. Male wasn't interested. The interviewer pushed the importance of the ability to get healthcare and by doing surveys we can find out who has healthcare and who doesn't.
25. R was not interested. Interviewer read the RWJF letter two times and then they agreed to participate.
26. Male was not interested. The interviewer asked him why and he said that he didn't like to give out personal information over the phone. The interviewer stress confidentiality and not answering any questions he didn't want to.

REFUSAL CONVERSION EXERCISE

27. R thought the interview would take too long. The interviewer said that they could stop the interview at anytime and schedule a call back. R wound up doing the whole at one time.
28. R thought the interview would take too long. The interviewer said that they could do it in segments and the interviewer talked quickly.
29. HUDI- call back right away and say that we got disconnected and finished giving information about the study. R's usually do the interview.
30. Talking to an elderly female who was ill. The interviewer stressed the importance of talking to people of all ages and health status to get their opinions.
31. Called reinterview household and R stated that the first time around the interviewer called a lot and harassed her. The interviewer apologized and addressed her concerns. R completed the interview.
32. R felt that by doing the interview there was a conflict of interest with his job as a claims specialist. The interviewer told him that his name was not connected with any of his responses.
33. R asked a lot of questions and the interviewer addressed all of his/her concerns.

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34. R said that we were calling too much and asked "are we trying to wear them down?" The interviewer just tried to go straight into the interview to show the respondent some of the questions. He/She completed the interview.
35. R said that he/she didn't have time. The interviewer emphasized the \$25 and said that he/she would get paid \$1 a minute. Also told R that the interview could be done at their convenience and that we are available 7 days a week. He/she completed the interview in one sitting.
36. R stated that they were uncomfortable answering survey questions, especially over the phone. The interviewer told R that they didn't have to answer any questions they didn't want to.
37. R stated that they did the interview last year and didn't get paid. The interviewer guaranteed R they would get \$25 and that they would investigate why they didn't get the money last time. The interviewer also told R we were calling from Mathematica in Princeton and gave the 800 # to check back with us about his/her payment.
38. R said they were not interested and told the interviewer to "get a real job." The interviewer gave the purpose of the study and he/she still refused.
39. The interviewer mostly got general refusals and tells R, "Let's try a little and see what types of questions are asked." Also, stresses what the study is for.

Extra Training for CTS-4 Refusal Avoidance and Conversion

1. Introduction/Icebreaker Exercise

- Name
- List three refusals that you have heard while conducting the CTS interview.
- How did you overcome the refusal(s)?
- Think of a time when you were called to do a telephone interview. Why did you refuse to do the interview? Why did you want to participate in the interview? i.e., what did the interviewer do/not do to encourage/discourage you from doing the interview?

2. Index card exercise

Two of the training group will form a dyad. The rest of the group will listen and observe. One member of the dyad will act as the respondent and the other member will act as the interviewer. The respondent will receive a cue card with a refusal printed on it (i.e. “My wife takes care of this”, “I don’t have time right now”). Some of the scenarios will be harder than others. The interviewer and will not know what is written on the index card. The interviewer will pretend to call the respondent. When the respondent answers, the interviewer will read the introduction. The respondent will respond with the refusal on the card. The interviewer must use techniques, learned in the previous training, to convert the refusal.

The group will listen to the mock interview and discuss what was done correctly and where improvements are needed. The group should form dyads with different members of the group and repeat the exercise with additional cue cards as the rest of the group listens.

**CTS-4 CUE CARDS
FOR REFUSAL CONVERSION PRACTICE**

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.

**CTS-4 CUE CARDS
FOR REFUSAL CONVERSION PRACTICE**

I told you everything
about my family last year.

Nothing has changed.
Why do we have to do this again?

I am happy with my health
insurance and I don't want
to change coverage.

**CTS-4 CUE CARDS
FOR REFUSAL CONVERSION PRACTICE**

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.

**CTS-4 CUE CARDS
FOR REFUSAL CONVERSION PRACTICE**

I don't think interviewing
people about healthcare
will change anything
in this country.

I don't want to lose
my Medicaid benefits.

I'm on the phone long
distance right now.

**CTS-4 CUE CARDS
FOR REFUSAL CONVERSION PRACTICE**

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 at the
doctor's office. Is this
about my test results?

CTS-4 CUE CARDS
FOR REFUSAL CONVERSION PRACTICE

I don't want to buy
anything.

I don't have any
health problems. I
don't see how I can help.

I don't think this is
a legitimate study.

How has the information
you already collected made
a difference in healthcare?

FOLLOW-UP TRAINING FOR CTS-4

This training is designed to follow-up with the CTS-4 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-4 training modules and have done actual interviews before participating in this training.

OVERVIEW OF CTS-4 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 CATI intro screens Quiz
Answering Machine Practice	60	telephone flipchart	Answering machine scripts

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.

FOLLOW-UP TRAINING FOR CTS-4

- 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.

FOLLOW-UP TRAINING FOR CTS-4

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?

FOLLOW-UP TRAINING FOR CTS-4

- 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-4 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.

FOLLOW-UP TRAINING FOR CTS-4

TRAINER: DIVIDE THE TRAINING CLASS INTO SMALL GROUPS OF 3-4. HAVE EACH PERSON IN EACH GROUP PRACTICE READING THE FOLLOWING SCRIPT OUT LOUD 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.

FOLLOW-UP TRAINING FOR CTS-4

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!

FOLLOW-UP TRAINING FOR CTS-4

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

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 HEALTH SYSTEM change 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.

APPENDIX D

LOCATOR/SCREENING MANUAL

**MATHEMATICA POLICY
RESEARCH, INC.**

**COMMUNITY TRACKING STUDY
Round IV**

Locator/Screening Manual

July 2003

Section One - INTRODUCTION

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INTRODUCTION

I. THE COMMUNITY TRACKING STUDY - Round IV

The U.S. health care system continues to undergo the dramatic change that began several years ago. 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 as well as two subsequent follow-up surveys (Rounds II and III) are already being used to understand how changes in health care are affecting us.

The survey on which you will be working is the fourth Community Tracking Study (CTS-IV) household survey. The number of eligible households for Round IV is estimated to be approximately the same number of households as in Rounds I, II and III. However, during this round about 40% to 45% of the families may have participated in one or more of three 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 three rounds 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.

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 missed during the original listing phase OR added since the completion of Rounds I, II and III. 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 along with your completed weekly assignments. These supplemental or missed HUs 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 all blue supplemental listing forms which you completed have 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.

CTS - IV FIELD SURVEY CONTACT SHEET

MPR_ID:

EXHIBIT 1

INTERVIEWING AREA:
 CENSUS TRACT:
 BLOCK #:
 LINE # :
 ADDRESS:
 APT # :
 NAMES (If available):
 DESCRIPTION (If available):

SITE: (City/State)
 LOCATOR ID :

**TOTAL AMOUNT
 PAID TO HOUSEHOLD**

#	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 Q6, or Q7 on screener = YES, the HU (Housing Unit) is **ELIGIBLE** for survey
 If Q7 on screener = NO, the HU (Housing Unit) is **INELIGIBLE** for the survey. Code Contact Sheet "40".

