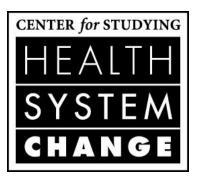
Community Tracking Study Household Survey Methodology Report (Appendices)

(Round Two)



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Report on Survey Methods for the Community Tracking Study's 1998-1999 Round Two Household Survey (Appendices)

Final Report

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APPENDIX A

SURVEY INSTRUMENTS: ROUND TWO HOUSEHOLD SURVEY AND SCREENER FOR NONTELEPHONE HOUSEHOLDS

Community Tracking Study Round 2 Household Survey

INTRODUCTIONS

REINTERVIEW SAMPLE

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

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 [IF STATE SUPPORT: including [fill NAME] will make a real contribution toward efforts to provide high quality and affordable health care.] Let's begin . . .

TYPE <g> TO CONTINUE [GO TO A2]

TO BREAKOFF/ADDITIONAL INFORMATIONb [GO TO A2] R CLAIMS HOUSEHOLD NOT IN ROUND 1x [GO TO DEL2] ===>

FOR NEW SAMPLE (VERSION 1 — LETTER)

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

YES1	[GO TO paa3]
NO0	
===>	

>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 ===> [GO TO A2]

>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 ===> [GO TO A2]

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

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

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 ===> [GO TO A2]

FOR REFUSAL PREPAYS

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

Got check, continue	1
Did not receive check	2 [GO TO pap3]
CALL BACK	
===>	

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

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

>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 [GO TO A2]

FOR SECOND REFUSALS THAT ARE NOT PREPAY

>cold< As a token of our good will, I would like to send you a check for \$[fill chka] before you complete the survey.</p>

READ IF NECESSARY: I can send the check and call you back in a few weeks or we could complete the interview now and I can send the check when we are done.

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. This study supported by state health departments throughout the country, and it is funded by the Robert Wood Johnson Foundation.

TO BEGIN INTERVIEW: JUMP BACK ONE SCREEN

TYPE <g> TO GET CHECK INFORMATION [GO TO pap4]

NO, REFUSESr ===> [refusal]

>pap4< So that we can send you a check for \$[fill chka], could you please give me your full name and address?

ENTER <1> TO CONTINUE ===>

>pap5< READ AFTER NAME AND ADDRESS OBTAINED: Your name and address are confidential and will only be used if we call you for another interview.

ENTER <g> TO CONTINUE ===> [GO TO callback]

>A2< CONTINUE WITH INTERVIEW

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

CALLBACK

NO PERSON 18 OR OLDER HOME NOW	3
CALLBACK	10

PROBLEM

PROBABLE MENTAL IMPAIRMENT	5	
LANGUAGE BARRIER	6	[GO TO lang]
SUPERVISOR REVIEW	11	

REFUSAL

HOUSEHOLD REFUSAL	7
HUNG UP DURING INTRODUCTION	12

INELIGIBLE

===>
INSTITUTION/VACATION HOME)8
NON-RESIDENCE/GROUP QUARTERS/
NOT A RESIDENCE (BUSINESS/
LIVES IN THE HOUSEHOLD4
NO PERSON 18 OR OLDER

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 ===> [GO TO A2]

Section A. DEMOGRAPHICS AND SCREENING

If new sample start at question hhld If reinterview sample start at question DEL

HOUSEHOLD COMPOSITION

IF RE-INTERVIEW SAMPLE:

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

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

DELETE? NAME RELATION SEX AGE AT LAST INTERVIEWER

[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]1[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]2[fill NAME][RELATIONSHIP][Sex][AGE AT R1]3[fill NAME][RELATIONSHIP][Sex][AGE AT R1]4[fill NAME][RELATIONSHIP][Sex][AGE AT R1]5[fill NAME][RELATIONSHIP][Sex][AGE AT R1]6[fill NAME][RELATIONSHIP][Sex][AGE AT R1]6[fill NAME][RELATIONSHIP][Sex][AGE AT R1]7[fill NAME][RELATIONSHIP][Sex][AGE AT R1]7[fill NAME][RELATIONSHIP][Sex][AGE AT R1]8

ALL PREVIOUS HOUSEHOLD MEMBERS CONFIRMED OR DELETEDg

R CLAIMS Household Not in R1 — NO MEMBERS FROM ROUND 1 REMAIN [reflag household as new sample].....x [GO TO A210]

UNDELETE A PERSONu

UNDELETE THE ENTIRE HHe ===> [GO TO ADD]

NOTES TO >DEL<:

- Entering a <x> response runs the existing deletion routine from the R1 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 R1 are offered in the table only to aid the interviewer in verifying the household composition relative to Round 1. 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 R1 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 R1

[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]1
[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]2
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]3
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]4
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]5
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]6
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]7
[fill NAME][RELATIONSHIP][Sex][AGE AT R1]8

ALL PREVIOUS HOUSEHOLD MEMBERS CONFIRMED......g

RESPONDENT CLAIMS HOUSEHOLD NOT IN ROUND 1 - NO MEMBERS FROM ROUND 1 REMAIN [GO TO A210]......x

UNDELETEu

UNDELETE THE ENTIRE HHe ===> [GO TO 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.</p>

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

TYPE <g> TO CONTINUE</g>	[GO TO hhld]
REFUSAL	[GO TO Ref]
===>	

- >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 MEMBERSn 8 OR MORE HOUSEHOLD MEMBERSe [GO TO emo1] ===>

>test head< If Householder from Round 1 is confirmed as a current household member, GO TO >bmol<; else go to >head

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

NAME RELATION SEX AGE

[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]1[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]2[fill NAME][RELATIONSHIP][Sex][AGE AT R1]3[fill NAME][RELATIONSHIP][Sex][AGE AT R1]4[fill NAME][RELATIONSHIP][Sex][AGE AT R1]5[fill NAME][RELATIONSHIP][Sex][AGE AT R1]6[fill NAME][RELATIONSHIP][Sex][AGE AT R1]6[fill NAME][RELATIONSHIP][Sex][AGE AT R1]7[fill NAME][RELATIONSHIP][Sex][AGE AT R1]7[fill NAME][RELATIONSHIP][Sex][AGE AT R1]8

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

IF NEW SAMPLE:

- >hhld< What are the first names of the people who live or stay here, or who are students away at college? Begin with one of the people who owns or pays most of the rent for this home, and then other people in the household. Be sure to include yourself.
- INTERVIEWER: 1) IF R. IS RELUCTANT TO GIVE FIRST NAMES: We are asking for first names because the survey includes questions about the health care of family members. The only reason we need first names is so we'll have some way to tell family members apart. If you'd rather not give names, we can take relationships or some other way to tell family members apart.
 - 2) Persons who reside at a vacation residence, in institutions (see help screen for definitions), or in other group quarters (10 or more unrelated persons living together) are not eligible.

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

VACATION HOME, INSTITUTION,	
GROUP QUART [Ineligible]	V
NO OTHER HOUSEHOLD MEMBERS	
DELETE A HOUSEHOLD MEMBER	X
UNDELETE A HOUSEHOLD MEMBER	u
8 OR MORE HOUSEHOLD MEMBERS	e [GO TO emo1]
===> [GO TO more]	

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

IF YES: What are their first names?

IF NO: CODE "n"

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

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

[fill NAME]	2
[fill NAME]	3
[fill NAME]	4
[fill NAME]	5
[fill NAME]	6
[fill NAME]	7
[fill NAME] NO OTHER HOUSEHOLD MEMBERS DELETE A HOUSEHOLD MEMBER UNDELETE A HOUSEHOLD MEMBER 8 OR MORE HOUSEHOLD MEMBERS ===> [GO TO bmo1]	n x u

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 GO TO test head; if new sample GO TO bmo1]n ===> >emo2< How many of those additional people are 18 years old or older?



>emo3< How many of those additional people are under 18?

===> [if reinterview sample GO TO test head; if new sample GO TO bmo1]

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

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

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

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

JAN	1
FEB	2
MARCH	3
APRIL	4
MAY	5
JUNE	
JULY	
	8
SEPT	
NOV	
DEC	
DON'T KNOW	d [GO TO age1]

>byr1<

[no erase]

|___| YEAR (00-82) ===> [GO TO 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

18 OR OLDER	а
LESS THAN 18	C
===>	

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

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

MALE m	
FEMALEf	
===> [If age1 It 23 GO TO col1; else GO TO grd1]	

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

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

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

>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

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?

YES1 NO0
DON'T KNOWd REFUSEDr
===>

>bmo2< In what month and year was [SECOND PERSON'S NAME] born?

IF R. IS UNCERTAIN PROBE FOR BEST ESTIMATE.

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

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

DON'T KNOWd	[GO TO age2]
===>	

>byR1< [no erase]

|__|_|_|_|YEAR (1880-1998)

(00-82)	

>age2< What is [SECOND PERSON'S NAME'S] age?

INTERVIEWER:

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

|___| YEARS OLD

18 OR OLDER	a
LESS THAN 18	С
===>	

>SEX2< ... and is [SECOND PERSON'S NAME] male or female?

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

MALE m
FEMALEf
===>

test: [if age2 ge 16 and It 23 GO TO col2; else GO TO 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 It 18 GO TO 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

DON'T KNOW	d
REFUSED	r
===>	

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

YES NO	
DON'T KNOW REFUSED	
===>	

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

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

Repeat bmo2-rel2 for each person.

test: [if any person is \geq 18 and relationship to householder is <7> <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is \geq 14 and different sex from (this/these) persons; GO TO maR1; else GO TO test after sps2.

>maR1< Is [fill NAME] married to anyone who currently lives here?

INTERVIEWER: CODE "NO" FOR COHABITEE

YES1	
NO0	[GO TO next
person or	
	next test]

===>

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

[fill NAME]	1
[fill NAME]	2
[fill NAME]	
fill NAME	
===>	

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 It 18 and relationship to householder is not equal to <3>, <4>, <11>, or <13> then GO TO paR1; else GO TO family formation.
>par1<	Is anyone who lives here the parent or guardian of [fill NAME]?
	YES1 NO0 [GO TO 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]

Repeat for others meeting test before paR1.

>snow< Do/Does (READ NAMES FROM TABLE) have another residence where (they he/she) lives more than half the year?

ENTER THE PERSON NUMBER OF PERSONS HAVING ANOTHER RESIDENCE.

NOTE: STUDENTS 16-22 ARE NOT DISPLAYED IN THE TABLE. THEY ARE PART OF THE HOUSEHOLD EVEN IF AWAY AT SCHOOL MORE THAN HALF THE YEAR.

NAME RELATION SEX AGE

[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]1[fill NAME][RELATIONSHIP] [Sex][AGE AT R1]2[fill NAME][RELATIONSHIP][Sex][AGE AT R1]3[fill NAME][RELATIONSHIP][Sex][AGE AT R1]4[fill NAME][RELATIONSHIP][Sex][AGE AT R1]5[fill NAME][RELATIONSHIP][Sex][AGE AT R1]6[fill NAME][RELATIONSHIP][Sex][AGE AT R1]6[fill NAME][RELATIONSHIP][Sex][AGE AT R1]7[fill NAME][RELATIONSHIP][Sex][AGE AT R1]7[fill NAME][RELATIONSHIP][Sex][AGE AT R1]8

DELETE A CODEx	
REVIEW COMPLETEn	

===>

NOTE: PERSONS WHO HAVE OTHER RESIDENCES WILL BE INCLUDED IN R1 TO TEST IMPACT ON ESTIMATES, WILL BE DELETED FOR R3. 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 (U.S. Bureau of the Census, 1992) sometimes comprises more people than the insurance family. Examples of people typically included in the same census unit, but in different insurance units, are adult children and their families living in the homes of their parents; adult siblings living together; and parents living in the home of their adult children. These persons will form separate interviewing units.

Child Random Selection by the following rules:

- 1) Determine if sampled R1 child has been identified as an R3 FIU member and is under age 18.
- IF YES: Select R1 child as R3 child and go to >resp<

IF > 1 R1 sampled child (due to FIU reformation), set a flag and pick one child of the flagged children at random.

IF NO: Sample new R1 child (demographics collected above) and go to >kdc1<

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

>test1< If PSU > 0 GO TO kdck Else GO TO kdck3

- >kdck< Was [fill NAME] living in the [PSU NAME] area at any time from August 1996 THROUGH July 1997?
 - **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 NOT YET BORN ALIVE, BUT LIVING OUTSIDE AREA	2	ck2]
DON'T KNOW REFUSED ===> [GO TO fiu formation]		

>kdck2< Was [fill NAME] living in the continental United States at any time from 1996 THROUGH July 1997?

YES	1
NO	0
DON'T KNOW	d
REFUSED	r
===> [GO TO fiu formation]	

- >kdck3< Was [fill NAME] living in the continental United States at any time from August 1996 THROUGH July 1997?
 - **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 US3

DON'T KNOW	d
REFUSED	r
===> [GO TO fiu formation]	

- **NOTE:** (1) THE PROGRAM WILL FORM INTERVIEWING UNITS AND THE INTERVIEWER WILL BEGIN WITH THE HOUSEHOLDER'S UNIT.
- NOTE: The review of household composition is done on screens organized by Family Insurance Units (FIUs). Linda has already coded this into Section A, although the question text has not been added:

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

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

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

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

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

NAME RELATION SEX AGE

[fill NAME][RELATIONSHIP] [Sex][AGE]	.1
[fill NAME][RELATIONSHIP] [Sex][AGE]	.2
[fill NAME][RELATIONSHIP][Sex][AGE]	.3
[fill NAME][RELATIONSHIP][Sex][AGE]	.4
[fill NAME][RELATIONSHIP][Sex][AGE]	.5
[fill NAME][RELATIONSHIP][Sex][AGE]	.6
[fill NAME][RELATIONSHIP][Sex][AGE]	.7
[fill NAME][RELATIONSHIP][Sex][AGE]	.8
===>	

b. HEALTH INSURANCE

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

INTERVIEWER: NOTE ONLY ONE CHILD IS SELECTED PER FAMILY

TYPE <g> TO CONTINUE ===>

>test b< If FIU > 1 GO TO >b<, else GO TO b1.

>b< We also want to conduct a separate interview with READ NAMES who will receive \$25 for participating in the interview

TYPE <g> TO CONTINUE ===>

>b1< Next, I will list several types of health insurance or health coverage obtained through jobs, purchased directly, or from government programs. For each one, please tell me if (you/either of you/any of you) are currently covered by that type of plan. >b1a< Are READ NAMES covered by a health insurance plan from (your/any of your/either of your) current or former employers or unions. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

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

[fill NAME]	1
[fill NAME]	
[fill NAME]	3
[fill NAME]	
[fill NAME]	5
[fill NAME]	
[fill NAME]	
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES NEED TO DELETE A RESPONSE	
NEED TO DELETE A RESPONSE	X
DON'T KNOW REFUSED	-
===>	

>b1b< Are (READ NAMES) covered by a health insurance plan bought on your or their own. [BRFQ]</p>

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

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

[fill NAME]	1
[fill NAME]	2
[fill NAME]	
[fill NAME]	8
NONE/NO ONE/NO OTHER RESPONSES	n
NEED TO DELETE A RESPONSE	х
DON'T KNOW	
REFUSED	r
===>	

>b1c< Are READ NAMES covered by a health insurance plan provided by someone who does not live in this household. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

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

[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 RESPONSEx
DON'T KNOWd REFUSEDr ===>

>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]	
fill NAME	
fill NAME	
[fill NAME]	
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 GO TO b1d1; ELSE GO TO 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?

CORRECT1	
TO CORRECT MEDICARE2	
TO CORRECT AGE	
	FIELD]]

===>

REVISED TEXT PERMIT PERSONS TO REPORT MEDICAID/STATE COVERAGE AND PRIVATE COVERAGE; DUAL MEDICARE/MEDICAID OBTAINED IN b60, AVOIDING STATE COVERAGE QUESTION FOR MEDICARE BENEFICIARIES. >blex< IF STATE ONLY OFFERS MEDICAID: Are READ NAMES covered by [Medicaid/fill STATE NAME], the government assistance program that pays for health care? NOTE: WE REPLACED "for people in need" with "that pays for health care."

> YES.....1 [GO TO b1e] NO.....0

DON'T KNOW	d
REFUSED	r
===> [GO TO test b1f]	

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

CODE ALL THAT APPLY

Medicaid/fill STATE NAME1 fill STATE SPECIFIC PLANS, INCLUDING CHIP	[GO	TO b1e]
[BLANK IF NO STATE PROGRAM]	[GO	TO b1h]
NO ONE COVERED/NO MORE CODESn	[GO	TO test b1f]
SOMEONE COVERED, DON'T KNOW WHICH PLANd FOLLOW MEDICAID ATTRIBUTE SEQUENCE IF CAN'T IDENTIFY PROGRAM NAME, fill Medicaid.	[GO	TO b1e];
REFUSEDr DELETE A CODEx	[GO	TO test b1f]

===>

>ble<

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

CODE ALL THAT APPLY

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

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

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

PERMITS MEDICAID AND MILITARY REPORTING, WHICH WAS NOT ALLOWED IN R1

>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]	
NONE/NO ONE/NO OTHER RESPONSES	n
NEED TO DELETE A RESPONSE	X
DON'T KNOW	al
	-
REFUSED	r

===>

>test b1f1< [IF b1f = NO ONE, GO TO b1g; ELSE GO TO 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.

CHAMPUS1 CHAMP-VA
TRICARE STANDARD
TRICARE PRIME
VA6
OTHER [SPECIFY]7
DON'T KNOW TYPEd
REFUSEDr

PERMITS IHS AND OTHER PLANS TO BE REPORTED.

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

CODE ALL THAT APPLY

[fill NAME]	1
[fill NAME]	2
[fill NAME]	
[fill NAME]	
[fill NAME]	5
[fill NAME]	
[fill NAME]	
[fill NAME]	8
NONE/NO ONE/NO OTHER RESPONSES	n
NEED TO DELETE A RESPONSE	X
DON'T KNOW REFUSED	-
===>	

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

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

DON'T KNOW	d	

>bli2< Who is covered by [fill NAME SPECIFIED]?

CODE ALL THAT APPLY

[fill NAME] [fill NAME] [fill NAME] [fill NAME] [fill NAME] [fill NAME]	2 3 4 5 6
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES NEED TO DELETE A RESPONSE	-
DON'T KNOW REFUSED ===>	-

>test b1j< [IF A FAMILY MEMBER WAS NOT COVERED UNDER SOME PLAN, GO TO bij; ELSE GO TO 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 PLAN0 HEALTH INSURANCE PLAN FROM A CURRENT OR PAST EMPLOYER/	
UNION/SCHOOL1	
A HEALTH INSURANCE PLAN BOUGHT ON	
HIS/HER OWN/PROF. ASSN2	
A PLAN BOUGHT BY SOMEONE WHO	
DOES NOT LIVE IN THIS HOUSEHOLD	
MEDICARE4	
MEDICAID/STATE NAME5	
CHAMPUS/CHAMP-VA, TRICARE, VA,	
OTHER MILITARY6	
INDIAN HEALTH SERVICE7	
[fill STATE PLAN]8	
OTHER PLAN [SPECIFY]9	
DON'T KNOWd	
REFUSEDr	
===> [GO TO NEXT UNINSURED PERSON OR GO TO	test b2]

- >test b2< IF AT LEAST ONE FAMILY MEMBER IS PRIVATELY INSURED (b1a, b1b, or b1c ge1) AND IS NOT COVERED BY MEDICARE (b1d) GO TO b2; ELSE, GO TO Test b401].
- >b2000< Set calln = 0 # initialize variable to keep track of which call (that is, within the three private plan "grid," which plan are we on when we make the call) to the external program.
- >b2< In how many different health plans (obtained through current or past employers/(or) that you purchased directly/(or) were provided by someone who does not live in your household) are [fill NAMES OF FAMILY MEMBERS LISTED IN b1a, blb or blc EXCEPT FOR THOSE 65 AND NOT COVERED BY MEDICARE] enrolled?
 - **PROBE:** Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.

|____| PLANS

0	
	correct]
DON'T KNOW	d
REFUSED	r
===>	

PROGRAM ACCESS INSURER DATBASE: IF REINTERVIEW, HARD MATCH AND ONE PRIVATE PLAN AT R1 AND R2 GO TO B204; ELSE GO TO ZB211

>b204< When we last interviewed (you/your family) on [fill MO/YR OF R1 INTERVIEW], we recorded your health insurance plan as [fill fptext]. Do you still have this plan?

YES	1	[GO TO b231]
NO		
DON'T NOW	d	
REFUSED	r	
===> [GO TO b205]		

>b205< Did your plan change since [fill MO/YR of R1 INTERVIEW] or is [fill fptxt] incorrect?

PLAN CHANGED INCORRECT NAME		
DON'T KNOW REFUSED ===> [GO TO zb211]	••••••	[GO TO b231]

PROGRAM ACCESSES INSURER DATABASE MATCHING PROGRAM

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

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

DISPLAY: Read-Only List Of 12 entity names

DON'T KNOW [fill "this plan" in subsequent questions]d [GO TO b231]

REFUSED [fill "this plan" in subsequent questions]r [GO TO b231] ===> GO TO zb221

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

INSURANCE CARD1
CLAIMS FORM2
INSURANCE POLICY
NO DOCUMENT USED0
INSURANCE COMPANY NAME INCORRECT, BACKUP AND CORRECT9 ===>

>zMb2232< The program attempts to match the informant's policy (zb221) with insurers and their products in the insurer database:

1) The text in zb221 is matched against text in the database. Non-matches are discarded.

- 2) The program then looks for insurers in the state (more than one state for sites that cross state boundaries) that match components of the text in zb221.
- 3) For possible matches, the program outputs a list of insurers and products linked to those insurers.
- 4) If there are no matches GO TO zb2240.

>zb2233< [Insurer match within state]

I'm going to read a list of plans offered by that company. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan (read from list of products:)

	Confirmed plan is highlighted1 [GO TO b231]
	No match —continue0 [GO TO zb2240]
	Insurance company name incorrect backup and correct9
>zb2240<	Was this insurance plan obtained in a state other than (fill STATE)?
	YES1 NO0 [GO TO b231]
	DON'T KNOWd [GO TO b231] ===>
>zb2241<	What state is that? [NO ERASE]

{DISPLAY: Code list for states}

===>

>zb2251< [Company or plan match within another state. Repeat process described in Mb2232 and continue with zb2251]

Here's a list of additional plans in [fill STATE]. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan. (read from list of products:)

Confirmed plan is highlighted	1
Edit text string	2
No match — accept text string	

===> Continue with b231

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

In whose name is this plan?³

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

[fill NAME]	1
[fill NAME]	2
[fill NAME]	
[fill NAME]	
fill NAME	
fill NAME	
[fill NAME]	
[fill NAME]	
OTHER [SPECIFY]	9
DON'T KNOW	d
REFUSED	r
===>	

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

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

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

[READ ASTERISKED NAMES IF NECESSARY.]

CODE ALL THAT APPLY

NONE/NO ONE/NO OTHER RESPONSESn NEED TO DELETE A RESPONSEx	[fill NAME] [fill NAME] [fill NAME] [fill NAME] [fill NAME] [fill NAME] [fill NAME]	2 3 4 5 6 7
		n x

>test b25< [if b1b ge <1> or b1c ge <1> GO TO b251; else store <1> in b251 and GO TO 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 NO	
DON'T KNOW REFUSED	

===> [GO TO b271]

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

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

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

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

(72 CHARACTERS)

DON'T KNOWd	
REFUSEDr	
===> [GO TO b291]	

- **NOTE:** Included new b271 and b281.
- >b271< Was this plan obtained through a state or federal government program that helps pay insurance coverage?

YES	1 [GO TO b281]
NO	
DON'T KNOW	d [GO TO b281]
REFUSED	
===> [GO TO 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 KNOWd	
REFUSEDr	
===>	

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

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

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

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

CODE ALL THAT APPLY

[fill NAME] [fill NAME]	1 [GO TO b301] 2 [GO TO b301]
NO ONE NEED TO DELETE A RESPONSE	
DON'T KNOW REFUSED	

===> [GO TO 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 KNOWd REFUSEDr ===> [REPEAT b301 FOR EACH PERSON ENROLLED IN PAST 12 MONTHS]

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

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

How much is the insurance premium for this policy?

NONE0

\$|___| [GO TO b321]

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

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

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

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

YES NO	
DON'T KNOW REFUSED	d
===>	

⁴Substitute "members" if informant is not covered.

>b341<	[NOTE: BASED ON CAHPS] In order to see a specialist under [fill PLAN NAME], do (you/members) need to get a referral, that is approval or permission, from your doctor or health plan ?
	PROBE: Do not include emergency care.
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>
>b351<	Is there a book, directory, or list of doctors associated with the plan?
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>
>b361<	Is (PLAN NAME) an HMO, that is, a Health Maintenance Organization?
	PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>

>test b371< [IF b351 eq <1> OR b361 eq <1> GO TO b371; ELSE GO TO 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)]?</p>

YES NO	
DON'T KNOW REFUSED ===>	-

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

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

YES	
NO	0
DON'T KNOW	d
REFUSED	
===> [GO TO test b40]	

- >b391< Does [EMPLOYER NAME/this employer] offer (any HMO plans/any health insurance plans other than HMO plans)?
 - **NOTE:** IF THIS IS AN HMO PLAN, WE ASK IF EMPLOYER OFFERS NON-HMO PLAN. IF THIS IS A NON-HMO PLAN, WE ASK IF EMPLOYER OFFERS AN HMO PLAN.

YES NO	
DON'T KNOW REFUSED	d
===>	

>test b40< IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b212-b392 FOR SECOND PLAN; IF b2=3, ASK b213-b393 FOR THIRD PLAN; ELSE, IF ANY FAMILY MEMBER HAS MILITARY COVERAGE (b1f ge<1>) AND AT LEASE ONE PERSON WITH MILITARY COVERAGE IS NOT COVERED BY SOME OTHER HEALTH PLAN, GO TO b40; ELSE GO TO 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] 7 [fill NAME] 7 [fill NAME] 8	234557
NON-FAMILY MEMBER	-

===>

>b41< Did [fill NAMES OF POLICY-HOLDER (b40) AND PERSONS COVERED (b1f1)] enroll in [NAME OF PLAN] in the past 12 months, that is after [fill DATE]?

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

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

[fill NAME]1	[GO TO b421]
[fill NAME]2	[GO TO b421]

NO ONEn NEED TO DELETE A RESPONSEx

DON'T KNOWd	
REFUSEDr	
===> [GO TO 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 GO TO test b51.]

>test b51< Medicare [if b1d ge <1> GO TO b54; else GO TO 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]

YESMEDICARE BENEFICIARIES IN HMO1	[GO TO b55a]
YESTWO BENEFICIARIES AND ONLY	
HUSBAND SIGNED UP WITH HMO2	[GO TO b55a]
YES - TWO BENEFICIARIES AND ONLY	
WIFE SIGNED UP WITH HMO	[GO TO b55a]
NO/NONE0	

DON'T KNOWd
REFUSEDr
===> [GO TO 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.....

[PLAN NAME - 72 CHARACTERS]

DON'T KNOWd	[fill "this plan"]
REFUSEDr	[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 NO	
DON'T KNOW REFUSED	

>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 NO	
DON'T KNOW REFUSED	

>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 NO	
DON'T KNOW REFUSED	
===>	

>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	
===>	

>test b56< [IF b53 eq <2> OR b54 eq <1>, <2> or <3> GO TO b56; ELSE GO TO 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 NO	
DON'T KNOW REFUSED	

>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	[GO TO b58]
[fill NAME]		
[fill NAME]	3	[GO TO b58]
[fill NAME]	4	[GO TO b58]
[fill NAME]	5	[GO TO b58]
[fill NAME]	6	[GO TO b58]
[fill NAME]	7	[GO TO b58]
[fill NAME]	8	[GO TO b58]
NONE/NO ONE/NO OTHER RESPONSES NEED TO DELETE A RESPONSE		

DON'T KNOWd	
REFUSEDr	
===> [GO TO 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				

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

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

CODE ALL THAT APPLY

[fill NAME] [fill NAME]	1 [GO TO b59a] 2 [GO TO b59a]
NONE NEED TO DELETE A RESPONSE	
DON'T KNOW REFUSED ===> [GO TO 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 NO	
DON'T KNOW REFUSED	d
===>	

>test b61< ALL MEDICAID RECIPIENTS GO TO b64 [If bley eq <1> or <d>) GO TO b64; else GO TO test b70.]

- >b64< Under (Medicaid/STATE NAME) (are/is) [fill NAMES] signed up with an HMO, that is, a Health Maintenance Organization?
 - **PROBE:** With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]

YES NO	
DON'T KNOW REFUSED ===>	

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

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

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

[fill NAME]	1 [GO TO b68]
[fill NAME]	2 [GO TO b68]
[fill NAME]	
[fill NAME]	4 [GO TO b68]
[fill NAME]	5 [GO TO b68]
[fill NAME]	6 [GO TO b68]
[fill NAME]	7 [GO TO b68]
[fill NAME]	8 [GO TO b68]

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

DON'T KNOW	d
	r
===> [GO TO test b70]	

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

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

|___| MONTHS

DON'T KNOWd REFUSEDr ===> [REPEAT b68 FOR EACH MEDICAID BENEFICIARY ENROLLED IN PAST 12 MONTHS]

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

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

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

INTERVIEWER: CODE NON-SPECIFIC POLICY HOLDER IN "OTHER."

[fill NAME]	1
[fill NAME]	2
[fill NAME]	
[fill NAME]	
[fill NAME]	
fill NAME	
fill NAME	7
[fill NAME]	8
OTHER [SPECIFY]	
===>	_

- >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 NO	
DON'T KNOW REFUSED	

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

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

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

[fill NAME]	1 [GO TO b78]
[fill NAME]	
[fill NAME]	6 [GO TO b78]
[fill NAME]	
[fill NAME]	8 [GO TO b78]

NO ONE AFTER [fill DATE]/NO ONE ELSEn

DON'T KNOW	d
REFUSED	
===> [GO TO test b80]	

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

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

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

CURRENTLY UNINSURED

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

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

YES	1 [GO TO b791]
NO	
DON'T KNOW	d
REFUSED	r
===> [GO TO b801 FOR FIRST UNINS	SURED PERSON]

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

COSTS TOO MUCH	1
OTHER [SPECIFY]	2
===> [GO TO b801 FOR FIRST UNINSURED PERS	

>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 [GO TO b81]
NO	
DON'T KNOW	b
REFUSED	

===> [GO TO next uncovered person or test b85]

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

INTERVIEWER: CODE ONLY ONE.

a health insurance from an employer or union	
or purchased directly from an insurance company1	[GO TO b82]
Medicaid/fill state name2	[GO TO b82]
[fill state plan]3	[GO TO b82]
Champus, Champ-VA, Tricare, VA,	
or other military coverage4	
Indian health service5	
NONE0	
DON'T KNOWd	
REFUSEDr	
===> [GO TO 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 NO	
DON'T KNOW REFUSED	

>b83< In what month did [fill NAME'S/your] health insurance coverage under this plan stop?

JAN	1
FEB MARCH	
APRIL	4
MAY JUNE	
JULY	-
AUGUST	8
SEPT OCT	
NOV	
DEC	12
DON'T KNOW	
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 EMPLOYERS1
SPOUSE/PARENT LOST JOB OR
CHANGED EMPLOYERS2
GOT DIVORCED OR SEPARATED/
DEATH OF SPOUSE OR PARENT
BECAME INELIGIBLE BECAUSE OF AGE/
LEFT SCHOOL4
EMPLOYER STOPPED OFFERING COVERAGE5
CUT BACK TO PART TIME/
BECAME TEMPORARY EMPLOYEE6
BENEFITS FROM EMPLOYER/
FORMER EMPLOYER RAN OUT7
COULDN'T AFFORD TO PAY THE PREMIUMS
INSURANCE PLAN RAISED COST OF PREMIUMS9
INSURANCE COMPANY REFUSED COVERAGE10
OR SOMETHING ELSE [SPECIFY]11
NONE/NO ONE/NO OTHER RESPONSESn
NEED TO DELETE A RESPONSEx
DON'T KNOWd REFUSEDr
REFUSEDr
===>

REPEAT b80 - b84 FOR EACH CURRENTLY UNINSURED PERSON. **CURRENTLY INSURED**

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

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

INTERVIEWER: CODE ONLY ONE.

health insurance from an employer or union or directly purchased from an insurance company [Medicaid/fill state name] [fill state plan]	2	
Champus, Champ-VA, Tricare	-	
or other military coverage	4	
Indian health service	5	
a different Medicare plan ⁵		
[SUPPRESS IF PERSON LT 65]	6	
or did (he/she/you) not have any health		
insurance coverage	0	[GO TO test 852]
NOT APPLICABLE		
[NEWBORN/FOREIGN COVERAGE]	7	[GO TO test 852]
DON'T KNOW		
REFUSED	r	[GO TO test 852]
===>		

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

⁵Can 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]	
[fill NAME]	7
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES NEED TO DELETE A RESPONSE	
DON'T KNOW REFUSED	-

>test b871< [b851 le <4> or b851 eq <6>, GO TO b871; ELSE GO TO 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 NO	
DON'T KNOW REFUSED	-

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

	O OTHER RESPONSE	
NEED TO DELETE	E A RESPONSE	X
		Ь

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 GO TO 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.

or directly p [Medicaid/fi [fill state pla CHAMPUS or other mili Indian healt a different M [SUPPRES	rance from an employer or union purchased from an insurance company1 Ill state name]	
health insur	rance coverage0	[GO TO next
insured		person whose coverage began LT 12 months ago or test b90]
Don't Kno	DWc	[GO TO next insured person whose coverage began LT 12 months ago or test b90]
REFUSED .	r	[GO TO next insured person whose coverage began LT 12 months ago or test b90]
===>		

>test b872< [b852 le <4> or b852 eq <6>, GO TO b872; ELSE GO TO 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 NO	
DON'T KNOW REFUSED ===>	

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

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

CODE ALL THAT APPLY.

OWN/SPOUSE/PARENT CHANGED JOB1	
EMPLOYER OFFERINGS CHANGED2	
CURRENT PLAN IS LESS EXPENSIVE	
CURRENT PLAN HAS BETTER SERVICES:	
PREFERRED DOCTORS, BETTER QUALITY,	
CONVENIENT LOCATION, ETC. ⁶ 4	
OTHER [SPECIFY]5	
PREFERRED DOCTORS, BETTER QUALITY, CONVENIENT LOCATION, ETC. ⁶	

DON'T KNOW	d
REFUSED	
===>	

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

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

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

YES NO	-
DON'T KNOW	b

===>	
REFUSED	r
	u

- >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	
(1-20) YEARS1	

DON'T KNOWd	[GO TO b921]
REFUSEDr	
===> [GO TO test b902]	

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

LESS THAN TWO Y	/EARS1	
TWO TO FIVE YEA	RS2	
MORE THAN FIVE `	YEARS	
DON'T KNOW	d	

REFUSEDr	
===> [GO TO test b902]	

>test b902< [IF INFORMANT IS MARRIED, GO TO test b90 AND ASK b902 ... b922 FOR SPOUSE, SUBSTITUTING [fill NAME] FOR [YOU], ELSE, IF NO SPOUSE, GO TO b951.] >b951< In choosing among alternative health plans, some people have concerns that are especially important to them.

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

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

STRONGLY AGREE SOMEWHAT AGREE NEITHER AGREE NOR DISAGREE SOMEWHAT DISAGREE	2 3 4
STRONGLY DISAGREE DON'T KNOW REFUSED	d

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

c. RESOURCE USE DURING THE LAST 12 MONTHS

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

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

YES.....1 [GO TO c11] NO.....0

DON'T KNOW	d
REFUSED	r
===> [GO TO test c20]	

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

[fill NAME]	1
[fill NAME]	
fill NAME	
[fill NAME]	
[fill NAME]	
[]	
NONE/NO ONE/NO OTHER RESPONSES	n
NEED TO DELETE A RESPONSE	
DON'T KNOW	h
REFUSED	-
===>	
/	

>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

DON'T KNOW	d
REFUSED	r
===>	

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

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

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

YES NO	
DON'T KNOW REFUSED	

===> [GO TO 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	
NO	0
DON'T KNOW	
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 KNOWd REFUSEDr

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 KNOWd REFUSEDr ===>

NOTE: c161 MUST BE GE c121; ELSE VERIFY.

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

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

>c211< ER/HOSPITAL ADMISSION: [The next questions are about [fill NAME]⁸. Not counting [fill NAME]'s [fill c151] emergency room visits you told me about, [have/has] [fill NAME] gone to a hospital emergency room in the past 12 months to get medical treatment?

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

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

YES	1 [GO TO c221]
NO	
	•
DON'T KNOW	d
REFUSED	

===> [GO TO c311]

⁸Delete 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

DON'T KNOW	d [GO TO c231]
REFUSED	r
===> [GO TO c311]	

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

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

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

PROBES: (1) Include osteopathic doctors and psychiatrists.

- (2) Include outpatient visits and outpatient surgeries.
- (3) . Exclude dentists visits, chiropractor visits, and telephone calls to doctors.
- (4) Your best estimate is fine.

NO/NONE......0 [GO TO c331]

|___| VISITS [GO TO c3p1]

>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

>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	
NO	0
DON'T KNOW	d
REFUSED	r
===> [GO TO 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	
===>	

- >c331< [Not counting [fill NAME'S] [fill c311] doctor visits you already told me about.] has [fill NAME] seen a nurse practitioner, physician assistant, [or midwife] during the last 12 months?
 - **IF YES:** How many times has [fill NAME] seen a nurse practitioner, physician's assistant [or midwife] during the last 12 months?
 - **PROBES:** (1) Your best estimate will be fine.
 - (2) Include times you got a shot, but did not see the doctor.
 - (3) Do not include visits where [FILL NAME] saw only a registered nurse.

NO/NONE......0 [GO TO test c411]

|___| VISITS [GO TO test c351]

[GO TO 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	
DON'T KNOW REFUSED	
===>	

>test c351< [IF c3p1 ne <1> AND c3c1 ne <1> GO TO c351; ELSE GO TO 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?

	1 [GO TO test c411] 0
DON'T KNOW	d r [GO TO test c411]

- >c361< (Were any of these visits/Was this visit) a routine check up for an ongoing health problem?</p>
 - **PROBE:** Examples of ongoing health problems include asthma, diabetes, heart conditions, hypertension, cancer, etc.

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

- >c411< During the past 12 months has [fill NAME] had **surgery** or other surgical procedures either in the hospital or in a doctor's office?
 - **PROBE:** This includes both major surgery and minor surgery and procedures such as setting broken bones, stitches, or removing growths.

YES NO	
DON'T KNOW REFUSED	d
===> [GO TO c511]	

- >c421< Altogether, how many different times has [fill NAME] had surgery during the past 12 months?
 - |___| TIMES [GO TO test c431]

DON'T KNOWd REFUSEDr ===> [GO TO c511]

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

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

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

TIMES	
ALL	97
DON'T KNOW REFUSED ===>	

>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?</p>

 d r

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

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

YES NO	
DON'T KNOW REFUSED	

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

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

YES	1 [GO TO c621]
NO	
DON'T KNOW	d
REFUSED	r
===> [GO TO c811]	

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

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?</p>

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

YES NO	
DON'T KNOW REFUSED ===>	

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

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

>test c831< [IF c811 EQ <1> OR <8> OR c821 EQ <1> OR <8> GO TO c831; ELSE GO TO c21..., NEXT PERSON; ELSE GO TO C92]

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

CODE ALL THAT APPLY.

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

Worry about the cost1 The doctor or hospital wouldn't accept
your health insurance2
Your health plan wouldn't pay for the treatment
You couldn't get an appointment soon enough4
You couldn't get there when the doctor's office
or clinic was open5
It takes too long to get to the doctor's office or
clinic from your house or work6
You couldn't get through on the telephone7
You were too busy with work or other commitments
to take the time
You didn't think the problem was serious enough9
Or any other reason I haven't
mentioned [SPECIFY]n

NONE CITED/NO OTHER RESPONSES	0
NEED TO DELETE A RESPONSE	х
DON'T KNOW	d
REFUSED	r
===>	

>test c93< [ASK c21...c62...FOR NEXT PERSON¹⁰; THEN GO TO c92]

- >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.</p>
 - **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.

NONE0

\$ |____|,|___|

DON'T KNOW	d [GO	TO c93]
REFUSED		
===> [GO TO Section D]		

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

READ CATEGORIES IF NECESSARY.

NONE	0
LESS THAN \$500	1
\$500 TO \$1,999	2
\$2,000 TO \$2,999	
\$3,000 TO \$4,999	4
\$5,000 OR MORE	5
DON'T KNOW	d
REFUSED	r
===>	

¹⁰Include unmet need (k811...k831) for child, substituting child's home for second person.

d. USUAL SOURCE OF CARE/PATIENT TRUST

BEGIN WITH FAMILY INFORMANT

- >d< The next questions are about places people go to for their health problems.
- >d101< Is there a place that [fill NAME] **usually** goes 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	[GO TO test d301]
DON'T KNOWd REFUSEDr ===>	[GO TO test d301] [GO TO 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) [fill NAME] go to most often--a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

DOCTOR'S OFFICE	1
HMO	2
HOSPITAL OUTPATIENT CLINIC	3
OTHER CLINIC OR HEALTH CENTER	4
HOSPITAL EMERGENCY ROOM	5
SOME OTHER PLACE	6
DON'T KNOW	d
REFUSED	r
===>	

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

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

DOCTOR	1
NURSE	2
OTHER [SPECIFY]	3

DON'T KNOWd	• •
REFUSEDr	[GO TO d141]
===>	

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

YES NO	
DON'T KNOW REFUSED	

>d141< At any time in the past 12 months did [fill NAME] change the [fill PROVIDER/PLACE]¹¹ you/he/she) **usually** go(es) to for health care?

YES1	[GO TO d151]
NO0	

DON'T KNOW	d
REFUSED	r
===> [GO TO 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 QUALITY OF CARE	
OTHER	
DON'T KNOW	d
REFUSED ===> [GO TO test d301]	r

¹¹Fill hierarchically: if d121 answered and d131=1 - (1)doctor,(2) nurse,(3) health professional; else fill d111 if d111 \leq 5; else place.

>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

DON'T KNOW	d
REFUSED	
===> [GO TO test d301]	

>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) [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) f elt that it was more	
convenient to go to another doctor	3
or some other reason I haven't	
mentioned? [SPECIFY]	5

DON'T KNOWd	
REFUSEDr	
===>	

END ROTATION

- >test d301< [IF MORE THAN ONE PERSON; REPEAT d10n...-d20n... FOR EACH PERSON.]
- >test d302< [IF INFORMANT HAS USUAL SOURCE OF CARE WHO IS A PHYSICIAN (d121 eq <1>) OR HAD GE ONE PHYSICIAN VISITS IN THE LAST 12 MONTHS (1 \leq C311 \leq 96 OR 1 \leq c321 \leq 5) GO TO d311; ELSE GO TO test e10.]
- >d3i1< Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.
 [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ. ROTATE d311-341.]¹²
- >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 SOMEWHAT AGREE NEITHER AGREE NOR DISAGREE SOMEWHAT DISAGREE STRONGLY DISAGREE NOT APPLICABLE	2 3 4 5
DON'T KNOW REFUSED	-

===>

¹²The next four questions (d311-d341) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

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

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

- (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.
- (2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d."

STRONGLY AGREE SOMEWHAT AGREE NEITHER AGREE NOR DISAGREE SOMEWHAT DISAGREE STRONGLY DISAGREE NOT APPLICABLE	2 3 4 5
DON'T KNOW REFUSED	-

- >d331< I think my doctor is strongly influenced by health insurance company rules when making decisions about my medical care.
 - **INTERVIEWER:** .REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement . . .
 - (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.
 - (2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "8."

STRONGLY AGREE	1
SOMEWHAT AGREE	2
NEITHER AGREE NOR DISAGREE	3
SOMEWHAT DISAGREE	4
STRONGLY DISAGREE	5
NOT APPLICABLE	7
DON'T KNOW	d
REFUSED	r
===>	

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

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

- (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.
- (2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "8."

STRONGLY AGREE SOMEWHAT AGREE NEITHER AGREE NOR DISAGREE SOMEWHAT DISAGREE STRONGLY DISAGREE NOT APPLICABLE	2 3 4 5
DON'T KNOW REFUSED	

===>

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 $1 \le c311 \le 96$, or $1 \le c321 \le 5$, or $1 \le c331 \le 96$, or $1 \le c341 \le 5$) GO TO e101, ELSE GO TO 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	[GO TO e111]
DISSATISFIED		
NEITHER SATISFIED NOR DISSATISFIED	3	

DON'T KNOWd	
REFUSEDr	
===> [GO TO e121]	

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

VERY SOMEWHAT	
DON'T KNOW REFUSED	
===>	

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

First, primary care doctors, such as family doctors, [pediatricians],¹³ 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	[GO TO e131]
DISSATISFIED	2	[GO TO e131]
NEITHER SATISFIED NOR DISSATISFIED		• •

DON'T KNOWd
REFUSEDr
===> [GO TO e141]

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

VERY SOMEWHAT	
DON'T KNOW REFUSED	

- >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.

¹³Exclude for adults.

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

	SATISFIED1 [GO TO E151] DISSATISFIED2 [GO TO E151] NEITHER SATISFIED NOR DISSATISFIED3
	DON'T KNOWd REFUSEDr ===> [GO TO test e16]
>E151<	Would that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY1 SOMEWHAT2
	DON'T KNOWd REFUSEDr

===>

>test e161< [IF PERSON HAS HAD ANY PHYSICIAN VISITS IN LAST 12 MONTHS (1 <<u>C</u>311 < 96 OR 1 < C321 <5), GO TO e161; ELSE, GO TO 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.

>e171< In what month was (fill NAME)'s **most recent** visit for sickness, injury, or other health problem?¹⁴

JAN	
FEB	2
MAR	
APR	4
MAY	
JUNE	
JULY	
AUG	
SEPT	9
OCT	10
NOV	
DEC	
DON'T KNOW	d
REFUSED	r

|___| MONTH

|___|__| YEAR (1998 - 1999) ===>

¹⁴In this and related questions with 12 month recall, the last 12 months are asterisked. The interviewer cannot enter a value outside of the recall period.

- >e181< Since that visit in MONTH, did [fill NAME] visit a doctor for a general check up, physical examination, [FEMALES OVER 12 gynecological [or pregnancy]¹⁵ 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.

1 [GO TO e191]
0
d r

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

JAN	1
FEB	2
MAR	
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 (1998 - 1999) ===>

¹⁵Limit "or pregnancy" to women between 12 and 50.

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

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

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

YES1 [GO TO e212	• •
NO0 [GO TO e90'	
DON'T KNOWd REFUSEDr ===> [GO TO SF12 (e401)]	. 1

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

JAN	1
FEB	2
MAR	3
APR	4
MAY	5
JUNE	6
JULY	7
AUG	
SEPT	9
OCT	
NOV	
DEC	12
DON'T KNOW	d

REFUSEDr

|___| MONTH

|___| YEAR (1998 - 1999) ===> [GO TO test e221] >e901< Earlier I noted that you had [fill # IN c311 OR c321] doctor visit(s) in the last 12 months. Is that correct or incorrect?

CORRECT [jb e161 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT......1 [GO TO e911] ===>

- >e911< Since [fill DATE], about how many times [have/has] [fill NAME] seen a doctor? Do not count doctors seen while an overnight patient in a hospital or emergency room.
 - **PROBES:** (1) Include osteopathic doctors and psychiatrist, (2) Include outpatient visits. (3) Exclude dentist visits, chiropractor visits, and telephone calls to doctors. (4) Your best estimate is fine

NONE0

|___| VISITS [GO TO e161]

DON'T KNOW	d
REFUSED	r
===> [GO TO e401, SF12]	

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

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

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

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

FAMILY DOCTOR	1
SPECIALIST, INCLUDING OB/GYN	2
	ام

===>	
REFUSED	r
DON'T KNOW	d

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

>e241<	Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?
	YES1 [GO TO e251] NO0
	DON'T KNOWd REFUSEDr ===>
>E241<	Was this visit to an emergency room?
	YES1 [GO TO 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 [GO TO e261] WALK IN2
	DON'T KNOWd REFUSEDr ===> [GO TO e281]
>e261<	For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?
	INTERVIEWER: (1) CODE "0" FOR SAME DAY.
	(2) ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN
	SAME DAY0
	TIME [GO TO e271]
	DON'T KNOWd REFUSEDr ===> [GO TO e281]

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

DAYS	1
WEEKS	2
MONTHS	3
===>	

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

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

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

|___|___| TIME [GO TO E281] (1-240)

DON'T KNOWd
REFUSEDr
===> [GO TO e291]

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

MINUTES1
HOURS2
===>

- TEST: VERIFY VALUES GT 8 HOURS; REPEAT FOR CHILD AND OTHER ADULTS
- >e291 For this visit, how long did it take [fill NAME] to get to the (doctor's office/emergency room)?

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

|___| TIME [GO TO E291]

DON'T KNOWd
REFUSEDr
===> [GO TO e301]

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

MINUTES	1
HOURS	
===>	

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 fair good very good excellent DOES NOT APPLY (NOT EXAMINED OR TREATED)	2 3 4 5
DON'T KNOW REFUSED	-

>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	
excellent	5
DOES NOT APPLY	
(NOT EXAMINED OR TREATED)	7
DON'T KNOW	-
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 fair good very good	2 3 4
excellent DOES NOT APPLY (NOT EXAMINED OR TREATED)	
DON'T KNOW REFUSED	

>e401< Now, I have a few questions about (your/his/her) health. ¹⁶

In general, would you say your health is:

Excellent	1
Very Good	2
Good	3
Fair or	4
Poor	
DON'T KNOW	d
REFUSED	r
===>	

¹⁶SF-12[™] Standard US Version 1.0, Copyright 1994 The Health Institute; New England Medical Center. Distributed by: Medical Outcomes Trust. For Spanish speaking respondents, an interviewer-administered version of the U.S.-Spanish SF-12 was reviewed and approved by the New England Medical Center (agreement 10/26/97).

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

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

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

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

YES, LIMITED A LOT	
DON'T KNOWd REFUSEDr ===>	

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

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

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

YES, LIMITED A LOT YES, LIMITED A LITTLE	2
NO, NOT LIMITED AT ALL	
REFUSED	-

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

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

YES NO	
DON'T KNOW REFUSED	

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

YES NO	
DON'T KNOW REFUSED	

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

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

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

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

YES NO	
DON'T KNOW REFUSED	d
===>	

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

not at all a little bit moderately	2
quite a bit extremely	4
DON'T KNOW REFUSED	

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

all of the time most some a little or none of the time	2 3 4
DON'T KNOW REFUSED	

>e4I1< The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?

TYPE <g> TO CONTINUE ===>

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

READ CATEGORIES SLOWLY.

all of the time most	
some	
a little, or	
none of the time	
DON'T KNOW REFUSED	-

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

READ CATEGORIES SLOWLY.

all of the time	1
most	2
some	3
a little, or	4
none of the time	5
DON'T KNOW REFUSED	
===>	

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

READ CATEGORIES SLOWLY.

all of the time most	
some	
a little, or	
none of the time	5
DON'T KNOW REFUSED	

ADULT CHRONIC CONDITIONS FOR FIU INFORMANT.

>cc1< [IF FEMALE, OVER 50]

The next questions are about your health during the past two years. During the past two years, have you had a baby?

YES NO	
DON'T KNOW	
REFUSED	
===>	

>cc2a< During the past two years, have you seen a doctor or health care professional for acne?</p>

YES NO	
DON'T KNOW REFUSED	

>cc2b< During the past two years, have you seen a doctor or health care professional for very frequent or severe headaches, including migraines?

YES NO	
DON'T KNOW REFUSED	

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

YESNO	
DON'T KNOW REFUSED	

>cc2d< During the past two years, have you seen a doctor or health care professional for alcohol related problems?

YES NO	
DON'T KNOW REFUSED	

>cc3a<	[IF OVER 50 YEARS] Has a doctor or health professional ever told you that you had cataracts?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: "During the past two years, have you seen a doctor or other health care professional for cataracts?
>cc3b<	Has a doctor or health professional ever told you that you had diabetes or high blood sugar?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	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?
	YES1 NO0 [GO TO c3AC]
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis?
>c3AC<	Did the doctor tell you that you have a special kind of arthritis called Rheumatoid Arthritis?
	YES1 NO0
	DON'T KNOWd REFUSEDr

>cc3d<	Has a doctor or health professional ever told you that you had asthma?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for asthma? [GO TO cc3f]
>cc3e<	Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>cc3f<	Has a doctor or health professional ever told you that you had atrial fibrillation?
	YES1 NO0
	DON'T KNOWd REFUSEDr

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

>cc3g<	Has a doctor or health professional ever told you that you had hypertension or high blood pressure?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?
>cc3h<	Has a doctor or health professional ever told you that you had hypertension or high cholesterol?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for high cholesterol?
>cc4a<	Has a doctor or health professional ever told you that you had hardening of the arteries, also called atherosclerosis or arteriosclerosis?
	YES1 NO0
	DON'T KNOWd REFUSEDr

IF YES: During the past two years, have you seen a doctor or other health care professional for hardening of the arteries, also called atherosclerosis or arteriosclerosis? [GO TO cc4d]

>cc4b<	Has a doctor or health professional ever told you that you had ischemic heart disease?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for ischemic heart disease? [GO TO cc4d]
>cc4c<	Has a doctor or health professional ever told you that you had anGINA OR ANgina?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for anGINA OR ANgina? [GO TO cc4d]
>c4ae<	Have you ever had angioplasty (´an - jE - & plas - tE) or heart bypass surgery?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>cc4d<	Has a doctor or health professional ever told you that you had congestive heart failure?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for congestive heart failure?

[GO TO cc4e]

>c4af<	Have you ever taken water pills, called diuretics, to treat a heart condition?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>cc4e<	Has a doctor or health professional ever told you that you had a stroke?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for a stroke?
>cc5a<	[IF FEMALE] Has a doctor or health professional ever told you that you had breast cancer?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>cc5b<	Has a doctor or health professional ever told you that you had skin cancer?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>cc5c<	Has a doctor or health professional ever told you that you had lung cancer?
	YES1 NO0
	DON'T KNOWd REFUSEDr

Has a doctor or health professional ever told you that you had cancer of the colon or rectum?
YES1 NO0
DON'T KNOWd REFUSEDr
[IF MALE, OVER 50] Has a doctor or health professional ever told you that you had cancer of the prostate?
YES1[GO TO cc6a] NO0
DON'T KNOWd REFUSEDr
[IF MALE, 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?
YES1 NO0
DON'T KNOWd REFUSEDr
Has a doctor or health professional ever told you that you had a hernia in the groin area?
YES1 NO0
DON'T KNOWd REFUSEDr

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

>cc6b< Has a doctor or health professional ever told you that you had an ulcer?

YESNO	
DON'T KNOW	d
REFUSED	r

>cc6c< Has a doctor or health professional ever told you that you had an ulcer?

YES NO	
DON'T KNOW REFUSED	

IF YES: During the past two years, have you seen a doctor or other health care professional for an ulcer? [GO TO cc6d]

>c6ae< Has a doctor or health professional ever told you that you had gastritis?

YES NO	
DON'T KNOW REFUSED	

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

>cc6d< Has a doctor or health professional ever told you that you had HIV or AIDS?

YES	1
NO	0
DON'T KNOW REFUSED	

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

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

YES NO	
DON'T KNOW REFUSED	

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

>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 NO	
DON'T KNOW REFUSED	d [GO TO test e12c]
===>	[]

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

EVERYDAY SOME DAYS	
NOT AT ALL	
NOT AT ALL	
DON'T KNOW	d
REFUSED	
	r

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

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

1	PACK	= 20 cigarettes	
1.5	PACKS	= 30 cigarettes = 40 cigarettes	
-	PACKS	= 50 cigarettes	
3	PACKS	0	
3.5	PACKS	= 70 cigarettes	

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

|___| DAYS [GO TO e641]

DON'T KNOWd	[GO TO e661]
REFUSEDr	
===>	

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

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

NUMBER OF CIGARETTES		
1 PACK	= 20 cigarettes	
1.5 PACKS	= 30 cigarettes	
2 PACKS	= 40 cigarettes	
2.5 PACKS	= 50 cigarettes	
3 PACKS	= 60 cigarettes	
3.5 PACKS	= 70 cigarettes	

DON'T KNOWd
REFUSEDr
===> [GO TO e661]

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

READ IF NECESSARY.

WITHIN THE PAST MONTH MORE THAN ONE MONTH BUT WITHIN	1 [GO TO test e671]
THE PAST 3 MONTHS	2 [GO TO test e671]
MORE THAN 3 MONTHS BUT WITHIN THE PAST 6 MONTHS	3 [GO TO test e671]
MORE THAN 6 MONTHS BUT WITHIN THE PAST YEAR	4 [GO TO test e671]
MORE THAN ONE YEAR BUT WITHIN	
THE PAST 5 YEARS MORE THAN 5 YEARS BUT WITHIN	5
THE PAST 15 YEARS MORE THAN 15 YEARS AGO	-
DON'T KNOW REFUSED	
===> [GO TO test e12c]	

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

YES NO	
DON'T KNOW REFUSED	
===>	

- >test e671< [IF PERSON HAS HAD ONE OR MORE PHYSICIAN VISITS IN LAST 12 MONTHS (1 \leq c311 \leq 96 or 1 \leq c321 \leq 5), GO TO e671; ELSE GO TO test e12c]
- >e671< During the past 12 months, did any medical doctor advise you to stop smoking?

PROBE: In your opinion, REPEAT QUESTION.

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

>test e12c< [IF FAMILY HAS CHILD GO TO k12I, ELSE GO TO test e801]

>k12l< 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 [GO TO k13I]
DISSATISFIED	
NEITHER SATISFIED NOR DISSATISFIED	

DON'T KNOWd	
REFUSEDr	
===> [GO TO k14I]	

>k13l< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY	1
SOMEWHAT	2

DON'T KNOW	d
REFUSED	r
===>	

- >k14I< 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 [GO TO k15l]
NO	
DON'T KNOW	d
REFUSED	r
===> [GO TO test k16I]	

>k15l<	Are you satisfied or dissatisfied with your choice of specialists for [fill CHILD'S NAME]?	
	SATISFIED	
	DON'T KNOWd REFUSEDr ===> [GO TO test k16I]	
>K15l<	Would that be very (dis)satisfied or somewhat (dis)satisfied?	
	VERY1 SOMEWHAT2	
	DON'T KNOWd REFUSEDr ===>	

>test k16I< [IF CHILD HAD GE ONE PHYSICIAN VISIT(S) IN LAST 12 MONTHS $(1 \le c \ 31... \le 96 \ or \ 1 \le c \ 32... \le 96)$, GO TO e16x; ELSE GO TO k40I]

>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 [GO TO k16I]
[fill NAME]	
[fill NAME]	
[fill NAME]	4
NON-FAMILY MEMBER/NO ONE	0
DON'T KNOW	d
REFUSED	r
===> [GO TO k40I]	

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

>k16l<	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	
NO	0
DON'T KNOW	d
REFUSED	r
===> [GO TO k20I]	

- >k18I
 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.

YES1	[GO TO k19I]
NO0	

DON'T KNOW	d
REFUSED	r
===> [GO TO test k22I]	

>test k19I< [VERIFY THAT MONTH IN k19I IS SAME MONTH OR AFTER MONTH IN k17I; THEN GO TO test k22I.]

- >k20I< During the last 12 months, did [fill NAME]'s 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	
NO	0 [GO TO k90I]
DON'T KNOW	d
REFUSED ===> [GO TO k40I]	r
> [GO TO K401]	

>k90I< Earlier I noted that [fill NAME] had [fill #] doctor visits in the last 12 months. Is that correct or incorrect?

CORRECT [jb kl6I]

INCORRECT	1	[GO TC) k40I]
===>			

>test k22I< [IF CHILD HAD SICK AND WELL VISIT, SELECT MOST RECENT FOR k22I. IF SAME MONTH, FILL WELL VISIT IN k22I]

>k22I< Please think about [fill NAME]'s visit for [preventive care or a check up/care of sickness or injury] in [fill MONTH].</p>

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 k24I< [IF CHILD HAS USC (d10... = 1), GO TO k24I; ELSE GO TO K24I]

>k24I<	Was this visit to the place you usually take [fill NAME] when (he/she) is sick or you need advice about (his/her) health?
	YES1 [GO TO k25I] NO0
	DON'T KNOWd REFUSEDr ===>
>K24I<	Was this visit to a hospital emergency room?
	YES1 [GO TO k28I] NO0
	DON'T KNOWd REFUSEDr ===>
>k25I<	For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?
	APPOINTMENT1 [GO TO k26I] WALK IN2
	DON'T KNOWd REFUSEDr ===> [GO TO k28I]

>k26I< For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?

INTERVIEWER: CODE "0" FOR SAME DAY.

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

SAME DAY.....0

|___| TIME [GO TO k27I]

DON'T KNOWd
REFUSEDr
===> [GO TO k28I]

>k27I< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k26I]

DAYS	1
WEEKS	2
MONTHS	3
===>	

>k28I< How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?

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

|___| TIME [GO TO K28I] (1-240)

>K28I< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e28c]

MINUTES	1
HOURS	2
===>	

>k29I<	For this visit, how room)?	long did it take you to get to the (doctor's offic	e/emergency
	INTERVIEWER:	ACCEPT MOST CONVENIENT TIME PERIO PERIOD ON NEXT SCREEN	D. ENTER TIME
	TIN (1-90)	/IE [GO TO K29I]	
		Vd r 9 k30I]	
>K29I<	ENTER TIME PE	RIOD. [DISPLAY ON SAME SCREEN AS k29	1]
		1 	
>k30I<		ut this visit, how would you rate the thoroughner e examination and treatment [fill CHILD] receive	
	poor	1	
		2	
		3 4	
		5	
	DOES NOT A		
	(NOT EXAMI	NED OR TREATED)7	
		Vd r	
	===>		

>k31I< How would you rate how well the doctor listened to you? Would you say it was . . .

poor fair good	2
very good	4
excellent DOES NOT APPLY (NOT EXAMINED OR TREATED)	
DON'T KNOW REFUSED	-

>k32I< How would you rate how well the doctor explained things in a way you could understand? Would you say it was . . .

poor fair	
good	3
very good	
excellent	5
DOES NOT APPLY	_
(NOT EXAMINED OR TREATED)	7
DON'T KNOW REFUSED	
===>	

>k40I< In general, would you say [fill NAME]'s health is:

Excellent	
Very Good	2
Good	3
Fair	4
Poor	5
DON'T KNOW	d
REFUSED	r
===>	

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

>ee2a<	Has [fill NAME] ever seen a doctor or health care professional for acne?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>ee2b<	Has [fill NAME] ever seen a doctor or health care professional for very frequent or severe headaches, including migraines?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>ee2c<	Has [fill NAME] ever seen a doctor or health care professional for four or more ear infections in any one year?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>ee3<	Has [fill NAME] ever had tubes placed in [fill his] ears?
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>

>ee4a<	Has a doctor or health professional ever told you that [fill NAME] had sickle cell disease?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for sickle cell disease?
>ee4b<	Has a doctor or health professional ever told you that [fill NAME] tested positive for tuberculosis?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for tested positive for tuberculosis?
>ee4c<	Has a doctor or health professional ever told you that [fill NAME] had asthma?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for asthma?
>ee4d<	Has a doctor or health professional ever told you that [fill NAME] had Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD?
	YES1 NO0
	DON'T KNOWd REFUSEDr

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

>ee4d< Has a doctor or health professional ever told you that [fill NAME] had diabetes or high blood sugar?

YES NO	
DON'T KNOW REFUSED	

IF YES: During the past two years, has [fill NAME] seen a doctor or other health care professional for diabetes or high blood sugar?

>test e801< [IF THERE ARE OTHER ADULTS (> 18) IN FAMILY BESIDES INFORMANT GO TO e80t; ELSE GO TO 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	
Fair	4
Poor	5
DON'T KNOW	d
REFUSED	r
===> [REPEAT FOR EACH A	DULT; THEN GO TO f10 GO TO ra34]

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.
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>
>f111<	Last week, did [fill NAME] do any work (either) for pay (or profit)? ¹⁷
	INTERVIEWER: CODE "YES" IF R. WAS ON VACATION FROM HIS/HER JOB.
	YES1 [GO TO f121] NO0
	DON'T KNOWd REFUSEDr ===> [GO TO NEXT PERSON or g10]
>f121<	Last week did [fill NAME] have more than one job (or business), including part time, evening, or weekend work?
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>

¹⁷Include 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?¹⁸

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.

NOTE: Test will verify values less than 20 hours.

>13x1< (Do you/Does [fill NAME]) usually work more than 35 hours per week or less than 35 hours per week (at this job/at the job where (he/she/you) work(s) the most hours)?

MORE LESS	
DON'T KNOW REFUSED	

¹⁸Note shift from last week to usual week for hours and earnings.

>testf141< [IF f121 eq <1> GO TO f141; ELSE GO TO 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

DON'T KNOW	d
REFUSED	r
===>	

>f201< [On (his/her/your) main job], (is/are) [fill NAME/you] employed by a private company, is (is/are) (you/he/she) a federal, state, or local government employee, self-employed, or working without pay in a family business or farm?

INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.

NOTE: PARENTHETICAL PHRASE USED IF MORE THAN ONE JOB

PRIVATE COMPANY	1
FEDERAL GOVERNMENT	2
STATE GOVERNMENT	3
LOCAL GOVERNMENT	4
SELF-EMPLOYED	5
FAMILY BUSINESS OR FARM	6

DON'T KNOW REFUSED ===>

- >f211< [On (your/his/her) main job], about how many people are employed at the location where [fill NAME] work(s)?
 - **PROBES:** (1) How many people work for your employer in the building or buildings in the factory, store, or office complex where you work?
 - (2) Your best estimate is fine.

ONE	
2-4	2
5-9	3
10-24	4
25-49	
50-99	
100-249	7
250-499	
500-999	9
1000 OR MORE	10
DON'T KNOW	
REFUSED	r
===>	

>test f221< [IF f201 eq 2, 3, or 4 GO TO f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.

>f221< (Does your employer/Do(es) fill NAME) operate in more than one location?

NOTE: Fill is for self-employed and farmers.

YES	1 [GO TO f231]
NO	0
DON'T KNOW REFUSED ===> [GO TO f241]	

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

PROBE: Your best estimate is fine.

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

DON'T KNOW REFUSED ===>

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

PROBE: What do they make or do there?

SPECIFY1	
DON'T KNOW	ł
REFUSEDr	•
===>	

- >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 [GO TO f331]
REFUSED	r [GO TO 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
DON'T KNOWd [GO TO f331] REFUSEDr [GO TO test f401] ===> [GO TO 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, \$14,000 to \$20,000 to \$30,000, or more than \$30,000?</p>

LESS THAN \$10,000 \$10,000 - \$14,000 \$14,001 - \$20,000 \$20,001 - \$30,000 MORE THAN \$30,000	2 3 4
DON'T KNOW	b

DON'T KNOW	t
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 your usual earnings on this job are

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

YES	1 [GO TO test f401]
NO :jb f321	
===>	

test f401: [IF PERSON IS POLICY HOLDER FOR EMPLOYER-BASED PLAN [PERSON LISTED IN b231 AND b251 = 1] AND HAS MORE THAN ONE JOB [f121=1], GO TO f401; ELSE GO TO test f50]

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

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

>test f50< [IF PERSON IS NOT SELF-EMPLOYED (f201 = 1, 2, 3 or 4) AND IS NOT A POLICY HOLDER FOR AN EMPLOYER/UNION BASED PLAN (PERSON NOT LISTED IN b231, OR IF LISTED, b251 ≠ 1) AND IS LT 65 YEARS OLD, GO TO f501; ELSE GO TO NEXT PERSON OR g10]¹⁹

>f501< Does [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 [GO TO f511]
NO	
DON'T KNOW	d
REFUSED	r
===> [GO TO next person or g10]	

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

YES NO	
DON'T KNOW REFUSED [GO TO next person or g10] ===>	d [GO TO next person or g10]

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

>f521< 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	
===> [GO TO f541]	

¹⁹Skipped self-employed.

>f531< 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 [fill NAME]'s employer offer only one health insurance plan or more than one health insurance plan to its employees?

ONE PLAN MORE THAN ONE PLAN	
DON'T KNOWa10]	d [GO TO NEXT PERSON or
	r [GO TO NEXT PERSON or
===>	

- >f551< Does [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 NO	
DON'T KNOW REFUSED	-

- >test 561< [IF f541 eq <2> AND f551 eq <1> GO TO f561; ELSE GO TO NEXT PERSON OR g10]
- >f561< And does [fill NAME]'s employer also offer a non-HMO health insurance plan to its employees?

YES NO	
DON'T KNOW REFUSED	

===> [GO TO NEXT PERSON or g10]

FAMILY INCOME

>g10< The next questions are about income that (your family [insert names if multiple family household]) received during 1997(8). During 1997(8), 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 1997(8) income of all current family members, (including active military), even if you weren't living together then.
NONE0
\$ <u> </u>
\$1,000,000 OR MORE7

DON'T KNOW	d [GO TO q11]
REFUSED	
===> [GO TO test g20]	

>g11< Which of the following income ranges is closest to your family's 1997(8) total income from all sources?

PROBE: Your best estimate would be fine.

Less than \$5,000	1
\$5,000 to less than \$10,000	2
\$10,000 to less than \$20,000	3
\$20,000 to less than \$30,000	4
\$30,000 to less than \$40,000	5
\$40,000 to less than \$50,000	6
\$50,000 to less than \$100,000	7
Over \$100,000	8
DON'T KNOW	d
REFUSED	r
===>	

>test g20< [REPEAT g201-g221 FOR EACH PERSON; HOWEVER, SKIP FOR INFORMANT'S OWN CHILD OR GRANDCHILD.]

>g201< (Do you/Does [fill NAME] consider (yourself/himself/herself) to be of Hispanic origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.

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

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

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.

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

(2) CODE MIXED RACE IN OTHER.

WHITE1
AFRICAN AMERICAN OR BLACK
NATIVE AMERICAN (AMERICAN INDIAN)
OR ALASKA NATIVE
ASIAN OR PACIFIC ISLANDER4
OTHER [SPECIFY]5

DON'T KNOW	d
REFUSED	r
===>	

- >test g23< [IF FAMILY HAS MORE THAN ONE ADULT, GO TO g23; ELSE GO TO 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, GO TO h10; IF RECEIVED PRE-PAYMENT AND REINTERVIEW, GO TO h20; ELSE, GO TO 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 ===> [GO TO test h30]

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

YES NO	
DON'T KNOW REFUSED ===>	

- >h30< Do you have any other telephone numbers in your household besides [fill phone number]?
 - **PROBE:** We need this information so that households are correctly represented in our sample.
 - IF YES: How many additional phone numbers do you have?
 -0 [GO TO h32]

	OTHER TELEPHONE NUMBERS
(1-4)	

REFUSEDr [GO TO end]

>h31<	(Is this/Are these) other phone numbers for
	home use1 business and home use, or2 business use only3
	DON'T KNOWd REFUSEDr ===>
>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?
	YES1 [GO TO h33] NO0
	DON'T KNOWd REFUSEDr ===> [GO TO end]
>h33<	For how many of the past 12 months did you not have a working telephone?
	MONTHS (0-12)
	DON'T KNOWd [GO TO end] REFUSEDr [GO TO end] ===>
>h34<	What was the main reason you did not have telephone services? [Keeter, POQ, Summer 1995, P. 203]
	COST
	DON'T KNOWd REFUSEDr ===>

>test< [IF NO SELF RESPONSE MODULE OR SECONDARY FAMILY, GO TO fin; ELSE GO TO next_person]

>next_person< I also would like to speak briefly with READ NAMES. I need to ask (him/her/them) a few questions about (his/her/their) health and opinions. We also will send (him/her/each of them) \$25 for helping us with the survey. Can I speak with READ NAMES now?

IF NECESSARY ADD: I need to speak with (him/her/them) because we need to ask each adult in the household their opinions about their own health and health care.

LENGTH: For most people, the additional questions will take 10 to 15 minutes.

SPEAKING TO RESPONDENT - ENTER NUMBER

CALLBACKc	[GO TO callback]
REFUSEDr	[GO TO refused]
===>	

>test< IF SELF RESPONSE MODULE GO TO INTRODUCTION FOR SELF-RESPONSE IF SECONDARY FAMILY GO TO INTRODUCTION FOR SECONDARY FAMILY

>h23< [SELF RESPONSE MODULE] Now, I would like to speak with [fill NAME] for about five to ten minutes. I need to ask (him/her) a few questions about (his/her) health and opinions. Can I speak with [fill NAME] now or would it be more convenient to set up an appointment?

IF NECESSARY, ADD: I need to speak with(him/her) because it is hard to get opinions on how people feel about their own health, even from a family member.

[fill NAME] COMES TO PHONE [THANK INF. FOR HIS/HER TIME; GO TO SELF RESPONSE MODULE]1

[fill NAME] IS NOT AVAILABLE [THANK INF. AND GO TO CALLBACK]......0²⁰

INFORMANT WILL ACT AS PROXY FOR [fill NAME].

[fill NAME] IS CHRONICALLY ILL2	
[fill NAME] IS AWAY AT SCHOOL	
[fill NAME] SPEAKS NEITHER ENGLISH	
NOR SPANISH4	

INFORMANT WILL NOT ACT AS PROXY FOR [Fill NAME].

[fill NAME] REFUSES; INFORMANT REFUSES TO PROXY [GO TO REFUSAL ITEMS]...... R²²

 ²⁰THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.
 ²¹THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.
 ²²THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.

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

[IF CHRONIC CONDITIONS SUBSAMPLE:²³ I also want to let you know that you may be contacted in the next few weeks for a follow-up study on the quality of health care in your community. Participating in this study will only take about 5 to 10 minutes of your time, and you will receive additional compensation. The quality of care study is being conducted by RAND, a research organization that is working with us on this project. Thank you again for helping us.]

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

comments [specify]	c
interview complete	g
===>	

²³Includes all completed interviews in high intensity sites.

SELF RESPONSE MODULE

>slf2< The main part of the interview has already been completed by [fill NAME]. I have a few questions about your health and opinions, [and [fill CHILD'S NAME] 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] AVAILABLE NOW - CAN PROCEED TO SELF RESPONSE SECTION
RESPONDENT WILL ACT AS PROXY FOR [fill NAME] [fill NAME] IS CHRONICALLY ILL
RESPONDENT WILL NOT ACT AS PROXY FOR laraine REFUSAL

test b94< [IF PERSON IS FAMILY INFORMANT'S SPOUSE goto b932¹ ELSE goto c812]

>b932<¹ 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.²

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

STRONGLY AGREE	1
SOMEWHAT AGREE	2
NEITHER AGREE NOR DISAGREE	3
SOMEWHAT DISAGREE	4
STRONGLY DISAGREE	5
NOT APPLICABLE	7
DON'T KNOW	d
REFUSED	r

>c812< Next, during the past 12 months, was there any time when you didn't get the medical care you needed?</p>

YES NO	
DON'T KNOW REFUSED	

¹Note that this question is parallel to b951 in the main interview, we will use b95n as the variable name in the analysis file.

²Source: Royal, Kenneth, et al., **The Gallup Arizona Health Care Poll.** P.18, The Gallup Organization, 1995. Distributions by coverage available.

>c822< And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?</p>

YES NO	
DON'T KNOW REFUSED	

>test c832< [IF c812 EQ <1> OR <d> OR c822 EQ <1> OR <d> goto c832; ELSE goto test 302]

>c832< Did you not get the medical care you needed or have delays in getting the medical care you needed for any of the following reasons?

CODE ALL THAT APPLY

Worry about the cost1
The doctor or hospital wouldn't accept your
health insurance2
Your health plan wouldn't pay for the treatment
You couldn't get an appointment soon enough4
You couldn't get there when the doctor's office or
clinic was open5
It takes too long to get to the doctor's office or clinic
from your house or work6
You couldn't get through on the telephone7
Or any other reason I haven't
mentioned [SPECIFY]0
NONE CITED/NO OTHER RESPONSESn
NEED TO DELETE A RESPONSEx
DON'T KNOWd
REFUSEDr

>test d302< [IF d122 eq <1> OR PERSON HAS HAD GE 1 PHYSICIAN VISITS IN THE LAST 12 MONTHS (1 < C312 < 96 OR 1 < C322 < 5) goto d312; ELSE goto e122.]

>d312< Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree.
 [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ].³

ROTATE d312...d342.

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

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

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

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

DON'T KNOW	d
REFUSED	r

³The next four questions (d312-d342) concerning patient's trust in their physicians were selected from an instrument developed by Dr. Paul Cleary of Harvard University.

>d322< I trust my doctor to put my medical needs above all other considerations when treating my medical problems.

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

- **INTERVIEWER:** (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.
 - (2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAIN AFTER YOU RE-READ QUESTION, CODE "d".

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

DON'T KNOWd	
REFUSEDr	,

>d332< I think my doctor is strongly influenced by health insurance company rules when making decisions about my medical care.</p>

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 SOMEWHAT AGREE NEITHER AGREE NOR DISAGREE SOMEWHAT DISAGREE STRONGLY DISAGREE NOT APPLICABLE	2 3 4 5
DON'T KNOW REFUSED	

>d342< I sometimes think that my doctor might perform unnecessary tests or procedures.

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

- **INTERVIEWER:** (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.
 - (2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR UNCERTAINAFTER 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 KNOWd	
REFUSEDr	•

>e122< Now I would like to ask you about satisfaction with your choice of doctors.

First primary care doctors, such as family doctors, [pediatricians,]⁴ or general practitioners, who treat a variety of illnesses and give preventive care.

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

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

SATISFIED	1 [goto e132]
DISSATISFIED	2 [goto e132]
NEITHER SATISFIED NOR DISSATISFIED	

DON'T KNOWd
REFUSEDr
[goto e142]

⁴Exclude for adults.

>e132< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY SOMEWHAT	
DON'T KNOW REFUSED	

>e142< During the past 12 months, have you personally needed or seen a specialist?

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

YES1 NO0	[goto e152]
DON'T KNOWd REFUSEDr	
===> [goto test e162]	

>e152< Are you satisfied or dissatisfied with the choice you have for specialists?

SATISFIED	1 [aoto e15b]
DISSATISFIED	

DON'T KNOW	d
REFUSED	
===> [goto test e162]	

>e15b< Would that be very (dis)satisfied or somewhat (dis)satisfied?

VERY SOMEWHAT	
DON'T KNOW REFUSED	

>test for uninsured< IF R IS UNINSURED goto TEST E162, WHICH BEGINS VISIT SEQUENCE; ELSE goto NEW.

>test e162< [IF PERSON HAS HAD PHYSICIAN VISITS IN LAST 12 MONTHS (1 < c312 < 96 OR 1 < c321 <5), GOTO e162; ELSE GOTO e402]

- >e162< Since [fill DATE 12 MONTHS AGO], did you visit a doctor for care of sickness, injury, or other health problems?
 - **PROBE:** (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.
 - (2) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES NO	
DON'T KNOW REFUSED ===> [goto e202]	-

>e172< In what month was [fill NAME]'s **most recent** visit for sickness, injury or other health problem?

JAN	
FEB	2
MAR	3
APR	4
MAY	5
JUNE	6
JULY	
AUG	
SEPT	9
OCT	
NOV	11
DEC	12
DON'T KNOW	
REFUSED	r

|___| MONTH

|___|__|__| YEAR (1999 - 2000)

- >e182< Since that visit in 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	
NO	0
DON'T KNOW	
REFUSED	r
===> [goto test e222]	

>e192< In what month was [fill NAME]'s most recent visit for a check up or physical exam?

JAN	1
FEB	2
MAR	
APR	4
MAY	5
JUNE	
JULY	7
AUG	8
SEPT	9
OCT	10
NOV	11
DEC	
DON'T KNOW	d
REFUSED	r

|___| MONTH

|___|__|__| YEAR (1999 - 2000)

>test e192< [VERIFY THAT MONTH IN e192 IS SAME MONTH OR FOLLOWS e172; THEN goto test e222]

- >e202< During the last 12 months, did you visit a doctor for a general check-up, physical examination, or other preventive care not related to a specific health problem?
 - **PROBE:** Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists or other providers who are not medical doctors.

YES	
NO	0 [goto e902]
DON'T KNOW	d
REFUSED	r
===> [goto SF12-e402]	

>e212< In what month was [fill NAME]'s most recent visit?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN *

NOTE: PREV CARE VISIT DATE MUST BE WITHIN LAST 12 MONTHS

JAN	
FEB	2
MAR	3
APR	
MAY	5
JUNE	6
JULY	
AUG	8
SEPT	9
OCT	10
NOV	11
DEC	12
DON'T KNOW	d
REFUSED	r

|___| MONTH

|___|__|__| YEAR (1997 - 1999)

>e902< [Fill INFORMANT] noted that you had [fill # IN c311 or c321] doctor visits in the last 12 months. Was that correct or incorrect?

CORRECT: [jb e162 TO OBTAIN LAST DOCTOR VISIT]

INCORRECT1 [goto SF12 (e402)]

>test e222< [IF PERSON HAD WELL AND SICK VISIT (e162=1 and e182=1), SELECT MOST RECENT FOR e222. IF SAME MONTH FOR BOTH, FILL SICK VISIT SINCE IT WAS MORE RECENT]

>e222< Please think about your visit for preventive care or a check-up in [fill MONTH].

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

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

FAMILY DOCTOR1
SPECIALIST, INCLUDING OB/GYN2

DON'T KNOW	b
REFUSED	r

>test e242< [IF PERSON HAS USC (d102=1) goto e242; ELSE goto e24e]

>e242< Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?

YESNO	
DON'T KNOW REFUSED	

>e24e< Was this visit to an emergency room?

YES	1 [goto e282]
NO	
	ام

DON'T KNOW	d
REFUSED	r

>e252<	For this visit in [fill MONTH], did you have an appointment ahead of time or did
	you just walk in?

APPOINTMENT WALK IN	1 [goto e262]
DON'T KNOW REFUSED	d

===> [goto e282]

>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. ENTER TIME PERIOD ON NEXT SCREEN.

SAME DAY	0
(1-30)	

DON'T KNOWd	
REFUSEDr	ī

>e272< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e262].

DAYS	1
WEEKS	
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	
REFUSED	
===> [goto e292]	

>E282< ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e282]

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

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

1-90 [goto E292]

DON'T KNOW	d
REFUSED	
===> [goto e302]	

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

MINUTES1	
HOURS2	

>e302< Still thinking about this visit in [fill MONTH], how would you rate the thoroughness and carefulness of the examination and treatment you received?

Would you say it was . . .

poor fair	
good	3
very good excellent	
DOES NOT APPLY (NOT EXAMINED OR TREATED)	
DON'T KNOW REFUSED	-

>e312< How would you rate how well your doctor listened to you? Would you say it was . . .

poor fair good very good excellent DOES NOT APPLY (NOT EXAMINED OR TREATED)	2 3 4 5
DON'T KNOW REFUSED	

>e322< How would you rate how well the doctor explained things in a way you could understand.

Would you say it was . . .

poor1fair2good3very good4excellent5DOES NOT APPLY5(NOT EXAMINED OR TREATED)7
DON'T KNOWd REFUSEDr

>e402< Now, I have a few questions about (your/his/her) health.

In general, would you say your health is:

Excellent	1
Very Good	2
Good	3
Fair or	4
Poor	5
DON'T KNOW	d
REFUSED	r

>e412< Next, I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

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

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

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

YES, LIMITED A LOT	1
YES, LIMITED A LITTLE	2
NO, NOT LIMITED AT ALL	
DON'T KNOW	d
REFUSED	r

>e422< Climbing several flights of stairs?

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

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

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

DON'T KNOWc	l
REFUSED	•

>e432< The next two questions ask about your physical health and daily activities.

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

YES NO	
DON'T KNOW REFUSED	

>e442< During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

YES NO	
DON'T KNOW REFUSED	

>e452< The next two questions ask about your emotions and your daily activities.

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

YES	1
NO	0
DON'T KNOW	b
REFUSED	

>e462< During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

YES NO	
DON'T KNOW REFUSED	

>e472< During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere . . .

not at all a little bit moderately quite a bit extremely	2 3 4
DON'T KNOW REFUSED	-

>e482< During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered . . .

all of the time 1 most 2 some 3 a little 4 or none of the time 5	2 3 1
DON'T KNOWc REFUSED	

>e492< The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?

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

REPEAT CATEGORIES SLOWLY

All of the time Most Some A little, or None of the time	2 3 4
DON'T KNOW REFUSED	

>e502< How much of the time during the past 4 weeks did you have a lot of energy?

READ CATEGORIES SLOWLY

All of the time Most Some A little, or None of the time	2 3 4
DON'T KNOW REFUSED	-

>e512< How much of the time during the past 4 weeks have you felt downhearted and blue?

READ CATEGORIES SLOWLY

All of the time	1
Most	2
Some	
A little, or	4
None of the time	5
DON'T KNOW	d
REFUSED	r

>n1a< [IF FEMALE AND OVER AGE 50]

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	
	•
DON'T KNOW	d
REFUSED	

>nn2a< During the past two years, have you seen a doctor or health care professional for acne?

YES NO	
DON'T KNOW REFUSED	

>nn2b< During the past two years, have you seen a doctor or health care professional for very frequent or severe headaches, including migraines?

YES NO	
DON'T KNOW REFUSED	

>nn2c< **[IF FEMALE]** During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?

YES NO	
DON'T KNOW REFUSED	

>nn2d< During the past two years, have you seen a doctor or health care professional for alcohol related problems?

YES	1
NO	0
-	-
DON'T KNOW REFUSED	

>nn3a<	[IF OVER 50 YEARS] Has a doctor or health professional ever told you that you had cataracts?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: "During the past two years, have you seen a doctor or other health care professional for cataracts?
>nn3b<	Has a doctor or health professional ever told you that you had diabetes or high blood sugar?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	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?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis? [GO TO nn3d]
>n3AC<	Did the doctor tell you that you have a special kind of arthritis called Rheumatoid Arthritis?
	YES1 NO0
	DON'T KNOWd REFUSEDr

>nn3d<	Has a doctor or health professional ever told you that you had asthma?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for asthma? [GO TO nn3f]
>nn3e<	Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>nn3f<	Has a doctor or health professional ever told you that you had atrial fibrillation?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF VES. During the past two years, have you seen a doctor or other health care

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

>nn3g<	Has a doctor or health professional ever told you that you had hypertension or high blood pressure?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?
>nn3h<	Has a doctor or health professional ever told you that you had hypertension or high cholesterol?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for high cholesterol?
>nn4a<	Has a doctor or health professional ever told you that you had hardening of the arteries, also called atherosclerosis or arteriosclerosis?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF VFC. During the past two years, have you each a dector or other health care

IF YES: During the past two years, have you seen a doctor or other health care professional for hardening of the arteries, also called atherosclerosis or arteriosclerosis? [GO TO nn4d]

>nn4b< Has a doctor or health professional ever told you that you had ischemic disease?		
	YES1 NO0	
	DON'T KNOWd REFUSEDr	
	IF YES: During the past two years, have you seen a doctor or other health care professional for ischemic heart disease? [GO TO nn4d]	
>nn4c<	Has a doctor or health professional ever told you that you had anGINA OR ANgina?	
	YES1 NO0	
	DON'T KNOWd REFUSEDr	
	IF YES: During the past two years, have you seen a doctor or other health care professional for anGINA OR ANgina? [GO TO nn4d]	
>n4ae<	Have you ever had angioplasty (´an - jE - & plas - tE) or heart bypass surgery?	
	YES1 NO0	
	DON'T KNOWd REFUSEDr	
>nn4d<	Has a doctor or health professional ever told you that you had congestive heart failure?	
	YES1 NO0 [GO TO n4af]	
	DON'T KNOWd REFUSEDr	
	KEFUSED	

IF YES: During the past two years, have you seen a doctor or other health care professional for congestive heart failure? [GO TO nn4e]

>n4af<	Have you ever taken water pills, called diuretics, to treat a heart condition?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>nn4e<	Has a doctor or health professional ever told you that you had a stroke?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for a stroke?
>nn5a<	[IF FEMALE] Has a doctor or health professional ever told you that you had breast cancer?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>nn5b<	Has a doctor or health professional ever told you that you had skin cancer?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>nn5c<	Has a doctor or health professional ever told you that you had lung cancer?
	YES1 NO0
	DON'T KNOWd REFUSEDr

>nn5d<	Has a doctor or health professional ever told you that you had cancer of the colon or rectum?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>nn5f<	[IF MALE, OVER 50] Has a doctor or health professional ever told you that you had cancer of the prostate?
	YES1[GO TO nn6a] NO0
	DON'T KNOWd REFUSEDr
>n5f4<	[IF MALE, 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?
	YES1 NO0
	DON'T KNOWd REFUSEDr
>nn6a<	Has a doctor or health professional ever told you that you had a hernia in the groin area?
	gioin alca:
	YES1 NO0
	YES1

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

>nn6b<	Has a doctor or health professional ever told you that you had an ulcer?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for an ulcer? [GO TO nn6d]
>nn6c<	Has a doctor or health professional ever told you that you had gastritis?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for gastritis?
>nn6d<	Has a doctor or health professional ever told you that you had HIV or AIDS?
	YES1 NO0
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for HIV or AIDS?
>nn6e<	Has a doctor or health professional ever told you that you had depression?
	YES1 NO0
	DON'T KNOWd REFUSEDr

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

>e522<	Now, please tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement. I'm more likely to take risks than the average person.
	INTERVIEWER: (1) NEITHER AGREE NOR DISAGREE IS NOT READ, BUT IS CODED IF OFFERED
	(2) PROBE BY ASKING: In general, OR: Whatever you think of as risks
	STRONGLY AGREE
>e602<	These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?
	YES1 NO0 [goto test e16c]
	DON'T KNOWd [goto test e16c] REFUSEDr [goto test e16c]
>e612<	Do you now smoke cigarettes every day, some days or not at all?
	EVERYDAY
	DON'T KNOWd REFUSEDr ===> [goto test e16c]

>e622<

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

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

I____ Cigarettes PACK = 20 cigarettes 1 1.5 PACKS = 30 cigarettes 2 PACKS = 40 cigarettes 2.5 PACKS = 50 cigarettes 3 PACKS = 60 cigarettes 3.5 PACKS = 70 cigarettes DON'T KNOWd REFUSEDr ===> [goto e662] On how many of the past 30 days did you smoke a cigarette? >e632< NONE0 [goto e652] |___| DAYS [goto e642] DON'T KNOWd REFUSEDr ===> [goto e662] On the average, when you smoked during the past 30 days, about how many >e642< cigarettes did you smoke a day? **INTERVIEWER:** IF RESPONDENT GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESP #CIGS & ENTER NUMBER.

|___| NUMBER OF CIGARETTES (1-96)

1.5 PACKS = 3 2 PACKS = 4 2.5 PACKS = 5 3 PACKS = 6	20 cigarettes 50 cigarettes 50 cigarettes 50 cigarettes 50 cigarettes 70 cigarettes
---	--

DON'T KNOW	d
REFUSED	r
===> [goto e662]	

>e652< How long has it been since you quit smoking cigarettes?

READ IF NECESSARY

WITHIN THE PAST MONTH MORE THAN ONE MONTH BUT WITHIN THE	1 [goto test e672]
PAST 3 MONTHS	2 [goto test e672]
MORE THAN 3 MONTHS BUT WITHIN THE	
PAST 6 MONTHS	3 [goto test e672]
MORE THAN 6 MONTHS BUT WITHIN THE	
PAST YEAR	4 [goto test e672]
MORE THAN ONE YEAR BUT WITHIN THE	
PAST 5 YEARS	5
MORE THAN 5 YEARS BUT WITHIN THE	
PAST 15 YEARS	6
MORE THAN 15 YEARS AGO	7
DON'T KNOW	
REFUSED	r
===> [goto test e16c]	

>e662< During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?

YES NO	
DON'T KNOW REFUSED	

>test e672< [IF PERSON HAD PHYSICIAN VISIT IN LAST 12 MONTHS (1 < C312 LE< 96 OR 1<C322<5) goto e672; ELSE goto test e16c]

>e672< During the past 12 months, did any medical doctor advise you to stop smoking?

PROBE: In your opinion, REPEAT QUESTION.

YES NO	
DON'T KNOW REFUSED	-

>test e16c< [IF THIS PERSON ACCOMPANIED CHILD ON LAST VISIT INCLUDE CHILD'S LAST VISIT QUESTIONS.] [e16c-e40c]

TELEPHONE SCREENER (BOSTON, MA)

Hello, my name is______.[SHOW ID] We are conducting a health study supported by state health departments across the country and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Bristol, Essex, Middlesex, Norfolk, Plymouth, Suffolk?

INSTRUCTION: CODE 'YES' IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO 0.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R`s Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE

6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?

- 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
- 0 NO TERMINATE, CODE 45 INELIGIBLE
- 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
- 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. I'm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (CLEVELAND, OHIO)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by the New York State Department of Health and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON`T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED7 TERMINATE9 REFUSED
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Cayuga, Madison, Onondaga, Oswego?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. Γm 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.

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TELEPHONE SCREENER (GREENVILLE, SC)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by the South Carolina Department of Health & Environmental Control and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Anderson, Cherokee, Greenville, Pickens, Spartanburg?

INSTRUCTION: CODE 'YES' IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO 0.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R`s Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON`T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE

6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?

- 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
- 0 NO TERMINATE, CODE 45 INELIGIBLE
- 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
- 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. I'm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (INDIANAPOLIS, IN)

Hello, my name is______.[SHOW ID] We are conducting a health study supported by state health departments across the country and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON`T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Boone, Hamilton, Hancock, Hendricks, Johnson, Madison, Marion, Morgan, Shelby?

INSTRUCTION: CODE 'YES' IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO 0.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R`s Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE

6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?

- 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
- 0 NO TERMINATE, CODE 45 INELIGIBLE
- 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
- 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. 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.

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TELEPHONE SCREENER (LANSING, MI)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by state health departments across the country and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Clinton, Eaton, Ingham?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
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TELEPHONE SCREENER (LITTLE ROCK, AR)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by state health departments across the country and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Faulkner, Lonoke, Pulaski, Saline?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
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DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (MIAMI, FL)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by the Florida Department of Health and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in Dade county?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
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DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (NEWARK, NJ)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by the Department of Health & Senior Services and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Essex, Morris, Sussex, Union, Warren?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. Γm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (ORANGE COUNTY, CA)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by the Orange County Health Care Agency and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON`T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in Orange county?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. Γm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (PHOENIX, AZ)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by state health departments across the country and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Island, King, Snohomish?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. Γm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (SEATTLE, WA)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by the New York State Department of Health and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED7 TERMINATE9 REFUSED
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Cayuga, Madison, Onondaga, Oswego?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
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- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. Γm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

TELEPHONE SCREENER (SYRACUSE, NY)

Hello, my name is ______.[SHOW ID] We are conducting a health study supported by the New York State Department of Health and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?
 - 1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE
- 2. Has this household been without a working telephone for two weeks or longer?
 - 1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.39 REFUSED TERMINATE
- 3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

1 YESELIGIBLE, GO TO Q.7 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS CB0 NOGO TO Q.49 REFUSED TERMINATE

4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Cayuga, Madison, Onondaga, Oswego?

INSTRUCTION: CODE `YES` IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOW GO TO Q.60 NOGO TO Q.59 REFUSED TERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____)___/__) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
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- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. Γm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

APPENDIX B

VARIABLES ADDED TO ROUND TWO

Variable Name	Question Number	Questionnaire Text				
	Section A: Household Composition					
ADNPER	emo1	You've told me about eight people in this household. Do any other people live in this household?				
ADNGE18	emo2	How many of those additional people are 18 years old or older?				
ADNLT18	emo3	How many of those additional people are under 18?				
BRTHMO	bmo1	In what month and year was [fill HOUSEHOLDER] born?				
BRTHYR	byr1	In what month and year was [fill HOUSEHOLDER] born?				
SNOW	snow	Do/Does (READ NAMES FROM TABLE) have another residence where (they he/she) lives more than half the year?				
		Section B: Health Insurance				
STOFMCD	blex	IF STATE ONLY OFFERS MEDICAID: Are READ NAMES covered by [Medicaid/fill STATE NAME], the government assistance program that pays for health care?				
STOFOTH	b1ey	IF STATE OFFERS OTHER SUBSIDIZED PROGRAMS AS WELL AS MEDICAID: Are READ NAMES covered by any of the following government assistance programs that help pay for health care:				
STMCAID	b1za	Medicaid/fill STATE NAME				
STOTHER	b1zb	FILL STATE SPECIFIC PLANS, INCLUDING CHIP				
R1PLAN	b204	When we last interviewed (you/your family) on [FILL MO/YR OF R1 INTERVIEW], we recorded your health insurance plan as [FILL fptext].				
R1PCHG	b205	Did your plan change since [fill MO/YR of R1 INTERVIEW] or is [FILL fptxt] incorrect?				
PVGOV1- PVGOV3	b271	Was this plan obtained through a state or federal government program that helps pay for health insurance coverage?				
PVGOVN1- PVGOVN3	b281	Do you recall the name of the program?				
FCOVPRV	b79	Is family coverage offered under [POLICY HOLDER'S] health insurance plan?				
UNIRSON	b791	(Is/Are) [fill NAMES OF UNINSURED FAMILY MEMBERS] not covered by [fill POLICY HOLDERS] plan because health insurance costs too much or was there some other reason?				

VARIABLES ADDED TO THE ROUND TWO HOUSEHOLD SURVEY

SOURCE: Table 2.3 of the CTS Round Two Household Survey Public Use File

Variable Name	Question Number	Questionnaire Text				
	Section C: Resource Use During the Last Twelve Months					
DPHYEXM	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?				
DRTNPRM	c3c1	(Were any of these visits/Was this visit) for a routine check up for an ongoing health problem?				
MPHYEXM	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?				
MRTNPRM	c361	(Were any of these visits/Was this visit) a routine check up for an ongoing health problem?				
		Section D: Usual Source of Care/Patient Trust				
USCRHLH						
USCROTH	d171	Which of the following reasons best describes why [fill NAME] changed the plac (you/he/she) usually go(es) for health care? NOTE: Use second person for child a informant.				
		Section E: Satisfaction/Risk Behaviors				
HAVBABY	cc1	During the past two years, have you had a baby?				
ACNE	cc2a	During the past two years, have you seen a doctor or health care professional for acne?				
HDACHE	cc2b	During the past two years, have you seen a doctor or health care professional forvery frequent or severe headaches, including migranes?				
UTRNBLD	cc2c	During the past two years, have you seen a doctor or health care professional forIF FEMALE: abnormal uterine bleeding?				
ALCHPRM	cc2d	During the past two years, have you seen a doctor or health care professional for alcohol related problems?				
CATRCT	cc3a	Has a doctor or health professional ever told you that you had:[IF OVER 50 YEARS] cataracts?				
CATRCTX	c3a	During the past two years, have you seen a doctor or other health care professional for [IF OVER 50 YEARS] cataracts?				
DIABET	cc3b	Has a doctor or health professional ever told you that you had: diabetes or high blood sugar?				
DIABETX	c3b	During the past two years, have you seen a doctor or other health care professional for diabetes or high blood sugar?				
ARTHRS	cc3c	Has a doctor or health professional ever told you that you had: arthritis?				
ARTHRSX	c3c	During the past two years, have you seen a doctor or other health care professional for arthritis?				