STATUS CODES:

INTERIM:

- 60 NOT HOME
- 80 RETURN VISIT NEEDED
(Explain in NOTES)
- 90 SUPERVISOR HOLD
(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 CATI 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)
- 67 EFFORT ENDED/MAXIMUM VISITS (Locked Building)

* THIS CODE CANNOT BE USED UNLESS INSTRUCTED TO DO SO FROM A TELEPHONE INTERVIEWER

TELEPHONE SCREENER (All Sites – Round IV)

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, 2000?
1 YES 0 NO
8 DON'T KNOW, TRY ANOTHER HH MEMBER; ELSE CODE AS "80" 9 REFUSED
2. Does anyone in this household have a working cellular telephone?
1 YES 0 NO; GO TO Q5
8 DON'T KNOW; GO TO Q5 9 REFUSED; GO TO Q5
3. How many people living here have a cellular telephone? **PROBE: Each individual must have their own cellular telephone number.**
1 |_|_| (Fill number); GO TO Q4 8 DON'T KNOW; GO TO Q5
0 NONE; GO TO Q5 9 REFUSED; GO TO Q5
4. [Do any of these people]/[Does this person] receive calls on their cellular telephone more than once or twice a month?
1 YES 0 NO
8 DON'T KNOW 9 REFUSED
5. Is there currently a working telephone in this household? **Please do not include any cellular telephones.**
1 YES; GO TO Q 7 0 NO; GO TO Q6
8 DON'T KNOW, TRY ANOTHER HH MEMBER; ELSE CODE AS "80" 9 REFUSED; TERMINATE
6. Has this household been without a working telephone for two weeks or longer? **Please do not include any cellular telephones..**
1 YES , **ELIGIBLE; GO TO Q8** 0 NO; GO TO Q7
8 DON'T KNOW, TRY ANOTHER HH MEMBER; ELSE CODE AS "80" 9 REFUSED; TERMINATE
7. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer? **Please do not include any cellular telephones.**
1 YES (If Telephone, Enter R's Current #:(____)_____/_____) **ELIGIBLE; GO TO Q8**
0 NO; TERMINATE, CODE "40" INELIGIBLE – THANK RESPONDENT FOR THEIR TIME
8 DON'T KNOW, TRY ANOTHER HH MEMBER; ELSE CODE AS "80"
9 REFUSED; TERMINATE– THANK RESPONDENT FOR THEIR TIME
8. Your household is eligible for this study because you have been without telephone service for at least part of the time in the last 12 months. Because your participation is very important to us, you and each adult 18 years of age and older who is eligible and 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 1-800-385-8262 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 - things 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.

GREENVILLE CTS-IV FIELD SURVEY LISTING FORM

AREA	SC102.01	LOCATOR ID				CENSUS TRACT 3.00
LINE#	RELEASED	BLOCK	STREET	APT #	DESCRIPTION	NAME
058	YES	419	925 CLEVELAND STREET	258	APT	NO NAME
059	NO	419	925 CLEVELAND STREET	259	APT	NO NAME
060	YES	419	925 CLEVELAND STREET	260	APT	NO NAME
061	NO	419	925 CLEVELAND STREET	261	APT	NO NAME
062	NO	419	925 CLEVELAND STREET	262	APT	NO NAME
063	NO	419	925 CLEVELAND STREET	263	APT	NO NAME
064	NO	419	925 CLEVELAND STREET	264	APT	NO NAME
065	NO	419	925 CLEVELAND STREET	265	APT	NO NAME
066	NO	419	925 CLEVELAND STREET	266	APT	NO NAME
067	NO	419	925 CLEVELAND STREET	267	APT	NO NAME
068	YES	419	925 CLEVELAND STREET	268	APT	NO NAME
069	YES	419	925 CLEVELAND STREET	269	APT	NO NAME
070	YES	419	925 CLEVELAND STREET	270	APT	NO NAME
071	NO	419	925 CLEVELAND STREET	271	APT	NO NAME
072	YES	419	925 CLEVELAND STREET	272	APT	NO NAME
073	YES	421	402 MCALISTER ROAD		1 STY IN CHAIN FNC	NO NAME
074	YES	421	402 MCALISTER ROAD		1 STY	DENNIS
075	YES	421	402 MCALISTER ROAD		1 STY W/BIG PORCH	NO NAME
076	NO	421	402 MCALISTER ROAD		1 STY	NO NAME



SEE EXHIBIT 3

MPR SUPPLEMENTAL LISTING FORM

Locator Name		Locator ID:		Census Tract:		Block #:		Interviewing Area:	
Line No.	Found After Line	Block #	Block #	Unique Address	Unique Address	Apt. No.	Apt. No.	Description of HU, if necessary	Names
	Amanda B. Reckondwithe	04989	04989	0003-00	0003-00	0421	0421	SC102-01	
1	073	421	421	404 McAlister Road	404 McAlister Road	01	01		
2	073	421	421	404 McAlister Road	404 McAlister Road	02	02		
3	073	421	421	404 McAlister Road	404 McAlister Road	03	03		
4	073	421	421	406 McAlister Road	406 McAlister Road	01	01		
5	073	421	421	406 McAlister Road	406 McAlister Road	02	02		
6	074	421	421	408 McAlister Road	408 McAlister Road	A	A	Original unit, broken into 3 separate apartments	
7	074	421	421	408 McAlister Road	408 McAlister Road	B	B		
8	074	421	421	408 McAlister Road	408 McAlister Road	C	C		

SUPPLEMENTAL LISTING FORM INSTRUCTIONS

1. List any HUs in your assigned interval(s) that are not recorded on the original Listing Forms for the area. List only HUs.

Start listing on the first line. Do not skip a line. Only one housing unit per line.

In the column marked 'Found After Line No.,' enter the Line No. from the original Listing Form after which you found this HU.

If an HU has no house number, write 'NO #' for that HU in the ADDRESS column of the Listing Form.

If a street is unnamed, write 'Unnamed Street A' (for instance) in the ADDRESS column of the Listing Form for each HU on that street. Make sure that your maps clearly show the location of all unnamed streets.

2. At multi-unit street addresses:

If all HUs are clearly numbered and/or lettered, list HUs by number and/or letter.

If all HUs are not clearly numbered and/or lettered, list by location: basement up, front to rear, and clockwise on each floor, i.e. left front, left rear, right rear, right front. OR make your best guess of the number of HUs and list "line 1", line 2', etc. on as many lines as your guess.

DEFINITION OF A HOUSING UNIT (HU):

In order to count a structure as a housing unit, it must be occupied or intended for occupancy by a person(s) living separately from other persons in the building and must meet one of the following criteria:

1. The unit has complete kitchen facilities for exclusive use of that unit.
2. The unit has direct access from outside or through a common or public hall.

NOTE:

- An HU may be occupied by a family group or an individual living alone.
- An HU may be occupied by 9 or fewer unrelated persons.
- An HU in which a group of 10 or more unrelated individuals lives is called Group Quarters. Such units are to be included on the Supplemental Listing Form but designated "GQ" (for Group Quarters).

IV. SCREENING PROCEDURES

As in previous CTS rounds, 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 HUs or addresses you've been assigned 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, 2002. 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, 2000. 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 for clarification and direction.

With cellular telephone services so readily available today, we had added several questions that ask about the availability and use of cellular telephone service for this address.

However, as with the previous rounds of this survey, only those HU's that DID NOT HAVE regular or uninterrupted telephone service [sometimes referred to as land-lines, in-home connected telephone service] qualify to participate. If a respondent appears to be considering cellular telephone service for questions 5, 6 or 7 on the In-Person Screen, always probe for clarity. You will note these three In-Person Screener questions have been modified to add the exclusion of cellular telephone service,

V. INITIATING THE INTERVIEW

Once a household is deemed eligible by the In-Person Screener (a “Yes” response to questions 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 800-385-8262. 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 6 or 7. If you review the screener, you will see that a “Yes” response at question 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 and to record that amount in the “Total Amount Paid To Household” box on the contact sheet. 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. NOTE: These payments are not to be included on your regular Expense Report requests.