Variable Name	Question Number	Questionnaire Text			
RHARTHR	c3ac	Did the doctor tell you that you have a special kind of arthritis called Rheumatoic Arthritis?			
ASTHMA	cc3d	Has a doctor or health professional ever told you that you had: asthma?			
ASTHMAX	c3d	During the past two years, have you seen a doctor or other health care professional for asthma?			
COPD	cc3e	Has a doctor or health professional ever told you that you had: chronic obstructive pulmonary disease			
COPDX	c3e	During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease			
ATLFBR	cc3f	Has a doctor or health professional ever told you that you had: atrial fibrillation?			
ATLFBRX	c3f	During the past two years, have you seen a doctor or other health care professional for atrial fibrillation?			
HYPTEN	cc3g	Has a doctor or health professional ever told you that you had: hypertension or high blood pressure?			
HYPTENX	c3g	During the past two years, have you seen a doctor or other health care professional for hypertension or high blood pressure?			
HICHOL	cc3h	Has a doctor or health professional ever told you that you had: high cholesterol?			
HICHOLX	c3h	During the past two years, have you seen a doctor or other health care professional for high cholesterol?			
ATHRSCL	cc4a	Has a doctor or health professional ever told you that you had: hardening of the arteries, also called atherosclerosis or arteriosclerosis?			
ATHRSCX	c4a	During the past two years, have you seen a doctor or other health care professional for hardening of the arteries, also called atherosclerosis or arteriosclerosis?			
ISCHMC	cc4b	Has a doctor or health professional ever told you that you had: ischemic heart disease?			
ISCHMCX	c4b	During the past two years, have you seen a doctor or other health care professional for ischemic heart disease?			
ANGINA	cc4c	Has a doctor or health professional ever told you that you had: angina?			
ANGINAX	c4c	During the past two years, have you seen a doctor or other health care professional for angina?			
CABG	c4ae	Have you every had angioplasty - or heart bypass surgery?			
CHF	cc4d	Has a doctor or health professional ever told you that you had: congestive heart failure?			
CHFX	c4d	During the past two years, have you seen a doctor or other health care professional f congestive heart failure?			
DIURTC	c4af	Have you ever taken water pills, called diuretics, to treat a heart condition?			
STROKE	cc4e	Has a doctor or health professional ever told you that you had: a stroke?			

Variable Name	Question Number	Questionnaire Text			
STROKEX	c4e	During the past two years, have you seen a doctor or other health care professional for a stroke?			
BRTCAN	cc5b	Has a doctor or health professional ever told you that you had: IF FEMALE: breast cancer.			
BRTCANX	c5b	During the past two years, have you seen a doctor or other health care professional for IF FEMALE: breast cancer.			
SKNCAN	cc5c	Has a doctor or health professional ever told you that you had: skin cancer?			
SKNCANX	c5c	During the past two years, have you seen a doctor or other health care professional for skin cancer?			
LNGCAN	cc5d	Has a doctor or health professional ever told you that you had: lung cancer?			
LNGCANX	c5d	During the past two years, have you seen a doctor or other health care professional for lung cancer?			
CLNCAN	cc5e	Has a doctor or health professional ever told you that you had: cancer of the colon or rectum?			
CLNCANX	c5e	During the past two years, have you seen a doctor or other health care professional for cancer of the colon or rectum?			
PRSCAN	cc5f	Has a doctor or health professional ever told you that you had: IF MALE, OVER 50: cancer of the prostate			
PRSCANX	c5f	During the past two years, have you seen a doctor or other health care professional for IF MALE, OVER 50: cancer of the prostate			
PRSBGN	cc5g	Has a doctor or health professional ever told you that you had: IF MALE OVER 50: benign prostate disease or a large prostate that was not prostate cancer			
PRSBGNX	c5g	During the past two years, have you seen a doctor or other health care professional for IF MALE OVER 50: benign prostate disease or a large prostate that was not prostate cancer			
HERNIA	ссба	Has a doctor or health professional ever told you that you had: a hernia in the groin area?			
HERNIAX	сба	During the past two years, have you seen a doctor or other health care professional for a hernia in the groin area?			
ULCER	cc6b	Has a doctor or health professional ever told you that you had:an ulcer?			
ULCERX	сбb	During the past two years, have you seen a doctor or other health care professional for an ulcer?			
GASTRS	ссбс	Has a doctor or health professional ever told you that you had: gastritis?			
GASTRSX	сбс	During the past two years, have you seen a doctor or other health care professional for gastritis?			
HIV	cc6d	Has a doctor or health professional ever told you that you had: HIV or AIDS?			
HIVX	c6d	During the past two years, have you seen a doctor or other health care professional for HIV or AIDS?			
DPRESN	ссбе	Has a doctor or health professional ever told you that you had: depression?			
DPRESNX	сбе	During the past two years, have you seen a doctor or other health care professional for depression?			

Variable Name	Question Number	Questionnaire Text			
KACNE	ee2a	Has [fill NAME] ever seen a doctor or health care professional for: acne?			
KHDACHE	ee2b	Has [fill NAME] ever seen a doctor or health care professional for: very frequent or severe headaches, including migraines?			
KEARINF	ee2c	Has [fill NAME] ever seen a doctor or health care professional for: four or more ear infections in any one year?			
KEARTUB	ee3	Has [fill NAME] ever had tubes placed in [fill his] ears?			
KSCKLE	ee4a	Has a doctor or health professional ever told you that [fill NAME] had: sickle cell disease?			
KSCKLEX	e4a	During the past two years, has [fill NAME] seen a doctor or other health care professional for sickle cell disease?			
КТВ	ee4b	Has a doctor or health professional ever told you that [fill NAME] had: tested pos for tuberculosis?			
KTBX	e4b	During the past two years, has [fill NAME] seen a doctor or other health care professional for tested positive for tuberculosis?			
KASTHMA	ee4c	Has a doctor or health professional ever told you that [fill NAME] had: asthma?			
KASTHMX	e4c	During the past two years, has [fill NAME] seen a doctor or other health care professional for asthma?			
KADHA	ee4d	Has a doctor or health professional ever told you that [fill NAME] had: Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD?			
KADHAX	e4d	During the past two years, has [fill NAME] seen a doctor or other health care professional for Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD?			
KDIABT	ee4e	Has a doctor or health professional ever told you that [fill NAME] had: diabetes or high blood sugar?			
KDIABTX e4e During the past two years, has [fill NAME] seen a doctor or other health professional for diabetes or high blood sugar?					

ROUND ONE VARIABLES DELETED FROM THE

ROUND TWO HOUSEHOLD SURVEY

Variable Name	Round One Question Number	Description					
	Section B: Health Insurance						
PRVGRP1- PRVGRP3	b271	The plan number identifies the type of insurance coverage you have. Is there a plan or group number on the [fill DOCUMENT TYPE]?					
PRVNUM1- PRVNUM3	b281	What is the plan or group number?					
MILSIGN	b431	Does (PLAN NAME) require you to sign up with a certain primary care doctor, group of doctors, or clinic, which you must go to for all of your routine care?					
MILREF	b441	Under [fill PLAN NAME], do you need approval or a referral to see a specialist or get special care?					
MILLST	b451	Under [fill PLAN NAME], can you go to any doctor or clinic who will accept [fill PLAN NAME] or must you choose from a book, directory, or list of doctors?					
MILHMO	b461	Is (PLAN NAME) an HMO, that is, a Health Maintenance Organization?					
MILPAY	b471	If you 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]?					
MCRSUPJ	b59b	How much is the insurance premium for this supplemental or Medigap policy?					
MCRSUPU	b59c	CODE TIME PERIOD.					
FMCRMCD	b60	(Are/Is) [fill NAMES OF MEDICARE ENROLLEES] covered by [Medicaid/fill STATE NAME], the government assistance program for people in need?					
MCDSIGN	b61	According to the information I have, [fill NAMES OF MEDICAID ENROLLEES] (is/are) covered by [Medicaid/fill State Name].					
MCDREF	b62	(Do(es) (they/he/ she/you) need approval or a referral to see a specialist or get special care?					
MCDLST	b63	Can [fill NAMES] go to any doctor or clinic who will accept (Medicaid/STATE NAME) or MUST (he/she/you/they) choose from a book, directory or list of doctors?					
MCDHMOR	b65a	What is the name of the HMO plan?					
MCDHMON	b65a	[PLAN NAME – 72 CHARACTERS]					
MCDDOC	b65b	CODE TYPE OF DOCUMENT.					
MCDPAY	b66	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 /part of the HMO]?					
STSIGN	Does (fill PLAN NAME) require (you/members) to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/members) must go to for all of your routine care?						

SOURCE: Table 2.5 of the CTS Round Two Household Survey Public Use File

ROUND ONE VARIABLES DELETED FROM THE

ROUND TWO HOUSEHOLD SURVEY (Continued)

Variable Name	Round One Question Number	Description			
STREF	b73	Under [PLAN NAME], do (you/members) need approval or a referral to see a specialist or get special care?			
STLST	b74	Can (you/members) go to any doctor or clinic who will accept [fill PLAN NAME] or must (he/she/you/they) choose from a book, directory, or list of doctors?			
STHMOR	b75a	What is the name of the HMO plan?			
STHMON	b75a	[PLAN NAME – 72 CHARACTERS]			
STDOC	b75b	CODE TYPE OF DOCUMENT.			
STPAY	b76	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 /part of the HMO]?			
DENIANY	b98	During the past two years, (have you/has anyone in your family) been denied health insurance or limited in the kind of health insurance (you/they) could buy because of poor health?			
DENIRPT	b99	Who was that?			
DENHLH	b99	Who was that?			
DENIRP2	b99	[NON-SELECTED PERSON]			
		Section C: Resource Use			
NURCARE	c521	During the past 12 months, did [fill NAME] receive care at home from a nurse or other health care professional?			
GETMED	c90	Compared with three years ago, is getting the medical care (you/your family) need(s) becoming easier, harder, or has it stayed the same?			
		Section D: Usual Source of Care/Patient Trust			
USCNOR1- USCNOR5	d201	I am going to read some reasons people have given for not having a usual source of medical care. For each one, please tell me whether that is a reason in [fill NAME'S] case.			

APPENDIX C

SURVEY INTRODUCTIONS AND ADVANCE LETTERS

About two years ago, you participated in a survey for the Community Tracking Study, a project to understand how changes in health care are affecting people in communities throughout the country. As President of the organization sponsoring the study, I want to thank you for your help.

Information provided by you and thousands of other Americans is helping us to understand how the shift to managed care and other changes in health care are affecting the availability and the quality of health care across the country. To illustrate just a bit of what you told us, we have enclosed a brochure describing some results.

At this time, I am asking for you to help us once again by participating in a follow-up telephone interview, which will take 30 to 40 minutes of your time. Your participation in this follow-up survey will make a real contribution toward our understanding of how changes in health care are continuing to affect people's lives.

We understand how difficult it is to take time out for a survey. As a token of our appreciation for your time, we will send you \$25 for completing the interview.

An interviewer from Mathematica Policy Research, the organization conducting the survey, will be calling soon to set up an interview. Or, if you would like to schedule the interview yourself, we have enclosed a card with a toll free number that you can call at your convenience (1-800-298-3383). If you have any questions about the study, please feel free to call Maureen Michael at the Foundation at 1-800-719-9419.

Of course, all of the information you provide will be kept strictly confidential. Like last time, your answers will be combined with thousands of others, so that only overall findings will be presented.

Thank you again for your help in the last study. We hope we can count on you once again for this important project.

Sincerely,

Steven A. Schroeder, M.D.

Throughout the 1990's, the country has witnessed dramatic changes in health care, including a rapid shift to managed care. Yet, little systematic information exists about how these changes are affecting the availability of affordable, high quality care.

As the nation's largest philanthropy devoted exclusively to improving health and health care, The Robert Wood Johnson Foundation created the Center for Studying Health System Change to analyze how all these changes are affecting families in communities throughout the U.S. The Center's study began in 1996-1997, with surveys of more than 60,000 people. To illustrate a bit of what we have learned, we have enclosed a brochure describing some of the study's results.

Your household has been randomly selected to participate in the next phase of the study. While we understand how busy you are, we are asking for your help with a telephone survey that will take about 30 to 40 minutes for most families.

As a token of our appreciation for your time, we will send you or your family \$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.

An interviewer from Mathematica Policy Research, the organization conducting the survey, will be calling soon to set up an interview. Or, if you would like to schedule the interview yourself, we have enclosed a card with a toll free number that you can call at your convenience (1-800-298-3383). If you have any questions about the study, please feel free to call Maureen Michael at the Foundation at 1-800-719-9419.

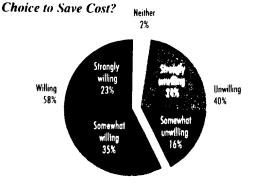
Your household's participation in this survey will make a real contribution towards our understanding of how changes in health care are continuing to affect people's lives. I hope that we can count on your help.

Sincerely,

Steven A. Schroeder, M.D.

Most people remained satisfied with their choice of doctors, but we were surprised at how strongly people felt about keeping the right to choose their own doctor, even when it might mean higher costs.

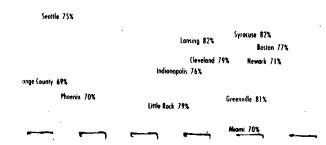
How Willing are People to Accept Limits on



The Issue of Health Care Quality

Perhaps one of the most important questions is how all of the changes in health care will affect the quality of care people receive. We will be intensifying our efforts to understand this in the 1998-1999 surveys. In the meantime, here is what we learned from the earlier surveys about how many physicians in different communities believed that they could provide high-quality care to all their patients.

Physicians' Ability to Provide High-Quality Care Varies



We look forward to bringing you more results from this study in the future. Thanks again for your help and participation in the surveys.

For More Information about The Robert Wood Johnson Foundation

Visit the Foundation's Web site at: www.rwjf.org Or call or write to: Maureen Michael The Robert Wood Johnson Foundation Route 1 and College Road East Post Office Box 2316 Princeton, NJ 08543-2316 1-800-719-9419

The Robert Wood Johnson Foundation, based in Princeton, N.J., was established as a national philanthropy 25 years ago. Since that time, it has awarded close to \$3 billion in grants in support of its mission to improve the health and health care of all Americans.

For More Information about the Center for Studying Health System Change

Visit CSHSC's Web site at:

www.hschange.com

or write to:

Center for Studying Health System Change 600 Maryland Avenue, SW, Suite 550 Washington, DC 20024-2512

Results from he Communit Tracking Study

A study to understand how changes in health care are affecting people in communities across the United States



About The Robert Wood Johnson Foundation and the Community Tracking Study

Fundamental changes are taking place in health care today, but little information is available on how these changes are affecting people.



As the nation's largest philanthropy devoted exclusively to improving health and health care. The Robert Wood Johnson Foundation is eager to understand how these changes are affecting Americans.

In 1995, the Foundation created the Center for Studying Health System Change (CSHSC), a nonpartisan research organization, to track changes in the health care system and their effects on people.

CSHSC's Community Tracking Study takes an in-depth look at health care changes that are occurring in communities throughout the United States. The study includes surveys of more than 60,000 Americans. The first surveys were completed during 1996-1997; the next surveys will be completed during 1998-1999.

Whether you and your family are new survey participants, or participated in the last round of surveys, we want to thank you for your input and share with you some of what we have learned.

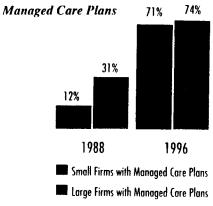


Dramatic Shift to Managed Care

During the 1990s, the country has made a dramatic shift from traditional fee-for-service medicine to managed care. Employers are the source of health insurance for most Americans, and most firms both large and small—have switched to managed care plans for their employees.

More Large and Small Firms Have Switched to

ړ



According to Our 1996-1997 Surveys:

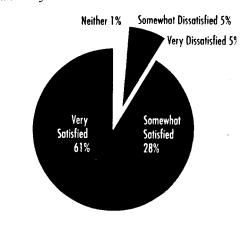
- Almost half of privately insured individuals report that they are enrolled in health maintenance organizations (HMOs); and
- Nine out of 10 primary care physicians say that they act as a "gatekeeper" for their patients, which means that only they can make referrals to specialists.

198

Most Americans Remain Satisfied

Despite this dramatic and rapid shift to mana care—and much media attention indicating otherwise—most people report that they are satisfied with their health care.

Most Americans Remain Satisfied with the Health Care They Receive



But Some Are Concerned

Despite overall satisfaction, the nation is still struggling with changes in the way we buy an use health services. In particular, the transition to managed care may involve some strains to traditional bond of trust between patients and their physicians. We found:

- 29 percent of people think their doctor is strongly influenced by health insurance rule: when making decisions about their care; and
- 16 percent are concerned that their doctor m not refer them to a specialist when needed.

Richard Strouse Vice President

Dear Study Participant:

Thank you very much for taking part in our survey of health care. As you know, rapid changes in the heath care system are affecting millions of people. Your participation in this survey will contribute to efforts to understand those changes and their effects on people. As a token of our appreciation, we have enclosed your check.

Again, thanks very much for your help.

Sincerely,

Richard Strouse Vice President

Recently, one of our interviewers called your household about a study concerning the health of adults and children throughout the countly. I realize that you are very busy. It also is difficult to explain an important research project during a brief telephone call. I want to try to answer your questions, and as a token of our commitment, have enclosed a check for \$25 for you and your family.

By participating in a half hour interview, you will help us understand how the shift to managed care and other changes in health care are affecting people's lives. If you decide you don't want to participate, you can tear up the check. But, before you decide, please take a minute to read this letter and the enclosed brochure describing some of our results.

Why are we doing this study?

Health care is changing and no one really knows what these changes will mean for people. We are conducting surveys in communities throughout the country to answer many questions. But the most important ones are:

- Are people obtaining affordable health care that meets their needs?
- What can be done to help people whose needs are not being met?
- How are the changes in health care affecting the quality of care people receive?

Who is sponsoring this study?

The study is sponsored by The Robert Wood Johnson Foundation, a non-partisan, non-profit organization that helps states and communities improve the health care of their citizens. Foundation projects have trained doctors and nurses, protected children against diseases, assisted community groups fighting illegal drugs, and helped states make health insurance more available.

Why do you have to interview my household?

For surveys to be scientifically valid, they must represent the public. Your telephone number was randomly selected from lists of possible telephone numbers in your areas. Our results will not be credible if we substitute other households for the ones we randomly selected.

Will you keep my information confidential?

Yes, absolutely. Everyone working on this Study is required by law to protect the confidentiality of respondents. Also, individual responses are never published in reports. They are combined with the responses of others and only overall findings are published.

Who will be calling my household?

Some time during the next few weeks, you will be called by an interviewer from Mathematica, an independent research organization conducting the survey. I sincerely hope that you will help us with the Study.

Sincerely,

Paul B. Ginsburg President

Dear Resident:

Recently, one of our interviewers called your household about a study concerning the health of adults and children throughout the countly. I realize that you are very busy. It also is difficult to explain an important research project during a brief telephone call. I want to try to answer your questions, and as a token of our commitment, have enclosed a check for \$25 for you and your family.

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Sincerely,

APPENDIX D

TRAINER'S MANUAL

Mathematica Policy Research,

The Center for Studying Health System Change

and the

The Robert Wood Johnson Foundation

CTS-2 Community Tracking Study

Round 2

TRAINER'S MANUAL

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I. CONTENT OF TRAINING AND EQUIPMENT NEEDED

Training Materials for New and Experienced Interviewers. Classroom training for experienced interviewers will consist of three four-hour modules. Training for new interviewers will consist of four four-hour modules. New interviewer training will place additional emphasis on CATI usage, the scheduler, and refusal avoidance. The content of each module is displayed in Table 1 Trainers will determine if individual trainees need additional practice.

Interviewer Training Schedules. Trainees must attend modules in order (first Module 1, then Module 2, etc.). We expect that trainees will attend all sessions within one week. Trainees must obtain permission of the Survey Operations Center Manager if they need to extend their training beyond one week. We will organize the sessions in any given week so trainees have flexibility in selecting sessions. Table 2 shows a sample schedule for new interviewers. Table 3 presents a schedule for experienced interviewer training. Timing of sessions in any given week may vary due to trainer and trainee availability.

Timing, equipment, and materials needed for each session. Tables 4a and 4b show the length of time that each subject takes for new and experienced staff. It also shows the equipment and handouts needed along with references to pages in the Interviewer's Manual. Note that this schedule includes time for a 15-minute break in each 4-hour module. Trainers should schedule the break when they deem appropriate or necessary. Trainers should arrange with phone center managers to assure that training rooms are reserved and the appropriate equipment, materials, and handouts are available.

TABLE 1

CONTENT OF TRAINING SESSIONS FOR NEW AND EXPERIENCED INTERVIEWERS

	New Interviewers	Experienced Interviewers		
Module 1	Introduction to Project and Staff	Introduction to Project and Staff		
	Interviewing Exercise	Sample Design and Selection Procedures		
	Sample Design and Selection Procedures Overview of Questionnaire (including a videotape of a CATI screen and voice-over of an interview) Introduction to Household Composition Grid and other non-standard CATI screens (multiple response screens, chronic conditions check list/and forms-based screen for insurance coverage, identifying insurance plans and products, entering name and address information)	Overview of Questionnaire (including a videotape of a CATI screen and voice-over of an interview) Question-by-Question Review of the Instrument (with Round Robin)Part 1		
Module 2	Question-by-Question Review of the Instrument (with Round Robin)Part 1 Contact Procedures and Refusal Avoidance- -Part 1	Question-by-Question Review of the Instrument (with Round Robin)Part 2 Contact Procedures and Refusal Avoidance Description of the Bonus Plan		
Module 3	Question-by-Question Review of the Instrument (with Round Robin)Part 2 Contact Procedures and Refusal Avoidance- -Part 2 Description of the Bonus Plan	Practice Interviewing (Small Groups and Pairs) Contacting Sample Members Role Play Interim Disposition Codes		
Module 4	Practice Interviewing (Small Groups and Pairs) Contacting Sample Members Role Play Interim Disposition Codes and Scheduling Calls	THERE IS NO MODULE 4 FOR EXPERIENCED INTERVIEWERS.		

TABLE 3

SAMPLE TRAINING SCHEDULE FOR NEW INTERVIEWERS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Module 1	Module 2	Module 3	Module 4		Module 1 <i>Module 3</i>
Afternoon	Module 2		Module 4			Module 2 <i>Module 4</i>
Evening	Module 1	Module 2 <i>Module 3</i>	Module 3 <i>Module 2</i>	Module 4		
NOTE: Italics indicates concurrent sessions						

TABLE 4

SAMPLE TRAINING SCHEDULE FOR EXPERIENCED INTERVIEWERS

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning	Module 1	Module 2	Module 3			Module 1	
Afternoon	Module 2	Module 3				Module 2	
Evening	Module 1 <i>Module 3</i>	Module 2	Module 3				
NOTE: Italics indicates concurrent sessions							

TABLE 4A

OVERVIEW OF TRAINING FOR NEW INTERVIEWERS

Module	Subject	Time (minutes)	Equipment	Handouts/Reference in Trainer's Manual
1	Introduction to Project and Staff	15	None	II 1-3 HSC brochures
	Ice Breaking Exercise		Board or flip chart, markers	II 4
	Sample Design and Selection Procedures	15	None	II 5-9
	Introduction to Household Composition Grid and other non-standard CATI screens	105	CATI terminal or personal computer, projection screen	III 1-14
	Overview of Questionnaire (Video)	60	VCR, Video Tape	IV 1-3 paper and pencil for each trainee
2	Question-by-Question Review of the Instrument (with Round Robin)Part 1	135	CATI terminal or personal computer, projection screen	VI 1-24
	Contact Procedures and Refusal AvoidancePart 1	90	Board or Flip Chart	VI 1-10 Advance letters, brochure and insert, followup statements

Table 4A (Continued)

Module	Subject	Time (minutes)	Equipment	Handouts/Reference in Trainer's Manual
3	Question-by-Question Review of the Instrument (with Round Robin)Part 2	120	CATI terminal or personal computer, projection screen	V 24-51
	Contact Procedures and Refusal AvoidancePart 2	90	Board or Flip Chart	VI 11-20
	Description of the Bonus Plan	15	None	Х
4	Practice Interviewing (Small Groups and Pairs)	120	CATI Terminals/PCs for trainees	VII 1-15 Mock interviews
	Contacting Sample Members Role Play	60	None	VIII 1-3 Cue Cards
	Interim Disposition Codes and Scheduling Calls	45	CATI terminal or personal computer, projection screen	IX 1-4

TABLE 4B

OVERVIEW OF TRAINING FOR *EXPERIENCED* INTERVIEWERS

Module	Subject	Time (minutes)	Equipment	Handouts/Reference in Trainer's Manual
1	Introduction to Project and Staff	15	None	II 1-3 HSC brochures
	Ice Breaking Exercise	30	Board or flip chart, markers	II 4
	Sample Design and Selection Procedures	15	None	II 5-9
	Overview of Questionnaire (Video)	60	VCR, Video Tape	IV 1-3 Pencil and paper for each trainer
	Question-by-Question Review of the Instrument (with Round Robin)Part 1	105	CATI terminal or personal computer, projection screen	V 1-24
2	Question-by-Question Review of the Instrument (with Round Robin)Part 2	135	CATI terminal or personal computer, projection screen	V 24-51
	Contact Procedures and Refusal Avoidance	75	Board or Flip Chart Markers	VI 1-20 Advance letter, brochure and insert, followup statements, cue cards
	Description of the Bonus Plan	15	None	Х

Module	Subject	Time (minutes)	Equipment	Handouts/Reference in Trainer's Manual
3	Practice Interviewing (Small Groups and Pairs)	120	CATI Terminals/PCs for trainees	VII 1-15 Mock interviews
	Contacting Sample Members Role Play	60	None	VIII 1-3 Cue cards
	Interim Disposition Codes and Scheduling Calls	45	CATI terminal or personal computer, projection screen	IX 1-4

II. INTRODUCTORY MATERIAL

A. STAFF INTRODUCTIONS

TRAINER: INTRODUCE YOURSELF AND KEY MEMBERS OF THE STUDY TEAM. SURVEY STAFF:

- C Richard Strouse: Project Director
- C Anne B. Ciemnecki: Survey Director
- C Karen A. CyBulski: Associate Survey Director
- C Larry Snell: Survey Operations Center Manager, Princeton
- C Richard Heman Ackah: Survey Operations Center Manager, Columbia
- C John Mero, Cricket Cohen (consultant): Princeton Office Trainers
- C Joanne Pascale, Natalie Lacireno-Paquet: Columbia Office Trainers
- C Peter Cunningham: Senior Center for the Study of Health Systems Change (HSC) Researcher
- C Jackie Donath: Assistant Manger, Survey Operation Center, Princeton and Lead Princeton Office Supervisor
- C Pat Licodo: Survey Operations Center Supervisor, Columbia and Lead Columbia Office Supervisor
- C Introduce Any Assistant Supervisors And Monitors in Attendance.

B. INTRODUCTION TO THE PROJECT

TRAINER: PRESENT THE FOLLOWING INFORMATION. DISTRIBUTE HSC BROCHURES.

As many of you know, the U.S. health care system has been undergoing dramatic change in recent years. More and more people are shifting to HMOs and other types of managed care. There are increasing concerns about our ability to finance Medicare, Medicaid, and other government plans, and the problem of large numbers of uninsured people persists.

The Robert Wood Johnson Foundation (RWJF), located in Princeton, was established as a national philanthropy 25 years ago. Since that time, it has awarded close to \$3 billion in grants in support of its mission to improve the health and health care of people in the United States.

In 1995, RWJF decided to invest in a very large study, called The Community Tracking Study, to try to understand how the organization of health care in the U.S. is changing and how these changes are affecting people. In order to assemble a team of health care experts, RWJF created *The Center for Studying Health System Change* (HSC). The Center, which is located in Mathematica's Washington office, is affiliated with MPR.

The Center's Community Tracking Study takes an in depth look at health care changes that are occurring in communities throughout the United States by focusing on two key questions:

- C 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?
- C How do these changes affect people--how are insurance coverage, access to health care, use of services, costs, quality and satisfaction changing over time and are some communities and groups of people doing better or worse than others?

The data to answer these questions is coming from surveys of people, physicians, insurers, and employers in communities that are representative of the nation. The first surveys were completed in 1996-1997. For the household survey, we interviewed 32,732 families that included 49,807 adults and 10,639 children. In addition, surveys were conducted with 12,350 physicians and over 22,000 employers. Results from these surveys are already being used to understand how changes in health care are affecting us. The brochure, which will be sent to households selected for the second round of the survey highlights some of the findings from the first survey. The brochure also lists web sites where you can obtain more information about The Robert Wood Johnson Foundation (www.rwjf.org) and the Community Tracking Survey (www.hschange.com).

The survey on which you will be working is the second Community Tracking Study (CTS-2) household survey. We will be interviewing about the same number of families as in round one; however, this time about 40 to 45% of the families will have participated in the round one survey. Some also will have participated in a related survey on mental health and substance abuse issues (AHCC Survey). Generally, people participating in the first round of a survey are very willing to participate in subsequent waves of the same study. This is because they are familiar with the study and know that it is legitimate. To increase participation rates, we will be mailing families selected for reinterview an advance letter and brochure (the one enclosed with your manual) describing study results. We also provide telephone numbers where they can learn more about the study and set up an interview. We will be testing the impact of these advance materials on new sample by mailing them to a sub-sample of households with published addresses. All families will be offered \$25 for participating in the survey; a small number who participated in a round one experiment in which they were offered \$35 will be offered that amount again.

C. TRAINEE INTRODUCTIONS

TRAINER: TELL TRAINEES THAT IN A FEW MINUTES YOU WILL ASK THEM TO TAKE TURNS INTRODUCING THEMSELVES TO THE GROUP AND SHARING SOMETHING INTERESTING ABOUT THEMSELVES.

TELL THEM THAT AS THEY DO THIS, YOU WOULD ALSO LIKE THEM TO PRETEND THEY ARE AT HOME IN THE EVENING WHEN THE TELEPHONE RINGS. A MATHEMATICA INTERVIEWER IS ON THE PHONE. THE INTERVIEWER SAYS THE FOLLOWING:

Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation on health issues, and it is supported 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 study. May I speak with an adult who lives here and is familiar with the health care of family members.

ASK THE GROUP TO THINK ABOUT THIS STATEMENT AND CALLS THEY GET AT HOME AND TO TELL THE GROUP WHAT ONE THING WOULD CAUSE THEM TO PARTICIPATE IN SUCH A SURVEY AND ONE THING WOULD CAUSE THEM NOT TO PARTICIPATE.

KEEP A LIST ON THE BOARD/FLIP CHART OF THE REASONS:

REASONS TO PARTICIPATE

REASONS NOT TO PARTICIPATE

Reason 1 Reason 2 Etc. Reason 1 Reason 2 Etc.

AFTER EVERYONE HAS GIVEN A REASON, POINT OUT TRENDS IN THE RESPONSES.

EXPLAIN THAT ONE OF THE MOST IMPORTANT COMPONENTS OF THIS TRAINING WILL BE GAINING THE COOPERATION OF POTENTIAL RESPONDENTS.

D. SAMPLE DESIGN AND SELECTION PROCEDURES TRAINER: PRESENT THE FOLLOWING INFORMATION

1. Population to be Studied

Our sample design will select households and is designed to represent the civilian noninstitutionalized population of the U.S. We are not surveying people living in institutions, such as nursing homes, military barracks, prisons, or people living in group homes or dormitories, or people who are contacted in vacation homes, assuming they have primary residences elsewhere. Nor will we survey active members of the military, even if they are living in civilian housing. People living in institutions have specialized health problems and their health care is delivered under unique delivery systems that are beyond the scope of this study. If you are unsure whether the setting you contacted is an institution, group quarters, or vacation residence, ask your supervisor for help. **NOTE TO TRAINER: APPENDIX C CONTAINS THE TYPES OF SETTINGS AND PERSONS EXCLUDED FROM THE STUDY. IT IS FOR REFERENCE ONLY.**

2. Sample Design--High-Intensity versus Low-Intensity Sites

The focus of our project is the impact of health system change on organizations and people at the community level. Consequently, our sample is designed to represent 60 communities, plus a supplement to represent the continental United States (Alaska and Hawaii are excluded). Twelve of these communities will be studied more intensively and are called the "high intensity" sites.

In high-intensity sites, we will survey about 1,250 families per site. HSC and other research staff will also interview key people in government and industry involved with health care. For the remaining 48 "low intensity sites, we will interview fewer families—about 300 per site. The

"national supplement" sample will include 3,250 families. Overall, we expect to interview about 32,700 families.

The sample is being selected from telephone numbers and is divided into three basic groups. One group includes telephone numbers of families that were interviewed in round one. In some cases, the family living at that residence will be different from round one and in others the telephone number may no longer be in service or be non-residential. We are going to conduct interviews with the *current eligible* residents of the household, even if they are different from the ones who completed interviews at round one. Also, we are *not* going to attempt interviews with persons who are no longer living at the residence associated with the round one telephone number.

The second group includes telephone numbers of households and other places selected for round one, but were not successfully interviewed, either because they refused, were not eligible, were nonresidential facilities or businesses, or were assigned statuses of non-contact. We are calling a sample of these telephone numbers again to ensure that our overall sample is representative.

The third group consists of telephone numbers that had not been selected for the round one survey. Overall, we expect that about 40 to 45 percent of the round two interviews will have been interviewed during round one.

3. Data Collection Methods

All of the household surveys will be conducted by computer assisted telephone interview (CATI). For nearly all of these CATI interviews, you will be working with a Random Digit Dial Sample, or "RDD Sample." This is a list of telephone numbers randomly generated by a computer. Approximately 60 percent of the numbers you dial will correspond to residential households.

To represent households that do not have telephones, field locators carrying cellular telephones, will make in-person visits. When field locators determine that a household is eligible, the respondent will call into the phone center to conduct the interview. About 650 interviews will be conducted this way. The telephone and field samples are independent. That is, we will not be conducting in-person interviews with members of the RDD sample who cannot or will not be interviewed by telephone.

4. Insurance Family Units Within Households

Once you have contacted an adult in a household, you will obtain information about the age, sex, education, military status, and relationships of household members. The program will use this information to form what we call "family insurance units (FIU)." The FIU includes the householder (the person or persons who own or rent the dwelling), his or her spouse, and dependent children up to age 18, or to age 23 if they are a full-time student. This definition of the family unit is similar to the family unit used by Medicaid and other government programs that provide health insurance.

Some households will contain more than one family unit. Additional family units will be formed to include other household members, such as adult children, grandparents or unrelated people (such as boarders) who may be living there. Let me illustrate with an example: if a household consists of a married couple, their baby, and a boarder, the computer will form two family units for this household: one unit would include the married couple and their baby; the second unit would include the boarder.

The formation of FIUs may sound complex (it is!). However, you should be relieved to know that FIUs will be formed automatically for you by the computer program. Also, we have used this program for other MPR surveys, including the round one household survey, so it is well tested. The important thing to remember is that some households--about 10 percent--will have more than one family unit and in these cases the program will give you instructions concerning which family unit should be interviewed first. Additional family unit interviews will be scheduled for later in your shift or at another time that is more convenient for other household members.

5. Interviewing Members of the Family Unit

The survey includes questions about each adult in the family unit and (if there are minor children in the family unit) one randomly-selected child under 18. An adult knowledgeable about the health care experiences of the people living in the household—called the "informant"—will answer for him or herself and, in most cases, for other family members. However, the survey includes some questions on opinions and events that even close family members cannot easily answer. For these questions, we will ask each additional adult in the family to answer for him or herself in a brief "self response module" at the end of the informant's interview. If necessary, a callback will be scheduled for the self-response module.

For the first round of the household survey, this procedure was very successful, as we obtained self response data from over 95 percent of sampled adults.

6. Length of the Interview

The interview with the informant will take about 30 to 40 minutes—a bit longer for larger families. Self response interviews will average 7 to 10 minutes. About half of the family units will have one adult, so the average length of the interview for these families will be about a half hour. Most of the remaining family units will have two adults—typically a husband and wife—and will average about 10 minutes longer. About five percent of the interviews will have three adults and will average between 50 and 60 minutes, altogether. Based on past experience using family units, few

families will have more than three adults per family unit, since additional adults typically form their own FIUs.

7. Respondent Payments

During the first round, we tested the effect of respondent payments on survey participation and found it to be very effective. We will offer all families \$25 to participate in the survey, except for those who participated in the round one experiment and were offered \$35; they will be offered the same amount for round two.

Respondent payments will initially be mailed to families after they complete the survey. Later, we may pre-pay incentives to families, as part of efforts to persuade families who initially refused to reconsider.

III. DEMONSTRATION OF CATI SCREENS FOR NEW INTERVIEWERS

TRAINER: BEGIN WITH A REINTERVIEW CASE. AS YOU GO THROUGH THESE EXERCISES, YOU WILL DELETE PREVIOUS FAMILY, AND THEN, ENTER A FOUR PERSON FAMILY--MOM, DAD, 18 YEAR (OLD FULL-TIME MILITARY STATUS), AND 15 YEAR OLD.

	To begin, I'm going to list the people who were part of this household when we last interviewed on May, 1997. 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 R1
<1>		householder	М	39
<2>	Gina	wife	F	28
<3>	Alex	stepson	М	6
<4>	Amanda	stepdaughter	F	8
<5>				
<6>				
<7>				
<8>				
<x></x>		HOUSEHOLD N		MBERS CONFIRMED OR DELETED ROUND 1 - NO MEMBERS FROM ROUND

- C Read names one at a time.
- C Enter <g> if all the household members from Round 1 are confirmed. Note that CATI continues to a screen (>ADD<) where interviewer can enter new household members.
- C Point out the "person number". Enter the "person number" to delete someone who no longer lives in the household. Note that an asterisk (*) will appear in the column next to the name that is "deleted." Then, enter <g> to indicate that you have deleted all household members from Round 1 who no longer live in the household and confirmed all that still live there. Again, CATI will continue to a screen where you can add new

household members. Only current household members will appear on that screen (>ADD<).

- C Enter <x> if no one in the household lived there at Round 1. CATI will continue to a screen (>A210<) where you can introduce the study as if you called a newly sampled household. If you made a mistake and do not want to delete the entire Round 1 household, use the Control C: b command to back up. Then :ca and enter <e> to "undelete" the entire household.
- C Enter >u< if you made a mistake and need to "undelete" a person. CATI will continue to a screen (>xdel<) where you enter the person numbers of the household members you wish to put back.
- C End the demonstration of this screen by deleting all household members and skipping to >hhld<.

>hhld<	What are the first names of the people who live here or stay here, or who are students away at college? Begin with one of the people who owns or pays most of the rent for this home, and then other people in the household. Be sure to include yourself.					
	INTERVIEWER: 1) IF R IS RELUCTANT TO GIVE FIRST NAMES: We are asking for first names because the survey includes questions about the health care of family members. The only reason we need first names is so we'll have some way to tell family members apart. If you'd rather not give names, we can take relationships or some other way to tell family members apart. 2) Persons who reside at a vacation residence, in institutions, or in other group quarters (10 or more unrelated persons living together) are not eligible.					
<1>	(HOUSEHOLDER GOES HERE)					
<2>	<6>					
<3>	<7>					
<4>	<8>					
-	<5> <v> VACATION HOME, INSTITUTION, GROUP QUART</v>					
	<n> NO OTHER HOUSEHOLD MEMBERS <x> DELETE A HOUSEHOLD MEMBER</x></n>					
<u> UNDELETE A HOUSEHOLD MEMBER</u>						
$\langle e \rangle RES$	<e> RESPONDENT REPORTS MORE THAN EIGHT HOUSEHOLD MEMBERS</e>					
===>	===>					

- C Enter the person number on this screen and name on the next. Continue like this until the entire household is rostered.
- C Use <x> to delete a household member. This will bring you to >DELM< where you enter the person number of the household member who you wish to delete.
- C Use <u> if you have made an error and need to bring back a household member you have deleted.
- C Enter <n> when you have entered the names of all household members.
- C Enter <e> if the household has more than eight members. This will bring you to >emo1< which asks if any more people live in the household.

>snow<	(Do/Does) (READ NAMES FROM TABLE) have another residence where (they/he/she) live(s) more than half the year?					
	ENTER THE PERSON NUMBER OF PERSONS HAVING ANOTHER RESIDENCE.					
	NOTE: STUDENTS 16-22 ARE NOT DISPLAYED IN THE TABLE. THEY ARE PART OF THE HOUSEHOLD EVEN IF AWAY AT SCHOOL MORE THAN HALF THE YEAR.					
	NAME RELATION SEX AGE					
Ν	<1> Anne householder f 47					
Ν	<2> John husband m 46					
	<3>					
Ν	<4> David son m 15					
	<5>					
	<6>					
	<7>					
	<8>					
	<x> DELETE A CODE <n> REVIEW COMPLETE ===></n></x>					
I						

- C How to read the questions. Read all names that appear on the table. Say "or" in **between the last and the next to last name.** Select the appropriate pronouns and verbs. Read aloud to demonstrate, "Does Anne, John, or David have another residence where they live more than half the year?"
- C Enter the person number of anyone who has such a residence. Note that the "Ns" in the left hand bar stand for "No." They will change to "Y" for "Yes" when you enter person number of anyone who has another residence for more than half the year.
- C Enter <x> to delete a code. Be careful. An <x> can change a "No" to a "Yes" as well as a "Yes" to a "No". Check this and every screen carefully before you move on.
- C Enter <n> when you have checked carefully and are finished.
- C Note that if no one has another residence, you simply enter <n>.

>resp<	>resp< INTERVIEWER: ENTER THE HIGHLIGHTED NUMBER OF PERSON WITH WHOM YOU'RE SPEAKING (I.E. "BEST RESPONDENT").					
	IF RESPONDENT NOT KNOWN ASK: With whom am I speaking?					
	A PERSON	NWITH A * IN FRO	NT OF	THEIR NAME IS NOT ELIGIBLE.		
	IF YOU ARE TALKING TO A HOUSEHOLD MEMBER WHO IS NOT ELIGIBLE TO BE INTERVIEWED, ASK FOR AN ELIGIBLE HOUSEHOLD MEMBER.					
	NAME	RELATION	SEX	AGE		
<1>	Anne	householder	f	47		
<2>	John	husband	m	46		
* <3>	Brian	son	m	18		
<4>	David	son	m	15		
	<5>					
<6>						
<7>						
<8>	<8>					
===>						

- C This is the screen where you enter the number of the respondent for the main study. It is usually the person to whom you are speaking. If you know to whom you are speaking, nothing is read to the respondent on this screen.
- C If you do not know the identity of the respondent, read, "With whom am I speaking?"
- C If someone has an asterisk in front of his or her name, that person is ineligible because he or she is in the military or too young. If you enter the name of a person who is not eligible to be an informant, you will get an error message and will need to ask for the name of an eligible household member to respond.

>b1a< Are READ NAMES covered by a health insurance plan from any current or former employers or unions. IF YES: Who is covered?				
INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE				
PROBE: (1) Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents. (2) Include health insurance plans provided by colleges and universities to students.				
CODE ALL THAT APPLY				
<pre><1> you <5> <2> John <6> <3> <7> <4> David <8></pre>				
<pre><n> NONE/NO ONE/NO OTHER RESPONSES <x> NEED TO DELETE A RESPONSE <d>> DON'T KNOW</d></x></n></pre> <r> REFUSED ===></r>				

- C Begin by demonstrating how to read this question, "Are you, John, **or** David covered by a health insurance plan from any current or former employers or unions?" Note that you read "or" between the last and next to last names even though it does not appear on the screen.
- C If no one is covered, enter an $\langle n \rangle$
- C If someone is covered, ask who and enter their person numbers. Then, use the <n> to indicate that no one else is covered.
- C Point out that the $\langle x \rangle$ is used to change an answer.

What is the complete name of your plan?

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

SPELLING AID: SOME COMMON COMPANY NAMES

AETNA	HUMANA	PRUDENTIAL
BC/BS	KAISER	SELECT CARE
CIGNA	MAXICARE	US HEALTHCARE
FIRST OPTION	NYL CARE	WAUSAU

<d> DON'T KNOW <r> REFUSED

===>

- C Point out that this is the beginning of a series of questions to identify insurance plans.
- C The names on the screen are not responses, they are correct spellings of large plans/insurance companies.
- C Enter the full name of the insurance plan including the insurance company name and product on this screen. Demonstrate by entering Prudential, HMO Plus.
- C Point out that interviewers cannot use the numeric key pad in this section.

What is the complete name of your plan?

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

SPELLING AID: SOME COMMON COMPANY NAMES

AETNA	HUMANA	PRUDENTIAL
BC/BS	KAISER	SELECT CARE
CIGNA	MAXICARE	US HEALTHCARE
FIRST OPTION	NYL CARE	WAUSAU

<d> DON'T KNOW <r> REFUSED

===>Prudential HMO Plus INTERVIEWER: CODE WHETHER DOCUMENT USED. <1> INSURANCE CARD <2> CLAIMS FORM <3> INSURANCE POLICY <0> NO DOCUMENT USED <9> INSURANCE COMPANY NAME INCORRECT; BACKUP AND CORRECT (Prudential HMO Plus)

- C Demonstrate that the screen will scroll and you will see the response just entered and a place to enter whether the respondent used a document to provide the name of the insurance plan.
- C Point out that if the name of the plan is incorrect, you enter a <9> to correct it. Normal CATI commands are not used in this section of the questionnaire. Interviewers must follow the directions on the screen.
- C Change the name of the plan to Prudential HMO

I'm going to read a list of plans offered by that company. Tell me if one of them is the name of your plan. (READ FROM THE LIST OF PRODUCTS. USE ARROW KEYS TO PAGE.)						
	al HMO					
101 * Prudenti	al Out of Area					
102 * Prudenti	al Point of Service					
103 * Prudenti	al PPO					
104 * Prudenti	104 * Prudential PRODUCT NOT SPECIFIED					
5 matches found <1> Confirm highlighted entry <0> Insurance company name does not match <9> Insurance company name incorrect; backup and correct (Prudential HMO)						

- C How to move the cursor around the screen to highlight an entry
- C How to enter <1> to confirm/select a highlighted entry.

I'm going to read a list of plans offered by that company. Tell me if one					
	<i>v</i> 1	an. (READ FROM THE LIST OF PRODUCTS.			
100 *	W KEYS TO PAC				
- • •	Prudential	-			
101 *		Out of Area			
102 *		Point of Service			
103 *	Prudential	-			
104 *	Prudential	PRODUCT NOT SPECIFIED			
1		'E SELECTED THIS PLAN. IS IT CORRECT?			
Prudential]	HMO				
<1> Yes					
<2> No	<2> No				
===>	===>				
	·				
5	5 matches found				
<1> Confirm highlighted entry					
<0> Insurance company name does not match					
<9> Insurance company name incorrect; backup and correct (prudential HMO)					
===>1					

- C Enter <1> if the plan is correct.
- C Demonstrate what happens if you enter a <2> to say the plan is incorrect.

>k831< Did you not get or postpone getting medical care for David for any of the following reasons?

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

<1> Worry about the cost,

<2> The doctor or hospital wouldn't accept your health insurance,

<3> Your health plan wouldn't pay for the treatment,

<4> You couldn't get an appointment soon enough,

<5> You couldn't get there when the doctor's office or clinic was open,

- <6> It takes too long to get to the office or clinic from your house or work,
- <7> You couldn't get through on the telephone,
- <8> You were too busy with work or other commitments to take the time
- <9> You didn't think the problem was serious enough

<0> Or any other reason I haven't mentioned (SPECIFY).

<n> NONE CITED/NO OTHER RESPONSES <d> DON'T KNOW <r> REFUSED

<x> NEED TO DELETE A RESPONSE

===>

- C This screen is like the screens that list household members.
- C Read each reason and wait for a reply. Enter the number of the reason to which the respondent says "yes". The number of that reason will appear in the bar at the left. If the respondent says, "no" after you read a reason, simply read the next reason.
- C If the respondent says, "no" to every reason, enter <n> to continue. The <n> indicates that you asked every item and you are finished with this screen.
- C Again, <x> is used to delete a response.

>e17I< In what month was your most recent visit for sickness or injury?

INTERVIEWER: THE LAST 12 MONTHS ARE SHOWN BELOW WITH AN * NOTE: SICK VISIT DATE MUST BE WITHIN LAST 12 MONTHS

<1> JUNE/97	* <8> JAN/98	<15> AUG/98	<22> MAR/99
* <2> JULY/97	* <9> FEB/98	<16> SEPT/98	<23> APR/99
* <3> AUG/97	* <10> MAR/98	<17> OCT/98	
* <4> SEPT/97	* <11> APR/98	<18> NOV/98	
* <5> OCT/97	* <12> MAY/98	<19> DEC/98	
* <6> NOV/97	* <13> JUNE/98	<20> JAN/99	
* <7> DEC/97	* <14> JULY/98	<21> FEB/99	

SHOW TRAINEES:

C On screens like this, an asterisk indicates a valid response. Demonstrate what happens when you enter an invalid date.

>cc2< During the past two years, have you seen a doctor or health care professional for:

INTERVIEWER ENTER A RESPONSE FOR EACH CONDITION

<1> = YES <0> = NO <d> = DK <r> = RF <x> CHANGE AN ANSWER

? acne?

very frequent or severe headaches, including migraines?

abnormal uterine bleeding?

alcohol related problems?

IF ALL RESPONSES ARE CORRECT ENTER <n> TO CONTINUE ===>

- C Chronic condition questions are asked on form-based design screens. Multiple questions appear on each screen and multiple responses are recorded on a screen.
- C Read the "root" question and read items one at a time. Enter a response for each item. Demonstrate how the question mark moves down the screen as a response is entered.
- C Demonstrate how to change an answer by entering an $\langle x \rangle$.