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.

If you are aware that you are dealing with full time 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 for the past twelve months, I would like for you 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 October 31, 2003.
- If verified from owner, landlord, building manager, etc. that the unit will not be occupied by October 31, 2003.
- If the unit is under construction or being renovated and will not be occupied by October 31, 2003.

A housing unit will be considered “Uninhabitable” if one of the following criteria applies:

- If the unit is clearly UNFIT for living (i.e.: 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 its 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. - 10:00 p.m. (EST) 8:00 a.m. - 9:00 p.m. (CST) 7:00 a.m. - 8:00 p.m. (MST) 6:00 a.m. - 7:00 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 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.

J. 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 Locator for previous rounds, 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 IV 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.

APPENDIX E

ROUND FOUR APPENDIX TABLES

APPENDIX E. 1

CTS ROUND 4 HOUSEHOLD SURVEY UNWEIGHTED RESPONSE RATES AT HOUSEHOLD LEVEL

	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened Out by Genesys	Undeterm Tel Status	Estd. Elig. Hholds	Hhold Response Rate
RDD Response Rates by Site									
Boston, MA PORTION	734	17	4	421	486	538	207	1245.38	58.94
Cleveland-Lorain-Ellyria, OH PMSA	754	11	3	276	406	447	147	1094.92	68.86
Greenville-Spartanburg-Anderson, SC MSA	685	15	4	305	612	487	129	1052.95	65.06
Indianapolis, IN MSA	724	11	1	245	448	403	155	1034.39	69.99
Lansing-East Lansing, MI MSA	749	9	10	299	527	624	180	1118.45	66.97
Little Rock-North Little Rock, AR MSA	764	12	8	278	557	621	149	1110.73	68.78
Miami, FL PMSA	677	13	6	400	834	782	1170.76	57.83	
Newark, NJ PMSA	697	13	2	355	467	590	350	1195.99	58.28
Orange County, CA PMSA	726	25	2	458	570	662	274	1300.27	55.83
Phoenix-Mesa, AZ MSA	618	12	4	234	663	706	208	926.02	66.74
Seattle-Bellevue-Everett, WA PMSA	673	12	4	318	466	571	208	1069.77	62.91
Syracuse, NY MSA	814	9	4	276	414	406	159	1154.80	70.49
Atlanta, GA MSA	227	9	2	106	233	391	80	366.93	61.86
Augusta-Aiken, GA-SC MSA	251	4	2	99	204	272	43	368.62	68.09
Baltimore, MD PMSA	252	4	0	95	140	246	93	386.09	65.27
Bridgeport/Stamford/Danbury CT PMSAs	208	5	0	98	132	154	103	333.68	62.33
Chicago/Kenosha/Kankakee PMSAs	251	4	0	118	228	378	103	401.87	62.46
Columbus, OH MSA	244	6	1	71	132	139	43	336.85	72.44
Denver-Boulder-Greeley, CO CMSA	268	5	1	105	196	377	72	403.35	66.44
Detroit, MI PMSA	259	6	1	114	175	341	78	400.72	64.63
Greensboro-Winston-Salem-High Point, NC	250	4	1	91	236	296	52	363.83	68.71
Houston-Galveston-Brazoria, TX CMSA	250	8	1	113	292	371	98	399.57	62.57
Huntington-Ashland, WV-KY-OH MSA	263	7	4	87	95	136	34	367.77	71.51
Killeen-Temple, TX MSA	251	6	8	79	164	234	58	357.26	70.26
Knoxville, TN MSA	236	6	1	48	153	148	48	308.06	76.61
Las Vegas, NV-AZ MSA	210	1	0	94	123	162	58	324.37	64.74
Los Angeles-Long Beach, CA PMSA	225	2	3	132	179	240	102	392.22	57.37
Middlesex-Trenton PMSAs	238	2	2	107	143	204	100	378.87	62.82
Milwaukee-Racine, WI CMSA	239	3	1	53	131	185	45	310.59	76.95
Minneapolis-St. Paul, MN-WI MSA	266	4	3	84	194	367	48	366.23	72.63
Modesto, CA MSA	238	4	1	85	134	127	43	343.30	69.33
Nassau-Suffolk, NY PMSA	216	6	0	93	119	151	49	335.32	64.42
New York City	222	2	0	129	205	237	101	391.15	56.76
Philadelphia, PA-NJ PMSA	249	3	1	109	163	196	80	385.59	64.58
Pittsburgh, PA MSA	247	3	0	67	106	157	55	336.35	73.44
Portland-Salem, OR-WA CMSA	245	5	1	82	151	131	33	345.35	70.94
Riverside-San Bernardino, CA PMSA	240	11	0	135	167	180	80	404.18	59.38
Rochester, NY MSA	308	3	0	64	104	120	31	385.15	79.97
San Antonio, TX MSA	254	4	10	73	189	222	69	353.26	71.90
San Francisco, CA PMSA	203	4	0	152	234	503	141	394.68	51.43
Santa Rosa, CA PMSA	263	4	0	119	158	252	83	417.46	63.00
Shreveport-Bossier City, LA MSA	239	13	3	89	161	239	36	352.31	67.84
St. Louis, MO-IL MSA	274	2	1	72	118	129	36	361.93	75.70
Tampa-St. Petersburg-Clearwater, FL MSA	238	7	2	102	238	245	84	376.24	63.26
Tulsa, OK MSA	281	4	0	102	197	362	52	403.34	69.67
Washington/Hagerstown PMSAs	237	6	3	108	193	287	96	377.55	62.77
West Palm Beach-Boca Raton, FL MSA	225	14	2	128	297	252	96	400.70	56.15
Worcester/Fitchburg PMSAs	245	9	3	101	108	110	43	378.25	64.77
Dothan, AL MSA	245	6	3	76	161	112	51	335.60	73.00
Terre Haute, IN MSA	245	8	4	88	189	327	51	355.10	68.99
Wilmington, NC MSA	233	3	6	85	193	251	49	329.92	70.62
Nonmetropolitan AL - AL5	275	3	2	78	95	132	37	369.15	74.50

	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened Out by Genesys	Undeterm Tel Status	Estd. Elig. Hholds	Hhold Response Rate
Nonmetropolitan AR - AR3	295	7	0	64	131	113	25	373.96	78.89
Nonmetropolitan GA - GA7	247	8	0	99	188	269	51	369.00	66.94
Nonmetropolitan IL - IL1	242	2	1	75	114	195	24	327.56	73.88
Nonmetropolitan IN - IN4	256	1	1	73	111	177	37	345.36	74.13
Nonmetropolitan ME - ME1	256	3	1	59	91	179	41	330.35	77.49
Nonmetropolitan NC - NC5	238	7	2	54	157	160	51	323.58	73.55
Nonmetropolitan UT - UT1	283	2	0	45	114	146	39	347.71	81.39
Nonmetropolitan WA - WA5	238	4	1	74	132	144	49	336.37	70.75

RDD Response Rate by High/Low Intensity

1-HIGH INTENSITY SITE	8615	159	52	3865	6450	6837	2443	13474.42	63.94
2-LOW INTENSITY SITE	11865	244	79	4374	7868	10753	2915	17452.67	67.98