>	cc4	1<

During the past two years, has a doctor or health professional told you that you had:

INTERVIEWER ENTER A RESPONSE FOR EACH CONDITION <1> = YES <0> = NO <d> = DK <r> = RF <x> CHANGE AN ANSWER <h> HELP

? hardening of the arteries, also called atherosclerosis or arteriosclerosis? ("a-th&-"rO-skl&-'rO-s&s or ,,r-"tir-E-O-skl&-'rO-s&s)

congestive heart failure?

a stroke?

IF ALL RESPONSES ARE CORRECT ENTER <n> TO CONTINUE ===>

SHOW TRAINEES

- C There are blank slots on the screen that fill based upon responses to previous questions. Demonstrate that a "no" response to hardening of the arteries will cause a new item, ischemic heart disease, to appear.
- C Demonstrate that a "no" response to ischemic heart disease will cause a new item, angina, to appear.
- C Enter a "yes" to angina to show that a "yes" response to most chronic condition items will lead to a follow-up question.
- C Emphasize the importance of rereading the root question each time you go to a followup question.
- C Demonstrate use of the <h> command.

IV. THE TRAINING VIDEO

TRAINER: THE PURPOSE OF THE VIDEO TAPE IS TO INTRODUCE TRAINEES TO THE FLOW OF THE QUESTIONNAIRE AND TO REINFORCE GENERAL TRAINING AND CATI SKILLS DISCUSSED EARLIER. SAY:

What you are about to see is a demonstration of a Community Tracking Survey interview. The interviewer has made some errors to see if you are paying attention. As you watch the video keep a list of interviewer's mistakes. We'll see if anyone can catch them all.

PLAY THE VIDEOTAPE

ASK THE TRAINEES TO REPORT THE ERRORS THEY RECORDED WHILE WATCHING THE VIDEO. RECORD THE RESPONSES ON THE BOARD. REVIEW ANY ERRORS THAT WERE NOT REPORTED BY THE TRAINEES.

Errors in the Training Tape

Item Number	Description of Error
>snow<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>bbeg<	Did not read verbatim. The interviewer did not finish reading the question. She left out the important message about the respondent incentive.
>bla<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
	Incorrect Probing. The interviewer asked are "Who is covered? Is it you, June and Daisy?" The interviewer should not have added the second part of the probe.
>blc<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>b1d<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>b1ey<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.

Item Number	Description of Error
>b1f<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>b1g<	Did not read verbatim. The interviewer said "you" instead of reading all of the names in the household.
>b2<	Did not read verbatim. The interviewer said "enrolled in" rather than "enrolled".
>zb211< [note this question number does not appear on the screen]	Incorrect Coding. This is not a text line. The interviewer should not have entered "///" after the name of the plan.
>b261<	Incorrect Coding. The interviewer initially tried to enter the name at the prompt. The interviewer should have entered "1" and entered the name of the employer at the next screen. The interviewer should not have entered "///" after the name of the employer.
>b65a<	Incorrect Coding. The interviewer initially tried to enter the name at the prompt. The interviewer should have entered "1". The interviewer should not have entered "///" after the name of the plan.
>b95<	Incorrect Probing. The interviewer incorrectly probed "strongly agree or somewhat disagree". The correct probe would have been "strongly agree or somewhat agree".
>d33I<	Did not read verbatim. The interviewer added "would you agree or disagree" to the end of the question.
>d34I<	Did not read verbatim. The interviewer added "would you agree or disagree" to the end of the question.
>e111<	Did not read verbatim. The interviewer said "would you say" instead of "would that be."
>e41I<	Did not read verbatim. The interviewer read "in doing these activities" instead of "in these activities".
>cc4c<	Did not read verbatim. The interviewer did not read the second pronunciation of angina.

Item Number	Description of Error
>cc5<	Did not read verbatim. The interviewer did not read introduction to the question. "During the past two years, has a doctor or other health professional told you that you had"
Respondent question about length	The interviewer reported that there were only about two minutes left. Actually there were about 10 minutes left and this did not include the self-response module.

V. QUESTION-BY-QUESTION REVIEW OF THE INSTRUMENT

A. USE OF THE QUESTION-BY-QUESTION GUIDE

TRAINER: SAY: Now we will go through the entire survey, module by module, discussing the content of each module as well as the flow of the overall instrument. The survey instrument reflects carefully chosen questions, probes, and answer choices, based on existing validated measures, methodological research, expert consultation, and careful testing of the questions. Remember that it is critical that you read each question and answer choices exactly as they are written.

As we go through the questionnaire, I will be referring to what we call the "question-byquestion guide" or QxQ, a detailed explanation of key points, definitions, and probes for each question. The QxQ is intended to provide clarification for any uncertainties you or the respondent might have about the questions. A QxQ is located in each interviewing carrell.

B. DATA FOR CASE 1

HOUSEHOLD COMPOSITION FOR CASE 1 (Use for Modules A and B)

TRAINER: BEGIN WITH A REINTERVIEW CASE. DEMONSTRATE HOW TO CONFIRM OR DELETE INDIVIDUAL HOUSEHOLD MEMBERS. THEN, DELETE THE ENTIRE HOUSEHOLD AND BEGIN AGAIN AS IF CONTACTING A NEWLY SAMPLED HOUSEHOLD. ENTER THE FOLLOWING INFORMATION AS YOU DESCRIBE EACH QUESTION.

Module a

- C John, age 66, is the householder.
- C Mary, his wife, age 55, is the informant. They have 3 children.
- C Their son Bill, age 20, is a full time student.
- C Bill's twin Sara, age 20, is not a full time student.
- C Katy, age 12, is John and Mary's other daughter.
- C Nancy, age 2, is Sara's daughter (the householder's granddaughter).

C Joe, age 22, is Sara's boyfriend and also lives in the household.

Module b

- C John is enrolled in a non-HMO Medicare plan, has CHAMPUS and also a Medigap policy.
- C Mary has private coverage (an HMO) through her employer.
- C Bill is currently uninsured but had private coverage that stopped five months ago.
- C Sara is on Medicaid, which started 6 months ago, and previously she was uninsured.
- C Nancy is on Medicaid, which started 6 months ago, and previously she was uninsured.
- C Joe is uninsured, unemployed, and Sara doesn't like him that much.

Module B: Health Insurance

CONTINUE WITH CASE 1 AND ENTER INFORMATION FOR MODULE b (SEE PAGE 11). ILLUSTRATE PROBES, DEFINITIONS AND INTERVIEWER INSTRUCTIONS THAT APPEAR ON THE CATI SCREEN. POINT OUT THAT THIS IS A VERY UNUSUAL HOUSEHOLD. OUR PURPOSE IS TO DEMONSTRATE HOW THE INSTRUMENT HANDLES A WIDE RANGE OF POSSIBILITIES FOR INSURANCE COVERAGE.

THIS IS PROBABLY WHERE YOU WILL REACH THE END OF MODULE 1 FOR EXPERIENCED INTERVIEWERS AND THE END OF THE INSTRUMENT REVIEW IN MODULE 2 FOR NEW INTERVIEWERS.

C. DATA FOR CASE 2

BEFORE CONTINUING WITH MODULE C, REVIEW MODULES A AND B BY ENTERING ANOTHER CASE. BEGIN WITH A NEWLY SAMPLED HOUSEHOLD. ASK ONE PERSON TO READ THE QUESTIONS AS THE TRAINER PROVIDES THE RESPONSES. YOU WILL USE THIS CASE TO REVIEW THE Q-BY-Q FOR THE REMAINING SECTIONS OF THE QUESTIONNAIRE.

Module a

- C Marge, age 42, is the householder and informant.
- C Homer, age 45, is her husband.
- C Bart, age 12, is their son.
- C Lisa, age 10, is their daughter.
- C Maggie, age 2, is their daughter.

Module b

C Marge has had private health coverage through her employer for the past 10 years. She is the policy-holder for the plan and everyone else in the family is covered by this plan.

Module c

C Marge has had three overnight stays in the hospital in the last 12 months.

Module f

- C Marge has one job, as a policewoman for the local government (the Springfield Police Department). She is a salaried employee and makes \$40,000 per year.
- C Homer has two jobs--one main job as a technician at the Nuclear Power Plant, and one part-time job as a donut-taster. At his main job, Homer makes \$15 per hour.

Module h

C At the end of the interview with Marge, Homer comes to the phone to be interviewed.

D. QUESTION-BY-QUESTION REVIEW

MODULE A: INTRODUCTION AND SCREENING

Content: This section covers the following points:

CIntroduces the study and answers respondents' questions

CEmphasizes that families earn \$25 for participating in the survey

C Identifies the household informant

CEnumerates the household composition

CVerifies and updates household composition for reinterview sample

CObtains demographic characteristics (age, sex, education, military status, and relationships to householder)

CForms family units which mimic insurance units

CIdentifies families and persons to be excluded from the survey

C Selects individuals in each family unit about whom the survey is to be conducted

Response Level: Questions in this module are asked of the family informant

Key Points: Identifying the Family Informant: As described above, the "informant" is an adult familiar with the health care of the people who live in the household.

NOTE: We are **not** interviewing (1) people who live in group homes or institutions such as nursing homes, dormitories, or prisons; (2) people staying at their vacation residence; or (3) people who are currently staying at the household but have a usual place of residence elsewhere. The CATI program also provides instructions in several places to remind you of the types of residences that are not eligible for the survey. Nearly all of the telephone numbers you call will clearly be either household residences or businesses. Ask your supervisor for help if you are uncertain.

These questions reproduce the introduction and responses to questions you will see on your CATI screens. The program identifies the best respondent for the survey, namely: "An adult who lives in the household and is familiar with the health care of family members".

- pA0 This is the introduction for the reinterview sample. All members of the reinterview sample were mailed an advance letter and brochure. The introduction references the brochure and focuses on quality of care since that was the main study goal included in the brochure's closing statement. It also refers to the advance letter, the date of the Round 1 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 1. These households will be offered \$35 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 1. If this is the case, enter <x> at this screen. If MPR has obtained an endorsement from a health official in the state you are calling, the introduction will mention the endorsement.
- paa1- These are the introductions for newly sampled households. There are two versions--onefor households that received an advance letter and brochure and one for households thatdid 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.

paal paal is for households that did **not** get an advance letter and brochure describing the study. The introduction states the purpose of the study as "to see how managed care and other health changes are affecting people in your community." It refers to the \$25 incentive payment, sponsorship of the study, and state health department endorsements when available.

Read the additional text if necessary to further explain the study's purpose and provide sample questions.

- paa2 is the introduction for households for which addresses were available. It asks if the person on the phone remembers the brochure. Even if a brochure was mailed, it may not have reached the household. Even if the brochure reached the household, the person with whom you are speaking may not have seen it.
- paa3 This is the continuation of the introduction for newly sampled households who remember seeing the brochure.

- paa4 This is the continuation of the introduction for new respondents who did not see the brochure.
- 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 1 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.

- DEL2 DEL2 is the screen for respondents who claim their household did not participate in Round 1. Because the respondent may not remember that his or her household did participate, DEL2 is a verification screen.
- DEL DEL is the screen for reinterview households who remember participating in the Round 1 interview. The codes are the same as those on the DEL2 screen.

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 $\langle u \rangle$ will "undelete" or replace anyone who you may have deleted by mistake. Use code $\langle x \rangle$ 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 $\langle e \rangle$ 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.

- A210 This is an introduction for respondents who claim their household did not participate in Round 1.
- 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>.

- head If the householder from Round 1 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 1 households with no Round 1 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>.

As previously noted, people living in a vacation residence, institutions (i.e., nursing homes, prisons, hospitals), or group quarters (i.e., group homes for special need groups) are ineligible and excluded. Appendix C provides a detailed description of these ineligible categories; the main exclusions are summarized below.

- (1) **Families with two or more homes-**-Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year.
- (2) **Persons in vacation homes, tourist cabins, and trailers--**Interview persons living in vacation homes, tourist cabins, and trailers if they usually live there, or if they have no usual residence anywhere else. Do not include them if they usually live elsewhere.
- (3) **Citizens of foreign countries temporarily in the United States-**-List citizens of foreign countries and members of their families who are living in the unit in the United States, but not on the premises of an Embassy, Ministry or Consulate. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.
- (4) **Persons living in institutions**--Persons who live in certain types of institutions at the time of the interview (prisons or other correctional facilitates, nursing homes, and other facilities for persons who require long term care or treatment) should not be included as members of the sample unit. They are usual residents at the institution.
- (5) **Group quarters** --Persons in settings where there are 10 or more unrelated persons living together should be excluded. Examples include rooming houses, group homes

that provide support services, halfway houses, and off campus college quarters (for 10 or more unrelated persons).

- (6) Other non-institutional group quarters--Persons living in military barracks or other non-institutional group settings are ineligible for the survey. We are not including college dormitories in the survey; however, full time college students under 23 years of age should be included as part of the family unit, even if the students are living at school at the time of the survey. We are making this exception because these students are typically included under their parent's health insurance plans.
- more This question acts as a probe so that babies and other persons are not excluded.
- emo1 This question is asked only of households with eight or more members.
- emo2- These questions determine how man of the additional household members are children and how many are adults.
- bmo1- Enter the month and year (using all four digits) that the householder was born. byr1
- age1 If the respondent does not know the household's birthdate, you will be skipped to age1 to enter the respondent's best estimate of the householder's age.
- sex1 If you know the householder's gender, you may enter it without asking.
- col1 Householders younger than 23 years old are asked if they are full-time students. The definition of full-time status should be based on the householder's school.
- grd1 Record the number of years of school the householder completed. The display on the screen explains the relationship between academic degrees and years of schooling.
- mill 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- Enter the month and year (using all four digits) that each household member was born. byr2
- age2 Enter the age as of the date of the interview for each household member enumerated. If the respondent is uncertain, ask his or her best estimate. Age is a critical variable, make sure you record an answer for each member. If there is an infant less than one year of age enter "0" if the infant is six months or less and enter "1" if over six months of age.

- sex2 Enter the sex of each household member enumerated. Verify sex as you read each name aloud to the respondent.
- col2 Enter whether any household member less than 23 years old is a full-time student. The definition of full-time status should be based on the person's school.
- grd2 Record the number of years of school completed for each household member; the display on the screen explains the relationship between academic degrees and years of schooling.
- mil2 Consider a household member to be on active military duty if he or she is in uniform and is working in service full-time at any location (i.e., locally or away in a foreign country). This question is asked of every adult up to 65 years of age.
- rel2 Pay close attention to what the respondent says here and be sure to code the answer accurately. The rest of the interview depends on the accuracy of this information.

Relationships to the householder are generally based upon the definitions used by the U.S. Census. Note that "cohabitees" are not coded or treated the same as spouse. Since insurance companies typically do not recognize coverage for cohabitees, they will be assigned to their own family units and be interviewed separately for this survey. Cohabitees, boyfriends and girlfriends of the householder living in the household will be recorded as (12) Non-Relative/Unmarried Partner. If the respondent SAYS the relationship is a common law marriage, code the case as husband/wife; however, keep in mind that "living together" doesn't count as a common law marriage.

Great-grandchildren should be recorded under (5) Grandchild. Put half brothers and half sisters in the Sibling Category (7). Put roomers and hired hands in with the Non-Relative/Unmarried Partner category (12). An adopted child (if offered by the respondent) is coded (13). The relationship question is repeated for each member of the household.

- mar2 We ask if anyone age 18 or older who is not coded as the householder's spouse, child, or parent is married to anyone else in the household.
- sps2 Enter the person number to whom the selected household member is married.
- par2 For any child in the household that is under 18 years of age and is not coded as the householder's own/adopted child, stepchild, or foster child, this question determines the child's parent or guardian so the child is assigned to the correct family unit.
- who2 This question obtains the name of the parent or guardian identified in par2.

Demographic and relationship questions are repeated for each household member. After you obtain information on the demographic characteristics and relationships of household

members, the computer. Will use a three-step process to select family members about whom questions will be asked:

Step 1: "Family units" will be formed based on the background information you enter on each individual within the household. A family unit reflects the system used by the insurance industry. As we discussed, the insurance industry's "family unit" includes the householder (described above), the householder's spouse (if any), and dependent children up to age 18, or up to age 23 if they are in school (even if they are not living at home at the time of the survey). Additional family units will be formed to include other household members, such as adult children, grandparents or unrelated people (such as boarders) who may be living there. We expect that about 10 percent of the households will have more than one family unit. For these family units to be formed correctly, it's very important that you accurately record the age, sex, marital status and student status of all household members, as well as household members' relationships to each other. After all the needed information is collected, a summary screen will show the names of all household members and the "family unit" they are in.

Step 2: If there are multiple family units within the household, you will begin by interviewing the family unit of the person with whom you're speaking. The CATI program will set up callbacks for any additional family units.

Step 3: Within the family unit, the computer will select the individuals about whom the survey is to be conducted. These individuals will be the householder, the householder's spouse (if any), any children 18 to 23 who are full time students, and one randomly-selected child under 18 (if applicable). The computer will display these individuals' names in the beginning of the next section.

- snow Enter the person numbers of any household members who live somewhere else for half of the year or more. Note that students age 16-22 are not displayed on this screen as we do not want to code students who live away at school even if they are away for half the year or more. The purpose of this question is to flag sample members who change residences seasonally. These people are sometimes called "snowbirds".
- resp This screen will also show you which household members are not eligible to be respondents for the main interview. Focus on the following:
 - (1) Since there are some important questions in the remainder of the interview which are based on age and sex, glance at those two columns for errors you may have made while entering the responses. For example, Male = m, Female = f. For age, have you entered 81 instead of 18, or 06 instead of 60? A quick glance at this information

will give you the opportunity to use the jb or b command to go back and correct the information.

- (2) Each person in the household is delineated by codes 1-8 which appear in the far left hand column. Before leaving this screen, you must enter the code of the person to whom you are speaking if he or she is an eligible respondent. That person is the family informant, who will be asked the remaining questions for his or her family unit, except for the questions in the self-response module asked of each adult. Persons with an asterisk beside their name are not eligible to be respondents.
- kdc If the newly selected child was not in the Round 1 household, this item determines if the child had any probability of selection into the Round 1 sample. It asks if the child was living in the area at any time during the Round 1 field period.
- bbeg This screen tells the informant who the interview will ask about. There is one screen for each family unit.
- b If there is more than one family in the household, this screen informs the respondent we will be calling back to conduct a separate interview with the other families. Each family will receive \$25 for participating.

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:

- C 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.
- C Verifies insurance coverage for anyone reported as uninsured
- C Obtains the name of the insurance company and plan for private insurance plans
- C Obtains information on the characteristics of family member's current private or public health insurance plans

- C Asks about coverage during the last 12 months
 - If currently uninsured, asks if any coverage in the last 12 months, the type of plan, and why it was stopped
 - If insured with current coverage for less than 12 months, asks about principal coverage, the type of plan, who was covered by the principal plan, and why the plan changed
- C Asks for total years of HMO coverage
- C Asks about preferences between cost savings and choice in selecting health insurance plans

The questions in this section are organized primarily by health insurance plan, rather than by person, to minimize the number of questions that must be asked. Logical tests are used to skip respondents over questions that do not apply to them. Probes are added to verify lack of coverage for the uninsured and CATI displays are built in showing types of plans and persons assigned to them to aid interviewers in verifying coverage. Questions on managed care attributes plan, and employer names vary by type of plan (private plan, state subsidized plans, and medicare). Changes in coverage, gaps in coverage, and reasons for loss of coverage are asked for the uninsured and insured who had not been continuously covered during the past 12 months.

Response Level: The family informant is asked all of the questions in this section except for one question on preferences between being able to choose physicians and hospital and cost savings, which is asked of each adult (adults other than the informant are asked this question in the self response module).

- b1 In the introduction to the health insurance module, you will tell the respondent that you will be asking who in the family is covered by various types of health insurance plans obtained through employers, purchased directly, or from government programs.
- b1a The first question asks about coverage from a health insurance plan from a current or past employer or union. Most families receive their health insurance though employers or unions. If the answer is "Yes," ask, "Who is covered?" Enter the person number of all family members who are covered. Enter <n> when you are finished. Use <x> to delete a response.

Note the instructions and probes. We ask about military coverage later in this section, so do not include it here. Also note that we do not ask about medigap and supplemental coverage offered to Medicare recipients. We do not want to capture private insurance from Medicare recipients because Medicare is still their PRIMARY carrier. If all family members are 65 and older, the question will be skipped. However,

you can have a family where one person is 65 and older and receiving Medicare and his or her spouse is under 65 and receiving private coverage through a job.

Also note that some universities provide limited health insurance coverage to students. Students who are less than 23 will be included with their parent's unit; however, some graduate students or older undergraduates, who are not employed by the university but who have limited health insurance coverage through these plans, will fall into the survey. These plans should be included.

COBRA plans should also be included here.

However, plans that provide only one type of service, such as accident, vision, dental, or nursing home coverage, should not be included. Usually, these plans are riders or additions to full service plans, so this should rarely come up as a question.

b1b This question asks about coverage from a health insurance plan bought on your own. Also include any type of group plan which is purchased through a professional association or trade group.

Again, if yes and there is more than one person in the family, ask who is covered.

This question will not be asked if all family members are covered by employer or union based health insurance plans.

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.

This question will not be asked if all family members are covered by employer or union based health insurance plans or health insurance plans bought on their own.

bld This question asks about coverage from Medicare; name and age are CATI fills.

Medicare - Refers to the Federal health insurance coverage most common for persons 65 years and over. In certain rarer situations, people under 65 may be covered because of disability benefits (SSI). People receiving Medicare may also receive other benefits, including supplemental private coverage, which are called medigap policies, Medicaid, or military coverage benefits. However, Medicare is the primary insurer. The program is designed so that persons covered by Medicare are asked about Medicaid and supplemental private benefits in a separate series of questions.

Some Medicare beneficiaries use their Medicare coverage at HMOs. This question intends to include Medicare HMOs as well as traditional Medicare coverage.

- bld1 A verification screen appears to check that any person in the family unit who is 65 years old and older and who is not listed as receiving Medicare, was not a mistaken omission. There are a very small number of persons 65 and older who are not receiving Medicare, but this will be very rare.
- blex- This question asks about coverage under Medicaid.

bley

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**.

- ble 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.
- b1f The question asks about coverage provided by the military. Definitions of specific terms follow:

Military Health Care--Refers to health care available to active duty personnel and their dependents; in addition, the VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

CHAMPUS — (Comprehensive Health and Medical Plan for the Uniformed Services) provides health care in private facilities for dependents of military personnel on active duty or retired for reasons other than disability.

CHAMP-VA--(Pronounced Champ V-A) (Comprehensive Health and Medical Plan of the Veterans Administration) provides health care for the spouse, dependents, or survivors of a veteran who has a total, permanent service-connected disability.

TRICARE — (Pronounced Tr§Care) A relatively new program expected to grow in use over the next decade. Several military health plans are offered to active duty personnel, their families, and retirees. Choices offered under TRICARE are varied, including health maintenance plans, as well as other plans with a range of managed care and indemnity options.

VA-- (Pronounced VA) The VA provides medical assistance to veterans of the Armed Forces, particularly those with service-connected ailments.

- b1f1 The question obtains the type of military coverage offered family members. Most responses will be obvious. However, some respondents may not recognize the have TRICARE or not be sure whether it is TRICARE Standard, Extra, or Prime. TRICARE Standard is the fee-for-service option. It is the same as Champus. TRICARE Extra is the preferred provider option. In TRICARE Prime, military treatment facilities (MTFs) are the principal source of health care. There are no enrollment fees for active duty families in TRICARE Prime. If the respondent has TRICARE, but is unsure whether it is standard, extra, or prime, code standard. If the respondent describes a form or military coverage that is not listed, record it under "other."
- b1g The question ask about coverage by the Indian Health Service. Only Native Americans in tribal settings are covered by this type of insurance. Enter the person numbers of those who are covered.
- bli1 This question asks about coverage from some other state-sponsored or public program that has not been mentioned. The purpose is to capture any programs that were missed in bih, either because the name by which the respondent knows a program is different from the ones which were precoded or because there are additional programs which were missed.

This question is only asked if there are family members who were not covered by any of the previously mentioned plans.

- bli2 Asks who is covered by any program specified in bli1.
- bij This question verifies whether any person in the family unit who was not listed as being covered by any insurance plan is in fact uninsured. All of the health insurance plans previously listed are included as answer categories. Interviewers should read the answer categories if the informant seems to be unsure. The question will be repeated for any person in the family unit who does not have insurance coverage. The phrase "According to the information we have" is in parentheses because it should only be read for the first person in the family who appears to be uninsured. When asking about additional people who may be uninsured, ignore the phrase in parentheses and simply ask "Does (name) have health insurance or coverage through a plan I might have missed?"
- b2 Most families have only one health insurance plan; however about 15 percent are expected to have more than one private plan; the most common reason is that a husband and wife have separate plans through their employers. The family informant is asked how many **different** health plans were obtained through different sources; the program will fill the source--current or past employers, purchased directly, or provided by someone not living in the household--based one previously reported answers. It is particularly important to answer this question correctly because the answer determines how many sets of questions on private health insurance plans will be asked.

The next section of the questionnaire uses a data base to match responses with insurance companies and products that are available in the area where the respondent lives.

Interviewers begin by entering a complete and accurate name of the respondent's plan and then enter if the respondent used a document such as an insurance card, claims form, or policy as a source of information. You will not be able to use the numeric key pad in this section.

The next screen displays a list of plans offered by the insurance company in the state where the respondent lives. Use the arrow keys to move the cursor from one plan to another. The <enter> key will take you to the top of the list. Plans offered by large insurers in large states may take more than one screen. To select a plan, place the cursor on the plan (it will be highlighted) and enter <1>. A box will pop up and you will need to verify your selection.

Read all the choices to the respondent. Use the PRODUCT NOT SPECIFIED option if the respondent cannot select a matching plan from the list or if the respondent does not know the plan name. Enter <0> for INSURANCE COMPANY NAME DOES NOT MATCH only if the insurance company name entered on the previous screen does not match the insurance company names. Use code <9> if you need to change the insurance company name. (You cannot use the regular CATI commands in this section.)

If the product is not specified or the insurance company name does not match, CATI will skip to an item that asks if the insurance plan was obtained in another state. If it was, interviewers will enter the new state using two letter postal abbreviations. CATI will repeat the identification process in the new state.

This process repeats for each private health insurance plan.

Following are guidelines for entering insurance companies and products:

Name of Plan: It's critical that the respondent is as specific as possible. For example, if the respondent says the name of the plan is "Cigna" ask them for a more specific name. Plans have all kinds of names, and each name usually signifies particular features of the coverage. Notice the probe that asks respondents to refer to an insurance document if necessary. Also, record the specific name of a Health Maintenance Organization (HMO) or Individual Practice Association (IPA). Do not accept the general **type** of plan (such as family plan, major medical) for the **name** of the plan; probe for a specific name. Enter the name of the health insurance plan and verify the spelling with the informant. The program allows 72 characters for each plan name. These plan names will be matched against a master list and coded, so it is important that they be as complete as possible.

(1) If: A generic name is reported such as family plan or major medical:

Then: Probe for and record only the full name of the insurance plan, for instance, Aetna High Option, Blue Cross/Blue Shield Federal Employee Plan, etc. Also, record the specific

name of a Health Maintenance Organization, like Kaiser HMO Plus. Do **not** abbreviate, (except for Blue Cross/Blue Shield which may be recorded as "BC/BS"), unless that is all the respondent can report, in which case note that the full name is unknown.

(2) If: If the respondent does not know the name of the plan, Then: Always ask for use of an insurance card or other document.

(3) If: An insurance card or policy is not available, but the respondent tells you the plan is provided through a union, fraternal group, employer, etc.,

Then: Enter the name of the group, being as specific as possible (for example, in the plan is through a union, get the number of the local union) and indicate "DK name" of the plan.

(4) If: If the respondent indicates he/she has a Blue Cross plan and a Blue Shield plan, Then: Consider as one plan and enter Blue Cross/Blue Shield (or BC/BS). However **do not** add Blue Shield (BS) to the name if only Blue Cross is reported.

Some common company names are listed on the screen as a spelling guide.

- b204 For reinterview sample whose Round 1 insurance coverage matches our data base, we display the name of the Round 1 plan and ask if the individual or family still has the plan. If the plan is no longer valid, the CATI skips to the plan and product identification items.
- b205 Asks respondents who no longer have their Round 1 if their plan changed. Use the <0> code if the plan name is incorrect for any reason.
- b231 This question ascertains the name of the policy holder for each plan listed. Even when multiple family members are covered, there is usually only one person who is the policy holder. The program will list adults in the family who were recorded as having private and persons 65 and older, since they may have private plans that cover other family members. If the policy holder is not listed (for example, if a plan is held by someone not in the family unit, code in "other").
- b241 This question is asked only if the family has more than one private health insurance plan. If the family has only one plan, then the persons covered were identified earlier.
- b251 This question asks if the plan listed was originally obtained through a current or past employer or union. It will only be asked if the current plan was purchased directly or provided by someone outside of the family.
- b261 This question asks for the name of the employer or union who provides this plan. A probe is provided to respond to questions concerning why this question is being asked. When gathering this information, be as specific as possible. This information will be critical in a later study of respondents' insurance and often the employer's name is a critical link. If

the coverage is through a union, get the specific local chapter number, and the type of employee covered (e.g., clerical, manual...) if possible. Again, notice the probe that asks respondents to refer to a document if necessary, and the second probe that stresses the confidentiality of this information.

For the reinterview sample, the employer or union name appears on the screen.

- b271 This question asks respondents whose coverage was not obtained through an employer or union if the coverage was from a government program.
- b281 This question obtains the name of the government program from b271. CATI will fill the names of programs in the respondent's state.
- b291 This question determines if each plan's coverage was continuous for the last 12 months. Note that if more than one family member was covered by the plan, you should ask who enrolled in the past 12 months. Some health plans, programs, or employers have specific times during which individuals may select a different health plan or decide to remain with a current plan. These periods are called "open enrollment." Do not confuse deciding to stay with the same plan during an open enrollment period as enrolling in the plan. If the respondent says he or she stayed with the same plan during open enrollment, code <n>.
- b301 For each person who enrolled in the past 12 months, the program asks how many months ago the person enrolled. If the respondent indicates that a family member enrolled more than 11 months ago, go back to b291 and correct the respondent's answer.
- b311 This question asks the amount of the premium for non-employer and non-union plans. The premium is the cost of the regular payments for health insurance coverage only, not for health care services.

The amount can be entered for one of seven periods listed in the next question Enter the amount and unit at the respective arrows; best estimates are fine. Enter the dollar amount and hit the "enter" key. The next screen will prompt you to enter the time period (e.g.: per week, month, year...)

- b321 The code for the unit of the time period for which the premium is paid is entered on this screen.
- b331 This question asks if there is a requirement to sign up with a certain primary care doctor, group of doctors, or clinic which the respondent must go to for routine care. Note the probe, excluding emergency care and care from a specialist to which the patient had been referred.

- b341 This question asks about the need for approval or referral from a primary care doctor or health plan to see a specialist. If the answer is conditional, sometimes yes and sometimes no, provide the answer which applies most often in this person's use of specialists.
- b351 The point of this question, as with several others in this series, is to ascertain if the insurance plan restricts the choice of physicians. In b351, the person is asked whether he or she is restricted to doctors listed in a book, directory, or a list associated with the plan. Persons who belong to plans with these restrictions typically belong to a preferred provider organization; however, we are not using this term in the survey because many respondents may not understand it.
- b361 The question asks if the plan is an HMO; a probe is provided for respondents who are unsure if their plan is a health maintenance organization. You should use the definition in the instrument; however additional information on HMOs follows:

Health Maintenance Organization (HMO)--A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis.

There are three basic types of HMOs:

- C 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.
- C An Individual Practice Association (IPA)--Makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
- C **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.

- b401 This question identifies the policy holder for military coverage plans.
- b411 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.
- b461 Asks if the military health plan is an HMO.
- b54 Families reporting Medicare coverage will be asked questions about their plans that are similar to those asked of persons with private coverage. Medicare recipients can participate in HMO plans. Nationally, only about fifteen percent of Medicare beneficiaries are in HMOs, but penetration is much higher in some areas of the country. Although persons sign up for Medicare as persons rather than as families, it is very rare for a married couple to choose different plans (one choosing an HMO and one choosing a traditional indemnity plan). The interview is designed only to ask one set of questions about Medicare per family. In the unlikely case that you interview a family in which one person has an HMO and the other an indemnity plan, you should report the characteristics of the HMO plan. You will be able to identify this situation in b54.

As note above, very few families in which there are two Medicare beneficiaries will have different plans--one HMO and one traditional indemnity. However, if this happens, you should record which family member is in the HMO, using options <2> or <3>. If there is only one Medicare beneficiary and he or she if covered by an HMO or there are two Medicare beneficiaries and both are covered by an HMO, enter <1>; if no one is covered by a Medicare HMO (which will be true for over 85 percent of Medicare beneficiaries), code <0>.

- b55a-b Medicare beneficiaries in HMOs are asked for the name of their plans; these questions are similar to those asked for private health insurance plans. if two Medicare beneficiaries in a family have different plans, enter both names here. Then, enter if what, if any, document the respondent used to identify the plan.
- b55c Some Medicare HMOs are obtained through the beneficiary's current or former employer.
- b51- 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- These questions identify Medicare recipients who have been enrolled in their plans for
 b58 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.
- b59a These questions determine whether medigap or supplemental Medicare policies were obtained through a current or past employer or union.
- b64b78 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
 b78 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 aboutb68 private health insurance coverage.
- b79 Families with one uninsured member and at least one privately insured member are asked if family coverage is offered under the private plan.
- B791 If family coverage is offered under the private plan, we ask why uninsured members are not covered. Cost is a precoded answer category. Other reasons must be recorded using the "other, specify" category.
- b80 This question is asked about each currently uninsured family member and is used to determine whether he or she had insurance coverage at any time during the past 12 months.
- b81 Currently uninsured persons who lost their health insurance coverage during the last 12 months are asked what type of health insurance coverage the person had JUST prior to becoming uninsured. Code only one answer. If the person had more than one type of coverage during the year, ask him or her what plan he or she had JUST prior to becoming uninsured.

- b82 The question ascertains if the previous coverage was an HMO. The probe is the same as the one used for other questions about HMOs.
- b83 This question ascertains the month (during the past year) that the previous coverage stopped. Enter the number listed next to the month.
- b84 This question determines the reasons why the previous coverage stopped. It is only asked of currently uninsured persons who lost their coverage during the last 12 months.

It is not necessary to read the responses here; you should fit the respondent's answers into the coded categories, coding all the reasons that apply. Most people will fit into the first three categories.

Example:

A person who lost his or her insurance coverage when he or she was terminated will receive code 1.

Example:

A person who loses employer-paid coverage due to divorce will be coded in 3.

b851 The next series of questions are designed to determine prior health insurance coverage, if any, for family members who are currently insured but have been insured under their current plan(s) for less than a year. This first question asks for the type of coverage prior to current one.

The answer categories reflect the type of coverage asked throughout the questionnaire. Code only one answer. Choose option <0> below to indicate that the person was not covered by any plan during the month before his or her current coverage began. Note that option <3> is blank if the state does not offer an insurance plans and <6> is blank if the person is less than 65 years of age.

- b861 This question asks if other currently insured family members (whose coverage began less than 12 months ago) were covered under this plan. By identifying all family members covered by a previously held plan, we only have to ask plan-level questions once.
- b871 This question is asked to determine if the previous plan was an HMO.
- b881 The question asks about the reason for changing insurance plans. It is not necessary to ready the answer categories; rather, you should code the respondent's answer into these categories. Code all of the answers that apply.

- b852 This question is asked about other currently insured family members whose coverage began less than 12 months ago, who were not covered by the first plan. The program will identify such persons for you.
- b872 This question will appear only if family members had two different policies during the month just prior to their current plan(s). This should occur very rarely.
- b882 This question only applies to families that had two different policies during the month just prior to their current plan(s).
- b901 This question asks the informant if he/she has ever been enrolled in an HMO in his or her entire life. It is asked only of the informant if s/he has been enrolled in a HMO in the last year. The respondent's best estimate is fine.
- b911 This question asks the informant how many years s/he has been enrolled in an HMO.
- b921 If the respondent to b901 says "don't know", then this probe will appear on the interviewer's screen. It is one of several probes used to get an estimate using broad ranges when the respondent is unable to provide a more precise estimate.
- b951 This questions is asked only of the family informant here; it is included in the selfresponse 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.

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 September 12, 1998, then the reference period is from September 13, 1997, to September 12, 1998. Resource use is asked by category of health care--i.e., hospitalizations, emergency room use, physician encounters, selected non-physician encounters, surgical procedures, home health care, and some preventive care (flu shots and mammograms). Asking people about their use of health care resources one category at a time has been shown to improve the accuracy of reporting.

We also ask whether each person had a medical visit for routine preventive care, a routine check up for an ongoing health problem, mental health care, or home care. We also ask if each person had a flu shot. We ask women age 40 or older how long it has been since their last mammogram. The informant is also asked to estimate out-of-pocket medical expenditures.

- c101 An event is considered a "hospital stay" if the person spent at least one **night** in the hospital. If a person is admitted and released on the same day, do not count this as an overnight stay. If the person spent the night in the hospital **emergency room**, do not count this as a "hospital stay." Exclude any overnight stays where family members stay with an admitted person. Exclude overnight stays in an outpatient clinic. The date 12 months prior to the interview date automatically appears in the question.
- c11 This question asks for the first name(s) of any family member who stayed in the hospital **overnight.** Remember to read the **probe "anyone else"**.
- c121 This question determines the number of different hospital stays for each family member hospitalized during the past year. Again, a "hospital stay" refers to a hospital admission that resulted in at least one overnight stay in the hospital. The question refers to **separate** stays of one or more nights in a hospital, not the total number of nights in the hospital. If a person is moved from one hospital to another hospital, it would be counted as 2 stays. Record the number of times. Read the probe to encourage the informant to give his or her best estimate, if necessary.
- c131 This question is asked about any female between 12 and 45 years of age or any child less than 1 year old. For an adult female, the question determines if any of the hospital stays were for the delivery of a baby. For a child, the question determines if the (or any) hospital stay was at birth. The CATI program will select the correct wording.
- c141 If "yes" to c131, this questions asks if the hospital stay was included in the previous number of hospital stays reported earlier (in question c121).
- c151 For those family members who had a hospital stay in the last 12 months, this question determines the number of times he or she was **admitted** through the emergency room. Enter the number. The program will verify that the number of times is less than or equal to the number of hospital admissions in c121.
- c161 For those family members who had a hospital stay in the last 12 months, this question determines the **total number of nights** he or she stayed in the hospital over the entire 12 months. The informant is asked to estimate the number of nights for each stay and then sum the nights across stays. Often people include or count **days** in the hospital. The question is restricted to the number of **nights** spent in the hospital after admission.

The remaining resource questions are asked for each family member.

- c211 This question determines if any family member, beginning with the informant, has used a hospital emergency room to get medical treatment during the last 12 months. If the informant has told you about an emergency room visit in the previous questions on hospital stays, a phrase will appear before the main question that says "not counting the emergency room visits you told me about..." A simple yes/no answer is recorded.
- c221 For those family members who visited an emergency room in the last 12 months (from c211), this question determines the **number of times** he or she has gone to the emergency room. Accept the informant's best estimates.
- c231 If the informant answers "don't know" to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren't exactly sure of something can choose from a range.
- c311 This question asks the informant to report the number of times each family member has seen a doctor during the last 12 months. Include primary care doctors and specialists, such as osteopathic doctors (D.O.s) and psychiatrists. Also include doctors seen during outpatient visits at clinics. **Exclude** doctors seen while an overnight patient in the hospital or doctors seen in an emergency room. Also **exclude** dentist visits and telephone calls to doctors. The date 12 months prior to the interview date automatically appears in the question.

Doctor visits potentially have the highest frequency of resource use over the past 12 months. The informant may need extra time to think back over the past year to estimate the number of doctor visits. Respondents sometimes forget about visits and under-report the number of doctor visits. Pause and encourage the informant to think back, but encourage the **best estimate** when precise numbers cannot be remembered.

Also review the two decision rules below:

- (1) Two or more doctors seen on same visit--If two or more doctors are seen on the same visit, each doctor seen counts as a separate visit. Situations of this kind may occur when a person visits a clinic where he/she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor who, in the course of the same visit, calls in a specialist to examine or treat the person.
- (2) Doctors and assistants seen on same visit--A visit in which the person sees both a doctor and one or more non-physician assistant(s) who work under this doctor's supervision should be counted as only one doctor visit. For example, if the person sees a nurse and then the doctor who supervises that nurse, count this as only one visit.

- c321 If the informant answers "don't know" to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren't exactly sure of something can choose from a range.
- c3p1 We ask if any of the doctor visits were for routine preventive care such as a physical examination, checkup, or well-child visit. We ask about routine monitoring of a chromic condition in the next question.
- c3c1 This question asks about routine checkups for ongoing problems or chronic health conditions. The probe contains examples of ongoing health problems.
- c331 This question determines the number of times each family member has seen a nurse practitioner, physician assistants or midwives during the last 12 months. Typical visits include pregnant mothers seen by midwives, family members who see nurses for immunizations or allergy shots, or patients receiving various types of therapy. The program will exclude doctor visits reported in the previous question. Note, psychiatrist visits are reported in c311 and psychologists and other mental health visits are reported here in c331. **Do not include** any previous doctor visits reported. **Exclude** home care visits, dental visits and alternative medical providers such as acupuncturists or herbalists. Also **exclude** telephone calls to providers.
- c341 If the informant answers "don't know" to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren't exactly sure of something can choose from a range.
- c351 We ask if any of the nurse practitioner, physician assistant, or midwife visits were for routine preventive care such as physical examination, checkup, or well-child visit. We ask about routine monitoring of a chronic condition in the next question, if the respondent reports no preventive care during the last 12 months.
- c361 This question asks about routine checkups for ongoing problems or chronic health conditions. The probe contains examples of ongoing health problems.
- c411 This question asks if any family member had surgery or other surgical procedures in the last 12 months. The surgery or procedures would have taken place in a hospital or in a doctor's office. "Doctor's office" is defined broadly to include outpatient clinics and outpatient surgical centers. Note the probe indicating that both major and minor surgery and procedures are included. A simple yes/no answer is recorded.
- c421 This question asks how many different times surgery or procedures were performed for each family member during the past 12 months. Because surgeries are infrequent, major events in most people's lives, some respondents may include surgeries that happened **before** the reference period began. Emphasize that the reference period is limited to the 12-month period.

- c431 For those family members who had surgery or procedures in the last 12 months (from c411), this question determines how many of the surgeries involved an overnight or longer stay in the hospital. Enter the number.
- c511 This question determines if any family member saw a mental health professional in the past year. The mental health professional could be a psychiatrist (M.D.), a psychologist, a psychiatric nurse, or a clinical social worker. A simple yes/no answer is recorded. Unlike most other questions in this section, a subsequent frequency question on the number of **times** seen during the past 12 months is **NOT** asked.
- c531 This question asks if any family member received a flu shot in the past 12 months. Read the definition of flu shot given as a follow-up statement to the question. A simple yes/no answer is recorded.
- c611 This question is asked about every female family member who is 40 years of age or older. It asks if the person has **ever** had a mammogram. Read the statement and question as worded. A mammogram is an X-ray procedure used to detect breast cancer at an early stage. It can detect smaller growths that go undetected by physical examination.
- c621 For those family members who have ever had a mammogram (from c611), this question determines how long it has been since the last mammogram. Read the five answer categories which present time periods carefully to yourself. They are not read to the respondent unless it is necessary.

A series of questions about unmet needs for health care during the last 12 months now begins. 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.

- 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:**
 - C Dental care
 - C Health insurance premiums
 - C Any costs paid by health insurance

Some respondents may need time to answer. Give the respondent time to think, and accept a best estimate.

c93 If the informant answers "don't know" to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren't exactly sure of something can choose from a range.

MODULE D: USUAL SOURCE OF CARE/PATIENT TRUST

The following questions ask the informant about each family member's usual source of health care. The informant is also asked to answer a series of questions about patient/physician trust. Since these trust questions are highly subjective, a family informant is not expected to answer accurately for other family members, these questions will be included in the self-response module.

- d101 The question asks if each family member has a usual source of health care. As noted, emphasize the word USUALLY in the question. If the person is unsure if they have a usual source of care, read the probe. Respondents sometimes have trouble answering this question if they go to more than one place for care or if they are infrequent health care users.
- d111 For any family member who is reported to have at least one usual source of care (from d101), the purpose of this question is to ascertain the kind of place the **usual** source of care is. If a family member has more than one usual source of care, this question refers to the source of care used **most often.** Definitions for the answer categories follow:

Doctor's Office--An office maintained by a doctor or a group of doctors practicing together; generally, the patient makes an appointment to see a particular physician.

Health Maintenance Organization (HMO)--A clinic, staffed by physicians, nurses, and technicians for the sole use of members of the HMO.

Hospital Outpatient Clinic--A facility connected with a hospital, providing health and medical services (including health education and health maintenance, preventive services, diagnosis, treatment, and rehabilitation) to individuals who receive services from the hospital but do not require hospitalization or institutionalization. Examples of outpatient clinics include well-baby clinics; obesity clinics; eye, ear, nose, and throat clinics; family planning clinics; alcohol and drug abuse clinics; physical therapy clinics; and radiation therapy clinics.

Other Clinic or Health Center-- Includes company/industrial clinics operated for employees; a school clinic operated for students; a military-based clinic, a drug abuse clinic, a family planning clinic, a walk-in center, an Indian Health clinic, or a Community Health Center.

Hospital Emergency Room--A unit of a hospital where persons may receive medical care, usually of an urgent nature.

Some Other Place--Any usual source of health care not provided in categories 1 through 5.

- d121 For any family member who has a usual source of care (from d101), this question determines what type of health professional is seen. The choices are either a doctor, nurse, or other (specify type). If two types of health professionals are usually seen, choose the more senior health professional. For example, if the patient sees both a doctor and nurse, choose doctor.
- d131 For any family member who has a usual source of care (from d101), the purpose of this question is to determine if the same individual is usually seen at the usual source of care. Even if a patient has a usual source of care, the patient may see a different health professional each time he or she visits.
- d141 For any family member who has a usual source of care (from d101), this question determines if there was a change in the usual place of health care during the past 12 months.
- d151 For any family member who has changed his or her usual source of care (from d141), this question determines the main reason for the change. Read the question and answer choices carefully. Follow up questions probe for more detail.
- d161 This question asks the respondent to provide more detail on changes related to heath insurance.
- d171 This question asks for respondents who answered "other" to d151 to provide more information about the reason for changing the place they usually go for health care.

- d311- A series of questions on physician-patient trust now begins. These questions are asked
- d341 of the informant. These are subjective questions with a five-point scale for answer categories. Read the statements EXACTLY as worded. Do not reword any statement. If a respondent is confused, reread the statement as is. These statements are person-level and self-responded.

Note category <7> NOT APPLICABLE. This might be used when a doctor has not been seen for several years or when the respondent feels the statement does not apply to his or her circumstance.

DO NOT OVERPROBE THESE QUESTIONS, (d311-d341), ESPECIALLY WITH THE ELDERLY.

If a respondent is confused after rereading the question and answer choices, accept a "don't know" answer.

MODULE E: SATISFACTION, HEALTH STATUS (SF12), CHRONIC CONDITION, AND RISK BEHAVIORS

This section covers a variety of topics related to health status and satisfaction with health care. Since most of the questions are subjective or ask about experiences that would be difficult for even close family members to answer, they are structured to be self-responded. However, an adult informant (parent or guardian) will respond for the randomly selected child.

LEVEL OF SATISFACTION QUESTIONS

A series of satisfaction questions begins at e101 and ends at e151. The reference period for these questions is "during the last 12 months." They are subjective questions about various aspects of health care. There is one global, family level question. If there is a child in the family unit, the informant will respond on his or her behalf. All other adults are asked these questions directly in the self-response module.

- e101 The program will select the correct wording based on family size. Review the probe indicating that the respondent should consider services he or she felt were needed but were not received.
- e111 Questions in this section use a technique called "unfolding". First we ask if the respondent is satisfied or dissatisfied. Then, we ask for level of satisfaction or dissatisfaction--very or somewhat. Many respondents will answer both questions after you ask the first, i.e., they will say "very satisfied" or "somewhat dissatisfied". If this is

the case, enter the response second question without a asking it. Use the NEITHER SATISFIED NOR DISSATISFIED answer only if the respondent offers it.

- e121- 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.
- e151- Read the question as worded asking about the level of satisfaction with the choice of E151 specialty doctors.

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).

e401 This question asks about overall health status. The five-point scale is rated from excellent to poor. Read the answer categories to the respondent.

- e411- These two questions ask if the person's health limits him or her from doing certain
- e421 activities that a person might do on a typical day. The question has a three-point scale indicating that the person is limited a lot, limited a little, or not limited at all. Read the questions and probes carefully. The first question includes examples of what is meant by "moderate activities." Although these are meant as examples, read them exactly as worded; do not provide other examples yourself.

Note that if the respondent says he or she does not do an activity, read the probe, "Is this because of your health?" And repeat the question.

- e431- These two questions ask about **physical health** and daily activities. Notice the reference e441 period for these questions is **the past 4 weeks**.
- e451- These questions ask about **emotions** and daily activities. The reference period is still **the past 4 weeks.**
- e471- These two questions ask how much pain, physical health and emotional problems have e481 interfered with normal activities over **the past 4 weeks**. However, a five-point scale is used ranging from "not at all" to "extremely". Read the answer categories to the respondent, give the respondent time to answer and repeat the question and response categories if necessary.
- e491-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.

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 $\langle x \rangle$.

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	\land as e in bet	\o\ as aw in law
$[^&]$ as e in kitten	$(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	\oi∖ as oy in boy
&r as ur and er in further	\g\ as g in go	$\mathbf{h} $ as th in thin
\a\ as a in ash	I as I in hit	$[th_] $ as th in the
a 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	λh as si in vision

This training manual contains descriptions of each condition for your information. DO NOT define conditions for respondents.

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".

- cc2a Acne, ('**ak-ne**), is a disorder of the skin caused by inflammation of the skin glands and hair follicles; specifically, a form found mainly in adolescents and marked by pimples, especially on the face.
- cc2b Severe headaches are ones that limit daily activities (i.e., respondents cannot attend work or school). Very frequent headaches are recurring headaches (i.e., two or more headaches within a month).
- cc2c Women are asked about abnormal uterine bleeding. Uterine bleeding is bleeding inbetween 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".

cc2d Alcohol related problems is also called alcohol dependence. It is regular drinking (more than two drinks a day or 11 drinks a week), binge drinking (more than five drinks on any one day a month), and drinking that limits the ability to perform daily activities.

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 Respondents aged 50 and older are asked about cataracts, (**'ka-t&-"rakt**). A cataract is a clouding of the lens of the eye or of its surrounding transparent membrane that obstructs the passage of light. Cataracts cause blurry vision, "rainbow-like" effects and night vision problems.

For the follow-up question, code "yes" only if the respondent went to the doctor or other provider because of their cataracts, including someone who has had cataract surgery within the past two years.

cc3b Diabetes (**dI-&-'bE-tEz, di-&-'bE-t&s**) or high blood sugar is a condition where the body has difficulty producing or regulating insulin in the blood, resulting in higher than normal blood sugar levels. Patients with diabetes may have been prescribed insulin, or may be on a special diet to control their blood sugar.

Code "yes" for respondents had "gestational diabetes" during a pregnancy.

- cc3c Arthritis (**är-'thrI-t&s**) is marked by degeneration of the cartilage and bone of joints. Severe pain or stiffness in the joints (Knuckles, knees, hips, etc.) that sometimes becomes worse when walking; exercising, or standing up.
- ccAC Respondents who answer "yes" are asked if they have a special kind of arthritis called rheumatoid (**'rü-m&-**"**toid**) arthritis.
- cc3d Asthma ('**ax-ma**) is a condition of allergic origin that is marked by continuous or outbursts of labor breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping. Asthma is often treated with inhaled medication such as steroids.
- cc3e 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.
- cc3f Atrial fibrillation ('-atri@l/-trE-&l/fi-br&-'lA-sh&n) is an irregular or abnormal heart beat that is often treated with the medication digoxin.

- cc3g Hypertension ("hI-p&r-ten(t)-sh&n) or high blood pressure includes pregnancy-induced high blood pressure.
- cc3h High cholesterol includes hyperlipidemia, too high blood cholesterol, too high blood triglycerides, or high L.D.L ("bad" cholesterol). Respondents with high cholesterol may have been told to follow a special diet or take medications. This condition should not be confused with atherosclerosis, described below.
- cc4a Hardening of the arteries is also called atherosclerosis ("**a-th&-**"**rO-skl&-**'**rO-s&s**) or arteriosclerosis (**är-**"**tir-E-O-skl&-**'**O-s&s**). These describe a narrowing (hardening) of the arteries.
- cc4b Respondents who answer "no" to hardening of the arteries are asked about ischemic (is-'kE- mik) heart disease. Ischemic heart disease is also called coronary 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.
- cc4c Respondents who answer "no" to ischemic heart disease are asked about angina (an-'jI-n& or 'an-j&-n&). The type of angina we are interested in is chest pain that is related to a heart problem. There are many types of chest pain besides angina. If a respondent has chest pain but does not recall a doctor saying it was angina, code "no".
- c4ae Respondents who answer "no" to angina are asked is they ever has angioplasty (**an-'jE-**&-"**plas-tE**) or heart bypass surgery. Angioplasty, also called balloon angioplasty or PTCA, is a procedure to repair blood vessels where te vessels are accessed by threading a tube, which sometimes has a "balloon-like" instrument on the end of it, through an incision in the patient's groin area. Bypass surgery is a surgical procedure where the blood vessel(s)from another part of the patient's body (like their leg) is used to "bypass" the diseased one(s).
- cc4d Congestive (**k&n-' jes-tiv**) (CFH) heart failure is a condition in which the heart is unable to maintain an adequate circulation of blood in the bodily tissues or to pump out the venous blood returned to it by the veins. Symptoms may include swelling of the legs, shortness of breath. Respondents may be on medication to treat the CHF.
- c4af Respondents who answer "no" to congestive heart failure are asked about if they have ever taken diuretics or water pills.
- cc4e A stroke or a cerebrovascular accident, also called CVA, is a deficit in neurologic function as a result of the blood supply to the brain being interrupted. Strokes may be characterized by paralysis or speech problems, often affecting one side of the body. The patient may be treated with medication and may be in rehabilitation therapy. Code "NO"

if the patient describes a mild stroke-like condition (e.g., transient ischemic attack, or "TIA.") with no neurologic symptoms or mild symptoms that went away within a day.

- c5b Female respondents are asked about breast cancer.
- c5c Skin cancer includes any of the following: actinic keratosis (AK), basal cell carcinoma, malignant melanoma, or squamous cell carcinoma.
- c5d All respondents are asked about lung cancer
- c5e All respondents are asked about cancer of the colon or rectum
- c5f Male respondents over age 50 are asked about cancer of the prostate. The prostate is a gland that sits at the base of the male urethra.
- c5f3 Male respondents over age 50 are asked about benign prostate (**bi-'nIn präs-"tAt**) disease or a large prostate that is not cancerous. This is also called benign prostatic hyperplasia or hypertrophy (BPH). Benign prostate disease is an abnormal, but not cancerous, enlargement of the prostate. Symptoms include difficulty with urination. Treatment can include medication or surgery.
- cc6a A hernia in the groin area, also called an inguinal hernia, is an abnormal pouching-out of the tissue in the abdomen. The groin is the part of the body where the upper part of the thigh meets the lower part of the abdomen (or trunk).
- cc6b An ulcer is an abnormal area of inflammation in the stomach or small intestine. Symptoms include abdominal pain or bleeding. It is usually treated with medications. This question is about ulcers in the stomach or small intestine only. Code "no" if the respondent refers to an ulcer in some other part of their body, such as a mouth ulcer or decubitous ulcer or bed sore.
- cc6c Respondents who answer "no" ulcers are asked about gastritis (ga-'strI-t&s) or inflammation of the stomach caused by too much acid. Symptoms of gastritis include pain, nausea, or vomiting. There are other common causes of gastritis besides overproduction of acid, but it is the most common cause, and the one we are interested in.
- cc6d All respondents are asked about HIV or AIDS.
- cc6e 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.

521 Read the statement and record the level of agreement or disagreement. Respondents may initially respond by saying, "well, it depends." If this happens, stress generality with a probe such as "well, overall" or "in general." As previously mentioned, do not interpret subjective questions for the respondent. If there is a pause or expressions of confusion, simply reread the statement or question.

QUESTIONS ON CIGARETTE SMOKING AND OTHER TOBACCO USE

A series of questions now begin regarding cigarette smoking. They are self-responded. The series determines if the person ever smoked at least 100 cigarettes per day; whether he or she currently smokes; if yes, how many cigarettes are smoked and on how many days during the last 30 days he or she has smoked. If the person has quit smoking, the length of time since quitting is asked. Whether a medical doctor advised the person to quit smoking is asked for anyone who has had a doctor's visit during the past 12 months.

- e601 Self-explanatory.
- e611 For family members who said they've smoked at least 100 cigarettes in their entire life, this question how often they now smoke--everyday, some days or not at all. Enter the answer carefully, since other questions will be asked depending on the answer here.
- e621 For family members who smoke every day, this question asks how many cigarettes are smoked per day. Note the probe indicating that **a pack equals 20 cigarettes.** The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).
- e631 For family members who smoke "some days" this question determines the number of days they smoked during the past 30 days.
- e641 For family members who smoke "some days" this question asks how many cigarettes are smoked. Note the probe indicating that **a pack equals 20 cigarettes.** The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).
- e651 This question is asked for those persons who do NOT currently smoke but have in the past. It determines when they quit smoking. Review the long list of categories. Read the categories ONLY IF NECESSARY.

- e661 Self-explanatory
- e671 Asked of those who have had a doctor's visit during the past 12 months and who currently smoke.

SATISFACTION AND PROCESS OF CARE QUESTIONS FOR A SAMPLED CHILD

- k12I- The following questions are asked if a family has a sampled child who had at least one
- e802 physician visit in the last 12 months. The family informant responds for the child.
- k12I-Read the statement. Review the probe indicating that the respondent should considerk13Iservices he or she felt were needed but were not received.
- k14I Determines if the child saw a specialist in the last 12 months. Refer to the probe for examples of "specialist" doctors.
- k15I-Same as the choice of specialty doctor satisfaction question asked of adults. This is askedK15Ifor the selected child.
- e16x 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- (e16c-e17c) Same as adult questions e161-e171, but asked about the selected child.
- k17I Review directions for those questions if necessary.
- k90I (e90c) Verification question. Same as question e901 asked of adults.
- k22I- (e22c-e30c) Same as questions e221-e301 asked of adults. These questions are asked in reference to the sampled child.
- k40I (e40c) Same as question e401. This question refers to the sampled child.

CHILDREN'S CHRONIC CONDITIONS

The next series of questions asks about whether the selected child has any of a series of chronic health conditions. These are set up on the CATI screen using "forms-based design" techniques.

Several questions appear on one screen and you record a response for each line on the screen. A question mark on the screen will indicate which condition you are to ask about next. Enter a <1> for YES, a <0> for NO, a <d> for DON'T KNOW and an <r> for REFUSED for each condition. You may change an answer on the chronic conditions screen by entering an <x>.

Be sure you know how to pronounce each condition. Pronunciation guides appear on the screen.

Following is a key to the phonetic symbols:

\&\ as a and u in abut	\e\ as e in bet	\o\ as aw in law
$[^&]$ as e in kitten	\e\ as ea in easy	\oi\ as oy in boy
&r as ur and er in further	\g\ as g in go	$\mathbf{h} $ as th in thin
a a in ash	\I\ as I in hit	$[th_] $ as th in the
a 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	$\lambda h as si in vision$

This training manual contains descriptions of each condition for your information. DO NOT define conditions for respondents.

For chronic conditions in children, we ask if the sampled child has ever seen a doctor or health professional for the condition. If the child has had the condition but has not seen a doctor, code "no".

- ee2a Acne, ('**ak-ne**), is a disorder of the skin caused by inflammation of the skin glands and hair follicles; specifically, a form found mainly in adolescents and marked by pimples, especially on the face.
- ee2b Severe headaches are ones that limit daily activities (i.e., the child cannot attend school). Very frequent headaches are recurring headaches (i.e., two or more headaches within a month).
- ee2c Code "Yes" ONLY if the child has EVER gone to a doctor or other provider for the treatment of chronic ear infections, such as more than four ear infections in any one year.
- ee3 Also code "YES" if the parent reports that the child has had tubes, called tympanostomy tubes, placed in his or her ears.
- ee4a Sickle cell disease is a condition where people are born with problems affecting their red blood cells. Sickle cell anemia predominantly affects people of African American descent. Symptoms include thinning of the blood and joint pain.

- ee4b Tuberculosis (**tu-"b&r-ky&-'lO-s&s**) is an infection, usually in the lungs, which often causes coughing, fever, and weight loss.
- ee4c Asthma (**'az-ma**) is a condition often of allergic origin that is marked by continuous or bursts of labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping. Asthma is often treated with inhaled medication such as steroids.
- ee4d Attention deficit hyperactivity disorder, also called ADHD or ADD is a condition that causes, among other things, hyperactivity, short or interrupted attention span, or antisocial behavior in children. It is more common in boys than in girls, and it is often treated with medication. Please remember that you should answer "yes" only if the child has seen a doctor for this condition.
- ee4e Diabetes ("dI-&-'bE-tEz, -'bE-t&s) is also known as high blood sugar or juvenile diabetes. Diabetes is a condition where the body has difficulty producing or regulating insulin in the blood, resulting in higher-than-normal blood sugar levels. Children with diabetes may have been prescribed insulin, or may be on a special diet, to control their blood sugar.
- 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.
- C Consider the selling of newspapers, cosmetics, and the like as a business if the person buys the newspapers, magazines, cosmetics, etc., directly from the publisher, manufacturer, or distributor, sells them to the consumer, and bears any losses resulting from failure to collect from the consumer. Otherwise, consider it as working for pay (job) rather than a business.
- C 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.
- C Do **not** consider the sale of personal property as a business.
- f111 This question determines if the individual did any work **last week** for pay or profit. For **pay** means employed for wages, salary, or commissions. For **profit** means money as the result of self-employment. It is very unlikely that you will have to probe on this question. However, we have provided definitions below:

Employee for wages, salary, or commission-- Working for a private or government employer for wages, salary, commission, or other compensation such as tips, piece-rates, or pay-in-kind. This category also includes **paid** work for settlement houses, churches, union, and other nonprofit organizations and work for private organizations doing contract work for government agencies.

Self-Employed--Persons working for profit or fees in their **own** business, shop, office, farm, etc. **Include** persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers. This does **not** apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesmen working for commission, or officers of corporations. Such persons are considered as employees of private companies.

f121 This question determines if the individual had more than one job (or business) last week. It includes full-time, part-time, evening and weekend work. f131 This question asks for the number of hours per week the person **usually** works at this job. If he or she **usually works overtime hours, include those hours in the total** number of hours. **Half hours** should be **rounded.** If the person's schedule of work is erratic, ask the respondent to give his or her best estimate.

If the person works at more than one job, the program automatically provides an alternative question which asks for the number of hours per week the person works at his or her **main** job--the one the person works at for the most hours.

If the person's hours vary so much from one week to the next that they are unable to estimate, code < 97 > as a last resort.

- 13x1 If you coded <97> to the previous question because the person's work schedule was too varied to estimate usual hours, this question determines if the person usually works more or is less than 35 hours per week. This enables us to determine whether the person is a full-time or part-time worker.
- f141 For those working at more than one job (or business), this question determines the number of hours per week **usually** worked at jobs <u>other than</u> the main one. The hours for the main job were reported in f131. Round hours to the nearest whole hour.
- f201 The question determines the type of employer for the person's main job. The program will fill the appropriate language based on answers to previous questions. Note that a not-for-profit organization or a foundation is coded as a private company. Read the answer categories only if necessary.
- f211 Please note that this questions asks for the **number of employees at the location where the person works**, that is the building or buildings in the factory, store, or office where he or she works. The answer is coded into broad categories, so an exact response is not necessary.
- f221 This question asks if the employer operates in more than one location. It will not be asked if the employer is a local, state, or federal government. The question will read employer or use an alternative fill for those who are self-employed or farmers.
- f231 If there is more than one location, this question asks for the **total employees at all locations.** Explain that the respondent's best estimate is satisfactory.
- f241 This open-ended question refers to the **type of business or industry** in which the individual is employed at his or her main job. We do not want the name of the company; rather, we need a **description of the main product or service produced by the branch or part of the company for which this individual worked**. Try to get a clear description of what the employer <u>makes or does</u>--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.
- This question determines if an HMO is offered to employees. A brief definition of an HMO (used in other questions) is included as a probe.
- f561 If the employer offers more than one plan, including an HMO option, this question determines if non-HMO plans also are offered.

FAMILY INCOME

The next two questions are about family income. The first question asks for total income; if the respondent cannot estimate family income, then we ask for income in broad categories.

g10 The question asks for the **family's total income from all sources for 1997, before taxes and other deductions.** See probe (2) for a list of sources. Information on income, as well as employment, is important in understanding whether people can afford the health care they need. If necessary, emphasize "before taxes and other deductions."

Note that the names of family members will be specified if the family was part of a multiple family household; otherwise the program will simply reference the "family." The question includes several probes, designed to allay concerns about the purpose of the question, confidentiality, the definition of the components of income, and our willingness to accept estimates.

Review the content of the four probes carefully. Note that those family members active in the military are included in the estimate of family income, even though we are not including them in any of the questions about individual persons. The survey is about the "**civilian non-institutionalized population**;" however, we want to include income from all family members contributing to the household.

g11 This question is a probe for respondents answering "Don't Know" in g10. It provides a choice of ranges of family income for those unable to provide a single number as an estimate. Encourage the respondent by assuring them that their best estimate is fine. Read the categories until one is selected.

- g20 Two questions are asked to classify adults (and any adopted children) by ethnicity. We do not ask these questions for the selected (natural) child. The first question asks which, if any, family members are of Hispanic origin. Read the probe if the informant is reluctant to answer. The answers are used for research purposes only; individuals are never identified.
- g221 The question determines the race of each person. Read the categories and the probe, if necessary. As noted, code any "mixed race" under category <5> OTHER.
- g23 This is a transition to the self-response module. Read the introduction, as worded. Names of other adult family members for whom we need the self response module will be filled by the program. There will be few cases (about five percent of families), where you will need to schedule more than one self-response module. In many cases, you will be able to complete the self response module as part of the interview. If you cannot complete the self response module, the program will take you to the callback routine to set up a time to call back for the information. Once all self-response modules or appointments are scheduled, the program will take you to the closing.

CLOSING

We expect to contact a sample of interviewed families in two years for another survey to understand how changes in health care and health insurance affected people. So, it is necessary to obtain accurate information on their addresses. We also need addresses to pay monetary incentives to households. In this section we also obtain information on other telephones owned by the household and interruptions in telephone service; these data are needed for statistical purposes to assure that the survey results are representative. Finally, we let respondents with chronic health conditions in high-intensity sites know that an interviewer from RAND may be contacting them for a 5-10 minute interview regarding quality of care study. There will be an additional payment if the respondent chooses to participate in that study also.

- h10 The name and address information will be used to move the respondent's incentive payment. Be sure to capitalize the first letter of the first name, last name, street, and city.
- h20- Please note that this series of questions about telephone coverage provides information h34 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 1 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 <u>other</u> 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.
- 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.
- h35 After the interview(s) is completed, record whether or not the respondent said they received a letter and brochure.

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.

C 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.

- C Preferences between cost savings and freedom of choice in choosing heath insurance plans
- C Unmet need in obtaining medical services
- C Opinions concerning various aspects of trust between doctors and patients
- C Satisfaction with choice of physicians
- C Questions about the last visit to the doctor during the past 12 months
- C Health status (SF-12)
- C Chronic conditions
- C Cigarette smoking

C If this person took the sampled child to the doctor on the child's last visit, questions about that visit

VI. CONTACTING RESPONDENTS AND GAINING COOPERATION

- **TRAINER:** BEGIN THE GAINING COOPERATION LESSON WITH THE FOLLOWING EXERCISE. GO AROUND THE TABLE, ASKING EACH TRAINEE TO POINT OUT WHICH QUESTIONS THEY FIND MOST SENSITIVE. RECORD THEIR RESPONSES ON THE BOARD OR FLIP CHART. YOU WILL ACCUMULATE A WIDE RANGE OF ANSWERS. POINT OUT THAT INTERVIEWERS HAVE VARYING POINTS OF VIEW ABOUT WHICH QUESTIONS ARE PERSONAL OR INTRUSIVE. TELL TRAINEES THAT RESPONDENTS ALSO VARY ABOUT WHICH ITEMS THEY FIND SENSITIVE. THE POINT OF THIS EXERCISE IS THAT INTERVIEWERS ARE NOT TO PROJECT THEIR OWN SENSITIVITIES TO RESPONDENTS.
- **TRAINER:** DESCRIBE THE ADVANCE MAILING BRIEFLY USING INFORMATION FROM SECTION A, BELOW. ALSO DESCRIBE THE FIVE VARIATIONS OF THE LETTER. THEN, ASK A TRAINEE TO READ A COPY OF THE LETTERS TO THE GROUP. ASK TRAINEES TO TELL YOU THE MAIN POINTS OF THE LETTER. THEN, ASK TRAINEES TO LOOK AT THE BROCHURE AND INSERT AND REVIEW ITS CONTENTS.

A. ADVANCE MAILINGS

For surveys on public policy issues, it is very important to get as high a response rate as possible. To increase our chances of getting a high response rate, we are mailing advance materials about the study to some households in our sample. The mailing includes a letter and a brochure that we designed for the project. The mailings will be timed to arrive about one week before the first attempt to telephone the household.

1. Reinterview Households

All households in the reinterview sample will receive the advance mailings. The materials will be mailed to the address that the informant provided during the Round 1 interview.

2. Newly Selected Households

A subset of the newly selected sample will receive advance materials. We are mailing the materials to a randomly selected subset of households to test the effectiveness of the advance materials. During Round 1, the advance mailing had no impact on response rates. The Round 2 brochure, however, describes the findings from the Round 1 study. Because we think seeing study results may convince potential respondents that participation is worthwhile, we are experimenting with an advance mailing for new sample. Unfortunately, for the new sample, we can only mail materials to households with published telephone numbers because we don't have addresses for unpublished phone numbers. Depending on the site, about 60 to 70 percent of the total sample has a published phone number.

The CATI instrument is programmed to know if we mailed advance materials to the household you are calling. The correct reference to the materials will appear on the screen.

Monetary Incentives for Respondents. All households will be offered a monetary incentive for participating in the survey. Most respondents will be offered \$25. Some Round 1 respondents received payments of \$35, \$50, or \$100 as part of a methodological experiment. If a family received \$35 or more at Round 1, they will be offered \$35 for the Round 2 interview.

B. LETTERS

There are five versions of the letter:

- C One for newly selected sample (Exhibit A)
- C One for reinterview sample from Round 1 who received a \$25 incentive payment (Exhibit B)

EXHIBIT A ADVANCE LETTER FOR NEW SAMPLE

Dear [STATE] resident:

During the 1990s, we have seen a dramatic shift to various types of managed care, but little information is available on how these changes are affecting the availability and quality of our health care. As the nation's largest philanthropy devoted exclusively to improving health and health care, The Robert Wood Johnson Foundation is eager to understand how these changes are affecting people.

We created the Center for Studying Health System Change (HSC) to track changes in the health care system and their effects on people. In 1996-1997, we conducted a survey of more than 60,000 people in communities throughout the United States to understand how changes in health care are affecting our lives.

To illustrate what we have learned, we have enclosed a brochure that describes some of our findings. If you would like to know more about our project, you can visit HSC's web site (www.hschange.com). Or, you can write HSC directly; their address is on the back panel of the brochure.

Your household has been randomly selected to participate in our second survey, which will take about 30 to 40 minutes for most families. 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 you or your family \$25 for completing the telephone 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.

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 card with a convenient toll free number you can call (**1-800-298-3383**).

Your household's participation in this survey will make a real contribution towards efforts to provide high quality and affordable health care. I sincerely hope that you will help us with this important study.

Sincerely,

Steven A. Schroeder, M.D.

EXHIBIT B ADVANCE LETTER FOR REINTERVIEW SAMPLE

Dear [STATE] resident:

About two years, your household participated in the Community Tracking Survey, a survey about how changes in health care 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 yourself 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.

To illustrate what we have learned, we have enclosed a brochure that describes some of our findings. 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. Or, you can write HSC directly; their address is on the back panel of the brochure.

Now, I am asking you to help us by participating in a followup telephone interview, which will take 30 to 40 minutes for most families. 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 card with a convenient toll free number you can call (1-800-298-3383).

We understand how diffcult it is to take time out for an interview. As a token of our appreciation for your contribution to the project, we will send you or your family \$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.

Thank you for your past help and we hope we can count on you again.

Sincerely,

Steven A. Schroeder, M.D.

- C One for reinterview sample from Round 1 who received an incentive payment of \$35 or more
- C One for reinterview sample who also participated in the Health Care for Communities (HCC) study and received a \$25 incentive payment¹
- C One for reinterview sample who also participated in the HCC study and received an incentive payment of \$35 or more.

All of the letters contain the same basic message. Key points include:

- C Members of the reinterview samples are thanked for their Round 1 participation.
- C Members of the newly selected sample are told the purpose of the study: to determine how changes in health care, including shifts towards managed care, affect the availability of affordable, high quality care.
- C Members of both sample are asked to participate in the Round 2 survey
- C The letter introduces the Mathematica interviewer and lets people know that he/she will be calling
- C The letter assures the respondent about survey confidentiality
- C The letter references the brochure that describes key findings from Round 1
- C The letters offers a name and telephone number for Maureen Michael, a contact at RWJF who people can call if they need more information. Her telephone number is (800) 719-9419
- C The letter provides MPR's telephone number, (800) 298-3383, that respondents can call to set up an appointment or be interviewed at their convenience

¹The HCC study is a follow-up study to the Community Tracking Study that is designed to track changes in health policy, health care delivery, access to care, and costs and outcomes of care within and across communities for persons at risk for alcohol, drug abuse, and mental health conditions.

C. BROCHURE

All mailings will include a brochure and an insert. The brochure is titled, "Results from the

Community Tracking Study."

- C Inside Panel 1: Describes the Robert Wood Johnson Foundation, the Center for Studying Health System Change, and the Community Tracking Study.
- C Inside Panel 2: Describes the shift from fee-for-service medicine to managed care. Employers, both large and small, have shifted to managed care for their employees. In addition, more than half of privately insured individuals are enrolled in HMOs. Nine out of 10 primary care physicians say they act as gatekeepers for their patients. This means that only they can make referrals to specialists.
- C Inside Panel 3: Says that despite the shift to managed care, most people (nearly 90 percent) report that they are satisfied with their health care. Sixty-one percent are very satisfied and 28 percent are somewhat satisfied. Still, some are concerned. The transition to managed care strains the traditional bond of trust between doctors and patients. The Round 1 survey found that 29 percent of people interviewed think their doctor is strongly influenced by health insurance rules when making decisions about their care. Sixteen percent worry that their doctor might not refer them to a specialist when needed.
- C Right flap: Fifty eight percent of Round 1 survey respondents would be willing to accept higher costs in order to choose their own doctor. Physicians' perceptions of their ability to provide high quality care to their patients varied widely, ranging from a low of 69 percent in Orange County, California to a highs of 82 percent in Lansing, Michigan and Syracuse, New York.
- C **Back Panel:** Provides telephone numbers for Maureen Michael and web sites for the Robert Wood Johnson Foundation and the Center for Studying Health Systems Change.
- **C** Insert: The insert has Mathematica's toll-free number for respondents to call with questions or concerns or to be interviewed at their convenience.

D. INTRODUCTION TO THE SURVEY

1. Gaining Cooperation

During general training we place a heavy emphasis on reading questions verbatim. While this is crucial when asking the survey *questions*, it is not necessary to read the *introduction* verbatim. Your instincts and sales skills during the first 10-20 seconds of the call are probably more important than the actual words you use when trying to convince respondents that the study is worth their time. While you will need to develop a persuasion style that you are comfortable with, we can help you learn certain basics about gaining cooperation:

- C Project your voice so that you sound confident, knowledgeable and enthusiastic
- C Know your lines; be prepared to answer any questions or concerns the respondent may have
- C Listen carefully to exactly what the respondent says and respond to their particular concerns

2. The CATI Introduction

The introduction that will appear on your CATI screen is short and only contains the most basic information about the survey (SHOW THE INTRODUCTION ON THE CATI SCREEN AND REFER TO EXHIBIT C, BELOW):

- C Identifies the interviewer's first and last names
- C Identifies the purpose of call (to participate in a major health study)
- C States the sponsor of the study (RWJF) and endorsers (state health departments) where applicable
- C States that the purpose is not for sales, fund raising, or political purposes

EXHIBIT C

CATI INTRODUCTIONS

BE SURE TO INSERT THE MOST UP-TO-DATE INTRODUCTIONS REINTERVIEW SAMPLE:

Hello, this is NAME with the Community Tracking Survey, the health care study that your household participated in on DATE. We recently mailed you a brochure describing some of our findings, which we hope you found interesting. Now, we are conducting a follow-up study to understand how managed care and other changes are affecting the quality of care people receive. As a token of appreciation for your help, we'll send your family a check for \$25.

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

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

NEW SAMPLE:

Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation on health issues, and it is supported 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 study. May I speak with an adult 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.

- C Offers a monetary incentive (usually \$25) for participation
- C Asks to speak with an adult who lives in the household and is familiar with the health care of the people who live in the household
- C Mentions the letter and brochure if appropriate
- C For reinterview households, refers to the month and year of participation in either Round 1 or the HCC study

3. Answers to Questions Provided on the CATI Screen.

This brief introduction is sufficient for many people. We don't want to engage people in more discussion than is necessary during the introduction, so move right into the first question of the survey without delay if you sense the respondent has agreed to do the survey. However, some people will want more information about the study before committing time. The second part of the CATI introduction contains brief responses to the following questions and concerns (See Exhibit D):

- C The Robert Wood Johnson Foundation
- C A contact and 800 phone number at RWJF
- C The study's purpose
- C Selection methods
- C Confidentiality

EXHIBIT D

ANSWERS TO QUESTIONS PROVIDED ON THE CATI SCREENS

SPONSOR:	The project is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company.
LENGTH:	For most families the interview averages about 30 to 40 minutes; it is about 15 to 20 minutes for single persons.
CONTACT:	If you would like to find out more about the study or the foundation, you can call Maureen Michael at (800) 719-9419.
PURPOSE:	We are doing this study because fundamental changes are taking place in health care today, but little information is available on how these changes are affecting people. For example, the project will help us understand whether people are getting the health care they need, their satisfaction with choice of physicians and quality of care, and how we can help children and adults who don't have health insurance or may lose it.
SELECTION:	Your telephone number was randomly generated by a computer to represent many others in your community. For our results to be accurate, it is very important that we interview the households we select.
CONFIDENTIALITY:	All of your answers are confidential. The answers you give will be combined with answers from other people in your community. Your name will not be linked with the answers.

E. ADDRESSING RESPONDENTS CONCERNS ABOUT THE SURVEY

For some respondents, the information on the CATI screen will not be enough. For these cases, we've prepared a series of "follow up statements" based on comments from interviewers who have been successful at gaining respondents' cooperation. Some things to keep in mind about these statements:

- C Using the Statements: You won't necessarily need to read each of the bulleted statements. Under each topic heading, statements are ordered from "most compelling" to "least compelling." For some respondents, you may only need to read the first statement. For others, you may need to go on to the second statement, the third and so on, until the respondent has given some kind of final answer. You may also prefer to pick and choose among statements, rather than read from top to bottom. Experiment and see what best suits you.
- C **Modifying the Statements:** You don't need to deliver the follow up statements word for word; you can modify the wording slightly to suit yourself as long as you maintain the gist of the statement. It is important, though, to know your lines and to deliver them with confidence.
- C Listening to the Respondent: Listen carefully to what the respondent says and acknowledge their comments. If the respondent gives a fairly long-winded explanation of why they're reluctant to do the survey, assume they're not in too big of a hurry and use one of the follow up statements on why we're doing the study, etc. If the respondent seems rushed, keep your comments short and offer "we can get started and if you need to stop we can finish another time." If there's lots of commotion in the background, offer "Maybe I've called at a bad time..." and try to set up a callback.
- **C** Ad Libbing: Always have something to say. If you're at a loss for words, use filler phrases to avoid "dead air" with the respondent. One approach is to "recycle" the respondent's own question to stall for time. For example, if the respondent says "why are you doing this survey" get accustomed to saying "well, the reason we're doing the survey is..." Other stock phrases are "I see, I can understand that," "yes, I see how you could feel that way," and "yes, we know how busy people are these days..."

TRAINER: GO OVER STATEMENTS. FOR EACH TOPIC HEADING, HAVE A TRAINEE READ THROUGH ALL THE BULLETED STATEMENTS FROM TOP TO BOTTOM.

CTS-2 FOLLOW UP STATEMENTS

I'M NOT INTERESTED:

- C We're not selling anything or trying to ask for money.
- C 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.
- C 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.
- C 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.
- C You represent many others in your community and we really need your help.
- C 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?

- C 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.
- C 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.
- C The study will help (NAME OF STATE HEALTH DEPT/state health departments) answer question 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.
- C 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.

C 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.

I DON'T KNOW ANYTHING ABOUT HEALTH CARE/I'M TOO OLD/I LIVE ALONE:

- C 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.
- C 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.
- C 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.

WHAT'S GOING TO HAPPEN WITH MY ANSWERS/HOW WILL RESULTS BE USED:

- C Your name will not be linked with your answers. Your answers will be combined with those from other people from around the country.
- C 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.

SELECTION AND CONFIDENTIALITY:

- C Your telephone number was randomly generated by a computer program. You represent many other households in your neighborhood.
- C 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.
- C 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.

- C 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.
- C If you've already received a letter from us, it's because your address is published in the phone book. Your phone number was randomly generated by the computer, and because you're in the phone book, our mailing department sent you a letter.

I'M SATISFIED WITH MY HEALTH CARE/I DON'T HAVE ANY HEALTH PROBLEMS:

- C We're not trying to sell you health insurance or any other kind of product or service. We just want to get your views and opinions about your health care.
- C 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.
- C 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.

STUDY WON'T HELP OR CHANGE ANYTHING:

- C Yes, it can change things. 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.
- C 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.

WHAT IS THE FOUNDATION:

- C 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.
- C Since 1972, the foundation has given more than \$2 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.

WHO ARE YOU:

C I work for Mathematica; we are part of the Robert Wood Johnson Foundation research team [GO TO "WHAT IS THE FOUNDATION" IF NECESSARY]

HOW LONG WILL THE INTERVIEW TAKE:

- C The length depends on each family's personal circumstances. We need your help and will schedule the interview at any time that is convenient. Your participation will make a difference and contribute toward improving our understanding of health care in your community.
- C We can get started now, and if you need to stop we can finish it another time.
- C 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:

- C 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.
- C 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?
- C What time of day is best for you -- mornings, afternoons or evenings?
- C 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.

SKEPTICAL/WANTS MORE INFORMATION

C 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.

C We can send you a letter from (your state health department/the Robert Wood Johnson Foundation) and a brochure describing the study. We will call you back after you have had a chance to read through these materials.

OUTRIGHT REFUSAL:

C Is there any particular reason you won't do the interview? [GO TO APPROPRIATE FOLLOW UP STATEMENT]

F. SPECIAL CIRCUMSTANCES

TRAINER: THIS SECTION OF TRAINING COVERS SOME SPECIAL CIRCUMSTANCES THAT INTERVIEWERS MIGHT ENCOUNTER WHILE CONTACTING RESPONDENTS. REVIEW THEM BRIEFLY.

- C If you are asked medical questions by the respondent, you should explain that you are a professional interviewer but have no medical training. Whatever your educational background or experience, you are not expected to act as a doctor, nurse or other health professional.
- C You will be interviewing people representing a cross section of Americans. We have Spanish speaking interviewers available; however, you may encounter people whose main language is neither English nor Spanish. In these cases, you should try to conduct the interview with a family member who speaks English. If you are having difficulty communicating with the household, notify your supervisor and we will attempt to find an interviewer who can speak the primary language in that household.
- C Some respondents may have **low literacy levels**. If you find that you have to repeat questions, be patient and helpful. Remember that we are asking the respondent to give up his or her time to help us with the study.
- **C** Older people represent an increasing percentage of the U.S. population and are an important part of our study. First, we want to emphasize that you should not make assumptions about people based on their ages. Older respondents, like respondents of all ages, have different levels of education, comprehension, tolerance and patience. Being older means only that one has lived more years, it does not mean that one automatically loses the ability to function well. However, keep the following points in mind when interviewing older respondents.
 - 1. Minimize Addressing the Respondent by His or Her First Name. In this study, you will have first and last names for householders who have a telephone listed in their own name, but not for those whose numbers are unlisted or whose telephones are not in their own name. In addition, for confidentiality reasons, you ask only for the first names of household members; therefore, you may not be able to address the selected respondent as "Mr." or "Mrs." Many older respondents feel uncomfortable when a stranger addresses them by their first name. If you do not know the respondent's last name, you should refrain from repeatedly using his or her first name throughout the interview. Once you have identified older respondents by name, an alterative is to use a more respectful form of address, such as "ma'am" or "sir."
 - 2. Adapt Your Pace and Diction to Suit the Respondent. Some older respondents may have physical, sensory, and/or cognitive age-related limitations that may make it difficult

for them to participate in telephone interviews. Some, because of a hearing impairment and/or their level of education, may have trouble grasping the meaning of some questions. Other respondents' cognitive functioning may have slowed a little or be mildly limited and they may need a little more time to think and respond. Physical limitations may result in a few respondents not having the strength or endurance to complete an interview in one sitting.

The following are tips on handling situations that may occur when interviewing frail elderly respondents:

- **C Pace:** Adjust the speed at which you read the questions to suit the respondent.
- **C** Clarity: Speak clearly. Even a slight hearing impairment can result in soft consonants and syllables being difficult to understand.
- **C Patience:** Do not read too quickly, probe too soon and, above all, in your haste to move on, do not suggest answers to the respondents. Give the respondent time to think and wait for him or her to answer.
- **C** Sensitivity: If a respondent is clearly fatigued or distressed, offer to call back and complete the interview later.
- C You may encounter a **respondent who is incapable of participating meaningfully in an interview.** If it is clear to you when you first speak with someone that his or her level of impairment is severe enough to limit the usefulness of the data, you should ask to speak to someone else in the household. Alternatively, you should thank the individual and call back later and try to speak to someone else in the household. If the respondent lives alone you should notify a supervisor and have him or her speak with the respondent. If this is not possible, code the interview accordingly and make clear notes about the situation including the fact that the respondent lives alone.

If it becomes apparent to you during the interview that the respondent is cognitively limited, ask a supervisor for assistance and if he or she is not available, terminate the interview by thanking the respondent and saying "those are all my questions". Make clear notes about the situation. These notes should include whether or not the respondent lives alone. Although this problem is more prevalent with the elderly, these procedures also apply to younger persons who appear to have cognitive impairments.

C If a Respondent Is Hearing Impaired, MPR has hearing enhanced equipment. If a respondent cannot hear you very well, say you will call back using equipment that will amplify the sound of your voice.

Other tips for helping people with slight hearing impairment to hear you, include:

- C Emphasize soft consonants because they are the most difficult to distinguish
- C Lower the pitch of your voice
- **TRAINER:** END THE GAINING COOPERATION LESSON WITH THE FOLLOWING EXERCISE. TELL TRAINEES THAT THEY NOW KNOW A LOT ABOUT THE STUDY THAT THEY WILL BE EXPECTED TO CONVEY TO RESPONDENTS. GO AROUND THE TABLE, ASKING EACH TRAINEE TO TELL YOU SOMETHING THEY KNOW ABOUT THE STUDY THAT THEY MAY NEED TO SHARE WITH A RESPONDENT. INSIST THAT EVERYONE PROVIDE A UNIQUE TIDBIT OF INFORMATION. KEEP A LIST ON THE BOARD OR FLIP CHART. GIVE POSITIVE REINFORCEMENT TO BUILD THE TRAINEES' CONFIDENCE.

VII. MOCK INTERVIEWS

TRAINER:

- C 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.
- C GO OVER INTERVIEWER'S INSTRUCTIONS WITH THE GROUP
- C 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.
- C 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:

- C Alice, age 45, answers the telephone and says she and Ted are joint householders. (Interviewer should enter Alice as householder)
- C Ted, Alice's spouse, is 44 years old.
- C Alison, their daughter, is 14 years old.
- a903 THE SCREEN SHOULD REFLECT INFORMATION ABOUT FAMILY MEMBERS. IF IT WAS ENTERED CORRECTLY ALL SHOULD HAVE BEEN ASSIGNED TO THE SAME FAMILY UNIT.

THE FAMILY INFORMANT IS ALICE.

Module B: Health Insurance

bla. **RES:** "Yes, we are all covered by Ted's plan from work.

No-one is covered by Medicare, Medicaid, CHAMPUS, etc. Indian Health Service, or any type of state specific plan). The only coverage is private insurance through Ted's employer.

- b2 One plan--Blue Cross and TED is the policy holder. The Commonwealth of Pennsylvania provides this plan. The family has had the plan for five years.
- b211 **RES:** "Blue Cross"

INTERVIEWER SHOULD PROBE: "Can you be more specific?"

RES: "It's some option plan."

INTERVIEWER SHOULD READ PROBE

INT: "Do you have an insurance card..."

RES: "Yes, it's called Blue Cross Option Plus."

The family members have a choice of doctors.

They do not need approval or referral to see a specialist.

There is no book or directory associated with the plan.

It is not an HMO.

It is not the only plan offered by Ted's employer.

b951 **RES:** "Strongly disagree."

b98 **RES:** "No"

Module C: Resource Use and Unmet Need

No-one has been hospitalized and no-one has visited the emergency room in the last 12 months.

TED and ALICE have each had one visit to a doctor in the past 12 months.

ALISON sees a pediatrician who has taken care of her for the last five years. She has seen a nurse practitioner once in the last 12 months.

No-one has had any surgery, seen/talked to a mental health professional or received home health care.

- c611 **RES:** "Yes. I've had a mammogram, in fact I had one last month."
- C621 **RES:** Make sure interviewer verifies question by saying, "So, you said it's been a month since your last mammogram?"
- c811 RES: "No."
- C821 **RES:** "Oh you know how it is."

INTERVIEWER SHOULD REPEAT THE QUESTION.

RES: "Well not really. If I really thought I needed it, I would have gone."

C90 **RES:** "The same"

c92 **RES:** "I don't know".

INTERVIEW SHOULD PROBE

"Between \$300 and \$600".

INTERVIEWER SHOULD USE APPROPRIATE PROBE. A GOOD ONE WOULD BE:

"I can only enter one number, what would you like me to enter. Would you say less than \$500 or between \$500 and \$1999?"

Module D: Usual Source of Care and Patient Trust

TED AND ALICE have a family practitioner where they have been patients for the last five years. They see the same doctor each time they visit. Their daughter visits a pediatrician in the same family practice, who has been her doc for the last 5 years.

ANSWER OPINION QUESTIONS AS YOU WISH. OCCASIONALLY MISUNDERSTAND A QUESTION. THE INTERVIEWER SHOULD RE-READ IT ONCE ONLY AND IF YOU STILL HAVE TROUBLE HE OR SHE SHOULD CODE THE ANSWER AS "DON'T KNOW" AND GO TO THE NEXT QUESTION.

Module E: Satisfaction, Health Status and Risk Behaviors

PROVIDE YOUR OWN ANSWERS TO SATISFACTION QUESTIONS.

TED has seen a doctor for sickness in the past 12 months. Alice had a general checkup with her usual family practice doctor. Alison has seen her doctor also.

SUPPLY YOUR OWN ANSWERS FOR QUESTIONS ABOUT DOCTOR VISIT

e411 **RES:** I don't like playing golf and I don't bowl.

THE INTERVIEWER SHOULD REREAD THE QUESTION EMPHASIZING THE WORDS **"MODERATE ACTIVITIES, SUCH AS"**

SUPPLY YOUR OWN ANSWERS AFTER THIS.

ccp1 Alice has diabetes

e521 **RES:** I'm not a risk taker so what do you want me to say. I guess I agree.

THE INTERVIEWER SHOULD READ THE QUESTION AGAIN.

RES: I see. I don't agree with that because I'm not a risk taker.

INTERVIEWER NOW NEEDS TO ASK: "Do you disagree somewhat or disagree strongly?"

SUPPLY YOUR OWN ANSWERS TO SMOKING QUESTIONS

k12I THIS STARTS A SERIES OF QUESTIONS ABOUT SATISFACTION WITH CHILD'S HEALTH CARE.

SUPPLY YOUR OWN ANSWERS TO QUESTIONS k13I, k14I, and k40I

ee2 Alison has asthma

e16x **RES:** "I did."

ALISON SAW HER USUAL PEDIATRICIAN ABOUT HER ASTHMA AND ALSO FOR A CHECK UP BEFORE GOING TO CAMP.

SUPPLY YOUR OWN ANSWERS TO QUESTIONS ABOUT WAIT TIME AND SATISFACTION e801 SUPPLY OWN ANSWER

Module F: Employment and Earnings

Neither TED nor ALICE has a business or farm.

ALICE hasn't worked in the last six months.

TED works 40 hours as usual a week on his one job. He is employed by the Commonwealth of Pennsylvania and therefore by a STATE GOVERNMENT.

f211 **RES:** "Oh I'd say about 300 in their school district."

INTERVIEWER MUST PROBE FOR THE NUMBER OF EMPLOYEES WHERE TED WORKS

RES: In his school it's between 50 - 100

f241 **RES:** "Its a school. He teaches children."

TED MAKES \$50,000 A YEAR

Module G: Income

TOTAL \$65000 A YEAR

ALL ARE NOT HISPANIC. CONSIDER RACE WHITE.

g23. **RES:** Why do you want to talk to him, haven't I answered all your questions?

MAKE SURE THE INTERVIEWER READS FROM CATI SCRIPT: "I need to speak with him because its hard to get opinions on how people feel about their health even from a family member."

RES: "Is his interview going to be as long as mine?

INTERVIEWER SHOULD REASSURE YOU THAT (S)HE ONLY NEEDS TO SPEAK TO TED FOR ABOUT 5 - 10 MINUTES.

Module H: Closing

h10 IF THIS SCREEN COMES UP, BE SURE THE INTERVIEWER READS CORRECTLY FROM THE (PARENTHETICAL CHOICES). THE WORDS "YOUR FAMILY" SHOULD BE READ IN THE FIRST CHOICE AND "YOUR FAMILY" IN THE SECOND.

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

a903 THERE IS ONE FAMILY UNIT CONSISTING OF ALEXA AND SHERMAN.

THE FAMILY INFORMANT IS ALEXA

Module B: Health Insurance

The **only** health insurance this family has is under **Medicaid**. They have been covered by **Medicaid** for two years.

Module C: Resource Use and Unmet Need

Alexa was not hospitalized in the last 12 months. Sherman was a patient in a hospital overnight, once in the last 12 months. He was admitted through the emergency room.

C161 "He was in the hospital four days".

THE INTERVIEWER SHOULD PROBE FOR THE NUMBER OF **NIGHTS** SHERMAN WAS IN THE HOSPITAL.

"He was in the hospital three nights."

Alexa saw a doctor six times in the last twelve months. She saw a physician's assistant 12 times, Alexa has diabetes. She did not see any other type of medical person. Sherman saw a doctor twice and no other type of medical person.

No-one had flu shots. Alexa delayed getting medical care for herself because she didn't have money for the bus or a taxi and her car was broken.

They spent \$50 on out of pocket expenses on medical care.

Module D: Usual Source of Care and Patient Trust

Both Alexa and Sherman go to the clinic at the HMO for their usual health care. They see whatever doctor is available. They have been going to the same place for two years.

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO OPINION QUESTIONS

Module E: Satisfaction, Health Status and Risk Behaviors

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO OPINION QUESTIONS

Neither has seen a specialist.

Both Alexa and Sherman have visited a doctor in the last 12 months for health problems.

RESPONDENT: Alexa had her most recent diabetes visit in May 1998 (health problem). Her most recent general checkup was in January 1998. Sherman had a visit for strep throat in February 1998 and a general checkup in June 1998.

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

- E411 **RESPONDENT:** SUPPLY YOUR OWN ANSWERS TO QUESTIONS ABOUT PHYSICAL AND EMOTIONAL LIMITATIONS AND HEALTH.
- e601 **RESPONDENT:** ALEXA SMOKES A PACK AND A HALF A DAY AND HAS NEVER QUIT EVEN FOR ONE DAY. NO-ONE HAS SUGGESTED SHE QUIT.

RESPONDENT: ALEXA IS SATISFIED WITH THE CARE SHERMAN RECEIVES. SUPPLY YOUR OWN RESPONSES

e16x ALEXA TOOK SHERMAN TO HIS MOST RECENT DOCTOR APPOINTMENT

RESPONDENT: SUPPLY YOUR OWN ANSWERS TO QUESTIONS ABOUT SHERMAN'S MOST RECENT VISIT FOR ILLNESS.

Module F: Employment and Earnings

Alexa does not have a business nor does she have a farm. She did not do any work for pay last week.

Module G: Family Income

The income for this family in 1995 was \$4,500.

- g201 "No"
- g211 "A mixture of everything". **RESPONDENT:** MAKE SURE THE INTERVIEWER CODES THIS AS "OTHER".

Module H: Closing

RESPONDENT: SUPPLY YOUR OWN ANSWERS.

MOCK C

Module A: Introduction and Screening

INTERVIEWER INSTRUCTIONS: READ THE INTRODUCTION

PERSON WHO ANSWERS TELEPHONE: Let me get my wife, she can answer your questions better than I can.

THE FAMILY INFORMANT COMES TO THE TELEPHONE.

INTERVIEWER SHOULD REINTRODUCE THE SURVEY

PEOPLE CURRENTLY LIVING IN THE HOUSEHOLD ARE

Patricia aged 60. She has an AA.

Alfred aged 66. He has a BA.

Patricia's aunt, Ella, who is 80

NO-ONE ELSE LIVES IN THE HOUSEHOLD.

NO-ONE IS ON ACTIVE MILITARY DUTY

CATI SHOULD REFLECT INFORMATION ABOUT FAMILY MEMBERS. IF IT WAS ENTERED CORRECTLY PATRICIA AND ALFRED ARE ONE FAMILY UNIT. ELLA IS IN A SECOND FAMILY UNIT.

PATRICIA IS THE **FAMILY INFORMANT**.

Module B: Health Insurance

Alfred is covered by Medicare and he has private insurance to cover what Medicare does not (Medigap). Patricia is insured with Principal Mutual (private insurance) through her job. This is all the insurance coverage they have.

Patricia changed insurers during the last 12 months when she changed jobs. Alfred's insurance has remained the same. There was no time in the last 12 months when Alfred and Patricia were without insurance.

Patricia and Alfred do not belong to an HMO, they both go to the same family practitioner in his private solo practice. Under her previous insurance plan, Patricia went to an HMO. She was enrolled in that HMO plan for five years.

FOLLOW THE ABOVE OUTLINE SUPPLYING YOUR OWN ANSWERS TO QUESTIONS THAT ARE NOT COVERED.