In-Person Response Rates By Site

	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold With Undet Elig	Tele. Hhold	Undet If Tele. Hhold	Not A Hhold	Undet If Hhold	Estd. Elig. Hholds	Hhold Response Rate
Boston, MA PORTION	9	0	0	0	172	26	42	0	10.29	87.44
Cleveland-Lorain-Ellyria, OH PMSA	44	0	0	1	135	18	76	2	49.86	88.24
Greenville-Spartanburg-Anderson, SC MSA	87	0	5	17	466	19	143	11	108.07	80.50
Indianapolis, IN MSA	90	2	0	4	209	40	80	0	108.59	82.88
Lansing-East Lansing, MI MSA	23	1	1	4	240	26	23	0	30.53	75.33
Little Rock-North Little Rock, AR MSA	69	0	4	2	246	60	63	0	84.14	82.01
Miami, FL PMSA	22	0	0	1	452	7	67	24	24.36	90.31
Newark, NJ PMSA	72	0	0	1	30	43	16	0	103.48	69.58
Orange County, CA PMSA	7	0	0	4	665	14	21	0	11.23	62.35
Phoenix-Mesa, AZ MSA	67	0	0	0	133	3	22	0	68.01	98.52
Seattle-Bellevue-Everett, WA PMSA	11	0	0	0	85	34	25	309	44.59	24.67
Syracuse, NY MSA	18	1	0	1	179	34	301	0	23.42	76.87

In-Person Response Rates

	519	4	10	35	3012	324	879	346	666.56	77.86
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	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened Out by Genesys	Undeterm Tel Status	Estd. Elig. Hholds	Hhold Response Rate
RDD Response Rates by Size Of Site									
1-LG MSA 3 MIL OR MORE	2654	57	15	1350	2154	2979	944	4360.99	60.86
2-LG MSA 2-3 MIL	5449	115	26	2439	4217	5027	1631	8531.43	63.87
3-LG MSA 1-2 MIL	3402	55	19	1293	2235	2793	1019	5098.97	66.72
4-LG MSA <1 MIL	5922	122	50	2287	4036	4586	1280	8792.05	67.36
5-SM MSA	723	17	13	249	543	690	130	1020.62	70.84
6-NON-MSA	2330	37	8	621	1133	1515	354	3123.03	74.61
RDD Response Rates by Sample Group									
1-R3 COMPLETE	13971	164	35	2983	4949	0	897	17800.69	78.49
2-R3 REFUSR OR OTH NRESP	393	21	3	1119	549	0	208	1664.43	23.61
3-R3 NON-HHOLD	615	35	22	418	2139	2369	526	1153.76	53.30
4-R3 NO ANSWER OR MAD	68	5	2	56	457	452	946	226.61	30.01
7-RESIDUAL	5276	175	62	3575	5732	13792	2653	9827.09	53.69
8-NEW	157	3	7	88	492	977	128	254.51	61.69
RDD Response Rates for Overlap Cases Noncomplete									
	1076	61	27	1593	3145	2821	1680	3044.79	35.34
RDD Response Rates by Overlap Status									
0-RESID/NEW	5433	178	69	3663	6224	14769	2781	10081.60	53.89
1-OVERLAP	15047	225	62	4576	8094	2821	2577	20845.49	72.18
RDD Response Rates									
	20480	403	131	8239	14318	17590	5358	30927.09	66.22

APPENDIX E. 2

CTS ROUND 4 HOUSEHOLD SURVEY UNWEIGHTED RESPONSE RATES AT FAMILY LEVEL

	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Household-Family) Response Rate
RDD Response Rates by Site						
Boston, MA PORTION	889	86	5	975	91.18	53.74
Cleveland-Lorain-Elmira, OH PMSA	924	49	1	973	94.96	65.40
Greenville-Spartanburg-Anderson, SC MSA	838	42	11	880	95.23	61.95
Indianapolis, IN MSA	881	28	3	909	96.92	67.84
Lansing-East Lansing, MI MSA	891	47	12	938	94.99	63.61
Little Rock-North Little Rock, AR MSA	892	33	10	925	96.43	66.33
Miami, FL PMSA	860	83	23	943	91.20	52.74
Newark, NJ PMSA	855	85	10	940	90.96	53.01
Orange County, CA PMSA	109	109	11	1002	89.12	49.76
Phoenix-Mesa, AZ MSA	754	52	6	806	93.55	62.43
Seattle-Bellevue-Everett, WA PMSA	818	45	10	863	94.79	59.63
Syracuse, NY MSA	987	39	8	1026	96.20	67.81
Atlanta, GA MSA	269	12	0	281	95.73	59.22
Augusta-Aiken, GA-SC MSA	299	22	2	321	93.15	63.43
Baltimore, MD PMSA	308	23	6	331	93.05	60.74
Bridgeport/Stamford/Danbury CT PMSAS	250	14	2	264	94.70	59.03
Chicago/Kenosha/Kankakee PMSAS	298	20	3	318	93.71	58.53
Columbus, OH MSA	282	10	2	292	96.58	69.96
Denver-Boulder-Greeley, CO CMSA	297	14	3	311	95.50	63.45
Detroit, MI PMSA	310	19	6	329	94.22	60.90
Greensboro-Winston-Salem-High Point, NC	295	11	4	306	96.41	66.24
Houston-Galveston-Brazoria, TX CMSA	290	25	3	315	92.06	57.60
Huntington-Ashtand, WV-KY-OH MSA	321	8	7	329	97.57	69.77
Killeen-Temple, TX MSA	288	11	5	299	96.32	67.67
Knoxville, TN MSA	284	12	0	296	95.95	73.50
Las Vegas, NV-AZ MSA	258	13	1	271	95.20	61.63
Los Angeles-Long Beach, CA PMSA	279	31	1	310	90.00	51.63
Middlesex/Trenton PMSAS	286	29	1	315	90.79	57.04
Milwaukee-Racine, WI CMSA	277	8	0	285	97.19	74.79
Minneapolis-St. Paul, MN-WI MSA	305	19	1	324	94.14	68.37
Modesto, CA MSA	301	16	4	317	94.95	65.83
Nassau-Suffolk, NY PMSA	266	24	2	290	91.72	59.08
New York City	272	30	2	302	90.07	51.12
Philadelphia, PA-NJ PMSA	309	22	4	331	93.35	60.28
Pittsburgh, PA MSA	300	18	3	318	94.34	69.28
Portland-Salem, OR-WA CMSA	305	16	1	321	95.02	67.41
Riverside-San Bernardino, CA PMSA	290	17	0	307	94.46	56.09
Rochester, NY MSA	362	14	2	376	96.28	76.99
San Antonio, TX MSA	299	21	1	320	93.44	67.18
San Francisco, CA PMSA	235	26	0	261	90.04	46.31
Santa Rosa, CA PMSA	307	33	0	340	90.29	56.89
Shreveport-Bossier City, LA MSA	302	15	1	317	95.27	64.63
St. Louis, MO-IL MSA	319	18	6	337	94.66	71.66
Tampa-St. Petersburg-Clearwater, FL MSA	278	13	5	291	95.53	60.43
Tulsa, OK MSA	338	15	1	353	95.75	66.71
Washington/Hagerstown PMSAS	275	17	1	292	94.18	59.12
West Palm Beach-Boca Raton, FL MSA	264	17	4	281	93.95	52.76
Worcester/Fitchburg PMSAS	288	19	4	307	93.81	60.76
Dothan, AL MSA	296	13	5	309	95.79	69.93
Terre Haute, IN MSA	294	6	2	300	98.00	67.61
Wilmington, NC MSA	339	18	1	357	93.62	66.12
Nonmetropolitan AL - AL5	359	17	10	356	95.22	70.94
Nonmetropolitan AR - AR3	345	6	0	351	98.29	77.54
Nonmetropolitan GA - GA7	290	16	5	306	94.77	63.44