Module C: Resource Use and Unmet Need

Neither Patricia nor Alfred was hospitalized in the last 12 months. Alfred visited an emergency room for medical treatment and had 3 doctor visits. Patricia has not visited a doctor or specialist for illness in the past 12 months but saw her family practitioner for a routine check up.

Both got the medical care they needed when they needed it.

Module D: Usual Source of Care and Patient Trust

Patricia and Alfred have a usual source of care, their family practitioner. They see the same doctor each time they go. Remember Patricia changed the place she goes for health care in the last 12 months. She says the main reason was because she didn't think the care was very good at the HMO and when she changed jobs she had a choice so she chose not to go to an HMO any longer.

SUPPLY YOUR OWN ANSWERS TO THE OPINION QUESTIONS

Module E: Satisfaction, Health Status and Risk Behaviors

SUPPLY YOUR OWN ANSWERS TO THE OPINION QUESTIONS. MAKE SURE YOU GIVE ANSWERS A FEW TIMES THAT CAUSE THE INTERVIEWER TO PROBE. MAKE SURE THE PROBES ARE APPROPRIATE.

- e161/e201 Alfred visited a doctor for both sickness, injury or other health problems in January 1998 and a general checkup in June 1998. He has high blood pressure and ischemic heart disease.
- 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

INTERVIEWERS

PLEASE NOTE: YOU WILL NEED YOUR SUPERVISOR TO ASSIGN A SPECIFIC CASE ID NUMBER FOR THIS MOCK SO THAT YOU CAN ANSWER STATE PROGRAM INSURANCE QUESTIONS.

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

a903 UNIT ONE CONSISTS OF MARY AND JOE ONLY, JOELLA IS IN A SEPARATE UNIT.

Module B: Health Insurance

Joe has no insurance and Mary is covered under a state program. They have no other insurance. This has been there insurance status for the last year and a half.

Module C: Resource Use and Unmet Need

Mary has had one hospital stay of one night. She was admitted through the emergency room.

Joe has gone to the emergency room for treatment but has not been hospitalized.

Mary has seen a doctor six times. Joe has had no doctor visits. All of Mary's visits to the clinic family doctor have been for illness. Neither of them have had a general check up.

There have been no visits to other types of medical personnel and no surgery for either of them.

Neither has had a flu shot. Mary has had a mammogram in the last year.

RESPONDENT THE INTERVIEWER SHOULD PROBE BY REREADING THE QUESTION AND EMPHASIZING "the last 12 months".

- c821 Mary says the reason Joe ended up in the emergency room was because he put off getting the care he needed. He worried about the cost.
- c92 Maybe \$100

Module D: Usual Source of Care and Patient Trust

Mary goes to a clinic for her regular health care. Joe has no regular place of care.

There have been no changes in where Mary goes.

d201 The reason Joe has no regular place of care is because he doesn't have insurance.

SUPPLY YOUR OWN RESPONSES TO OPINION QUESTIONS

Module E: Satisfaction, Health Status and Risk Behaviors

SUPPLY YOUR OWN RESPONSES TO OPINION QUESTIONS

Mary has had abnormal uterine bleeding, an ulcer and depression.

She smokes a pack of cigarettes a day.

SUPPLY THE REST OF RESPONSES YOURSELF.

Module F: Employment and Earnings

Joe and Mary do not have a business or farm and neither is employed.

Module G: Family Income

g10	Don't know
-----	------------

- g11 Less than \$10,000
- g20 Both no
- g221 Both White

Module H: Closing

h10 RESPONDENT BE SURE THAT INTERVIEWER SAYS "YOUR FAMILY" AND ASKS FOR BOTH NAMES.

Self Response Module

JOE COMES TO THE PHONE - SUPPLY YOUR OWN ANSWERS.

VIII. GAINING COOPERATION EXERCISES

A. EXERCISES

Now we're going to practice making calls and introducing the survey in a group. We'll go around the room and someone will play a reluctant respondent. Your job is to persuade that respondent to let you interview him or her. You must decide how much of the introduction to read, when to use other written material and when to ad lib. Remember there are answers to questions in the brochure, letters and follow up statements.

TRAINER: BEGIN WITH THE TRAINER PLAYING THE RESPONDENT AND ASK SIMPLE QUESTIONS THAT INTERVIEWERS CAN ANSWER BY LOOKING AT THE INTRODUCTION, ADDITIONAL CATI SCREEN, FOLLOW UP STATEMENT AND BROCHURE. BEGIN WITH EASY SCENARIOS AND PROGRESS TO HARDER ONES.

AFTER TRAINEES UNDERSTAND THE EXERCISE, ASK THEM TO BE THE RESPONDENT. USE "CUE CARDS" SO THEY KNOW WHAT ROLES TO PLAY.

SCENARIOS FOR TRAINERS TO PLAY:

- C I am making dinner now.
- C I don't give out information over the phone.
- C Take me off your list.
- C We did not do this survey last year.
- C I have Medicare
- C We just moved here.
- C I have a legal case pending so I cannot answer any questions.
- C I don't live here. I am the babysitter.
- C My wife takes care of all our health insurance.

- C Can you put the questionnaire in the mail?
- C I do not want to change long distance companies.
- C This sounds like a scam. Why would you pay me to do this?
- C Why don't you call someone else?
- C I never received a letter or brochure.
- C I don't do surveys on the phone
- C I won't do the survey because once you do one survey,"they" won't leave you alone.
- C I don't see how I can help, I am happy with my insurance and I have no family.
- C I'm too worried about my own health to discuss it with anyone.
- C We are in the middle of packing and moving and do not have the time to do an interview.

B. WHEN NOT TO ATTEMPT TO CONVERT A REFUSAL

Do not attempt to convert/avoid a refusal if you suspect that doing so will cause someone to

be unsafe. Bring these situations to your supervisor's attention. Below is an example of a case not

to convert. The notes are from Round 1:

I spoke with M., the wife, and she was very nice. She had done the main core and explained to her husband about the survey. She felt that it was a very important survey to participate in but he got very angry at her and started yelling at her and told her how many times have I told you not to give any information over the phone. M. also said that A, her husband is very ignorant and uneducated and does not hold a conversation with anyone and does not like to listen to anyone. She felt bad and wanted to return the check because she could not get her husband to participate. I told her no that the check was for her time and participation and to go and cash the check and use the money for herself. She thanked me. Also she said to please not call her home again because she said her husband would get extremely angry and carry on because he is a stubborn man and will never do anything good.

IX. DISPOSITION CODING AND CALL SCHEDULING

TRAINER: THIS IS A "HANDS" ON EXERCISE. PAIR THE TRAINEES AND HAVE THEM SIT LOOK AT CATI SCREENS TOGETHER. REVIEW THE INTRODUCTORY SCREENS AND DISPOSITION CODES THAT ARE REPRODUCED ON THE FOLLOWING PAGES.

FOR ALL CASES:

>dial< DIA	L THIS NUMBER: (310) 555-6738
RESE	ONDENT TIME: in CA
(CHE	CK AMOUNT: 25)
<d></d>	AUTODIAL THE NUMBER
<1>	SOMEONE ANSWERS
<2>	NO ANSWER (6 RINGS)
<3>	BUSY
<4>	ANSWERING MACHINE (RESIDENTIAL/UNCERTAIN)
	INTERVIEWER: ENTER A NOTE STATING YOU HAVE LEFT A MSG
	(ENTER CTRL-C, THEN "n", THEN THE NOTE FOLLOWED BY ///, THEN
	"4")
<5>	BUSINESS ANSWERING MACHINE
<f></f>	COMPUTER/FAX LINE
<6>	TEMPORARILY NOT IN SERVICE; TROUBLE ON THE LINE
<7>	CIRCUIT PROBLEMS; CIRCUITS OVERLOADED
<8>	FAST BUSY; FAST RING; NO RING
<9>	NOT IN SERVICE; DISCONNECTED; NONWORKING; CHANGED TO
	NEW NUMBER
<h></h>	SHOW HISTORY <0> NEED TO EXIT CASE

SHOW TRAINEES:

- <1> Whenever a human being answers the phone, use this code, no matter what the person says or does.
- <2> Let the phone ring six times before coding as "no answer"
- <3> If you get a regular busy signal, use this code
- <4> Do not leave a message on an answering machine until your supervisor tells you that it is okay. Use this code if you are not sure if you have reached a home or business answering machine.
- <5> Use this code only if you are certain that you have reached a BUSINESS answering machine.
- <6> This is a high pitched tone

- <7> This will be a recorded message
- <8> This is obvious
- <9> This will be a recorded message. DO NOT call a new number.
- <h>> This will display a call history and interviewer notes.
- <0> DO NOT EXIT CASES unless you are ready to leave for the day, take a break, or your supervisor asks you to handle a call-in. Every case must be called when it comes up unless you get explicit permission to exit it.

>a2< INTERVIEWER: PERSONS WHO LIVE IN A VACATION RESIDENCE, THAT IS NOT THEIR USUAL RESIDENCE, IN INSTITUTIONS(SEE MANUAL) OR IN OTHER GROUP QUARTERS 10 OR MORE UNRELATED PERSONS LIVING TOGETHER) ARE INELIGIBLE FOR THIS SURVEY.

- <1> CONTINUE, PERSON WHO KNOWS IS ON PHONE
- <2> WANTS MORE INFORMATION
- <3> BUSINESS/NON-RESIDENCE/ GROUP
 - QUARTERS/INSTITUTION/ VACATION HOME
- <4> RESPONDENT WANTS LETTER
- <7> CALLBACK
- <8> PROBLEMS--LANGUAGE, SUPERVISOR REVIEW
- <9> REFUSED ===>

SHOW TRAINEES

- <1> Takes you to the screen to begin the interview
- <2> Takes you to a screen with answers to commonly asked questions
- <3> Exits the case
- <4> Instructs you to address an envelope to the respondent
- <7> Takes you to the screen to schedule a call back
- <8> Takes you to screens to record information for your supervisor to review
- <9> Takes you to a screen to record the reason for the refusal

FOR REINTERVIEW CASES:

>pA0<

Hello, this is NAME with the Community Tracking Survey, the health care study that your household participated in on DATE. We recently mailed you a brochure describing some of our findings, which we hope you found interesting. Now, we are conducting a follow-up study to understand how managed care and other changes are affecting the quality of care people receive. As a token of appreciation for your help, we'll send your family a check for \$25.

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

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

TYPE <g> TO CONTINUE [goto A2] TO BREAKOFF/ADDITIONAL INFORMATION [goto A2] <x> R CLAIMS HOUSEHOLD NOT IN ROUND 1 [goto DEL2] ===>

SHOW TRAINEES:

- <g> Takes you to a screen to begin the interview
- Takes you to a screen to code interim/final statuses; also provides a code for skipping to a screen with answers to commonly asked questions
- <x> Takes you to a screen to verify that no one lived in the household at Round 1

>Ref1< INT	ERVIEWER: CODE MAIN REASON FOR REFUSAL	
<10>	CONFIDENTIALITY	
<11>	ACCESS TO TELEPHONE NUMBER	
<20>	SKEPTICAL ABOUT OR DOESN'T UNDERSTAND FOUNDATION'S	
	ROLE	
<21>	THINKS FOUNDATION IS A FRONT FOR POLITICAL	
	GROUPS/LIBERALS	
<40>	DOESN'T LIKE STUDY'S PURPOSE (UNSPECIFIED REASON)	
<41>	DOESN'T THINK STUDY WILL HELP OR MAKE A DIFFERENCE	
<42>	DOESN'T THINK GOVT/FOUNDATIONS SHOULD HELP	
	UNINSURED/POOR/PEOPLE WITH MEDICAL PROBLEMS	
<43>	CONFUSED ABOUT STUDY'S PURPOSE	
<44>	HEALTH ISSUES NOT IMPORTANT	
<50>	NOT INTERESTED (UNSPECIFIED REASON)	
<51>	NOT INTERESTED IN HEALTH ISSUES	
<52>	FAMILY/INFORMANT HAS NO HEALTH PROBLEMS	
<53>	FAMILY/INFORMANT SATISFIED WITH OR HAS GOOD INSURANCE	
<54>	SPOUSE WOULD NOT WANT INFORMANT TO PARTICIPATE	
<61>	INTERVIEW IS TOO LONG	
<62>	DOESN'T HAVE TIME FOR SURVEYS (LENGTH NOT DISCUSSED)	
<70>	NO REASON GIVEN	
<82>	INCENTIVE TOO SMALL	
<83>	SKEPTICAL ABOUT WHETHER WE WILL PAY INCENTIVE	
<90>	<90> HOUSEHOLD REFUSED PRIOR TO THIS CALL	

TRAINER: REVIEW ALL CODES WITH TRAINEES

PAY SPECIAL ATTENTION TO CODE <90> AND STRESS THE IMPORTANCE OF ACCURATELY CODING FIRST REFUSALS. STRESS THAT WE WILL BE TRACKING THIS BY INTERVIEWER AND MISCODING REFUSALS IS A FORM OF DATA FALSIFICATION AND WILL RESULT IN IMMEDIATE TERMINATION.

TRAINER: REVIEW CALL SCHEDULING AS PART OF THIS EXERCISE. ASK A TELEPHONE CENTER SUPERVISOR FOR HELP IF YOU DO NOT FEEL QUALIFIED TO DO THIS SEGMENT OF THE TRAINING YOURSELF.

X. THE BONUS PLAN

TRAINER SAY: Because this is such a long project, we want to keep interviewers motivated to stick with it. To this end, we are paying a bonus for completed interviews and refusal conversions. The bonus plan is a "point" system where you earn points for different types of completed interviews. The points convert to dollars. You must work at least 300 hours on the project before you are eligible to be paid for your points. But, points accumulate from the first hour you work. Remember, the more you work, the more money you earn. We will prepare a memo describing the bonus plan shortly after interviewing begins. The plan will be similar to the one used during Round 1.

APPENDIX I

WORD PERFECT VERSION OF CAT QUESTIONNAIRE (see Appendix A of the full report)

APPENDIX II

CATI LOGIN AND IDS FOR PRACTICE CASES (not shown)

APPENDIX III

TYPES OF SETTINGS AND PERSONS EXCLUDED FROM THE STUDY

APPENDIX III

VACATION RESIDENCES, INSTITUTIONS, AND GROUP QUARTERS

Persons who are contacted in vacation residences that are not their usual source of residence, in institutions, or in other group quarters (places where there are 10 or more unrelated persons living together) will not be interviewed.¹ Definitions of institutions and group quarters are listed below. Refer to this list if you are uncertain if the telephone number is in one of these dwellings.

- **Institutionalized Persons** Includes persons under formally authorized, supervised care or custody in institutions at the time of enumeration. Such persons are classified as "patients or inmates" of an institution regardless of the availability of nursing or medical care, the length of stay, or the number of persons in the institution. Generally, institutionalized persons are restricted to the institutional buildings and grounds (or must have passes or escorts to leave) and thus have limited interaction with the surrounding community. Also, they are generally under the care of trained staff who have responsibility for their safekeeping and supervision.
- **Type of Institution** The type of institution was determined as part of census enumeration activities. For institutions which specialize in only one specific type of service, all patients or inmates were given the same classification. For institutions which had multiple types of major services (usually general hospitals and Veterans' Administration hospitals), patients were classified according to selected types of wards. For example, in psychiatric wards of hospitals, patients were classified in "mental (psychiatric) hospitals"; in hospital wards for persons with chronic diseases, patients were classified in "hospitals for the chronically ill." Each patient or inmate was classified in only one type of institution. Institutions include the following types:

Correctional Institutions - Includes prisons, Federal detention centers, military stockades and jails, police lockups, halfway houses, local jails, and other confinement facilities, including work farms.

Prisons - Where persons convicted of crimes serve their sentences. In some census products, the prisons are classified by two types of control: (1) "Federal" (operated by the Bureau of Prisons of the Department of Justice) and (2) "State." Residents who are criminally insane were classified on the basis of where they resided at the time of enumeration: (1) in institutions (or hospital wards) operated by departments of correction or similar agencies; or (2) in institutions operated by departments of mental health or similar agencies.

¹Census of Population and Housing, 1990: Summary Tape File 3 Technical Documentation, prepared by the Bureau of the Census, Washington: The Bureau, 1991.

Federal Detention Centers - Operated by the Immigration and Naturalization Service (INS) and the Bureau of Prisons. These facilities include detention centers used by the Park Police; Bureau of Indian Affairs Detention Centers; INS Centers, such as the INS Federal Alien Detention Facility; INS Processing Centers; and INS Contract Detention Centers used to detain aliens under exclusion or deportation proceedings, as well as those aliens who have not been placed into proceedings, such as custodial required departures; and INS Detention Centers operated within local jails, and State and Federal prisons.

Military Stockades, Jails - Operated by military police and used to hold persons awaiting trial or convicted of violating military laws.

Local Jails and Other Confinement Facilities - Includes facilities operated by counties and cities that primarily hold persons beyond arraignment, usually for more than 48 hours. Also included in this category are work farms used to hold persons awaiting trial or serving time on relatively short sentences and jails run by private businesses under contract for local governments (but *not* by State governments).

Police Lockups - Temporary-holding facilities operated by county and city police that hold persons for 48 hours or less only if they have not been formally charged in court.

Halfway Houses - Operated for correctional purposes and include probation and restitution centers, pre-release centers, and community-residential centers.

Other Types of Correctional Institutions - Privately operated correctional facilities and correctional facilities specifically for alcohol/drug abuse.

Nursing Homes - Comprises a heterogeneous group of places. The majority of patients are elderly, although persons who require nursing care because of chronic physical conditions may be found in these homes regardless of their age. Included in this category are skilled-nursing facilities, intermediate-care facilities, long-term care rooms in wards or buildings on the grounds of hospitals, or long-term care rooms/nursing wings in congregate housing facilities. Also included are nursing, convalescent, and rest homes, such as soldiers', sailors', veterans', and fraternal or religious homes for the aged, with or without nursing care. In some census products, nursing homes are classified by type of ownership as "Federal," "State," "Private not-for-profit," and "Private-for-profit."

Mental (Psychiatric) Hospitals - Includes hospitals or wards for the criminally insane not operated by a prison, and psychiatric wards of general hospitals and veterans' hospitals. Patients receive supervised medical/nursing care from formally-trained staff. In some census products, mental hospitals are classified by type of ownership as "Federal," "State or local," "Private," and "Ownership not known."

Hospitals for Chronically III - Includes hospitals for patients who require long-term care, including those in military hospitals and wards for the chronically ill located on military bases; or other hospitals or wards for the chronically ill, which include tuberculosis hospitals or wards, wards in general and Veterans' Administration hospitals for the chronically ill, neurological wards, hospices, wards for patients with Hansen's Disease (leprosy) and other incurable diseases, and other unspecified wards for the chronically ill.

Patients who had no usual home elsewhere were enumerated as part of the institutional population in the wards of general and military hospitals. Most hospital patients are at the hospital temporarily and were enumerated at their usual place of residence. (For more information, see "Wards in General and Military Hospitals for Patients Who Have No Usual Home Elsewhere.")

Schools, Hospitals, or Wards for the Mentally Retarded - Includes those institutions, such as wards in hospitals for the mentally retarded and intermediate-care facilities for the mentally retarded, that provide supervised medical/nursing care from formally-trained staff. In some census products, this category is classified by type of ownership as "Federal," "State or local," "Private," and "Ownership not known."

Schools, Hospitals, or Wards for the Physically Handicapped - Includes three types of institutions: institutions for the blind, those for the deaf, and orthopedic wards and institutions for the physically handicapped. Institutions for persons with speech problems are classified with "institutions for the deaf." The category "orthopedic wards and institutions for the physically handicapped" includes those institutions providing relatively long-term care to accident victims and to persons with polio, cerebral palsy, and muscular dystrophy. In some census products, this category is classified by type of ownership as "Federal," "State or local," "Private," and "Ownership not known."

Hospitals and Wards for Drug/Alcohol Abuse - Includes hospitals and hospital wards in psychiatric and general hospitals. These facilities are equipped medically and designed for the diagnosis and treatment of medical or psychiatric illnesses associated with alcohol or drug abuse. Patients receive supervised medical care from formally-trained staff.

Wards in General and Military Hospitals for Patients Who Have No Usual Home Elsewhere - Includes maternity, neonatal, pediatric (including wards for boarder babies), military, and surgical wards of hospitals, and wards for persons with infectious diseases.

Juvenile Institutions - Includes homes, schools, and other institutions providing care for children (short- or long-term care). Juvenile institutions include the following types:

Homes for Abused, Dependent, and Neglected Children - Includes orphanages and other institutions which provide long-term care (usually more than 30 days) for children. This category is classified in some census products by type of ownership as "Public" and "Private."

Residential Treatment Centers - Includes those institutions which primarily serve children who, by clinical diagnosis, are moderately or seriously disturbed emotionally. Also, these institutions provide long-term treatment services, usually supervised or directed by a psychiatrist.

Training Schools for Juvenile Delinquents - Includes residential training schools or homes and industrial schools, camps, or farms for juvenile delinquents.

Public Training Schools for Juvenile Delinquents - Usually operated by a State agency (for example, department of welfare, corrections, or a youth authority). Some are operated by county and city governments. These public training schools are specialized institutions serving delinquent children, generally between the ages of 10 and 17 years old, all of whom are committed by the courts.

Private Training Schools - Operated under private auspices. Some of the children they serve are committed by the courts as delinquents. Others are referred by parents or social agencies because of delinquent behavior. One difference between private and public training schools is that, by their administrative policy, private schools have control over their selection and intake.

Detention Centers - Includes institutions providing short-term care (usually 30 days or less) primarily for delinquent children pending disposition of their cases by a court. This category also covers diagnostic centers. In practice, such institutions may be caring for both delinquent and neglected children pending court disposition.

Other Persons in Group Quarters (also referred to as "noninstitutional group quarters") -Includes all persons who live in group quarters other than institutions. Persons who live in the following living quarters are classified as "other persons in groups quarters" when there are 10 or more unrelated persons living in the unit; otherwise, these living quarters are classified as housing units.

Rooming Houses - Includes persons residing in rooming and boarding houses and living in quarters with 10 or more unrelated persons.

Group Homes - Includes "community-based homes" that provide care and supportive services. Such places include homes for the mentally ill, mentally retarded, and physically handicapped; drug/alcohol halfway houses; communes; and maternity homes for unwed mothers.

Homes for the Mentally III - Includes community-based homes that provide care primarily for the mentally ill. In some data products, this category is classified by type of ownership as "Federal," "State," "Private," and "Ownership not known." Homes which combine treatment of the physically handicapped with treatment of the mentally ill are counted as homes for the mentally ill.

Homes for the Mentally Retarded - Includes community-based homes that provide care primarily for the mentally retarded. Homes which combine treatment of the physically handicapped with treatment of the mentally retarded are counted as homes for the mentally retarded. This category is classified by type of ownership in some census products as "Federal," "State," "Private," or "Ownership not known."

Homes for the Physically Handicapped - Includes community-based homes for the blind, for the deaf, and other community-based homes for the physically handicapped. Persons with speech problems are classified with homes for the deaf. In some census

products, this category is classified by type of ownership as "Public," "Private," or "Ownership not known."

Homes or Halfway Houses for Drug/Alcohol Abuse - Includes persons with no usual home elsewhere in places that provide community-based care and supportive services to persons suffering from a drug/alcohol addiction and to recovering alcoholics and drug abusers. Places providing community-based care for drug and alcohol abusers include group homes, detoxification centers, quarterway houses (residential treatment facilities that work closely with accredited hospitals), halfway houses, and recovery homes for ambulatory, mentally competent recovering alcoholics and drug abusers who may be re-entering the work force.

Maternity Homes for Unwed Mothers - Includes persons with no usual home elsewhere in places that provide domestic care for unwed mothers and their children. These homes may provide social services and post-natal care within the facility or may make arrangements for women to receive such services in the community. Nursing services are usually available in the facility.

Other Group Homes - Includes persons with no usual home elsewhere in communes, foster care homes, and job corps centers with 10 or more unrelated persons. These types of places provide communal living quarters, generally for persons who have formed their own community in which they have common interests and often share or own property jointly.

Religious Group Quarters - Includes primarily group quarters for nuns teaching in parochial schools and for priests living in rectories. It also includes other convents and monasteries, except those associated with a general hospital or an institution.

College Quarters Off Campus - Includes privately owned rooming and boarding houses off campus if the place is reserved exclusively for occupancy by college students and if there are 10 or more unrelated persons. In census products, persons in this category are classified as living in a college dormitory.

Persons residing in certain other types of living arrangements are classified as living in

"noninstitutional group quarters" regardless of the number of people sharing the unit. These include

persons residing in the following types of group quarters:

College Dormitories - Includes college students in dormitories (provided the dormitory is restricted to students who do not have their families living with them), fraternity and sorority houses, and on-campus residential quarters used exclusively for those in religious orders who are attending college. Students in privately-owned rooming and boarding houses off campus are also included if the place is reserved exclusively for occupancy by college-level students and if there are 10 or more unrelated persons.

Military Quarters - Includes military personnel living in barracks and dormitories on base, in transient quarters on base for temporary residents (both civilian and military), and on military ships. However, patients in military hospitals receiving treatment for chronic diseases or who had no usual home elsewhere and persons being held in military stockades were included as part of the institutional population.

Agricultural Workers' Dormitories - Includes persons in migratory farm workers' camps on farms, bunkhouses for ranch hands, and other dormitories on farms, such as those on "tree farms."

Other Workers' Dormitories - Includes persons in logging camps, construction workers' camps, firehouse dormitories, job-training camps, energy enclaves (Alaska only), and nonfarm migratory workers' camps (for example, workers in mineral and mining camps).

Emergency Shelters for Homeless Persons (with sleeping facilities) and Visible in Street Locations - Includes persons enumerated during the "Shelter-and-Street-Night" operation primarily on March 20-21, 1990. Enumerators were instructed not to ask if a person was "homeless." If a person was at one of the locations below on March 20-21, the person was counted as described below. (For more information on the "Shelter-and-Street-Night" operation, seen Appendix D, Collection and Processing Procedures.) This category is divided into four classifications:

Emergency Shelters for Homeless Persons (with sleeping facilities) - Includes persons who stayed overnight on March 20, 1990, in permanent and temporary emergency housing, missions, hotels/motels, and flophouses charging \$12 or less (excluding taxes) per night; Salvation Army shelters, hotels, and motels used *entirely* for homeless persons regardless of the nightly rate charged; rooms in hotels and motels used *partially* for the homeless; and similar places known to have persons who have no usual home elsewhere staying overnight. If not shown separately, shelters and group homes that provide *temporary* sleeping facilities for runaway, neglected, and homeless children are included in this category in data products.

Shelters for Runaway, Neglected, and Homeless Children - Includes shelters/ group homes which provide *temporary* sleeping facilities for juveniles.

Shelters for Abused Women (Shelters Against Domestic Violence or Family Crisis Centers) - Includes community-based homes or shelters that provide domiciliary care for women who have sought shelter from family violence and who may have been physically abused. Most shelters also provide care for children of abused women. These shelters may provide social services, meals, psychiatric treatment, and counseling. In some census products "shelters for abused women" are included in the category "other noninstitutional group quarters."

Dormitories for Nurses and Interns in General and Military Hospitals - Includes group quarters for nurses and other staff members. It excludes patients.

Crews of Maritime Vessels - Includes officers, crew members, and passengers of maritime U.S. flag vessels. All ocean-going and Great Lakes ships are included.

Staff Residents of Institutions - Includes staff residing in group quarters on institutional grounds who provide formally-authorized, supervised care or custody for the institutionalized population.

Other Nonhousehold Living Situations - Includes persons with no usual home elsewhere enumerated during transient or "T-Night" enumeration at YMCAs, YWCAs, youth hostels, commercial and government-run campgrounds, campgrounds at racetracks, fairs, and carnivals, and similar transient sites.

Living Quarters for Victims of Natural Disasters - Includes living quarters for persons temporarily displaced by natural disasters.

APPENDIX E

SUPERVISOR'S MANUAL

Mathematica Policy Research,

The Center for Studying Health System Change

and the

The Robert Wood Johnson Foundation

CTS-2 Community Tracking Study

Round 2

SUPERVISOR'S MANUAL

A. OVERVIEW

The survey instrument reflects carefully chosen questions, probes, and answer choices, based on existing validated measures, methodological research, expert consultation, and careful testing of the questions. Remember that it is critical that you read each question and answer choices exactly as they are written. All major probes and instructions appear on the screen, and as you enter the respondent's answers you will be automatically skipped to the next appropriate question. Of course, it is very important to accurately enter the respondent's answers so that the program takes you to the correct question. An incorrect entry could lead to an entire series of questions that are inappropriate for the respondent, and it could skip over questions that *should* be asked of the respondent, resulting in incomplete data.

Following is a list of each module and its contents:

- Module a: Introduction, Household Composition, Family Unit Formation, and Respondent Selection
- Module b: Health Insurance Coverage
- Module c: Use of Health Resources and Unmet Needs
- Module d: Usual Source of Care and Patient Trust
- Module e: Satisfaction with Most Recent Doctor Visit, Health Status, Chronic Conditions, and Risk Behaviors
- Module f: Employment and Earnings
- Module g: Family Income, Race, and Ethnicity
- Module h: Closing, Household Telephone Service, and Address Collection for Incentive Payment
- Module i: Self Response

B. ROADMAP TO THE QUESTIONNAIRE MODULES

Module A: Introduction and Screening

Content: This section covers the following points:

- Introduces the study and answers respondents' questions
- Emphasizes that families 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 (defined above) and summarizes the persons included in each family unit
- Identifies families and persons to be excluded from the survey
- Selects individuals in each family unit about whom the survey is to be conducted

Response Level: Questions in this module are asked of the family informant

Key Points:

- **Identifying the Family Informant:** As described above, the "informant" is an adult familiar with the health care of the people who live in the household.
- Household Level Enumeration: 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. The types of settings and persons excluded from the survey are discussed in detail in the question-by-question review. You will also find an appendix (B) with this information in your manual. However, you are not expected to absorb all of the information in that appendix. It is intended as a

reference to deal with unusual situations. If you are unsure whether the setting you contacted is an institution, group quarters, or vacation residence, ask your supervisor for help.

- **Identifying the "Householder:"** The householder is "one of the people who owns or rents" the dwelling. If more than one household member owns or rents the dwelling, the interviewer should arbitrarily select one of them as the householder.
- Selecting Family Members for the Survey: The computer will use a three-step process to select individuals 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.

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).

- 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 and plan and employer names vary by type of plan (private plan, state subsidized plans, Medicaid, 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).

Module C: Resource Use\Unmet Needs in the Last 12 Months

Content and Response Level: This module includes questions on use of health care services during the last 12 months, unmet health needs, and out-of-pocket expenditures. Unmet need, which is difficult to answer for other family members, is asked directly of each adult; the informant answers for the randomly selected child. Structured probes are included for "Don't Know" responses.

The resource use questions ask for the number of times during the last 12 months each person:

- Was hospitalized
- Visited the emergency room
- Saw a physician
- Saw a nurse practitioner, physician's assistant, or midwife
- Had surgical procedures, either as an inpatient or outpatient

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 asked whether he or she didn't get needed medical care or delayed getting needed care during the past 12 months; if so, we ask for the reasons. This is called "unmet need". The informant is also asked to estimate out-of-pocket medical expenditures.

Module D: Usual Source of Care and Patient Trust

Content and Response Level: The section begins by asking the family informant about the usual source of care (that is, the place you go to when you are sick or need advice about your health) for each person in the family. Next, there is a series of questions about the relationship between the patient and his or her primary care physician.

Usual Source of Care

- Asks if there is a usual source of care, the type of place the person goes to for care, and the type of professional seen there
- Asks if there were any changes in the usual source of care over the last 12 months and why

Patient Trust Questions

• Asks four questions concerning patient/physician trust--referrals, patient needs, response to insurers, and testing

Module E: Satisfaction, Health Status (SF12), and Risk Behaviors

Content and Response Level: 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.

Satisfaction

• Asks a series of questions on satisfaction with different aspects of health care

Most Recent Doctor's Visit in The Past 12 Months

- Identifies when the last doctor's visit occurred and whether it was for sickness or preventive care
- Asks what type of doctor was seen at the last visit and if it was the patient's usual place of care
- Asks questions about the last visit--whether there was an appointment; waiting time to get an appointment; waiting time in the waiting room; and travel time to get there
- Asks ratings from poor to excellent on aspects of the doctor-patient relationship during that visit

Health Status (SF12)

• The SF12 is a standard battery of questions on physical and mental health status, which must be read exactly as worded. Except for one question on general health status, which the informant is asked for each family member, these questions are self-responded by each adult.

Chronic Conditions

• This is a checklist of 29 health conditions or diseases. The interviewer asks if in the past two years the respondent has been told by a medical professional that he or she has the condition or has seen a doctor the condition. These questions are also self-responded by each adult.

Risk Behaviors

• Asks a series of questions about cigarette smoking and propensity to take risks

Child Version

• A shorter sequence of questions is asked in this module for the child, namely: satisfaction with physician choice; which parent or guardian to ask the child about his or her last doctor visit, and if the informant is the adult who accompanied the child, questions about the last visit (same as adult questions), and the child's health status. There are eight chronic health conditions for children.

Module F: Employment and Earnings

Content and Response Level: These questions, which are asked to determine whether people can

afford the health care they need, are asked of the family informant for each adult.

- Asks for the person's employment status, whether employed at more than one job and hours worked at main job
- Asks the type of employer (private or government); number of employees overall and at the employee's location; and type of industry
- Asks person's earning on his or her main job
- If person has more than one job and is the policyholder for employer-based plan, determines if health insurance is with main employer
- If person is not a policyholder for an employer-based insurance plan, asks about insurance offered by employer, whether person is eligible to participate and, if covered under another plan, why he or she is not participating in the health insurance plan; if ineligible, asks why.
- Obtains information on whether multiple plans offered and, if yes, whether an HMO plan is offered.

Module G: Family Income

Content and Response Level:

- Asks one question on family income with probes for DK responses
- Asks whether Hispanic and race
- Includes transition to self-response module, if more than one adult in family unit

Module H: Closing

Purpose: We expect to contact a sample of interviewed families in a few 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 a quality of care study. There will be an additional payment if the respondent chooses to participate in that study also.

Content: Items in this section cover:

- Correct name and address of informant
- Information on the number and use (business or home) of other telephones
- Information on telephone service interruptions during the past 12 months

Response Level: These questions will be asked of the last adult in the family from whom we are obtaining information. If that person is not the informant, we will ask for the names of the informant and spouse, and will include the names of both persons on checks mailed to the family.

Module I: Self-Response Module

Purpose and Response Level: The purpose of this section is to ask certain questions directly of each adult other than the informant. These include questions on subjective topics or on events that the informant is unlikely to know.

Content: This module appears on-line before the closing if any other adult is available to be interviewed. A series of questions from the modules must be asked of each adult in the family unit; callbacks may be necessary.

Preferences between cost savings and choice of physicians and hospitals

- Unmet need
- Physician-patient trust
- Satisfaction with physician choice
- Last doctor visit including characteristics of the visit and satisfaction with the care provided
- Health status (SF12)
- Chronic conditions
- Risk behaviors

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 5 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.

C. QUESTION-BY-QUESTION SPECIFICATIONS

This section provides detailed instructions, definitions, and other clarifications for each question on the HSC questionnaire. It is a useful section at training and is equally useful as a reference throughout the interviewing period. The format is "user friendly" with each page of instructions **facing** each related page of the questionnaire. Numbering or lettering on the instruction page coincides with that on the questionnaire page.

INTRODUCTION AND SCREENING

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".

There are two sets of introductions: once for reinterview households and one for newly selected households. Each introduction is followed by a place to code various outcomes, such as no answer, answering machine, callback, refusal, etc.

NOTE:

- We are <u>not</u> 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. Appendix B describes ineligible residences in considerable detail; the CATI program also provides instructions in several places to remind you of the types of residences that are not eligible for the survey. You may refer to Appendix B as a reference; however, 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.
- Answers to respondent's questions about the survey are included in the CATI program and on the brochures mailed to households with known addresses.
- 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 1 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 1. These households will be offered \$35 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 1. If this is the case, enter <x> at this screen. If MPR has obtained an endorsement from a health official in the state you are calling, the introduction will mention the endorsement.

paa1- These are the introductions for newly sampled households. There are two versions--onepaa4 for households that received an advance letter and brochure and one for households thatdid 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.

paal paal is for households that did **not** get an advance letter and brochure describing the study. The introduction states the purpose of the study as "to see how managed care and other health changes are affecting people in your community." It refers to the \$25 incentive payment, sponsorship of the study, and state health department endorsements when available.

Read the additional text if necessary to further explain the study's purpose and provide sample questions.

- paa2 is the introduction for households for which addresses were available. It asks if the person on the phone remembers the brochure. Even if a brochure was mailed, it may not have reached the household. Even if the brochure reached the household, the person with whom you are speaking may not have seen it.
- paa3 This is the continuation of the introduction for newly sampled households who remember seeing the brochure.
- paa4 This is the continuation of the introduction for new respondents who did not see the brochure.

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 1 and one for new households.

DEL DEL is the screen for reinterview households who remember participating in the Round 1 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 <0> will "undelete" or replace anyone who you may have deleted by mistake. Use code <n> if no household members from Round 1 are in the household. This code will flag the household as new sample and skip to hhld.

Use code <g> when all members of the household have been confirmed or deleted.

- DEL2 is the screen for respondents who claim their household did not participate in Round 1. Because the respondent may not remember that his or her household did participate, DEL2 is a verification screen. The codes are the same on the DEL screen.
- ADD This question acts as a probe to be sure babies and other persons are not excluded.
- head If the householder from Round 1 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 1 households with no Round 1 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, write down their names and ages and speak to a supervisor before continuing.

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 B provides a detailed description of these ineligible categories; the main exclusions are summarized below.

- (1) **Families with two or more homes**--Some families have two or more homes and may spend part of the time in each. For such cases, the usual residence is the place in which the person spends the largest part of the calendar year.
- (2) **Persons in vacation homes, tourist cabins, and trailers**--Interview persons living in vacation homes, tourist cabins, and trailers if they usually live there, or if they have no usual residence anywhere else. Do not include them if they usually live elsewhere.
- (3) **Citizens of foreign countries temporarily in the United States**--List citizens of foreign countries and members of their families who are living in the unit in the United States, but not on the premises of an Embassy, Ministry or Consulate. This applies only if they have no usual place of residence elsewhere in the United States. However, do not consider as household members foreign citizens merely visiting or traveling in the United States.
- (4) **Persons living in institutions**--Persons who live in certain types of institutions at the time of the interview (prisons or other correctional facilitates, nursing homes, and other facilities for persons who require long term care or treatment) should not be included as members of the sample unit. They are usual residents at the institution.
- (5) **Group quarters** --Persons in settings where there are 10 or more unrelated persons living together should be excluded. Examples include rooming houses, group homes that provide support services, halfway houses, and off campus college quarters (for 10 or more unrelated persons).
- (6) **Other non-institutional group quarters-**-Persons living in military barracks or other non-institutional group settings are ineligible for the survey. We are not including college dormitories in the survey; however, full time college students under 23 years of age should be included as part of the family unit, even if the students are living at school at the time of the survey. We are making this exception because these students are typically included under their parent's health insurance plans.
- more This question acts as a probe so that babies and other persons are not excluded.

bmo1- Enter the month and year (using all four digits) that the householder was born. byr1

- age1 If the respondent does not know the household's birthdate, you will be skipped to age1 to enter the respondent's best estimate of the householder's age.
- sex1 If you know the householder's gender, you may enter it without asking.
- col1 Householders younger than 23 years old are asked if they are full-time students. The definition of full-time status should be based on the householder's school.
- grd1 Record the number of years of school the householder completed. The display on the screen explains the relationship between academic degrees and years of schooling.
- mil1 Consider the householder to be on active military duty if he or she is in uniform and is working in service full-time at any location (i.e., locally or away in any foreign country.) Householders aged 65 and older are not asked this question.
- bmo2- Enter the month and year (using all four digits) that each household member was born. byr2
- 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 forms interviewing units (i.e., the family insurance unit), based on the rules shown in the questionnaire (1 through 9). About 10 percent of the households you interview will have more than one interviewing unit. The persons included in the interviewing unit will be identified at the beginning of module b.

- snow Enter the person numbers of any household members who live somewhere else for half of the year or more. Note that students age 16-22 are not displayed on this screen as we do not want to code students who live away at school even if they are away for half the year or more. The purpose of this question is to flag sample members who change residences seasonally. These people are sometimes called "snowbirds".
- resp The CATI program will form family units using the rules or the facing pages will show you the members of the household as you have entered them into CATI. 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.
- kdc If the newly selected child was not in the Round 1 household, this item determines if the child had any probability of selection into the Round 1 sample. It asks if the child was living in the area at any time during the Round 1 field period.
- bbeg This screen tells the informant who the interview will ask about. There is one screen for each family unit.
- b If there ids more than one family in the household, this screen informs the respondent we will be calling back to conduct a separate interview with the other families. Each family will receive \$25 for participating.

HEALTH INSURANCE

- b1 In the introduction to the health insurance module, you will tell the respondent that you will be asking who in the family is covered by various types of health insurance plans obtained through employers, purchased directly, or from government programs.
- b1a The first question asks about coverage from a health insurance plan from a current or past employer or union. Most families receive their health insurance though employers or unions. If the answer is "Yes," ask, "Who is covered?" Enter the person number of all family members who are covered. Enter <n> when you are finished. Use <x> to delete a response.

Note the instructions and probes. We ask about military coverage later in this section, so do not include it here. Also note that we do not ask about medigap and supplemental coverage offered to Medicare recipients. We do not want to capture private insurance from Medicare recipients because Medicare is still their PRIMARY carrier. If all family members are 65 and older, the question will be skipped. However, you can have a family where one person is 65 and older and receiving Medicare and his or her spouse is under 65 and receiving private coverage through a job.

Also note that some universities provide limited health insurance coverage to students. Students who are less than 23 will be included with their parent's unit; however, some graduate students or older undergraduates, who are not employed by the university but who have limited health insurance coverage through these plans, will fall into the survey. These plans should be included.

COBRA plans should also be included here.

However, plans that provide only one type of service, such as accident, vision, dental, or nursing home coverage, should not be included. Usually, these plans are riders or additions to full service plans, so this should rarely come up as a question.

b1b This question asks about coverage from a health insurance plan bought on your own. Also include any type of group plan which is purchased through a professional association or trade group.

Again, if yes and there is more than one person in the family, ask who is covered.

This question will not be asked if all family members are covered by employer or union based health insurance plans.

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.

This question will not be asked if all family members are covered by employer or union based health insurance plans.

bld This question asks about coverage from Medicare; name and age are CATI fills.

Medicare - Refers to the Federal health insurance coverage most common for persons 65 years and over. In certain rarer situations, people under 65 may be covered because of disability benefits (SSI). People receiving Medicare may also receive other benefits, including supplemental private coverage, which are called medigap policies, Medicaid, or military coverage benefits. However, Medicare is the primary insurer. The program is designed so that persons covered by Medicare are asked about Medicaid and supplemental private benefits in a separate series of questions.

Some Medicare beneficiaries use their Medicare coverage at HMOs. This question intends to include Medicare HMOs as well as traditional Medicare coverage.

- bld1 A verification screen appears to check that any person in the family unit who is 65 years old and older and who is not listed as receiving Medicare, was not a mistaken omission. There are a very small number of persons 65 and older who are not receiving Medicare, but this will be very rare.
- blex- This question asks about coverage under Medicaid.
- bley

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 or CAPI screen**.

ble 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. 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 one previously reported answers. It is particularly important to answer this question correctly because the answer determines how many sets of questions on private health insurance plans will be asked.

The next section of the questionnaire uses a data base to match responses with insurance companies and products that are available in the area where the respondent lives.

Interviewers begin by entering a complete and accurate name of the respondent's plan and then enter if the respondent used a document such as an insurance card, claims form, or policy as a source of information. You will not be able to use the numeric key pad in this section.

The next screen displays a list of plans offered by the insurance company in the state where the respondent lives. Use the arrow keys to move the cursor from one plan to another. The <enter> key will take you to the top of the list. Plans offered by large insurers in large states may take more than one screen. To select a plan, place the cursor on the plan (it will be highlighted) and enter <1>. A box will pop up and you will need to verify your selection.

Read all the choices to the respondent. Use the PRODUCT NOT SPECIFIED option if the respondent cannot select a matching plan from the list or if the respondent does not know the plan name. Enter <0> for INSURANCE COMPANY NAME DOES NOT MATCH only if the insurance company name entered on the previous screen does not match the insurance company names. Use

code <9> if you need to change the insurance company name. (You cannot use the regular CATI commands in this section.)

If the product is not specified or the insurance company name does not match, CATI will skip to an item that asks if the insurance plan was obtained in another state. If it was, interviewers will enter the new state using two letter postal abbreviations. CATI will repeat the identification process in the new state.

This process repeats for each private health insurance plan.

Following are guidelines for entering insurance companies and products:

Name of Plan: It's critical that the respondent is as specific as possible. For example, if the respondent says the name of the plan is "Cigna" ask them for a more specific name. Plans have all kinds of names, and each name usually signifies particular features of the coverage. Notice the probe that asks respondents to refer to an insurance document if necessary. Also, record the specific name of a Health Maintenance Organization (HMO) or Individual Practice Association (IPA). Do not accept the general **type** of plan (such as family plan, major medical) for the **name** of the plan; probe for a specific name. Enter the name of the health insurance plan and verify the spelling with the informant. The program allows 72 characters for each plan name. These plan names will be matched against a master list and coded, so it is important that they be as complete as possible.

(1) If: A generic name is reported such as family plan or major medical:

Then: Probe for and record only the full name of the insurance plan, for instance, Aetna High Option, Blue Cross/Blue Shield Federal Employee Plan, etc. Also, record the specific name of a Health Maintenance Organization, like Kaiser HMO Plus. Do **not** abbreviate, (except for Blue Cross/Blue Shield which may be recorded as "BC/BS"), unless that is all the respondent can report, in which case note that the full name is unknown.

(2) If: If the respondent does not know the name of the plan,

Then: Always ask for use of an insurance card or other document.

(3) If: An insurance card or policy is not available, but the respondent tells you the plan is provided through a union, fraternal group, employer, etc.,

Then: Enter the name of the group, being as specific as possible (for example, in the plan is through a union, get the number of the local union) and indicate "DK name" of the plan.

(4) If: If the respondent indicates he/she has a Blue Cross plan and a Blue Shield plan, Then: Consider as one plan and enter Blue Cross/Blue Shield (or BC/BS). However do not add Blue Shield (BS) to the name if only Blue Cross is reported.

Some common company names are listed on the screen as a spelling guide.

- b204 For reinterview sample whose Round 1 insurance coverage matches our data base, we display the name of the Round 1 plan and ask if the individual or family s till has the plan. If the plan is no longer valid, the CATI skips to the plan and product identification items.
- b205 Asks respondents who no longer have their Round 1 if their plan changed. Use the <0> code if the plan name is incorrect for any reason.
- b231 This question ascertains the name of the policy holder for each plan listed. Even when multiple family members are covered, there is usually only one person who is the policy holder. The program will list adults in the family who were recorded as having private and persons 65 and older, since they may have private plans that cover other family members. If the policy holder is not listed (for example, if a plan is held by someone not in the family unit, code in "other").
- b241 This question is asked only if the family has more than one private health insurance plan. If the family has only one plan, then the persons covered were identified earlier.
- b251 This question asks if the plan listed was originally obtained through a current or past employer or union. It will only be asked if the current plan was purchased directly or provided by someone outside of the family.
- b261 This question asks for the name of the employer or union who provides this plan. A probe is provided to respond to questions concerning why this question is being asked. When gathering this information, be as specific as possible. This information will be critical in a later study of respondents' insurance and often the employer's name is a critical link. If the coverage is through a union, get the specific local chapter number, and the type of employee covered (eg: 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 f rom b271. CATI will fill the names of programs in the respondent's state.

- b291 This question determines if each plan's coverage was continuous for the last 12 months. Note that if more than one family member was covered by the plan, you should ask who enrolled in the past 12 months. Some health plans, programs, or employers have specific times during which individuals may select a different health plan or decide to remain with a current plan. These periods are called "open enrollment." Do not confuse deciding to stay with the same plan during an open enrollment period as enrolling in the plan. If the respondent says he or she stayed with the same plan during open enrollment, code <n>.
- b301 For each person who enrolled in the past 12 months, the program asks how many months ago the person enrolled. If the respondent indicates that a family member enrolled more than 11 months ago, go back to b291 and correct the respondent's answer.
- b311 This question asks the amount of the premium for non-employer and non-union plans. The premium is the cost of the regular payments for health insurance coverage only, not for health care services.

The amount can be entered for one of seven periods listed in the next question Enter the amount and unit at the respective arrows; best estimates are fine. Enter the dollar amount and hit the "enter" key. The next screen will prompt you to enter the time period (e.g.: per week, month, year...)

- b321 The code for the unit of the time period for which the premium is paid is entered on this screen.
- b331 This question asks if there is a requirement to sign up with a certain primary care doctor, group of doctors, or clinic which the respondent must go to for routine care. Note the probe, excluding emergency care and care from a specialist to which the patient had been referred.
- b341 This question asks about the need for approval or referral from a primary care doctor or health plan to see a specialist. If the answer is conditional, sometimes yes and sometimes no, provide the answer which applies most often in this person's use of specialists.
- b351 The point of this question, as with several others in this series, is to ascertain if the insurance plan restricts the choice of physicians. In b351, the person is asked whether he or she is restricted to doctors listed in a book, directory, or a list associated with the plan. Persons who belong to plans with these restrictions typically belong to a preferred provider organization; however, we are not using this term in the survey because many respondents may not understand it.

b361 The question asks if the plan is an HMO; a probe is provided for respondents who are unsure if their plan is a health maintenance organization. You should use the definition in the instrument; however additional information on HMOs follows:

Health Maintenance Organization (HMO)--A health care plan that delivers comprehensive, coordinated medical services to enrolled members on a prepaid basis.

There are three basic types of HMOs:

- A Group/Staff HMO--Delivers services at one or more locations through a group of physicians that contracts with the HMO to provide care or through its own physicians who are employees of the HMO.
- An Individual Practice Association (IPA)--Makes contractual arrangements with doctors in the community, who treat HMO members out of their own offices.
- **Network HMO**--Contracts with two or more group practices to provide health services.
- b371 This question asks if there is no referral, will the plan pay the costs of visits to doctors who are not associated with the plan or HMO. It is asked of persons who indicated that the plan is an HMO or indicated that the plan limits choice through a book, list, or directory of doctors (which will typically be a preferred provider organization).
- b381 This question asks if the employer offers more than one health insurance plan to its employees.
- b391 This question determines whether employers offering more than one plan offer both HMO and non-HMO plans. Note that the fill includes the type of insurance product that the respondent does NOT have.

These questions (b311-391) repeat for each private health plan.

- b401 This question identifies the policy holder for military coverage plans.
- b411 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.
- b461 Asks if the military health plan is an HMO.
- b51 Families reporting Medicare coverage will be asked questions about their plans that are similar to those asked of persons with private coverage. Medicare recipients can participate in HMO plans. Nationally, only about fifteen percent of Medicare beneficiaries are in HMOs, but penetration is much higher in some areas of the country. Although persons sign up for Medicare as persons rather than as families, it is very rare for a married couple to choose different plans (one choosing an HMO and one choosing a traditional indemnity plan). The interview is designed only to ask one set of questions about Medicare per family. In the unlikely case that you interview a family in which one person has an HMO and the other an indemnity plan, you should report the characteristics of the HMO plan. You will be able to identify this situation in b54.
- As note above, very few families in which there are two Medicare beneficiaries will have different plans--one HMO and one traditional indemnity. However, if this happens, you should record which family member is in the HMO, using options <2> or <3>. If there is only one Medicare beneficiary and he or she if covered by an HMO or there are two Medicare beneficiaries and both are covered by an HMO, enter <1>; if no one is covered by a Medicare HMO (which will be true for over 90 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- These questions are similar to those asked of persons with private health coverage. If a
 b53 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- These questions identify Medicare recipients who have been enrolled in their plans for
- b58 less than a year. Note that the fill will substitute the name of the HMO for beneficiaries currently enrolled in HMOs. 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.
- b59a These questions determine whether medigap or supplemental Medicare policies were obtained through a current or past employer or union.
- b60 This question asks Medicare recipients whether they also receive benefits from Medicaid; some elderly people receive benefits from both programs.
- 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.
- 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 that month (during the past year) that the previous coverage stopped. Enter the number listed next to the month.
- b84 This question determines the reasons why the previous coverage stopped. It is only asked of currently uninsured persons who lost their coverage during the last 12 months.

It is not necessary to read the responses here; you should fit the respondent's answers into the coded categories, coding all the reasons that apply. Most people will fit into the first three categories.

Example:

A person who lost his or her insurance coverage when he or she was terminated will receive code 1.

Example:

A person who loses employer-paid coverage due to divorce will be coded in 3.

b851 The next series of questions are designed to determine prior health insurance coverage, if any, for family members who are currently insured but have been insured under their current plan(s) for less than a year. This first question asks for the type of coverage prior to current one.

The answer categories reflect the type of coverage asked throughout the questionnaire. Code only one answer. Choose option $\langle 0 \rangle$ 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 $\langle 3 \rangle$ is blank if the state does not offer an insurance plans and $\langle 6 \rangle$ 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 questions 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.

RESOURCE USE 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 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 July 12, 1996, then the reference period is from July 13, 1995, to July 12, 1996. 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.

- c101 An event is considered a "hospital stay" if the person spent at least one **night** in the hospital. If a person is admitted and released on the same day, do not count this as an overnight stay. If the person spent the night in the hospital **emergency room,** do not count this as a "hospital stay." Exclude any overnight stays where family members stay with an admitted person. Exclude overnight stays in an outpatient clinic. The date 12 months prior to the interview date automatically appears in the question.
- c11 This question asks for the first name(s) of any family member who stayed in the hospital **overnight.** Remember to read the **probe "anyone else"**.
- c121 This question determines the number of different hospital stays for each family member hospitalized during the past year. Again, a "hospital stay" refers to a hospital admission that resulted in at least one overnight stay in the hospital. The question refers to **separate** stays of one or more nights in a hospital, not the total number of nights in the hospital. If a person is moved from one hospital to another hospital, it would be counted as 2 stays. Record the number of times. Read the probe to encourage the informant to give his or her best estimate, if necessary.
- c131 This question is asked about any female between 12 and 45 years of age or any child less than 1 year old. For an adult female, the question determines if any of the hospital stays were for the delivery of a baby. For a child, the question determines if the (or any) hospital stay was at birth. The CATI program will select the correct wording.
- c141 If "yes" to c131, this questions asks if the hospital stay was included in the previous number of hospital stays reported earlier (in question c121).

- c151 For those family members who had a hospital stay in the last 12 months, this question determines the number of times he or she was **admitted** through the emergency room. Enter the number. The program will verify that the number of times is less than or equal to the number of hospital admissions in c121.
- c161 For those family members who had a hospital stay in the last 12 months, this question determines the **total number of nights** he or she stayed in the hospital over the entire 12 months. The informant is asked to estimate the number of nights for each stay and then sum the nights across stays. Often people include or count **days** in the hospital. The question is restricted to the number of **nights** spent in the hospital after admission.

The remaining resource questions are asked for each family member.

- c211 This question determines if any family member, beginning with the informant, has used a hospital emergency room to get medical treatment during the last 12 months. If the informant has told you about an emergency room visit in the previous questions on hospital stays, a phrase will appear before the main question that says "not counting the emergency room visits you told me about..." A simple yes/no answer is recorded.
- c221 For those family members who visited an emergency room in the last 12 months (from c211), this question determines the **number of times** he or she has gone to the emergency room. Accept the informant's best estimates.
- c231 If the informant answers "don't know" to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren't exactly sure of something can choose from a range.
- c311 This question asks the informant to report the number of times each family member has seen a doctor during the last 12 months. Include primary care doctors and specialists, such as osteopathic doctors (D.O.s) and psychiatrists. Also include doctors seen during outpatient visits at clinics. **Exclude** doctors seen while an overnight patient in the hospital or doctors seen in an emergency room. Also **exclude** dentist visits and telephone calls to doctors. The date 12 months prior to the interview date automatically appears in the question.

Doctor visits potentially have the highest frequency of resource use over the past 12 months. The informant may need extra time to think back over the past year to estimate the number of doctor visits. Respondents sometimes forget about visits and under-report the number of doctor visits. Pause and encourage the informant to think back, but encourage the **best estimate** when precise numbers cannot be remembered.

Also review the two decision rules below:

- (1) **Two or more doctors seen on same visit**--If two or more doctors are seen on the **same** visit, each doctor seen counts as a separate visit. Situations of this kind may occur when a person visits a clinic where he/she sees doctors with different specialties; for example, a dermatologist in one office and an internist in another office. It might also occur when a person visits his/her family doctor who, in the course of the same visit, calls in a specialist to examine or treat the person.
- (2) Doctors and assistants seen on same visit--A visit in which the person sees both a doctor and one or more non-physician assistant(s) who work under this doctor's supervision should be counted as only one doctor visit. For example, if the person sees a nurse and then the doctor who supervises that nurse, count this as only one visit.
- c321 If the informant answers "don't know" to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren't exactly sure of something can choose from a range.
- c3p1 We ask if any of the doctor visits were for routine preventive care such as a physical examination, checkup, or well-child visit. We ask about routine monitoring of a chromic condition in the next question.
- c3c1 This question asks about routine checkups for ongoing problems or chronic health conditions. The probe contains examples of ongoing health problems.
- c331 This question determines the number of times each family member has seen a nurse practitioner, physician assistants or midwives during the last 12 months. Typical visits include pregnant mothers seen by midwives, family members who see nurses for immunizations or allergy shots, or patients receiving various types of therapy. The program will exclude doctor visits reported in the previous question. Note, psychiatrist visits are reported in c311 and psychologists and other mental health visits are reported here in c331. **Do not include** any previous doctor visits reported. **Exclude** home care visits, dental visits and alternative medical providers such as acupuncturists or herbalists. Also **exclude** telephone calls to providers.
- c341 If the informant answers "don't know" to the previous question, this question is asked as a prompt for an estimate. The informant is asked to pick from five different ranges. Often informants who aren't exactly sure of something can choose from a range.

- c351 We ask if any of the nurse practitioner, physician assistant, or midwife visits were for routine preventive care such as physical examination, checkup, or well-child visit. We ask about routine monitoring of a chronic condition in the next question, if the respondent reports no preventive care during the last 12 months.
- c361 This question asks about routine checkups for ongoing problems or chronic health conditions. The probe contains examples of ongoing health problems.
- c411 This question asks if any family member had surgery or other surgical procedures in the last 12 months. The surgery or procedures would have taken place in a hospital or in a doctor's office. "Doctor's office" is defined broadly to include outpatient clinics and outpatient surgical centers. Note the probe indicating that both major and minor surgery and procedures are included. A simple yes/no answer is recorded.
- c421 This question asks how many different times surgery or procedures were performed for each family member during the past 12 months. Because surgeries are infrequent, major events in most people's lives, some respondents may include surgeries that happened **before** the reference period began. Emphasize that the reference period is limited to the 12-month period.
- c431 For those family members who had surgery or procedures in the last 12 months (from c411), this question determines how many of the surgeries involved an overnight or longer stay in the hospital. Enter the number.
- c511 This question determines if any family member saw a mental health professional in the past year. The mental health professional could be a psychiatrist (M.D.), a psychologist, a psychiatric nurse, or a clinical social worker. A simple yes/no answer is recorded. Unlike most other questions in this section, a subsequent frequency question on the number of **times** seen during the past 12 months is **NOT** asked.
- c531 This question asks if any family member received a flu shot in the past 12 months. Read the definition of flu shot given as a follow-up statement to the question. A simple yes/no answer is recorded.
- c611 This question is asked about every female family member who is 40 years of age or older. It asks if the person has **ever** had a mammogram. Read the statement and question as worded. A mammogram is an X-ray procedure used to detect breast cancer at an early stage. It can detect smaller growths that go undetected by physical examination.

c621 For those family members who have ever had a mammogram (from c611), this question determines how long it has been since the last mammogram. Read the five answer categories which present time periods carefully to yourself. They are not read to the respondent unless it is necessary.

A series of questions about unmet needs for health care during the last 12 months now begins. 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.
- 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.
- 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.

USUAL SOURCE OF CARE/PATIENT TRUST

The following questions ask the informant about each family member's usual source of health care. The informant is also asked to answer a series of questions about patient/physician trust. Since these trust questions are highly subjective, a family informant is not expected to answer accurately for other family members, these questions will be included in the self-response module.

- d101 The question asks if each family member has a usual source of health care. As noted, emphasize the word USUALLY in the question. If the person is unsure if they have a usual source of care, read the probe. Respondents sometimes have trouble answering this question if they go to more than one place for care or if they are infrequent health care users.
- d111 For any family member who is reported to have at least one usual source of care (from d101), the purpose of this question is to ascertain the kind of place the **usual** source of care is. If a family member has more than one usual source of care, this question refers to the source of care used **most often.** Definitions for the answer categories follow:

Doctor's Office--An office maintained by a doctor or a group of doctors practicing together; generally, the patient makes an appointment to see a particular physician.

Health Maintenance Organization (HMO)--A clinic, staffed by physicians, nurses, and technicians for the sole use of members of the HMO.

Hospital Outpatient Clinic--A facility connected with a hospital, providing health and medical services (including health education and health maintenance, preventive services, diagnosis, treatment, and rehabilitation) to individuals who receive services from the hospital but do not require hospitalization or institutionalization. Examples of outpatient clinics include well-baby clinics; obesity clinics; eye, ear, nose, and throat clinics; family planning clinics; alcohol and drug abuse clinics; physical therapy clinics; and radiation therapy clinics.

Other Clinic or Health Center-- Includes company/industrial clinics operated for employees; a school clinic operated for students; a military-based clinic, a drug abuse clinic, a family planning clinic, a walk-in center, an Indian Health clinic, or a Community Health Center.

Hospital Emergency Room--A unit of a hospital where persons may receive medical care, usually of an urgent nature.

Some Other Place--Any usual source of health care not provided in categories 1 through 5.

- d121 For any family member who has a usual source of care (from d101), this question determines what type of health professional is seen. The choices are either a doctor, nurse, or other (specify type). If two types of health professionals are usually seen, choose the more senior health professional. For example, if the patient sees both a doctor and nurse, choose doctor.
- d131 For any family member who has a usual source of care (from d101), the purpose of this question is to determine if the same individual is usually seen at the usual source of care. Even if a patient has a usual source of care, the patient may see a different health professional each time he or she visits.
- d141 For any family member who has a usual source of care (from d101), this question determines if there was a change in the usual place of health care during the past 12 months.
- d151 For any family member who has changed his or her usual source of care (from d141), this question determines the main reason for the change. Read the question and answer choices carefully. Follow up questions probe for more detail.
- d161 This question asks the respondent to provide more detail on changes related to heath insurance.
- d171 This question asks for respondents who answered "other" to d151 to provide more information about the reason for changing the place they usually go for health care.
- d311- A series of questions on physician-patient trust now begins. These questions are asked
 d341 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.

LEVEL OF SATISFACTION QUESTIONS

A series of satisfaction questions begins at e101 and ends at e151. The reference period for these questions is "during the last 12 months." They are subjective questions about various aspects of health care. There is one global, family level question. If there is a child in the family unit, the informant will respond on his or her behalf. All other adults are asked these questions directly in the self-response module.

- e101 The program will select the correct wording based on family size. Review the probe indicating that the respondent should consider services he or she felt were needed but were not received.
- e111 Questions in this section use a technique called "unfolding". First we ask if the respondent is satisfied or dissatisfied. Then, we ask for level of satisfaction or dissatisfaction--very or somewhat. Many respondents will answer both questions after you ask the first, i.e., they will say "very satisfied" or "somewhat dissatisfied". If this is the case, enter the response second question without a asking it. Use the NEITHER SATISFIED NOR DISSATISFIED answer only if the respondent offers it.
- e121- 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.
- e151- Read the question as worded asking about the level of satisfaction with the choice of e15a specialty doctors.

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 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 seeing e28t 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).

- e401 This question asks about overall health status. The five-point scale is rated from excellent to poor. Read the answer categories to the respondent.
- e411- These two questions ask if the person's health limits him or her from doing certain
- e421 activities that a person might do on a typical day. The question has a three-point scale indicating that the person is limited a lot, limited a little, or not limited at all. Read the questions and probes carefully. The first question includes examples of what is meant by "moderate activities." Although these are meant as examples, read them exactly as worded; do not provide other examples yourself.

Note that if the respondent says he or she does not do an activity, read the probe, "Is this because of your health?" And repeat the question.

- e431- These two questions ask about **physical health** and daily activities. Notice the reference e441 period for these questions is **the past 4 weeks**.
- e451- These questions ask about emotions and daily activities. The reference period is still thepast 4 weeks.

- e471- These two questions ask how much pain, physical health and emotional problems have e481 interfered with normal activities over **the past 4 weeks**. However, a five-point scale is used ranging from "not at all" to "extremely". Read the answer categories to the respondent, give the respondent time to answer and repeat the question and response categories if necessary.
- e491- These questions ask how often the person feels a certain way. The answer choices are a
 e501 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.

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 the root chronic conditions questions is "During the past two years." Some questions have follow-up probes with different time frames. For example, respondents with hardening of the arteries are asked if they **ever** had angioplasty or heart bypass surgery. Thus 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	\e\ as e in bet	\o\ as aw in law
\[^&]\ as e in kitten	\e\ as ea in easy	\oi\ as oy in boy
\&r\ as ur and er in further	\g\ as g in go	\th\ as th in thin
\a\ as a in ash	\I\ as I in hit	\[th_]\ as th in the
\a\ as a in ace	\I\ as I in ice	\ü\ as oo in loot
\ä\ as o in mop	\j\ as j in job	\u\ as oo in foot
\au\ as ou in out	\[ng]\ as ng in sing	\y\ as y in yet
\ch\ as ch in chin	\o\ as o in go	\zh\ as si in vision

This training manual contains descriptions of each condition for your information. DO NOT define conditions for respondents.

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".

cc2a Acne, (**'ak-ne**), is a disorder of the skin caused by inflammation of the skin glands and hair follicles; specifically, a form found mainly in adolescents and marked by pimples, especially on the face.

cc2b Severe headaches are ones that limit daily activities (i.e., respondents cannot attend work or school). Very frequent headaches are recurring headaches (i.e., two or more headaches within a month).

cc2c Women are asked about abnormal uterine bleeding. Uterine bleeding is bleeding inbetween 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".

cc2d Alcohol related problems is also called alcohol dependence. It is regular drinking (more than two drinks a day or 11 drinks a week), binge drinking (more than five drinks on any one day a month), and drinking that limits the ability to perform daily activities.

For the remaining of the chronic conditions, we ask if a doctor or other health professional 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 Respondents aged 50 and older are asked about cataracts, (**'ka-t&-"rakt**). A cataract is a clouding of the lens of the eye or of its surrounding transparent membrane that obstructs the passage of light. Cataracts cause blurry vision, "rainbow-like" effects and night vision problems.

For the follow-up question, code "yes" only if the respondent went to the doctor or other provider because of their cataracts, including someone who has had cataract surgery within the past two years. Code "no" if the respondent has had cataract surgery more than two years ago and has not had the problem since.

cc3b Diabetes (**dI-&-'bE-tEz, di-&-'bE-t&s**) or high blood sugar is a condition where the body has difficulty producing or regulating insulin in the blood, resulting in higher than normal blood sugar levels. Patients with diabetes may have been prescribed insulin, or may be on a special diet to control their blood sugar.

Code "yes" for respondents had "gestational diabetes" during a pregnancy during the past two years.

- cc3c Arthritis (**är-'thrI-t&s**) is marked by degeneration of the cartilage and bone of joints. Severe pain or stiffness in the joints (Knuckles, knees, hips, etc.) that sometimes becomes worse when walking; exercising, or standing up.
- ccAC Respondents who answer "yes" are asked if they have a special kind of arthritis called rheumatoid (**'rü-m&-**"**toid**) arthritis.
- cc3d Asthma (**'ax-ma**) is a condition of allergic origin that is marked by continuous or outbursts of labor breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping. Asthma is often treated with inhaled medication such as steroids.
- cc3e 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.
- cc3f Atrial fibrillation (**'-atri·al /-trE-&l/ fi-br&-1A-sh&n**) is an irregular or abnormal heart beat that is often treated with the medication digoxin.

- cc3g Hypertension ("**hI-p&r-ten(t)-sh&n**) or high blood pressure includes pregnancy-induced high blood pressure.
- cc3h High cholesterol includes hyperlipidemia, too high blood cholesterol, too high blood triglycerides, or high L.D.L ("bad" cholesterol). Respondents with high cholesterol may have been told to follow a special diet or take medications. This condition should not be confused with atherosclerosis, described below.
- cc4a Hardening of the arteries is also called atherosclerosis ("a-th&-"rO-skl&-'rO-s&s) or arteriosclerosis (är-"tir-E-O-skl&-'O-s&s). These describe a narrowing (hardening) of the arteries.
- Respondents who answer "no" to hardening of the arteries are asked about ischemic (is-'kE- mik) heart disease. Ischemic heart disease is also called coronary 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.
- cc4c Respondents who answer "no" to ischemic heart disease are asked about angina (an-'jI-n& or 'an-j&-n&). The type of angina we are interested in is chest pain that is related to a heart problem. There are many types of chest pain besides angina. If a respondent has chest pain but does not recall a doctor saying it was angina, code "no".
- c4ae Respondents who answer "no" to angina are asked is they **ever** has angioplasty (**an-'jE-**&-"**plas-tE**) or heart bypass surgery. Angioplasty, also called balloon angioplasty or PTCA, is a procedure to repair blood vessels where te vessels are accessed by threading a tube, which sometimes has a "balloon-like" instrument on the end of it, through an incision in the patient's groin area. Bypass surgery is a surgical procedure where the blood vessel(s)from another part of the patient's body (like their leg) is used to "bypass" the diseased one(s).

Note that the time frame for this question is "ever." Thus, it is very important to reread the root question when asking about the next condition, congestive heart failure.

cc4d Congestive (**k&n-' jes-tiv**) (CFH) heart failure is a condition in which the heart is unable to maintain an adequate circulation of blood in the bodily tissues or to pump out the venous blood returned to it by the veins. Symptoms may include swelling of the legs, shortness of breath. Respondents may be on medication to treat the CHF.

c4af Respondents who answer "no" to congestive heart failure are asked about if they have ever taken diuretics or water pills.

Note that the time frame for this question is "ever." Thus, it is very important to reread the root question when asking about the next condition, a stroke.

- cc4e A stroke or a cerebrovascular accident, also called CVA, is a deficit in neurologic function as a result of the blood supply to the brain being interrupted. Strokes may be characterized by paralysis or speech problems, often affecting one side of the body. The patient may be treated with medication and may be in rehabilitation therapy. Code "NO" if the patient describes a mild stroke-like condition (e.g., transient ischemic attack, or "TIA.") with no neurologic symptoms or mild symptoms that went away within a day.
- c5b Female respondents are asked about breast cancer.
- c5c Skin cancer includes any of the following: actinic keratosis (AK), basal cell carcinoma, malignant melanoma, or squamous cell carcinoma.
- c5d All respondents are asked about lung cancer
- c5e All respondents are asked about cancer of the colon or rectum
- c5f Male respondents over age 50 are asked about cancer of the prostate. The prostate is a gland that sits at the base of the male urethra.
- c5f3 Male respondents over age 50 are asked about benign prostate (**bi-'nIn präs-''tAt**) disease or a large prostate that is not cancerous. This is also called benign prostatic hyperplasia or hypertrophy (BPH). Benign prostate disease is an abnormal, but not cancerous, enlargement of the prostate. Symptoms include difficulty with urination. Treatment can include medication or surgery.
- cc6a A hernia in the groin area, also called an inguinal hernia, is an abnormal pouching-out of the tissue in the abdomen. The groin is the part of the body where the upper part of the thigh meets the lower part of the abdomen (or trunk).

- cc6b An ulcer is an abnormal area of inflammation in the stomach or small intestine. Symptoms include abdominal pain or bleeding. It is usually treated with medications. This question is about ulcers in the stomach or small intestine only. Code "no" if the respondent refers to an ulcer in some other part of their body, such as a mouth ulcer or decubitous ulcer or bed sore.
- cc6c Respondents who answer "no" ulcers are asked about gastritis (**ga-'strI-t&s**) or inflammation of the stomach caused by too much acid. Symptoms of gastritis include pain, nausea, or vomiting. There are other common causes of gastritis besides overproduction of acid, but it is the most common cause, and the one we are interested in.
- cc6d All respondents are asked about HIV or AIDS.
- cc6e 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.
- 521 Read the statement and record the level of agreement or disagreement. Respondents may initially respond by saying, "well, it depends." If this happens, stress generality with a probe such as "well, overall" or "in general." As previously mentioned, do not interpret subjective questions for the respondent. If there is a pause or expressions of confusion, simply reread the statement or question.

QUESTIONS ON CIGARETTE SMOKING AND OTHER TOBACCO USE

A series of questions now begin regarding cigarette smoking. They are self-responded. The series determines if the person ever smoked at least 100 cigarettes per day; whether he or she currently smokes; if yes, how many cigarettes are smoked and on how many days during the last 30 days he or she has smoked. If the person has quit smoking, the length of time since quitting is asked. Whether a medical doctor advised the person to quit smoking is asked for anyone who has had a doctor's visit during the past 12 months.

e601 Self-explanatory.

- e611 For family members who said they've smoked at least 100 cigarettes in their entire life, this question how often they now smoke--everyday, some days or not at all. Enter the answer carefully, since other questions will be asked depending on the answer here.
- e621 For family members who smoke every day, this question asks how many cigarettes are smoked per day. Note the probe indicating that **a pack equals 20 cigarettes.** The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).
- e631 For family members who smoke "some days" this question determines the number of days they smoked during the past 30 days.
- e641 For family members who smoke "some days" this question asks how many cigarettes are smoked. Note the probe indicating that **a pack equals 20 cigarettes.** The conversion chart for packs and the number of cigarettes will appear on the computer screen. Take a minute to become familiar with the chart. Enter the number of cigarettes (not packs).
- e651 This question is asked for those persons who do NOT currently smoke but have in the past. It determines when they quit smoking. Review the long list of categories. Read the categories ONLY IF NECESSARY.
- e661 Self-explanatory
- e671 Asked of those who have had a doctor's visit during the past 12 months and who currently smoke.

SATISFACTION AND PROCESS OF CARE QUESTIONS FOR A SAMPLED CHILD

- k12c-model that the second second
- k12I- Read the statement. Review the probe indicating that the respondent should consider
- k13I services he or she felt were needed but were not received.
- k14I Determines if the child saw a specialist in the last 12 months. Refer to the probe for examples of "specialist" doctors.
- k15I- Same as the choice of specialty doctor satisfaction question asked of adults. This is askedK15I for the selected child.

e16x 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- (e16c-e17c) Same as adult questions e161-e171, but asked about the selected child.
k17I Review directions for those questions if necessary.
k90I (e90c) Verification question. Same as question e901 asked of adults.
k22I- (e22c-e30c) Same as questions e221-e301 asked of adults. These questions are asked in reference to the sampled child.
k40I (e40c) Same as question e401. This question refers to the sampled child.

CHILDREN's CHRONIC CONDITIONS

The next series of questions asks about whether the selected child has any of a series of chronic health conditions. These are set up on the CATI screen using "forms-based design" techniques. Several questions appear on one screen and you record a response for each line on the screen. A question mark on the screen will indicate which condition you are to ask about next. Enter a <1> for YES, a <0> for NO, a <d> for DON'T KNOW and an <r> for REFUSED for each condition. You may change an answer on the chronic conditions screen by entering an <x>.

Be sure you know how to pronounce each condition. Pronunciation guides appear on the screen.

Following is a key to the phonetic symbols:

\&\ as a and u in abut	\e\ as e in bet	\o\ as aw in law
\[^&]\ as e in kitten	\e\ as ea in easy	\oi\ as oy in boy
\&r\ as ur and er in further	\g\ as g in go	\th\ as th in thin
\a\ as a in ash	\I\ as I in hit	\[th_]\ as th in the
\a\ as a in ace	\I\ as I in ice	\ü\ as oo in loot
\ä\ as o in mop	\j\ as j in job	\u\ as oo in foot
\au\ as ou in out	\[ng]\ as ng in sing	\y\ as y in yet
\ch\ as ch in chin	\o\ as o in go	\zh\ as si in vision

This training manual contains descriptions of each condition for your information. DO NOT define conditions for respondents.

For the first three chronic conditions, we ask if the sampled child has ever seen a doctor or health professional for the condition. If the child has had the condition but has not seen a doctor, code "no".

- ee2a Acne, (**'ak-ne**), is a disorder of the skin caused by inflammation of the skin glands and hair follicles; specifically, a form found mainly in adolescents and marked by pimples, especially on the face.
- ee2b Severe headaches are ones that limit daily activities (i.e., the child cannot attend school). Very frequent headaches are recurring headaches (i.e., two or more headaches within a month).
- ee2c Code "Yes" ONLY if the child has EVER gone to a doctor or other provider for the treatment of chronic ear infections, such as more than four ear infections in any one year.
- ee3 Also code "YES" if the parent reports that the child has had tubes, called tympanostomy tubes, placed in his or her ears.

For the remaining chronic conditions, we ask if the sampled child has seen a doctor or health professional in the past two years.

- ee4a Sickle cell disease is a condition where people are born with problems affecting their red blood cells. Sickle cell anemia predominantly affects people of African American descent. Symptoms include thinning of the blood and joint pain.
- ee4b Tuberculosis (**tu-"b&r-ky&-'IO-s&s**) is an infection, usually in the lungs, which often causes coughing, fever, and weight loss.
- ee4c Asthma (**'az-ma**) is a condition often of allergic origin that is marked by continuous or bursts of labored breathing accompanied by wheezing, by a sense of constriction in the chest, and often by attacks of coughing or gasping. Asthma is often treated with inhaled medication such as steroids.

- ee4d Attention deficit hyperactivity disorder, also called ADHD or ADD is a condition that causes, among other things, hyperactivity, short or interrupted attention span, or antisocial behavior in children. It is more common in boys than in girls, and it is often treated with medication. Please remember that you should answer "yes" only if the child has seen a doctor for this condition.
- ee4e Diabetes ("dI-&-'bE-tEz, -'bE-t&s) is also known as high blood sugar or juvenile diabetes. Diabetes is a condition where the body has difficulty producing or regulating insulin in the blood, resulting in higher-than-normal blood sugar levels. Children with diabetes may have been prescribed insulin, or may be on a special diet, to control their blood sugar.
- e80k- Same as question e401 asked of informants. This question repeats for all adults in the e802 family.

F. EMPLOYMENT

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 <u>other than</u> the main one. The hours for the main job were reported in f131. Round hours to the nearest whole hour.
- f201 The question determines the type of employer for the person's main job. The program will fill the appropriate language based on answers to previous questions. Note that a not-for-profit organization or a foundation is coded as a private company. Read the answer categories only if necessary.
- f211 Please note that this questions asks for the **number of employees at the location where the person works**, that is the building or buildings in the factory, store, or office where he or she works. The answer is coded into broad categories, so an exact response is not necessary.
- f221 This question asks if the employer operates in more than one location. It will not be asked if the employer is a local, state, or federal government. The question will read employer or use an alternative fill for those who are self-employed or farmers.
- f231 If there is more than one location, this question asks for the **total employees at all locations.** Explain that the respondent's best estimate is satisfactory. Note that if 1,000 or more employees work at the worker's location, this question is unnecessary and is not asked.
- 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 <u>makes or does</u>--for example, pencil manufacturer, wholesale grocery, retail bookstore, road construction, shoe repair service. The words "manufacturer," "wholesale," "retail," "construction," and "repair service" show the

<u>general function.</u> The words "pencil," "grocery," "bookstore," "road," and "shoe" describe the <u>specific product or service</u> 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.

- 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.
- 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.
- 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.

G. FAMILY INCOME

The next two questions are about family income. The first question asks for total income; if the respondent cannot estimate family income, then we ask for income in broad categories.

g10 The question asks for the **family's total income from all sources for 1997, before taxes and other deductions.** See probe (2) for a list of sources. Information on income, as well as employment, is important in understanding whether people can afford the health care they need. If necessary, emphasize "before taxes and other deductions."

Note that the names of family members will be specified if the family was part of a multiple family household; otherwise the program will simply reference the "family." The question includes several probes, designed to allay concerns about the purpose of the question, confidentiality, the definition of the components of income, and our willingness to accept estimates.

Review the content of the four probes carefully. Note that those family members active in the military are included in the estimate of family income, even though we are not including them in any of the questions about individual persons. The survey is about the "**civilian non-institutionalized population**;" however, we want to include income from all family members contributing to the household.

- g11 This question is a probe for respondents answering "Don't Know" in g10. It provides a choice of ranges of family income for those unable to provide a single number as an estimate. Encourage the respondent by assuring them that their best estimate is fine. Read the categories until one is selected.
- g20 Two questions are asked to classify adults (and any adopted children) by ethnicity. We do not ask these questions for the selected (natural) child. The first question asks which, if any, family members are of Hispanic origin. Read the probe if the informant is reluctant to answer. The answers are used for research purposes only; individuals are never identified.
- g221 The question determines the race of each person. Read the categories and the probe, if necessary. As noted, code any "mixed race" under category <5> OTHER.
- g23 This is a transition to the self-response module. Read the introduction, as worded. Names of other adult family members for whom we need the self response module will be filled by the program. There will be few cases (about five percent of families), where you will need to schedule more than one self-response module. In many cases, you will be able to complete the self response module as part of the interview. If you cannot complete the self response module, the program will take you to the callback routine to set up a time to call back for the information. Once all self-response modules or appointments are scheduled, the program will take you to the closing.

H. CLOSING

- 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- Please note that this series of questions about telephone coverage provides information h34 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 1 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 <u>other</u> 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.
- 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.
- h35 After the interview(s) is completed, record whether or not the respondent said they received a letter and brochure.

SELF-RESPONSE MODULE

The following questions are asked of each adult in the family; the self-response module averages 10 minutes per person. The questions include opinions and recall of events that the informant is unlikely to know. The topics are summarized below. Since all of the questions were asked earlier, we have not repeated the question-by-question specifications.

• Preferences between cost savings and freedom of choice in choosing heath insurance plans

- Unmet need in obtaining medical services
- Opinions concerning various aspects of trust between doctors and patients
- Satisfaction with choice of physicians
- Questions about the last visit to the doctor during the past 12 months
- Health status (SF-12)
- Chronic conditions
- Cigarette smoking
- If this person took the sampled child to the doctor on the child's last visit, questions about that visit

APPENDIX F

DEBRIEFING TOPIC GUIDE

CTS-2Interviewer Debrief Topic Guide

I. Training

- A. Did it prepare you for interviewing?
 - 1. Most and least helpful part of training
 - 2. What should we have spent more/less time on during training
- B. Refusal Avoidance training
 - 1. What did you learn that we should include next round

II. Interviewing

- A. Most difficult part of interview -what would make it easier?
- B. Refusal Conversion
- C. Proxies
- D. Adding 2-3 minutes to interview

III. Bonus Plan

- A. Bonus by complete
 - 1. Was it an incentive? Why?
- B. Little things
 - 1. Did they help?
 - 2. Which was your favorite?
- IV. Respondent Incentives
 - A. What worked -what didn't?
 - 1. Amount
 - 2. Letters
 - 3. Pre-pay vs Post-pay
- V. General
 - A. What advice would you give for next round?
 - B. General comments

APPENDIX G

REFUSAL CONVERSION TRAINING

TRAINER'S GUIDE

REFUSAL

CONVERSION

TRAINING

TRAINER'S GUIDE

Principles of refusal conversion to cover with refusal conversion trainees:

Prepare for the call:

Prepare to call the case by carefully reading the history of the case and plan a strategy for conversion based on the previous interviewer's comments. Pay special attention to the following gender: gender of the "refuser"; whether the screener has been completed; the time of the day of the previous refusal; the reason (if any) the refuser gave for his/her unwillingness to participate.

More latitude might be allowed in administering the questionnaire.

Alternative introductory paragraphs will be available that address the respondent's reluctance. In addition, some project directors may agree to allow the refusal interviewers more latitude with problematic questions so that an additional burden is not placed on respondents who may be difficult throughout the entire administration of the questionnaire and get more angry if they don't understand a particular question.

Focusing on reasons for refusals on the study

Begin your training by discussing the reasons the respondents are refusing. It is helpful to review some refusal histories before you begin the training, so that you can use pointed suggestions for countering specific objections. Print several different "flavors" of refusals and pass them out to the trainees to discuss what refusal techniques they can use.

Use your interviewers as a resource

Your strongest interviewers are your best training resource. Open the floor to suggestions and discussions about why respondents are refusing on this study. (don't allow this to turn into a gripe session about how terrible the questionnaire is, previous interviewers who didn't code cases correctly, or any other negative aspects) Then ask the interviewers how they are handling these specific types of refusals, or how they think they should be handled.

Use visual aids

Create a chart similar to the one used in the "refusal avoidance" module for General Interviewing Training. Elicit the reasons respondents are refusing on this particular study, add any that were not mentioned that you saw when reviewing the refusals, and open the floor to the discussion of ways to convert. The reasons will be dissimilar depending on whether the study is RDD or list sample.

Use study materials

It is imperative to keep the question and answer cards, $q \ge q's$ and any other materials (for example, a letter) handy to refer to quickly. Remind the interviewers of these things Final refusals do not count against them for their completion/response rate.

Supervisors are an ongoing support while they are in the refusal mode. If they feel burned out, they can be asked to be taken out of refusals. They can talk to supervisors about particularly problematic refusals to help them work out a strategy before they call the case.

A good positive attitude helps. In some cases, the interviewer will not reach the same respondent the second time they call. In any case, if they believe the respondent will cooperate, they have a much better chance of converting them. Interviewers should sound "up" and alert in anticipation of a positive response.

Alternative introductory script:

These may vary depending on the study. You will have to draft these for each study. They should be run by the project director for his/her approval before you finalize them for use by the interviewers. After deliver8ing the into, the interviewer should actively listen to the respondent's reasons for refusing and target their response to the refuser's objection.

Interviewer should quickly go to the first screen and begin to ask the questions.

APPENDIX H

LOCATER/SCREENING MANUAL

MATHEMATICA POLICY RESEARCH

COMMUNITY TRACKING STUDY Round II

Locater/Screening Manual

NOVEMBER 1998

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INTRODUCTION

I. THE COMMUNITY TRACKING STUDY - Round II

As many of you know, the U.S. health care system has been undergoing dramatic change in recent years. More and more people are shifting to HMOs and other types of managed care. There are increasing concerns about our ability to finance Medicare, Medicaid, and other government plans, and the problem of large numbers of uninsured people persists.

The Robert Wood Johnson Foundation (RWJF), located in Princeton, was established as a national philanthropy 25 years ago. Since that time, it has awarded close to \$3 billion in grants in support of its mission to improve the health and health care of people in the United States.

In 1995, RWJF decided to invest in a very large study, called The Community Tracking Study, to try to understand how the organization of health care in the U.S. is changing and how these changes are affecting people. In order to assemble a team of health care experts, RWJF created *The Center for Studying Health System Change* (HSC). The Center, which is located in Mathematica's Washington office, is affiliated with MPR.

The Center's Community Tracking Study takes an in depth look at health care changes that are occurring in communities throughout the United States by focusing on two key questions:

- How is the organization of the health system changing--how are hospitals, physicians, insurers, public health agencies, and safety net providers changing, and what are the forces driving these organizational changes?
- How do these changes affect people--how are insurance coverage, access to health care, use of services, costs, quality and satisfaction changing over time and are some communities and groups of people doing better or worse than others?

The data to answer these questions is coming from surveys of people, physicians, insurers, and employers in communities that are representative of the nation. The first surveys were completed in 1996-1997. For the household survey, we interviewed 32,732 families that included 49,807 adults

and 10,639 children. In addition, surveys were conducted with 12,350 physicians and over 22,000 employers. Results from these surveys are already being used to understand how changes in health care are affecting us. The brochure, which will be sent to households selected for the second round of the survey highlights some of the findings from the first survey. The brochure also lists web sites where you can obtain more information about The Robert Wood Johnson Foundation (www.rwjf.org) and the Community Tracking Survey (www.hschange.com).

The survey on which you will be working is the second Community Tracking Study (CTS-2) household survey. We will be interviewing about the same number of families as in round one; however, this time about 40 to 45% of the families will have participated in the round one survey. Some also will have participated in a related survey on mental health and substance abuse issues (AHCC Survey). Generally, people participating in the first round of a survey are very willing to participate in subsequent waves of the same study. This is because they are familiar with the study and know that it is legitimate. To increase participation rates, all eligible respondents will be offered at least \$25 for participating in the survey.

II. SAMPLE

As with the first Community Tracking Study, 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 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 which were missed during the original listing phase OR has been added since then. These are housing units for which you *do not have a contact sheet nor will they appear on the listing form printout.* If you discover such a housing unit or units, complete the blue supplemental listing form for each missed unit (See Exhibit 3). Please note that instructions for using the form are printed on the back of each form. You should return the supplemental listing form(s) to MPR with your weekly returned assignments. These units will be processed and added to the sample base for the particular site they were discovered. It is very important to remember that should you come upon unlisted or supplemental housing unit(s) in any of the blocks of your assigned IA's, *these HU's do not need to be screened at this time.* After the blue supplemental listing form(s) which you completed has been reviewed by MPR, a decision of whether or not to include a supplemental HU(s) in your screening assignment will be made. If you have any questions about what constitutes a housing unit, or how to complete the supplemental listing form, call your field supervisor.

EXHIBIT 1 MPR_ID: 50002240

SEATTLE

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	INTERV. AREA: WA CENSUS TRACT: 51 BLOCK # : 41 LINE # : 08 ADDRESS : 65 APT # : 14 NAMES : DESCRIPTION : NO	400 1 0 21 208 ST SW BLDG	; м	LISTER ID : 8974 LOCATOR ID : 8974 PHONE STATUS: DK	
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TELEPHONE SCREENER (SEATTLE, WA)

Hello, my name is_____.[SHOW ID] We are conducting a health study supported by the New York State Department of Health and by the Robert Wood Johnson Foundation (a non-profit foundation whose sole purpose is to improve health care). 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. Is there currently a working telephone in this household?

1 YES GO TO Q.48 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE
CODE AS CB0 NO GO TO Q.29 REFUSED TERMINATE

2. Has this household been without a working telephone for two weeks or longer?

1 YES ELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS
CB0 NO GO TO Q.39 REFUSED TERMINATE

3. Did you and the other people who stay here just move into this household within the last two weeks?

INSTRUCTION: CODE `NO` IF SOME HOUSEHOLD MEMBERS HAVE LIVED HERE FOR MORE THAN TWO WEEKS.

- 1 YESELIGIBLE, GO TO Q.78 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER, ELSE CODE AS
CB0 NOGO TO Q.49 REFUSED TERMINATE
- 4. Since July 1, 1998, have you and the people who stay here lived in any of these counties: Cayuga, Madison, Onondaga, Oswego?

INSTRUCTION: CODE 'YES' IF ONLY SOME HOUSEHOLD MEMBERS HAVE LIVED IN SITE SINCE JULY 1, 1998.

- 1 YESGO TO Q.68 DON'T KNOWGO TO Q.60 NOGO TO Q.59 REFUSEDTERMINATE
- 5. Since moving to this area, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 6. During the last 12 months, has there been any time when your household did not have a working telephone for two weeks or longer?
 - 1 YES (If Telephone, Enter R's Current #:(_____) ELIGIBLE, GO TO Q.7
 - 0 NO TERMINATE, CODE 45 INELIGIBLE
 - 8 DON'T KNOW TRY ANOTHER HOUSEHOLD MEMBER
 - 9 REFUSED TERMINATE
- 7. 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. Here is a brochure describing the project which you can keep. [HAND RESPONDENT BROCHURE] Because your participation is very important to us, we will give you \$25 for participating in an interview about your household's health needs. We are interviewing households from our office in Princeton, NJ. Γm going to use my cellular phone to call the office and then I will hand the phone over to you. We really appreciate your help and I will pay you at the end of the interview.

DIAL 1-800-298-3383 ON CELLULAR PHONE. ASK TO SPEAK TO A "CTS" INTERVIEWER FOR FIELD INTERVIEW.

IF MORE INFORMATION NEEDED, READ: The purpose of the project is to see how the shift to managed care and other health care changes are affecting people in your community. The questions are very basic - 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.

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MPR SUPPLEMENTAL LISTING FORM

Locator Name:		Locator I.D.:	act:		Block #:	Interviewing Area:	
			II	I			
Found After Line	Block #	Unique Addre	ess	Apt. No.	Descript	tion of HU, if necessary	/ Names
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-1

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EXHIBIT 3

Page ____ of __

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SUPPLEMENTAL LISTING FORM INSTRUCTIONS

1. List any HUs in your assigned IA's (Interviewing Areas) that are not recorded on the printout of the 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.

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. ΩB 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 HU:

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

- 1. Complete kitchen facilities for exclusive use of that unit.
- 2. Direct access from outside or through a common or public hall.

Also, a unit must be occupied by a group of 9 or fewer unrelated adults.

(CENTER) SUPPMENT.INS

11/7/96

IV. SCREENING PROCEDURES

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 study, *all housing units you contact must be administered the In-Person Screener to determine whether the* **household** *is eligible for the interview in the current field study.*

As you review the In-Person Screener, you will see that we are considering households to be eligible for the interview if they have been *without* a working telephone for at least 2 weeks since July 1, 1998. 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 have lived in the study area since July 1, 1998. *This is a general overview of the screening criteria*. *To correctly screen households, follow the screening instrument carefully* (See Reverse Side of Exhibit 1). *The instrument contains instructions on when a household is eligible and ineligible. If any uncertainties arise, please discuss it with your field manager*.

V. INITIATING THE INTERVIEW

Once a household is deemed eligible by the In-Person Screener (a "yes" response to questions 2, 3, 5, or 6) and the informant agrees to complete the interview, you should call MPR's telephone center on the cellular telephone which has been issued to you. The number you are to use to reach MPR is 800-298-3383. Please identify yourself as a CTS field locator with a field interview that needs to be completed on CATI. At that point, you will be connected with a CTS telephone interviewer and you will need to give him or her the case 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 2, 3, 5 or 6. If you review the screener, you will see that a "yes" response at question 2, 3, 5, or 6 indicates that the household is "eligible" and directs you to go to question 7 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:

The standard (non-field) interview being administered on CATI includes a core interview which is administered separately to an informant in each family unit within the household (family units are configured by the CATI program and are based upon the household composition section). Each core interview for each family unit is followed by a self response module which is to be completed by each adult in the family. The field version of 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. The base incentive amount for a family that completes the core interview is \$25.00. However, if there are additional adults in the household, the incentive payment will be increased by \$10 for each additional adult in the household. You will not need to calculate the incentive amount. The CATI program will do the calculation based upon the household composition question early in the interview. Therefore, when you screen-in an eligible household, you will be offering the informant \$25 (see wording on the screening instrument). Once the informant is on the cellular telephone with the CATI interviewer, the interviewer will inform the respondent of the increased incentive amount, if applicable, after the household composition has been completed. Then, at the end of the interview, the CATI interviewer will ask the respondent to put you back on the telephone. At that point, the CATI interviewer will tell you how much money the household is owed. The CATI interviewer will also ask you how much cash you gave the respondent. Before you leave the household, you must have the respondent sign one of the receipts that are enclosed in this mailing. The amount entered on the receipt should equal the amount of *cash* that was given to the respondent. Refer to the "Administrative Issues" section of this manual for instructions or your field supervisor on how to document the use of your cash advance for incentive payments.

B. Spanish Interviews:

MPR's telephone center is staffed with Spanish-speaking interviewers who are trained on this study. If you encounter a household that does not have any English-speaking members who can complete the interview, ask to speak to a Spanish-speaking interviewer when you place the call.

C. Use Of Proxies:

The questionnaire design is set up so that a single informant responds for all household members. However, it is extremely important to remember that an individual acting as a proxy for another member of the household must be an adult and consider themselves knowledgeable of the other household members' health status and insurance coverage. If the primary respondent cannot act as a proxy, the telephone interviewer will schedule a callback which you should record on your contact sheet.

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(s) is/are ineligible for the interview, CATI will screen them out.

In situations where you may be dealing with students, you should NOT read Item #7 on the In-Person Screener as written. Instead, use the following introduction to the interview:

"Because your household has been without telephone service for at least part of the time since July, I would like for your to speak with an interviewer from our telephone center to determine if you are eligible to take part in this survey about your household's health needs. If you are eligible, we will give you \$25.00 at the end of the interview for your participation".

E. Vacant vs. Uninhabited:

A housing unit will be considered "Vacant" if one of the following criteria applies:

- If after three or more attempts (at least three weeks between first and last attempt) there is no evidence that the unit will be occupied by March 31.
- If verified from owner, landlord, building manager, <u>etc</u>. that the unit will not be occupied by March 31.
- If the unit is under construction or being renovated and will not be occupied by March 31.

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

- If the unit is clearly UNFIT for living (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 it's status on CATI or not. If you review the contact sheet, you will see that the column before the "notes" column asks you to circle a "y"--yes, the case was called up on CATI, or "n"--no the case did not enter CATI. *However, both CATI and non-CATI interim and final status codes must be reported in your weekly calls to your supervisor.*

VIII. MPR'S TELEPHONE CENTER HOURS

Make certain you plan your work schedule to coincide with the hours our telephone center is open and staffed to take your calls. Please note that the following hours are Eastern Standard Time:

- Monday through Thursday, 9:00 a.m.-11:00 p.m. (EST)
- Friday, 9:00 a.m.- 7:00 p.m. (EST)
- Saturday, 9:00 a.m.- 4:00 p.m. (EST)
- Sunday, 1:00 p.m.- 8:00 p.m. (EST)

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. If this situation arises, you should first check the Signal Strength Meter. This feature is activated every time you turn your phone on and appears on the display panel as a bar graph following the letter "S" at the left side of the display panel. (To many of you, the "S" will appear to be the number 5).

The "S" alone represents the lowest signal strength with each additional bar representing a stronger signal. You should always attempt to position the cellular telephone so that the Signal Strength Meter is showing the strongest signal possible for that particular area. In some cases, you can alleviate the "No Service" problem or increase signal strength by adjusting the cellular telephone antenna, moving the cellular phone closer to a window or taking the phone to another location in the house. If you are unable to correct a "No Service" problem while in a respondent's home, other arrangements for getting the eligible respondent to a telephone will have to be made. Please contact MPR's Cellular Telephone Manager, Candy Chaney as soon as possible at 1-888-633-8327 to report such problems.

If you experience phone problems other than a "No Service" indication and are unable to reach Ms. Chaney for assistance, you can always dial 611 and then press SND for Technical Service assistance from the carrier providing cellular service for your telephone. Remember, however, you cannot use this feature if there is a "No Service" indication. You must have service, to complete *any* telephone call.