	Responding Families	Nonresponding Families	Eligible Families	Family Response Rate	Combined Response Rate
Nonmetropolitan IL - IL1	276	5	281	98.22	72.57
Nonmetropolitan IN - IN4	316	8	324	97.53	72.30
Nonmetropolitan ME - ME1	292	7	299	97.66	75.68
Nonmetropolitan NC - NC5	296	9	305	97.05	71.38
Nonmetropolitan UT - UT1	334	9	343	97.38	79.26
Nonmetropolitan WA - WA5	283	10	293	96.59	68.34

RDD Response Rates by High/Low Intensity

1-HIGH INTENSITY SITE	10482	698	110	93.76	59.94
2-LOW INTENSITY SITE	14131	776	131	94.79	64.44

In-Person Response Rates By Site

Boston, MA PORTION	16	0	16	100.00	87.44
Cleveland-Lorain-Elvira, OH PMSA	49	3	52	94.23	83.15
Greenville-Spartanburg-Anderson, SC MSA	121	9	130	93.08	74.93
Indianapolis, IN MSA	159	10	169	94.08	77.98
Lansing-East Lansing, MI MSA	35	1	36	97.22	73.24
Little Rock-North Little Rock, AR MSA	91	7	98	92.86	76.15
Miami, FL PMSA	40	1	41	97.56	88.11
Newark, NJ PMSA	113	6	119	94.96	66.07
Orange County, CA PMSA	11	4	15	73.33	45.72
Phoenix-Mesa, AZ MSA	117	6	123	95.12	93.72
Seattle-Bellevue-Everett, WA PMSA	13	1	14	92.86	22.91
Syracuse, NY MSA	41	0	41	100.00	76.87

In-Person Response Rates

	806	48	14	94.38	73.49
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RDD Response Rates by Size of Site

1-LG MSA 3 MIL OR MORE	3191	262	25	92.41	56.24
2-LG MSA 2-3 MIL	6612	484	76	93.18	59.51
3-LG MSA 1-2 MIL	4077	248	25	94.27	62.89
4-LG MSA <1 MIL	7108	356	72	95.23	64.14
5-SM MSA	854	37	8	95.85	67.90
6-NON-MSA	2771	87	35	96.96	72.34

RDD Response Rates by Sample Group

1-R3 COMPLETE	16944	822	154	95.37	74.85
2-R3 REFUSR OR OTH NRESP	463	51	5	90.08	21.27
3-R3 NON-HHOLD	734	66	15	91.75	48.91
4-R3 NO ANSWER OR MAD	88	8	0	91.67	27.51
7-RESIDUAL	6202	512	64	92.37	49.59
8-NEW	182	15	3	92.39	56.99

RDD Response Rates for Overlap Cases Noncomplete

	1285	125	20	91.13	32.2
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	Responding Families	Nonresponding Families	Ineligible Families	Eligible Families	Family Response Rate	Combined (Household-Family) Response Rate
6384	527	67	6911	92.37	49.78	
18229	947	174	19176	95.06	68.62	
24613	1474	241	26087	94.35	62.48	

RDD Response Rates by Overlap Status

0-RESID/NEW
1-OVERLAP

RDD Response Rates

APPENDIX E. 3

CTS ROUND 4 HOUSEHOLD SURVEY WEIGHTED RESPONSE RATES BY HOUSEHOLD LEVEL

RDD Response Rates by Site

Site	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened Out by Genesys	Undeterm Tel Status	Estd. Eli.g. Hholds	Hhold Response Rate
Boston, MA PORTION	1105914.66	30826.55	5981.11	886664.97	1028327.72	1142001.09	559263.31	2187143.68	50.56
Cleveland-Lorain-Elvira, OH PMSA	1078662.62	25175.14	7415.87	635154.90	850085.78	927718.40	377268.79	1847422.51	58.39
Greenville-Spartanburg-Anderson, SC MSA	93816.96	26252.60	5757.43	605355.37	1160991.27	942157.35	303162.96	1711768.24	57.47
Indianapolis, IN MSA	1131162.61	19986.93	1970.95	542025.42	1001993.52	878646.87	428147.96	1817216.02	62.25
Lansing-East Lansing, MI MSA	840995.21	16427.14	13974.32	465894.65	784251.83	926789.82	322557.07	1415488.89	59.41
Little Rock-North Little Rock, AR MSA	95988.67	16441.78	18999.87	453075.12	963710.32	1082611.35	309543.91	1530794.17	62.71
Miami, FL PMSA	727827.09	14573.71	12987.49	592933.66	1274380.51	1179055.14	531001.60	1458268.70	49.91
Newark, NJ PMSA	852649.16	22060.36	2773.94	620427.26	840443.76	1012837.84	770632.07	1741037.82	48.97
Orange County, CA PMSA	951553.30	37797.28	2712.53	905718.03	1093567.92	1301189.68	697341.20	2103166.97	45.24
Phoenix-Mesa, AZ MSA	770827.65	16120.40	10477.54	422223.39	1164210.07	1310066.23	474280.16	1321975.24	58.31
Seattle-Bellevue-Everett, WA PMSA	1003502.31	23302.47	8337.49	658744.49	973085.92	1298757.88	567355.39	1831280.74	54.80
Syracuse, NY MSA	1042392.63	13293.44	7182.87	503725.81	728094.60	718656.89	369809.11	1668932.67	62.46
Atlanta, GA MSA	346069.75	15712.42	4688.34	199050.20	459794.93	719550.76	176131.70	609774.24	56.75
Augusta-Aiken, GA-SC MSA	242527.38	4291.09	3119.37	117551.27	250552.12	310276.99	68504.86	383969.67	63.16
Baltimore, MD PMSA	222218.19	4853.07	0.00	110635.39	157732.66	279258.28	139669.05	383660.27	57.92
Bridgport-Stamford/Danbury CT PMSAs	349261.28	8542.07	0.00	238284.39	319948.28	399136.53	204864.14	656820.06	53.17
Chicago/Kenosha/Kankakee PMSAs	571769.12	9841.62	0.00	349582.39	672315.18	1090175.96	390233.85	1023655.27	55.86
Columbus, OH MSA	335739.70	10824.46	3696.49	150746.48	269001.34	289514.49	122980.69	532907.20	63.00
Denver-Boulder-Greeley, CO CMSA	333159.91	7131.37	1579.33	182997.09	346839.23	661477.36	156229.15	591912.79	59.66
Detroit, MI PMSA	356391.58	8960.62	3880.72	205395.49	302191.99	599812.25	179418.35	614067.27	58.04
Greensboro-Winston-Salem-High Point, NC	368101.57	6868.64	1336.93	174607.71	446570.45	560850.83	131325.11	594747.20	61.89
Houston-Galveston-Brazoria, TX CMSA	337070.40	13454.84	1592.80	183996.94	515586.01	615675.26	190280.62	581389.75	57.98
Huntington-Ashtand, WV-KY-OH MSA	344789.05	11815.45	6410.73	138123.23	161940.30	227365.03	70428.95	518271.30	66.91
Killeen-Temple, TX MSA	323430.43	10754.87	11755.41	141695.57	271795.92	377105.49	121801.10	518311.27	62.40
Knoxville, TN MSA	386823.42	17974.56	1995.63	108689.49	346879.07	347520.25	135092.12	560048.91	69.07
Las Vegas, NV-AZ MSA	397884.86	2234.55	0.00	249576.97	318322.90	447085.84	202382.94	704765.87	56.46
Los Angeles-Long Beach, CA PMSA	573388.27	6057.75	8669.65	424845.22	605470.48	824484.46	454168.03	1137539.28	50.41
Middlesex/Trenton PMSAs	328503.83	2846.13	3325.69	215510.62	280981.72	383940.27	226427.91	603207.27	54.46
Milwaukee-Racine, WI CMSA	381365.97	6136.21	1900.71	102252.79	267085.70	383262.54	113270.87	523185.26	72.89
Minneapolis-St. Paul, MN-WI MSA	360656.67	5710.81	6442.94	146632.10	353199.71	714195.51	104171.90	533618.54	67.59
Modesto, CA MSA	335429.09	8756.17	1544.19	180405.84	246357.88	241729.23	116226.74	554203.76	60.52
Nassau-Suffolk, NY PMSA	312313.26	10998.42	0.00	198713.19	254442.61	319402.09	129182.71	570281.56	54.76
New York City	529371.59	3986.02	0.00	422963.24	675813.55	791135.80	402551.93	1081352.71	48.95
Philadelphia, PA-NJ PMSA	445035.21	7126.63	1652.68	283213.14	424462.46	481223.63	250858.48	796004.62	55.91
Pittsburgh, PA MSA	370708.12	4717.05	3022.47	209691.04	214007.48	354782.01	163520.79	5713699.80	61.86
Portland-Salem, OR-WA CMSA	441480.88	9972.61	0.00	161323.04	355449.66	337059.80	130662.57	713699.80	61.86
Riverside-San Bernardino, CA PMSA	316373.91	16846.42	0.00	240255.36	297354.80	32131.46	189037.33	583322.44	54.24
Rochester, NY MSA	298875.44	2566.62	0.00	108440.99	189574.00	212514.66	67968.23	422630.36	70.72
San Antonio, TX MSA	312951.82	4646.81	15936.00	118083.20	292400.10	356283.73	130480.49	472863.59	66.18
San Francisco, CA PMSA	225022.41	4714.20	0.00	214021.50	317038.47	702102.56	242703.98	498429.37	45.15
Santa Rosa, CA PMSA	340221.14	5527.96	0.00	200262.24	265814.24	416521.79	164112.06	600512.18	56.66
Shreveport-Bossier City, LA MSA	315819.01	24653.92	4909.79	155150.33	274665.14	424874.46	85396.85	518704.11	60.89
St. Louis, MO-IL MSA	374267.24	4457.02	2660.50	148146.13	243005.80	247946.11	101754.45	556962.31	67.20
Tampa-St. Petersburg-Clearwater, FL MSA	405994.80	12871.29	5475.30	250766.79	529977.51	538426.10	236084.34	742512.31	54.68
Tulsa, OK MSA	295630.55	4417.21	0.00	147933.59	270185.41	482666.82	88065.85	471639.63	62.68
Washington/Hagerstown PMSAs	430542.57	10979.36	9595.37	269008.09	452216.60	697179.53	300181.85	776205.34	55.47
West Palm Beach-Boca Raton, FL MSA	360565.25	37776.02	4956.96	264503.06	649229.92	507315.95	241238.37	732387.65	49.23
Worcester/Fitchburg PMSAs	276609.60	16700.66	3944.76	173343.06	163599.43	177150.39	79986.58	504714.33	54.81
Dothan, AL MSA	771581.17	32917.80	12811.08	408979.90	723135.72	499341.62	185214.44	1248655.87	61.79
Terre Haute, IN MSA	589721.35	23546.68	9575.82	294479.26	616087.46	1056604.74	231474.82	962223.27	61.29
Wilmington, NC MSA	1122406.19	13317.60	43804.20	547713.51	1321163.72	1623744.60	408576.84	1735182.03	64.69
Nonmetropolitan AL - AL5	743577.49	24714.57	12142.32	322246.59	340094.53	502522.73	200864.44	1140446.68	65.20
Nonmetropolitan AR - AR3	849968.11	19639.27	0.00	334476.20	584141.63	515041.78	146305.10	1237096.74	68.71

	Responding Hhol d	Nonresp Hhol d	Inelig Hhol d	Hhol d with Undet Elig	Inelig Phone	Screened Out by Genesys	Undeterm Tel Status	E std. Elig. Hhols	Hhol d Response Rate
Nonmetropolitan GA - GA7	780599.34	25746.78	0.00	398389.40	758163.53	1017002.85	253090.25	1262210.54	61.84
Nonmetropolitan IL - IL1	786142.89	5382.99	2846.27	379956.74	500344.08	835801.86	132248.88	1206022.93	65.18
Nonmetropolitan IN - IN4	666006.42	2909.68	3276.59	304015.95	418032.07	631872.86	185057.00	1041852.84	63.93
Nonmetropolitan ME - ME1	1035915.29	12523.22	9498.71	319378.98	542608.85	977757.69	349431.74	1435432.48	72.17
Nonmetropolitan NC - NC5	729521.84	30348.51	11223.73	240226.06	708951.03	766014.07	327007.98	1146641.52	63.62
Nonmetropolitan UT - UT1	960287.14	27805.68	0.00	255385.57	539144.54	894289.52	286693.73	1345467.03	71.37
Nonmetropolitan WA - WA5	946730.83	21944.35	3406.18	443815.02	794723.77	806596.95	364529.75	1542199.77	61.39

RDD Response Rates by High/Low Intensity

1-HIGH INTENSITY SITE	11449292.87	262257.80	98571.41	7291943.07	11863143.22	2720488.54	5710363.52	20634495.63	55.49
2-LOW INTENSITY SITE	22948821.33	580522.01	22677.76	435460.38	20307393.97	26977725.46	9377835.52	37548326.03	61.12

	Responding Hhol d	Nonresp Hhol d	Inelig Hhol d	Hhol d with Undet Elig	Tel.e. Hhol d	Undet If Tel.e. Hhol d
Boston, MA PORTION	20459.72	0.00	0.00	0.00	892458.86	67273.35
Cleveland-Lorain-El yria, OH PMSA	72829.90	0.00	0.00	753.33	300151.34	46818.56
Greenville-Spartanburg-Anderson, SC MSA	426383.12	0.00	36105.41	98569.67	2423587.74	114366.78
Indianapolis, IN MSA	290838.17	8956.44	0.00	9175.35	818529.05	156025.45
Lansing-East Lansing, MI MSA	137417.68	7919.41	3711.65	26475.71	1614521.60	187979.13
Little Rock-North Little Rock, AR MSA	197079.52	0.00	8197.05	3927.14	838419.73	193248.66
Miami, FL PMSA	131379.98	0.00	0.00	4747.58	2780348.81	53583.19
Newark, NJ PMSA	261330.97	0.00	0.00	5083.19	132402.40	188355.51
Orange County, CA PMSA	23979.28	0.00	0.00	14014.19	2304218.50	54505.26
Phoenix-Mesa, AZ MSA	239715.80	0.00	0.00	0.00	436607.72	14719.19
Seattle-Bellevue-Everett, WA PMSA	86499.93	0.00	0.00	0.00	781150.27	299142.97
Syracuse, NY MSA	56378.80	3844.99	0.00	3621.30	597106.45	107148.48

In-Person Response Rates By Site

	Not A Hhol d	Undet If Hhol d	Est'd. Elig. Hhols	Hhol d Response Rate
Boston, MA PORTION	80940.69	0.00	21967.40	93.14
Cleveland-Lorain-El yria, OH PMSA	115664.68	1506.66	83033.81	87.71
Greenville-Spartanburg-Anderson, SC MSA	727009.51	51485.15	544305.39	78.34
Indianapolis, IN MSA	192923.21	0.00	351725.82	82.69
Lansing-East Lansing, MI MSA	135760.74	0.00	189126.93	72.66
Little Rock-North Little Rock, AR MSA	180892.65	0.00	237899.38	82.84
Miami, FL PMSA	450722.78	137715.36	144209.55	91.10
Newark, NJ PMSA	52440.35	0.00	392237.87	66.63
Orange County, CA PMSA	61026.68	0.00	38877.62	61.68
Phoenix-Mesa, AZ MSA	82040.58	0.00	244932.86	97.87
Seattle-Bellevue-Everett, WA PMSA	196272.86	838963.39	187919.22	46.03
Syracuse, NY MSA	804979.77	0.00	74195.18	75.99

Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Tele. Hhold	Undet If Tele. Hhold	Not A Hhold	Undet If Hhold	Estd. Elig. Hholds	Hhold Response Rate
1944292.88	20720.85	48014.11	166367.45	13919502.45	1483166.53	3080674.51	1029670.56	2510431.02	77.45

In-Person Response Rates

RDD Response Rates by Size of Site

	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened Out by Genesys	Undeterm Tel Status	Estd. Elig. Hholds	Hhold Response Rate
1-LG MSA 3 MIL OR MORE	469553.16	106945.81	36060.68	3224719.69	5136178.93	6961238.73	2903088.13	8807132.16	53.32
2-LG MSA 2-3 MIL	7248065.07	184554.44	58088.99	4654243.57	7751890.01	9464406.26	3866842.86	13104001.22	55.31
3-LG MSA 1-2 MIL	4675853.39	90622.95	33963.27	2455807.00	4259538.71	5117013.59	2364599.88	7919923.90	59.04
4-LG MSA <1 MIL	7796184.54	219859.49	84551.35	4143569.99	7176338.59	8028964.18	2883173.60	13048332.68	59.75
5-SM MSA	2483708.71	69782.07	66191.10	1251172.67	2660386.90	3179690.95	825265.70	3946061.18	62.94
6-NON-MSA	7498749.35	171015.05	42393.79	2997890.52	5186204.04	6946900.29	2245228.87	11357370.52	66.03

RDD Response Rates by Sample Group

	Responding Hhold	Nonresp Hhold	Inelig Hhold	Hhold with Undet Elig	Inelig Phone	Screened Out by Genesys	Undeterm Tel Status	Estd. Elig. Hholds	Hhold Response Rate
1-R3 COMPLETE	21397331.39	246867.04	57186.91	4375128.45	7499455.90	0.00	1329533.08	27030660.74	79.16
2-R3 REFUSR OR OTH NRESP	1989047.78	129408.14	17209.92	5771924.61	2807735.40	0.00	1080965.60	8589357.29	23.16
3-R3 NON-HHOLD	2115826.48	126526.47	88028.55	1440900.50	7443617.14	8379859.54	1869221.50	3969611.22	53.30
4-R3 NO ANSWER OR MAD	252387.01	15198.16	5732.65	209605.60	1768482.88	1632816.09	3686916.12	845921.80	29.84
7-RESIDUAL	8113536.53	316990.11	124254.14	6623423.98	11040282.88	26461835.79	6700592.19	16882837.28	48.06
8-NEW	529985.02	7789.89	28837.00	306420.31	1610962.98	3223702.58	420970.55	864433.33	61.31

RDD Response Rates for Noncomplete Overlap Cases

	4357261.26	271132.77	110971.13	7422430.7	12019835.42	10012675.63	6637103.22	13404890.31	32.5
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RDD Response Rates by Overlap Status

0-RESID/NEW	8643521.55	324780.00	153091.14	6929844.30	12651245.86	29685538.37	7121562.75	17747270.61	48.70
1-OVERLAP	25754592.65	17999.81	168158.03	11797559.15	19519291.32	10012675.63	7966636.30	40435551.05	63.69

RDD Response Rates

	34398114.2	84279.81	321249.17	18727403.45	32170537.18	39698214	15088199.04	58182821.66	59.12
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APPENDIX E. 4

CTS ROUND 4 HOUSEHOLD SURVEY WEIGHTED RESPONSE RATES AT FAMILY LEVEL

Responding Families Nonresponding Families Ineligible Families Eligible Families Family Response Rate Family Response Combined (Household-Family) Response Rate

RDD Response Rates by Site

Boston, MA PORTION	1341941.57	138333.31	7844.79	1480274.89	90.65	45.84
Cleveland-Lorain-Ellyria, OH PMSA	1303719.18	78591.58	3073.60	1382310.76	94.31	55.07
Greenville-Spartanburg-Anderson, SC MSA	1208903.59	73674.15	17871.64	1282577.74	94.26	54.17
Indianapolis, IN MSA	1380505.93	40917.03	4489.66	1421422.96	97.12	60.46
Lansing-East Lansing, MI MSA	1010831.00	49590.57	11514.49	1060421.56	95.32	56.64
Little Rock-North Little Rock, AR MSA	1118842.87	44022.19	12993.49	1162865.06	96.21	60.34
Miami, FL PMSA	921083.59	94964.22	23950.27	1016047.81	90.65	45.25
Newark, NJ PMSA	1038650.55	112676.59	11349.56	1151327.14	90.21	44.18
Orange County, CA PMSA	1176773.56	149968.80	15875.88	1326742.35	88.70	40.13
Phoenix-Mesa, AZ MSA	933349.72	79147.76	6184.32	1012497.47	92.18	53.75
Seattle-Bellevue-Everett, WA PMSA	1201228.76	65253.00	21899.69	1266481.76	94.85	51.97
Syracuse, NY MSA	1257477.69	56326.80	9954.71	1313804.50	95.71	59.78
Atlanta, GA MSA	409429.80	18467.84	0.00	427897.64	95.68	54.30
Augusta-Aiken, GA-SC MSA	291153.42	20324.52	1699.68	311477.94	93.47	59.04
Baltimore, MD PMSA	271777.89	20975.46	5535.68	292753.35	92.84	53.77
Bridgport/Stamford/Danbury CT PMSAS	413819.30	26157.25	3314.00	439976.55	94.05	50.01
Chicago/Kenosha/Kankakee PMSAS	674266.72	43763.71	6544.68	718030.43	93.91	52.45
Columbus, OH MSA	381354.64	12315.50	3613.41	393670.14	96.87	61.03
Denver-Boulder-Greeley, CO CMSA	389247.21	18281.45	2326.24	407528.67	95.51	56.99
Detroit, MI PMSA	424817.16	24681.69	8996.93	449498.85	94.51	54.85
Greensboro-Winston-Salem-High Point, NC	432583.64	19447.77	6073.76	452031.41	95.70	59.23
Houston-Galveston-Braxoria, TX CMSA	388209.91	36910.82	3657.47	425120.73	91.32	52.94
Huntington-Ashland, WV-KY-OH MSA	421598.52	14533.34	8423.82	436131.86	96.67	64.68
Killeen-Temple, TX MSA	371966.24	12982.29	7331.49	384948.53	96.63	60.30
Knoxville, TN MSA	469129.80	23763.44	0.00	492893.24	95.18	65.74
Las Vegas, NV-AZ MSA	479075.55	37564.28	3868.50	516639.84	92.73	52.35
Los Angeles-Long Beach, CA PMSA	699980.71	79983.83	2319.27	779964.54	89.75	45.24
Middlesex/Trenton PMSAS	394853.03	39114.57	1283.89	433967.60	90.99	49.55
Milwaukee-Racine, WI CMSA	440279.79	19104.78	0.00	459384.57	95.84	69.86
Minneapolis-St. Paul, MN-WI MSA	412353.27	28923.18	2327.74	441276.45	93.45	63.16
Modesto, CA MSA	426435.58	23395.28	6048.57	449830.86	90.60	57.38
Nassau-Suffolk, NY PMSA	385673.93	39993.89	2339.68	425667.82	90.60	49.62
New York City	657485.56	76263.20	4019.19	733748.76	89.61	43.87
Philadelphia, PA-NJ PMSA	553453.10	42118.85	11287.81	595571.95	92.93	51.95
Pittsburgh, PA MSA	446884.57	29677.70	4044.34	476562.27	93.77	59.97
Portland-Salem, OR-WA CMSA	565101.30	29497.83	1871.75	594599.13	95.04	58.79
Riverside-San Bernardino, CA PMSA	382563.15	24985.51	0.00	407548.66	93.87	50.91
Rochester, NY MSA	349619.34	15405.00	1512.07	365024.34	95.78	67.73
San Antonio, TX MSA	362479.53	24666.77	1023.78	387146.30	93.63	61.97
San Francisco, CA PMSA	259217.08	28491.05	0.00	287708.13	90.10	40.68
Santa Rosa, CA PMSA	397398.08	45083.34	0.00	442481.42	89.81	50.88
Shreveport-Bossier City, LA MSA	398660.01	20531.02	1263.34	419191.03	95.10	57.90
St. Louis, MO-IL MSA	433362.42	22936.01	8791.17	456298.43	94.97	63.82
Tampa-St. Petersburg-Clearwater, FL MSA	474522.90	24855.25	9451.05	499378.15	95.02	51.96
Tulsa, OK MSA	351605.65	19217.77	931.75	370823.42	94.82	59.43
Washington/Hagerstown PMSAS	501404.50	30855.32	3329.49	532259.82	94.20	52.25
West Palm Beach-Boca Raton, FL MSA	433756.80	34690.25	9647.60	468447.05	92.59	45.59
Worcester/Fitchburg PMSAS	321085.62	27908.39	6564.98	348994.01	92.00	50.42
Dothan, AL MSA	923130.86	42892.68	14389.10	966023.54	95.56	59.05
Terre Haute, IN MSA	712795.34	16921.49	4434.12	729716.83	97.68	59.87
Wilmington, NC MSA	1273237.20	93300.59	4429.22	1366537.80	93.17	60.27
Nonmetropolitan AL - AL5	923907.31	56835.31	24084.59	980742.62	94.20	61.42
Nonmetropolitan AR - AR3	975944.08	23357.76	0.00	999301.84	97.66	67.10
Nonmetropolitan GA - GA7	907780.71	47253.80	14729.52	955034.51	95.05	58.78
Nonmetropolitan IL - IL1	908021.25	15060.43	14586.45	923081.68	98.37	64.12

	Responding Families	Nonresponding Families	Intelligible Families	Eligible Families	Family Response Rate	Combined Household-Family Response Rate
Nonmetropolitan IN - IN4	826602.71	23075.01	2473.30	849677.72	97.28	62.19
Nonmetropolitan ME - ME1	1175153.55	27903.38	11684.86	1203056.94	97.68	70.49
Nonmetropolitan NC - NC5	901096.52	24282.38	16357.62	925378.90	97.38	61.95
Nonmetropolitan UT - UT1	1149738.37	27100.53	19243.58	1176838.90	97.70	69.73
Nonmetropolitan WA - WA5	1113066.28	40749.99	0.00	1153816.28	96.47	59.22

RDD Response Rates by High/Low Intensity

1-HIGH INTENSITY SITE	13893307.99	983466.00	147002.11	14876773.99	93.39	51.82
2-LOW INTENSITY SITE	27257079.92	1496601.52	265855.49	28753681.44	94.80	57.94

In-Person Response Rates by Site

Boston, MA PORTION	29926.30	0.00	0.00	29926.30	100.00	93.14
Cleveland-Lorain-Elyria, OH PMSA	80119.17	11697.15	1883.57	91816.32	87.26	76.54
Greenville-Spartanburg-Anderson, SC MSA	594784.52	40707.07	22043.17	635491.59	93.59	73.32
Indianapolis, IN MSA	505964.87	36663.78	2293.84	542628.64	93.24	77.10
Lansing-East Lansing, MI MSA	214625.37	3711.65	0.00	218337.01	98.30	71.42
Little Rock-North Little Rock, AR MSA	263281.77	15180.03	4098.52	278461.80	94.55	78.33
Miami, FL PMSA	233873.16	2391.91	13948.12	236265.07	98.99	90.18
Newark, NJ PMSA	413610.16	20579.70	1633.77	434189.87	95.26	63.47
Orange County, CA PMSA	37993.47	11831.96	0.00	49825.44	76.25	47.03
Phoenix-Mesa, AZ MSA	411764.52	18007.66	2740.17	429772.17	95.81	93.77
Seattle-Bellevue-Everett, WA PMSA	115847.00	6350.32	6350.32	122197.31	94.80	43.64
Syracuse, NY MSA	124117.38	0.00	0.00	124117.38	100.00	75.99

In-Person Response Rates

	3025907.68	167121.22	54991.48	3193028.9	94.77	73.39
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RDD Response Rates by Size of Site

1-LG MSA 3 MIL OR MORE	5650989.02	491378.57	47999.63	6142367.60	92.00	49.05
2-LG MSA 2-3 MIL	8732540.15	678553.80	105799.68	9411093.95	92.79	51.32
3-LG MSA 1-2 MIL	5604644.82	341636.90	31217.88	5946281.72	94.25	55.65
4-LG MSA <1 MIL	9371739.72	529764.89	101428.05	9901504.62	94.65	56.55
5-SM MSA	2909163.40	153114.76	23252.44	3062278.16	95.00	59.79
6-NON-MSA	8881310.80	285618.60	103159.92	9166929.40	96.88	63.97

RDD Response Rates by Sample Group

1-R3 COMPLETE	25828111.38	1169881.48	242741.08	26997992.86	95.67	75.73
2-R3 REFUSR OR OTH NRESP	2323003.54	242976.95	22308.03	2565980.49	90.53	20.96
3-R3 NON-HHOLD	2542379.85	227995.37	48519.56	2770375.22	91.77	48.91
4-R3 NO ANSWER OR MAD	327613.23	26841.82	0.00	354455.05	92.43	27.58
7-RESI DUAL	9518448.90	762404.93	92215.99	10280853.83	92.58	44.49
8-NEW	610831.02	49966.97	7072.95	660797.99	92.44	56.67

Responding Families Nonresponding Families Ineligible Families Eligible Families Family Response Rate Combined Household-Family Response Rate

RDD Response Rates for Overlap Cases Noncomplete

5192996.62 497814.14 70827.59 5690810.75 91.25 29.66

RDD Response Rates by Overlap Status

10129279.92 812371.90 99288.94 10941651.82 92.58 45.09
 31021107.99 1667695.62 313568.66 32688803.61 94.90 60.44

RDD Response Rates

41150387.92 2480067.52 412857.6 43630455.44 94.32 55.76