X. 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. Your cellular telephone will be sent under separate cover and will be programmed for your use. You will need to sign and return, as soon as possible, the enclosed Cellular Telephone Agreement Form. Review carefully the instructions "How To Use Your Cellular Telephone" which will be included with your cellular telephone. Do not attempt to operate or use your cellular telephone until you have received a telephone call from Betty Friedman, your field supervisor. She will contact you to go over all of the clerical and administrative procedures concerning your assignments. After this you will be asked to place a telephone call to Betty on your cellular telephone. Once you have made this telephone call, Betty will connect you with one of the telephone CTS interviewers so that you can go through a mock interview. There are two reasons for this step. First, it will assure you that the 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 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.

ADMINISTRATIVE ISSUES

(COMPANY CONFIDENTIAL)

VI. CONFIDENTIALITY

One of the most important duties of the project staff is to protect the confidentiality of data gathered during surveys. The responsibility starts with the listers and the field interviewers but project directors, principal investigators, and senior company officials are just as involved. All employees are required to sign a confidentiality pledge as a condition of employment. A copy of the pledge is shown as Exhibit 8.

MPR has a legal and moral obligation to keep all information gathered about respondents in the strictest confidence. The data provided from your listing assignments will be used only in aggregate statistical form to develop a sample frame of potential respondents for this project and will never be released in a form in which individuals could be identified. The confidentiality pledge that you signed when you were hired by MPR obligates you to keep all information you collect during your field work in complete and total confidence.

MATHEMATICA Policy Research. Inc.

PO Box 2393 Princeton, NJ 08543-2393 TEL (609) 799-3535 FAX (609) 799-0005

CONFIDENTIALITY PLEDGE

I understand that the names of individuals, businesses and families participating in projects conducted by Mathematica Policy Research, Inc., (MPR) and any facts or information that could be useful in identifying such individuals, businesses or families or which is associated only with particular individuals or families is private information. I agree that I will not reveal such private information, regardless of how or where I acquired it, to any person unless such person has been authorized by the Project Director(s) or the Project Manager(s) to have access to the information.

I further understand this agreement shall continue to bind me even after the project(s) is (are) completed and/or even though my employment or consultant agreement with MPR has terminated, and that unauthorized use or disclosure of any private information is a breach of the terms of my employment or consultant agreement with MPR and may subject me to court action by any interested party or to other sanctions by MPR.

Nothing herein shall be construed to prevent divulgence of information to any court or governmental agency, if such divulgence is required by law; but if I am subpoenaed, or if I have reason to believe that I may be called upon to make such divulgence, I agree to notify the President or MPR promptly in writing and, upon his request, to cooperate in all lawful efforts to resist such divulgence.

I further agree that I will not use, in any way other than in the course of my authorized employment, any information deemed confidential by the terms of any contract or other written agreement between MPR and any other organization, except by written authorization by both parties. It is my understanding that MPR and the contracting organization(s) have the exclusive right to all confidential information acquired or developed under such a contract or other written agreement.

Name:	Signature:
	Date:
• .	Location:
	,

APPENDIX I

HOUSEHOLD SURVEY RESPONSE DATA TABLES

Appendix I-	CTS Round 2 Hous	sehold Survey Response R	UNWEIGH	TED									estd elig	hhold
				hh with	hh with	hh with		undetermir	ned telepho	ne status		survey	hholds	resp rate
			resp fam	elig nr fam	all inel	undet fam	inel phon	no answer	answ.dev.	contact	total	elig rate	(bus. office	(bus. offic
RDD:														
Sup samp		upplemental Sample	2729	66	35			312		117				
hi int		oston, MA Portion	925	23	5			153						
hi int		leveland-Lorain-Elyria, OH	910	30	10			110				0.989474		64.129
hi int	and the second s	reenville-Spartanburg-And	1027	25	8			62						
hi int	a second a second design of the second s	dianapolis, IN MSA	929	16	5		752						1322.94	70.22
hi int	· · · · · · · · · · · · · · · · · · ·	ansing-East Lansing, MI M	1007	14	25			120	54					
hi int		ttle Rock-North Little Rock,	1045	11	13			91	43			0.987839		72.18
hi int		liami, FL PMSA	922	43	8			151	87	69				54.94
hi int		ewark, NJ PMSA	967	33	3			238	98			0.997009		
hi int		range County, CA PMSA	892	42	6		1603	205	80				1611.001	55.37
hi int		hoenix-Mesa, AZ MSA	904	20	9		1266	111	53			0.990354	1384.683	65.29
hi int		eattle-Bellevue-Everett, W/	843	15	13				87	53		0.985075		
hi int		yracuse, NY MSA	956	17	6		781	83	42			0.993871	1328.061	71.989
lo int (lg)	13 At	tlanta, GA MSA	221	7	1	66			7	6		0.995633		71.19
lo int (lg)		ugusta-Aiken, GA-SC MSA	230	11	10		211	25	9	_				69.03
lo int (lg)		altimore, MD PMSA	233	7	2			36	15			0.991736		67.079
lo int (lg)		ridgeport-Danbury-Stamfor	230	. 8	0		367	45		13		1	392.87	58.549
lo int (lg)		hicago-Kenosha-Kankakee	250	2	0		+ • •		25			1	435.56	
lo int (lg)	18 Co	olumbus, OH MSA	248	2	1	86	338	35	14			0.996016	362.1215	
lo int (lg)	19 De	enver-Boulder-Greeley, CC	231	6	2		349		14			0.991632	350.5716	65.89
lo int (lg)	20 De	etroit, MI PMSA	222	5	0	106	270	41	18	9	671	1	364.95	60.83
lo int (lg)	21 G	reensboroWinston Salem	219	4	3	62	277	27	11	11	614	0.986726	308.7366	70.939
o int (lg)		ouston-Galveston-Brazoria	226	4	2	113	357	37	19	14	772	0.991379	377.7056	59.83
o int (lg)		untington-Ashland, WV-KY	247	4	3	67	173	19	6	6	525	0.988189	331.7647	74.45
o int (lg)	24 Ki	illeen-Temple, TX MSA	259	8	24	74	339	15	11	9	739	0.917526	353.1465	73.349
o int (lg)		noxville, TN MSA	252	4	1	88	299	29	15	5	693	0.996109	366.598	68.749
o int (ig)	26 La	as Vegas, NV-AZ MSA	232	6	0	95	328	58	19		754	1	376.42	61.639
o int (lg)	27 Lo	os Angeles-Long Beach, Ca	233	2	5	138	436	43	29	15	901	0.979167	414.8631	56.169
o int (lg)		iddlesex-Trenton, NJ PMS	240	5	2	81	257	47	22	15	669	0.991903	366.7362	65.449
o int (lg)	29 M	ilwaukee-Racine, WI PMS	225	- 4	2	68	231	16	12	9	567	0.991342	317.1105	70.959
o int (lg)	30 Mi	inneapolis-St Paul, MN-W	274	3	0	69	274	21	6	5	652	1	360.39	76.03%
o int (lg)	31 M	odesto, CA MSA	264	7	0	93	314	41	18	7	744	1	394.19	66.979
o int (lg)	32 Na	assau-Suffolk, NY PMSA	253	5	1	124	217	32	17	13	662	0.996139	413.7164	61.159
o int (lg)	33 Ne	ew York City, NY PMSA	239	6	2	125	278	57	13	29	749	0.991903	418.8508	57.069
o int (lg)	34 Pt	hiladelphia, PA-NJ PMSA	238	6	2	117	251	47	21	14	696	0.99187	399.8525	59.529
o int (lg)	35 Pi	ittsburgh, PA MSA	241	4	2	81	184	28	18	11	569	0.991903	355.2996	67.839
o int (lg)	36 Pc	ortland-Salem, OR-WA PM	277	8	0	73	352	26	19	6	761	1	383.98	72.149
o int (lg)	37 Ri	iverside-San Bernardino, O	252	5	2	100	318	33	16	14	740	0.992278	388.7249	64.839
o int (lg)	38 R	ochester, NY MSA	302	4	5	96	336	29	14	10	796	0.983923	426.7372	70.779
o int (lg)	39 Sa	an Antonio, TX MSA	238	6	2	84	313	36	15	7	701	0.99187	353.7802	67.279
o int (lg)		an Francisco, CA PMSA	205	6	1	100	388	65	23	34	822	0.995283	374.2563	54.789
o int (lg)		anta Rosa, CA PMSA	228	5	3	108	221	40	13	8	626	0.987288		62.219
o int (lg)		hreveport-Bossier City, LA	243	7	6	69	287	16	13	12	653	0.976563	341.0547	71.25%
o int (lg)		Louis, MO-IL MSA	282	7	3	70	294	24	12	5	697	0.989726		74.689
o int (lg)		ampa-St Petersburg-Clear	216	7	0	119	333	26	18	12	731	1	372.54	57.989

ppendix I- CT	S Round 2 Ho	usehold Survey Response R	UNWEIGH	IED	A A. 144-	6.6		undetermin	ned telephor	a etatue		survey	estd elig hholds	hhold resp rate
			hh with	hh with	hh with	hh with	2 Jakan				total	elig rate	(bus. office	
			resp fam	elig nr fam	all inel				answ.dev.	9			406.4237	70.12
o int (lg)		Tulsa, OK MSA	285		1	92	377	21	17				359.058	
o int (lg)	46	Washington-Hagerstown, DC	245		. 1	81	299	40		18				
o int (lg)		West Palm Beach-Boca Rate	210			128	327	40		10				66.13
o int (lg)	48	Worcester-Fitchburg, MA Po	263			92	173						383.526	
o int (sm)		Dothan, AL MSA	279		4			31		9				
o int (sm)	50	Terre Haute, IN MSA	222		6			22			635			
o int (sm)		Wilmington, NC MSA	237	4	6	72		29				the second se	375.9839	
o int (non)		West-Central Alabama	265			82		22				0.302 143	434.27	74.6
o int (non)		Central Arkansas	324			82		25		1		0.995633		
o int (non)	54	Northern Georgia	220			63		16				0.993033	347.75	
o int (non)	55	Northeast Illinois	248										346.25	
o int (non)	56	Northeast Indiana	246		0			19					346.25	81.8
o int (non)		Eastern Maine	267											
o int (non)	58	Eastern North Carolina	243			54	428		and the second se		768		411.1293	
o int (non)		Northern Utah	342				333							
o int (non)	60	Northwest Washington	273			86						0.990416		
all hi int			11327						· · · · · · · · · · · · · · · · · · ·					
all lo int			11919	276	120	4206	14355	1501	704	489	33570	0.990256	17689.4	07.3
										ļ		ļ		╂───
ield:	and a second	· · · · · · · · · · · · · · · · · · ·	elig resp	elig nonrsp	ineligible	hh, unk el	non-hhold			<u> </u>		Į		
			1	2			5		3		Total	0.000.474	6.75	74.0
ni int	1	Boston, MA Portion	5	i 1	146)		190			
hi int	2	Cleveland-Lorain-Elyria, OH	55							ļ	260		64.92823	
ni int		Greenville-Spartanburg-And	96							<u> </u>	1416		115.0947 89.16322	
hi int	4	Indianapolis, IN MSA	74)		566			
hi int		Lansing-East Lansing, MI M	26	10							305			
hi int		Little Rock-North Little Rock	69	10)	ļ	494			
hi int		Miami, FL PMSA	19) 7	1033)	ļ	1146			
hi int	8	Newark, NJ PMSA	53	6)	L	215			
hi int	9	Orange County, CA PMSA	7	/ 4)	· · · · ·	710			
hi int		Phoenix-Mesa, AZ MSA	108	1)		571			
hi int	11	Seattle-Bellevue-Everett, W	15	5 5	79						304			
hi int		Svracuse, NY MSA	35	5 13	293	28	184				553			
Total field sam			562	2 82	4741	549	794		2		6730	0.119591	709.8667	7 79.1
Totar noid out			1							L				
RDD site sam	ple + field:		1							L	. <u> </u>		4540.000	+
hi int		Boston, MA Portion	930)						ļ	<u> </u>	1	1510.608	
hi int		Cleveland-Lorain-Elyria, OH	965	5	Ι								1484.209	
hi int		Greenville-Spartanburg-And		3									1595.179	
hi int		Indianapolis, IN MSA	1003										1412.104	
hi int	5	Lansing-East Lansing, MI M											1462.419	
hi int		Little Rock-North Little Rock			T	T	1	I				1	1532.963	
hiint		Miami, FL PMSA	94		1	1	1	T					1704.978	
hi int		Newark, NJ PMSA	1020		1	1	T	T			<u> </u>	1	1797.831	
		Orange County, CA PMSA	89		1	1	1	1			1		1622.38	
hi int		Phoenix-Mesa, AZ MSA	101		1	+	-	1		1		1	1496.858	67.6

110

	070 5 10/1-	websid Currey Response R	LINWEIGH	TED										hhold
Appendix I-	CIS Hound 2 Ho	usehold Survey Response R	hh with	hh with	hh with	hh with		undetermin	ed telephor	ne status			hholds	resp rate
				elig nr fam		undet fam	inel phon	no answer	answ.dev.	contact	total	elig rate	(bus. office	
			and the second s			dildot full							1407.993	60.94%
hi int		Seattle-Bellevue-Everett, W/	991										1380.002	71.81%
hi int	12	Syracuse, NY MSA											18407.52	64.59%
high-intensi	ity sites		11889											
				ļ					h					
RDD site sa	ample by size of s	ite						[
						1000	3344	492	221	169	8400	0.993741	4585.798	61.04%
3 million+			2799		18		8895			338	20255	0.99135	10410.64	61.98%
2-3 million			6453		58	2900	4565		277	188	11059	0.993942	5919.076	65.04%
1-2 million			3850			1466			377	231	18679	0.985898	10126.43	68.91%
<1m lg msa	3		6978				7743			28			1041.213	70.88%
sm msa	· · · · · ·		738						1	67	6175		3262.538	74.42%
non-msa			2428							1021	66741	0.990392	35342.58	65.77%
THE R. LOW CO., LANSING MICH.	site sample		23246	565	231	8861	28301	3039	14//	1021	00/41	0.000002	00012.00	
10101							ļ	ļ	l			l		<u></u>
	·····					L			ļ				<u> </u>	
BDD site +	supplement by typ	be of sample					L			216	17802	.l	14878.56	83.22%
R1 COMPL			12382	2 117	24				274	47			420.7649	
R1 REFUS			97		1	263			8		3825		2867.561	28.39%
R1 OTHER			814	53									812.8921	20.05%
R1 UNDET			163	3 4	3	L							3575.047	62.49%
R1 NOT A			2234	74									7667.299	
	R1 NONCOMP		3308	3 147									12731.69	
Old working	· · · · · · · · · · · · · · · · · · ·		7653	3 288	89	3851	8628				22448			
New working			2632	2 79	64	960	6030	576	6 252	92	10685	2	4057.166	04.0/7
New WORKI	UQ Daring		1								ļ			05 000
Total DDD	(supp+site)		25975	5 631	266	9839	31507	3351	1641	1138	74348	0.990101	39404.77	65.92%
			1	1	1						Į			05.050
0.34 - 0.77 - 1	o (BDD) field):		23808	3	1						ļ	. 	36101.57	65.95%
Site sample	e (RDD+field):		+			1	1	1	T			L		
) site+supp+field)		26537	-	+	1	1	1	Т			1.	40114.64	66.15%

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Appendix 1- CTS II		usehold Survey Response R					ast one res	v ranniy)	survey	estd	family	combined	I
			respondg	nonresp	undeterm		inel fam		elig rate	eligible		hh/fam	ļ
		P	family	family	eligibility	(mil/kid)	(mistaken)	total	(for mist.)	families	rate	resp rate	ļ
RDD:	·····												ļ
Sup samp		Supplemental Sample	3251	22							96.26%	64.66%	
ni int		Boston, MA Portion	1120		-							57.47%	ļ
ni int		Cleveland-Lorain-Elyria, OH	1129				11					62.10%	
ni int		Greenville-Spartanburg-And	1220		-	the second se						67.19%	
ni int		Indianapolis, IN MSA	1122									67.58%	
ni int		Lansing-East Lansing, MI M	1185				4					68.34%	
ni int	and the second se	Little Rock-North Little Rock,	1222		1							69.64%	
ni int		Miami, FL PMSA	1173									50.58%	
ni int		Newark, NJ PMSA	1195								93.42%	53.03%	
ni int		Orange County, CA PMSA	1125			1					<u></u>	50.26%	
ni int		Phoenix-Mesa, AZ MSA	1109		54	18						62.06%	
ni int		Seattle-Bellevue-Everett, W	1014				2		0.998053		94.95%	59.23%	
ni int		Syracuse, NY MSA	1150								97.88%	70.46%	
o int (Ig)		Atlanta, GA MSA	264	3							95.32%	67.86%	
o int (lg)	14	Augusta-Aiken, GA-SC MSA	286			4					96.96%	66.93%	
o int (lg)	15	Baltimore, MD PMSA	292	3	7	5		308	0.996622		96.70%	64.86%	
o int (lg)	16	Bridgeport-Danbury-Stamfor	269	3	21	3		301	0.981949	292.6209	91.93%	53.82%	
o int (lg)	17	Chicago-Kenosha-Kankakee	299	5	17	4	2	327	0.993464	320.8889	93.18%	53.48%	
o int (lg)		Columbus, OH MSA	274	2	7	2		285		283	96.82%	66.31%	1
o int (lg)		Denver-Boulder-Greeley, CC	274	3	17	5	1	300	0.996403	293.9388	93.22%	61.42%	
o int (lg)		Detroit, MI PMSA	279	0	5	5	0			284	98.24%	59.76%	
o int (lg)		GreensboroWinston Salem	250	0	8	1	1	260	0.996016	257.9681	96.91%	68.74%	
o int (lg)	22	Houston-Galveston-Brazoria	277	2	11	2	3	295	0.989362	289.883	95.56%	57.18%	
o int (lg)	23	Huntington-Ashland, WV-KY	288	2	8	3	1	302	0.996564	297.9725	96.65%	71.96%	
o int (lg)		Killeen-Temple, TX MSA	294	1	6	7	2	310	0.993266	300.9596	97.69%	71.64%	
o int (lg)		Knoxville, TN MSA	292	0	6	2	2	302	0.993197	297.9592	98.00%	67.37%	
o int (lg)	26	Las Vegas, NV-AZ MSA	288		13	2	0	305	1	303	95.05%	58.58%	
o int (lg)		Los Angeles-Long Beach, C.	295		19			326	0.986755	316.7483	93.13%	52.31%	
o int (lg)		Middlesex-Trenton, NJ PMS	288					306	0.996564	299.9656	96.01%	62.83%	
o int (lg)		Milwaukee-Racine, WI PMS	270			1		282			96.44%	68.43%	
o int (lg)	and the second se	Minneapolis-St Paul, MN-W	311	1		Ō	0	320	the second se	320	97.19%	73.89%	
o int (lg)		Modesto, CA MSA	323	5							93.92%	62.90%	· · · · ·
o int (lg)		Nassau-Suffolk, NY PMSA	318			1	2				90.38%	55.27%	
o int (lg)		New York City, NY PMSA	306					352			88.53%	50.52%	
o int (lg)		Philadelphia, PA-NJ PMSA	291		10						95.42%	56.80%	
o int (lg)		Pittsburgh, PA MSA	294	0		the second s				302	97.35%	66.03%	
o int (lg)		Portland-Salem, OR-WA PM	337		14	1	5				95.79%	69.11%	
o int (ig)		Riverside-San Bernardino, C	321		16	3					95.01%	61.59%	
o int (ig)		Rochester, NY MSA	357	2		6				370	96.49%	68.28%	
o int (lg)		San Antonio, TX MSA	280			9		308			93.97%	63.22%	
	the second s	San Anonio, TA MSA	256						1	237.3343	92.09%	50.44%	
o int (lg)		Santa Rosa, CA PMSA	230			0				285	95.44%	59.38%	
o int (lg)	and a second sec		272		10	4					96.11%	68.48%	
o int (lg)		Shreveport-Bossier City, LA	338		7						97.70%	72.96%	
o int (lg)	43	St Louis, MO-IL MSA Tampa-St Petersburg-Clear	252		i i i i i i i i i i i i i i i i i i i			350	0.994135		97.70%	54.94%	<u> </u>

Appendix I-	CTS Round 2 H	ousehold Survey Response R			onding hh			p family)	survey	estd	family	combined	
			respondg		undeterm	inel fam	inel fam		elig rate	eligible	response	hh/fam	
	10 00 00 00 00 00 00 00 00 00 00 00 00 0		family	family	eligibility	(mil/kid)	(mistaken)	total	(for mist.)	families	rate	resp rate	
lo int (lg)		Tulsa, OK MSA	332				1	363	0.997033	353.9466	93.80%	65.78%	
lo int (lg)	46	Washington-Hagerstown, DC	306				1	326	0.996785	320.9646		65.05%	
lo int (lg)		West Palm Beach-Boca Rate	241					261	1	260	92.69%	49.99%	
lo int (lg)		Worcester-Fitchburg, MA Po	315					338	0.996875	333.9531	94.32%	62.38%	
lo int (sm)		Dothan, AL MSA	330				2	342	0.993976	334.9699	98.52%	71.67%	
lo int (sm)		Terre Haute, IN MSA	268		10	2	1	282	0.996296	278.963	96.07%	64.98%	
lo int (sm)		Wilmington, NC MSA	275					293	0.985816	285.8865	96.19%	69.22%	
lo int (non)		West-Central Alabama	326	0	9	10	5	350	0.984894	334.864	97.35%	68.62%	
lo int (non)		Central Arkansas	380		5	4	1	391	0.997382	385.9869	98.45%	73.45%	
lo int (non)		Northern Georgia	261	• 1	9	5	0	276	1	271	96.31%	67.88%	
lo int (non)	55	Northeast Illinois	287	2	8	2	3	302	0.989726	296.9178	96.66%	68.93%	
lo int (non)	56	Northeast Indiana	273	2	4	2	1	282	0.996377				
lo int (non)	57	Eastern Maine	317	0	1	2			0.990625		99.69%		
lo int (non)	58	Eastern North Carolina	290	4	8	3		309		301.8926	96.06%		
lo int (non)	59	Northern Utah	413	2	3						98.81%		
lo int (non)	60	Northwest Washington	324		-	5			0.99696		95.03%	67.37%	
all hi int	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	13764			186			0.993338		95.03%	60.97%	
all lo int			14263			170		15169		14910.9	95.65%	64.45%	
	· ·		-		1						00.0070	01.10/0	
Field:				1	1								
				f	1								
hi int	1	Boston, MA Portion	7		1			7	1	7	100.00%	74.07%	
hi int		Cleveland-Lorain-Elyria, OH	60		<u> </u>			60	1	60	100.00%	84.71%	
hi int		Greenville-Spartanburg-And	123		ł			123	1	123	100.00%	83.41%	
hi int		Indianapolis, IN MSA	113					113	1	113		82.99%	
hi int		Lansing-East Lansing, MI M	37		1			37	1	37	100.00%	70.42%	
hi int		Little Rock-North Little Rock	100		t			100	1	100	100.00%	80.97%	
bi int		Miami, FL PMSA	26					26	1	26	100.00%	71.00%	
hi int		Newark, NJ PMSA	58					58	1	58	100.00%	56.26%	
hi int		Orange County, CA PMSA	9						1		100.00%		
ni int		Phoenix-Mesa, AZ MSA	167		<u> </u>			9 167	1	9 167	100.00%	61.52%	
hi int	11	Seattle-Bellevue-Everett, WA	107					10/	1			96.28%	
ni int		Syracuse, NY MSA	52					52	1	17 52	100.00%	26.53%	
Total field sa			769		0	0	0	52 769		52 769		67.38%	
			/09		v	0	U	108	1	109	100.00%	79.17%	
	mple + field:									· · · · · · ·			
ni int		Boston, MA Portion	1127							1005.00		F7 550	
ni int		Cleveland-Lorain-Elyria, OH	1127							1205.63	93.48%	57.55%	
ni int		Greenville-Spartanburg-And	1343							1225.732	97.00%	63.07%	
ni int		Indianapolis, IN MSA	1343					· · · · · · · · · · · · · · · · · · ·		1382.945	97.11%	68.37%	
n int			1235							1278.855	96.57%	68.59%	
n int	D	Lansing-East Lansing, MI M Little Rock-North Little Rock,								1261.883	96.84%	68.40%	
			1322						·	1366.623	96.73%	70.30%	
niint		Miami, FL PMSA	1199							1300.119	92.22%	50.90%	
ni int		Newark, NJ PMSA	1253						<u></u>	1337.104	93.71%	53.17%	
i int		Orange County, CA PMSA	1134							1248.28	90.84%	50.34%	
i int	10	Phoenix-Mesa, AZ MSA	1276							1333.615	95.68%	64.69%	

Appendix I-	CTS Round 2 Ho	usehold Survey Response R	ALL FAMS	IN RESPO	NDING HH	OLDS (at le	ast one res	p family)	survey	estd	family	combined	
			respondg	nonresp	undeterm	inel fam	inel fam		elig rate	eligible	response	hh/fam	
			family	family	eligibility	(mil/kid)	(mistaken)	total	(for mist.)	families	rate	resp rate	
hi int	11	Seattle-Bellevue-Everett, W/	1031							1084.916	95.03%	57.91%	
hi int	12	Syracuse, NY MSA	1202							1226.848	97.97%		
high-intensit	ty sit es		14533							15252.55	95.28%	61.54%	
RDD site sa	ample by size of s	ite			·					<u> </u>			
									, , , , , , , , , , , , , , , , , , ,				
3 million+			3437	42	181	46	22	3728	0.993716	3658.863	93.94%	57.34%	
2-3 million			7950	69	417	113	51	8600	0.99368	8433.365	94.27%	58.43%	
1-2 million			4629	41	195			4949	0.993828	4863.797	95.17%	61.90%	
<1m lg msa			8267	54	273	98	48	8740	0.994265	8592.434	96.21%	66.30%	
sm msa			873	4	23	10	7	917	0.992081	899.8179	97.02%	68.77%	
non-msa			2871	16	60			3002	0.992779	2946.567	97.44%	72.51%	
Total RDD s	site sample		28027	226	1149	356	178	29936	0.993739	29394.81	95.35%	62.71%	
				 			[
RDD site +s	supplement by typ	e of sample											
R1 COMPLE			14978	<u> </u>		1	1			15476.6	96.78%	80.54%	
R1 REFUSA			115							124.9174	92.06%	21.22%	
R1 OTHER	HHOLD		977	1	1					1089.28	89.69%	25.46%	
R1 UNDET	IF HH		189							203.7784	92.75%	18.60%	
R1 NOT A H	HOLD		2676	· ·	1					2840.128	94.22%	58.88%	
F	R1 NONCOMP		3957							4258.144	92.93%	40.09%	
Old working	banks		9223							9739.029	94.70%	56.92%	
New working			3120							3298.144	94.60%	61.37%	
Total RDD ((supp + site)		31278	248	1254	401	197	33378	0.99379	32772.21	95.44%	62.91%	
	SUDDASILOI		512/0	240	1604		18/		0.00019	JE112.21	JJ.74/0	02.3170	
Site sample	(RDD+field):	· · · · · · · · · · · · · · · · · · ·	28796				·			30163.22	95.47%	62.96%	
Total (BDD)	site+supp+field)		32047							33541.21	95.55%	63.21%	

Appendix I-	- CTS Round 2 Household Survey Res	ponse HIWEIGHTT	D by nationa	probability	weign			ad talanha			survey	estd elig hholds	hhold resp rate
								ed telephor		Total	elig rate	(bus. office)	+
		resp fam	elig nr fam	allinel	undet fam	inel phon	no answer	answ.dev.	contact	TOLAS	engrate	(Dus. Onice)	
NDD:			_		0.005.07	0.045.07	0110005	3294882	2615330	1.51E+08	0.986943	82157381	65.61
Sup samp	0 Supplemental Samp				2.09E+07	6.24E+07	6143825	162992	144151	5.54E+06			
i int	1 Boston, MA Portion	19911		11117	952649	1891162	· · · · · · · · · · · · · · · · · · ·	120311	86146				·
i int	2 Cleveland-Lorain-El				845992	1885890	216327	105048		5.56E+06			67.60
ui int	3 Greenville-Spartant				788793	2230263	124901	109968	64603				68.5
i int	4 Indianapolis, IN MS				663778		165298	84400	52717	4.48E+00			
ni int	5 Lansing-East Lansi			1	574462	1469165	177143			4.02E+00 5.31E+06		2654268.9	
ni int	6 Little Rock-North Lit				614327	2480450	155388	78393	65164 116382	5.21E+06		2747039.1	54.0
ni int	7 Miami, FL PMSA	14845					243135	143118					
ni int	8 Newark, NJ PMSA	15977		4980.9	910815		391520	165243	108641	5.42E+06	+		
ni int	9 Orange County, CA					3241836	414645	169261	192874	7.04E+06			62.9
ni int	10 Phoenix-Mesa, AZ I				801978	2462172	213739	103610	72765			2778111 3195189.2	
ni i n t	11 Seattle-Bellevue-Ev					3178098	299555	199144	136427	6.71E+06			69.7
ni i n t	12 Syracuse, NY MSA	17217			580420	1399525	147626	80912	46336	4.02E+06			
o int (lg)	13 Atlanta, GA MSA	4396				525035	46631	16625	16746			636397.03 535527.37	
o int (lg)	14 Augusta-Aiken, GA				138956	320673		15388	4458.3				
o int (lg)	15 Baltimore, MD PMS					317440		18453	2277.6				
o int (lg)	16 Bridgeport-Danbury					756951	94013	52383	27975			839887.27	
o int (lg)	17 Chicago-Kenosha-					957518		79230		2.51E+06		1394800.8	
o int (lg)	18 Columbus, OH MS/					540248		23123	12742				
o int (lg)	19 Denver-Boulder-Gro	eley, CQ 4223				634762		25780		1.34E+06		658833.25	
lo int (lg)	20 Detroit, MI PMSA	4386				531109				1.34E+06		739721.77	
lo int (lg)	21 GreensboroWinste	on Salem 4628				587738			33481	1.32E+06			
lo int (ig)	22 Houston-Galveston	Brazoria 4532	45 7749.1	3892.9		694840			31439				
lo int (lg)	23 Huntington-Ashland	, WV-KY 3901	79 6313.6			276940		9602.6	11800	8.46E+05			
io int (lg)	24 Killeen-Temple, TX	MSA 4401	34 14423					19479					
lo int (lg)	25 Knoxville, TN MSA	4673	10 7328.5	2965.6		561449		27884	11342	1.31E+06		698430.51	66.9
lo int (lg)	26 Las Vegas, NV-AZ	MSA 5153	28 13194	0	227766				39661	1.69E+06	· · · · · · · · · · · · · · · · · · ·	855738.4	
lo int (lg)	27 Los Angeles-Long I		72 7064.4	19548	515651	1556018		<u></u>	56956				
lo int (lg)	28 Middlesex-Trenton,		10108	4047.2	174562				32435				
lo int (lg)	29 Milwaukee-Racine,		76 8008	3829.1	157396	457627	31445		24393	1.16E+06			
lo int (lg)	30 Minneapolis-St Par		48 4457.8	0		400783			8119.4		+	542731.31	
lo int (lg)	31 Modesto, CA MSA	4560	38 13539	0	175864	534146			15882	1.30E+06		700650.66	
lo int (ig)	32 Nassau-Suffolk, NY	PMSA 4277	90 9294	1885.8	227959		56705	÷	24813				
lo int (lg)	33 New York City, NY			6404.6	430791	855096			97225				
lo int (lg)	34 Philadelphia, PA-N.		21 15489	5264.1	319372	634772		56261	36841	1.81E+06		1052146.8	
lo int (lg)	35 Pittsburgh, PA MSA			3893.1	169393	349267	52702		26389		· ······		
lo int (lg)	36 Portland-Salem, OF			0	183897	784129	57725	43692				874343.07	
lo int (lg)	37 Riverside-San Bern			3852.2	208676	620098	64942						
io int (lg)	38 Rochester, NY MS				93888	299957	25668	12943	11387	7.23E+05			
lo int (lg)	39 San Antonio, TX M				152478	520196	59271	24124	13885	1.17E+06			
lo int (lg)	40 San Francisco, CA					643085		38126	68947	1.40E+06			
	41 Santa Rosa, CA PM					· · · · · · · · · · · · · · · · ·		26263	17237	1.25E+06			60.3
lo int (lg)	41 Sana Hosa, OA Fi								24252	1.25E+06	0.976253	656604.36	69.9
lo int (lg)	42 Shieveport-Bossier 43 St Louis, MO-IL M	·····				469769		21030		1.12E+06	0.989775	605887.71	73.2
lo int (lg) lo int (lg)	43 St Louis, MO-IL M 44 Tampa-St Petersb					769963		43423	And in case of the local division of the loc			917220.83	54.9

Appendix I- C	TS Round 2 H	ousehold Survey Response R	WEIGHTED	by national	probability	weight							estd elig	hhold
									ned telephor			survey	hholds	resp rate
			resp fam	elig nr fam		undet fam	inel phon	no answer		contact	Total	elig rate	(bus. office)	
lo int (lg)		5 Tulsa, OK MSA	459677	8298.2	1582.3		608711	34625	27556	18718				
lo int (lg)		Washington-Hagerstown, DC	680906	11857	2801.9		810157	93346		32082	· · · · · · · · · · · · · · · · · · ·		1015381.6	
lo int (lg)		West Palm Beach-Boca Rate	459995	20680	2089.7	308568	722784	89020	51350	44525			887663.05	
lo int (lg)	48	Worcester-Fitchburg, MA Po	379062	19900	1481.2	141587	249042	32556	30120		8.70E+05		584214.47	64.889
lo int (sm)	49	Dothan, AL MSA	1308190	34547	18865	375577	1288166		27990	85395				
lo int (sm)	50	Terre Haute, IN MSA	877170		23500	337957	1927325		43050	38495			1325225.9	
lo int (sm)	51	Wilmington, NC MSA	1913789	31956	47509		2193078			44979				
lo int (non)	52	West-Central Alabama	979797	38944	18302	326600	931881	79563	21759	47437	2.44E+06			
lo int (non)	53	3 Central Arkansas	1229053	28988	0		1252850			32452			1687126	
lo int (non)	54	Northern Georgia	1106391	39870	4793.7	342914	922543		48397	75940				68.70
lo int (non)	55	Northeast Illinois	1067867	35425	0		1770869		48166	35272			1568740.4	68.07
lo int (non)	56	Northeast Indiana	860753	12606	0		831498		29821	10035			1247124.1	69.029
lo int (non)	57	Eastern Maine	1522263	25301	0	218615	997535		77759	43844			1895724.3	80.30
lo int (non)	58	Eastern North Carolina	963637	41119	3906.4	222438	1710311	64209		39775			1302309.8	73.999
lo int (non)	59	Northern Utah	1576453	0	23016		1530046			26441	3.61E+06		1905572.7	82.739
lo int (non)	60	Northwest Washington	1585048	31261	5873.4	540832	2039588	123850	79419	45655	4.45E+06			
all hi int			21642074	572937	213276.9	9649758	26159486			1182652			34660258	
all lo int			32113721	761005.4	319947.4	11726595	38552282	3867666	1834255	1465581	90641053	0.990361	48107714	66.75
		1												
Field:		1	elig resp	elig nonrsp	ineligible	hh, unk el	non-hhold	unk if hh						
	<u> </u>		1	2	3		5		1		Total			
hi int		Boston, MA Portion	12333	5627.1	1308796	97654	75243	Ö			1499653		19282.028	63.969
hi int		Cleveland-Lorain-Elyria, OH	173679	22224	794356	125563	146062	0			1261884	0.19783	220743.14	78.689
hiint		Greenville-Spartanburg-And	231950	20945	2668306	272194	529339	3393.9			3726128	0.086572	276711.49	83.82
hi int		I Indianapolis, IN MSA	208164	33250	1168168	52770	267920	0			1730272	0.171266	250451.73	83.12
hi int		Lansing-East Lansing, MI M	118530	54277	1121297	30436	102194	0			1426734	0.133534	176871.24	67.01
hi int		Little Rock-North Little Rock,	348159	36791	1612731	167754	328454	0			2493889	0.192698	417275.93	83.44
hi int	and the second	Miami, FL PMSA	41657	13873	2265405	82557	135749	0			2539241	0.023926	57505.234	72.44
hi int		Newark, NJ PMSA	391548	94766	683196	839804	160070				2169384	0.415827	835527.3	46.869
hi int		Orange County, CA PMSA	21797	9649.7	2276493	88764	59160	0			2455864	0.013625	32656.149	66.75
hi int		Phoenix-Mesa, AZ MSA	405552	3636.4	1667967	40078	177593				2294826	0.196995	417083.55	97.249
hi int			129721	22965	857787	1724081	141234	6083.7			2881872	0.151103	414074.78	31.339
hi int		Syracuse, NY MSA	100273	19831	870803	65993	512270	0			1569170	0.121206	128102.76	78.289
Total field san			2183363				2635288	9477.6			26048917	0.127227	2978728.4	73.309
rotal lield Sali														
RDD site sam	nle + field:							<u> </u>						
hi int		Boston, MA Portion	2003472				1	1					3344757.9	59.909
hi int		2 Cleveland-Lorain-Elyria, OH	1989526					1					3154731.7	63.069
hi int		Greenville-Spartanburg-And	2376834					1			1		3449493.2	68.90
hi int		Indianapolis, IN MSA	2112073					<u> </u>	1		[3030066.9	69.70
hi int		5 Lansing-East Lansing, MI M	1711300	· · · · · · · · · · · · · · · · · · ·				<u> </u>	[·····			2508163.2	68.23
hi int		Little Rock-North Little Rock.	2221233				t	t					3071544.8	72.32
hi int		Miami, FL PMSA	1526243					t					2804544.3	54.42
hi int	and the second se	Newark, NJ PMSA	1989252				<u> </u>	<u> </u>					3715302.9	
	and the second sec	Orange County, CA PMSA	1854407			·	}i	t			 		3432844.8	
hi int hi int		Phoenix-Mesa, AZ MSA	2155205					t	.		<u> </u>		3195194.6	

Appendix I	- CTS Round 2 Ho	ousehold Survey Response R	WEIGHTED) by nationa	probability	weight							estd elig	hhold
								undetermin	ned telephor	ne status		survey	hholds	resp rate
- · · · · · · · · · · · · · · · · · · ·			resp fam	elig nr fam	all inel	undet fam	inel phon	no answer	answ.dev.	contact	Total	elig rate	(bus. office)	(bus. offic
hi int	11	Seattle-Bellevue-Everett, W/	2063916										3609264	57.18%
hi int	12	Syracuse, NY MSA	1821976									1.	2595354.5	70.20%
high-intens	sity sites		23825437										37911263	62.85%
	1	·····												
RDD site s	ample by size of s	ite												
	T			1										
3 million+			6972413	146380.4	50926.7	3534069	8455707	1248319	581333	475408	21464556	0.992897	11793386	59.12%
2-3 million			12245148	376365.5	116105.2	6015065	16918938	1783300	949892.8	751787.5	39156602	0.990885	20392084	60.05%
1-2 million			6902907	164918.2	40424.2	2807298	8055382	1046120	511839	385880	19914768	0.994313	10844076	63.66%
<1m lg ms	a		12644916	293763.3	180002.7	4772676	13886051	1312907	707194.6	509437.3	34306948	0.986279	18939837	66.76%
sm msa	1		4099149	99001	89874	1333957	5408569	469544	155170	168869	11824133	0.979041	5883138.8	69.68%
non-msa	······································		10891262	253514	55891.5	2913288	11987121	889360	451226	356851	27798514	0.99501	14918179	73.01%
State of the local division of the local div	site sample		53755795	1333942	533224.3	21376353	64711768	6749550	3356655	2648233	1.54E+08	0.990414	82767804	64.95%
														1
RDD site +	supplement by typ	be of sample		1									·	1
R1 COMP												1		83.85%
R1 REFUS	SAL													18.94%
R1 OTHEF														33.51%
R1 UNDET														22.57%
R1 NOT A						· · · · · · · · · · · · · · · · · · ·								60.64%
	R1 NONCOMP													42.37%
Old workin													1	61.50%
New worki														65.31%
														1
Total RDD	(supp+site)		· · · · · · · · · · · · · · · · · · ·											65.04%
												1.1.1		
Site sampl	e (RDD+field):		55939158	<u></u>									86026748	65.03%
Total (BDD) site+supp+field)													65.10%

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Appendix I- (CTS Round 2 Ho	busehold Survey Response R	ALL FAMS		NDING HH			p family)	survey	estd	family	combined
T		·	respondg	nonresp	undeterm	inel fam	inel fam		elig rate	eligible	response	hh/fam
			family	family	eligibility	(mil/kid)	(mistaken)	total	(for 32s)	families	rate	resp rate
RDD:								Į		ļ		
Sup samp	0	Supplemental Sample	6.43E+07	473271	2135120	906024		68143831				63.06%
hi int		Boston, MA Portion	2415291	19696		35118		2633524				
hi int	2	Cleveland-Lorain-Elyria, OH	2253332	19803		26966		2380264				
hi int	3	Greenville-Spartanburg-And	2546467	14526		33693		2672098			96.63%	
hi int	- 4	Indianapolis, IN MSA	2297930	21735		17971	1	2414828				65.96%
hi int	5	Lansing-East Lansing, MI MS	1871903	5728.7		15101		1956960			96.75%	
hi int	6	Little Rock-North Little Rock,	2194329	10807	69699	35361						68.09%
hi int	7	Miami, FL PMSA	1883137	22937	141380	40276		2106624				49.74%
hi int	8	Newark, NJ PMSA	1968535	20075	123230	21450	25337	2158627				51.75%
hi int	9	Orange County, CA PMSA	2316278	26069	224990	42534	16682	2626553	0.992928			48.66%
hi int		Phoenix-Mesa, AZ MSA	2143602	8935.7	105640	34983	15019	2308180	0.993071	2257446	94.96%	59.80%
hi int	the same state of the	Seattle-Bellevue-Everett, W/	2319535	24440	97427	24958	4267.2	2470627	0.998183	2441225	95.02%	57.52%
hi int		Syracuse, NY MSA	2071238	5347.7	38327	25538	13595	2154046	0.993496			68.35%
lo int (lg)	and the second	Atlanta, GA MSA	525737	5737.5	20485	11492	1941	565392.5	0.996361	551885	95.26%	65.81%
lo int (lg)		Augusta-Aiken, GA-SC MSA	445544	3126.1	11416	7020.8	1503.4	468610.3	0.99666	460048	96.85%	65.10%
lo int (lg)		Baltimore, MD PMSA	347466	4092.2	8055.1	5944.5	1192.4	366750.2	0.99662	359586.1	96.63%	63.83%
lo int (lg)	and the second sec	Bridgeport-Danbury-Stamfor	558142		42880	6217.2		623420	0.982423	606354.1	92.05%	52.489
lo int (lg)		Chicago-Kenosha-Kankakee	931916			11912	6182.3	1020535	0.993515	1002083	93.00%	51.87%
lo int (lg)		Columbus, OH MSA	437861	3170.2		3170.2		455247.4		452077.2	96.86%	65.24%
lo int (lg)		Denver-Boulder-Greeley, CC	500286		34507	9842.8		552843.3		541055.5	92.46%	59.28%
lo int (lg)		Detroit, MI PMSA	550890			9974.6		570602.1	1	560627.5	98.26%	58.27%
lo int (lg)		GreensboroWinston Salem	527792			2045.4		548437.8	0.99614	544283.1	96.97%	66.56%
lo int (lg)		Houston-Galveston-Brazoria	555698		21553	3856.2	· · · · · · · · · · · · · · · · · · ·	590899		581000.3	95.65%	56.23%
lo int (lg)		Huntington-Ashland, WV-KY	454427	3168.4		4593.7		476340.4				
lo int (lg)		Killeen-Temple, TX MSA	499316			11754		527137.9		512000.7	97.52%	70.29%
lo int (lg)		Knoxville, TN MSA	541460			3845.1		559821.1			98.04%	65.60%
		Las Vegas, NV-AZ MSA	647306			4369.9		685084.5		680714.6		57.26%
lo int (lg)		Los Angeles-Long Beach, C.	1056299			17454		1169349			+ · · · · · · · ·	51.399
lo int (lg)	21	Middlesex-Trenton, NJ PMS.	579926		20171	9845.5		616137.6		604156		61.489
lo int (lg)		Milwaukee-Racine, WI PMS	536685	6076.3		1931.7		560363.7				65.429
lo int (lg)			456579					469424.9		469424.9		72.329
lo int (lg)		Minneapolis-St Paul, MN-W	557846			1655.2		602710.5		597449.8		60.779
lo int (lg)		Modesto, CA MSA	536216			8101.8		606333.1	0.993984			53.339
lo int (lg)	and the second se	Nassau-Suffolk, NY PMSA	952669	the second se		5964.8		1100971				48.589
lo int (lg)	and the second statement of the second se	New York City, NY PMSA	750787	11886		5112.5		795872.9				55.619
lo int (lg)		Philadelphia, PA-NJ PMSA	550525	A COLORED TO THE OWNER OF THE OWNER OWNE		1946.5		567063.5		565117	97.42%	
lo int (lg)		Pittsburgh, PA MSA				2150.7	10958	795707.9			95.72%	67.039
lo int (lg)	the second s	Portland-Salem, OR-WA PM	748682	2142.2		5974.4						60.30%
lo int (lg)		Riverside-San Bernardino, C	632372	1926.1	32683	5974.4		678665.7		331734.5		66.419
lo int (lg)		Rochester, NY MSA	319782	1747.5				337338.7				60.95%
lo int (lg)		San Antonio, TX MSA	456464	7800.8		14417	and the second s	504221.5				· · · · · · · · · · · · · · · · · · ·
lo int (lg)		San Francisco, CA PMSA	429439			13629		481353.5		467724.5		48.45%
lo int (lg)		Santa Rosa, CA PMSA	531810			0		557153.9		557153.9		
lo int (lg)	and the second s	Shreveport-Bossier City, LA	548458			7576.8		592239.1				
lo int (lg)		St Louis, MO-IL MSA	533510				the second s					71.62%
lo int (lg)	44	Tampa-St Petersburg-Clear	588567	4301.1	27228	8823.3	2261.1	631180.5	0.996201	619992.7	94.93%	52.20%

Appendix I- CTS	Round 2 Ho	usehold Survey Response R					ast one res	o tamily)	survey	estd	family	combine
			respondg	nonresp			inel fam	A . A . I	elig rate	eligible	response	hh/fam
			family	family	eligibility	(mil/kid)	(mistaken)		(for 32s)	families	rate	resp rate
o int (ig)		Tulsa, OK MSA	535564	6559.8		12873				570776		63.68
o int (lg)		Washington-Hagerstown, DC	847735			11771	2667	902525	0.996903		95.47%	64.02
o int (lg)		West Palm Beach-Boca Rate	526868	15159		2089.7	0		0.99678	568218 483641.7	92.72% 93.53%	48.05
o int (lg)		Worcester-Fitchburg, MA Po	452343	6222.7		4306.1	1481.2	489510				60.69 69.8
o int (sm)		Dothan, AL MSA	1543020	0		22645		1597956	0.994027	1565901	98.54%	
o int (sm)		Terre Haute, IN MSA	1057763	3980.3		7702.7	3865.5	1112608	0.996372	1100897	96.08%	63.6
o int (sm)		Wilmington, NC MSA	2223243	24170		24123		2371091	0.985903	2313884	96.08%	67.8
o int (non)		West-Central Alabama	1206093	0		36315		1296201	0.984928	1240896		67.2
o int (non)		Central Arkansas	1441390	3819.9		14974		1482754	0.997501	1464113		71.7
o int (non)		Northern Georgia	1318557	4842.6		24115		1391614	1	1367499		66.2
o int (non)		Northeast Illinois	1236914	8239.8	· · · · · · · · · · · · · · · · · · ·	8239.8		1301245		1279581	96.67%	65.8
o int (non)		Northeast Indiana	964154	6618		6401.2		1007639		997947.4	96.61%	66.6
o int (non)		Eastern Maine	1804688	0		11562		1838922	0.990604	1810190		80.0
o int (non)		Eastern North Carolina	1148760	15869		11841	15739	1223810		1195809		71.0
o int (non)		Northern Utah	1901109	9108.5		4673.4		1941930		1923617	98.83%	81.7
o int (non)	60	Northwest Washington	1878438	23941	77324	30054		2015303		1979478		65.8
all hi int			26281577	200100.1	1206085	353949			0.993422	27679828		59.2
all lo int			38377096	325270.6	1354453	443013.2	258000.4	40757833	0.993378	40047850	95.83%	63.9
ield:												
ni int		Boston, MA Portion	33485.67					33485.67	1	33485.67	100.00%	63.9
ni int		Cleveland-Lorain-Elyria, OH	270722.3					270722.3	1	270722.3		78.6
hi int		Greenville-Spartanburg-And	385437.8					385437.8	1	385437.8		83.8
ni int		Indianapolis, IN MSA	434383.7				L	434383.7	1	434383.7	100.00%	83.1
hi int		Lansing-East Lansing, MI M	273573.9					273573.9	1	273573.9		67.0
ni int		Little Rock-North Little Rock,	675350.6				· · · · ·	675350.6	1	675350.6		83.4
ni int	7	Miami, FL PMSA	91695.59					91695.59	1	91695.59		72.4
ni int		Newark, NJ PMSA	989095.5					989095.5	1	989095.5		46.8
ni int	9	Orange County, CA PMSA	41695.59					41695.59	1	41695.59		66.7
hi int		Phoenix-Mesa, AZ MSA	695515.1					695515.1	1	695515.1	100.00%	97.2
ni int	11	Seattle-Bellevue-Everett, WA	589020.9					589020.9	1	589020.9	100.00%	31.3
ni int	12	Syracuse, NY MSA	210802.8					210802.8	1	210802.8	100.00%	78.2
Fotal field sample	2		4690779	0	0	0	0	4690779	1	4690779	100.00%	73.30
RDD site sample	+ field:				<u> </u>							
ni int		Boston, MA Portion	2448777		†					2617518	93.55%	56.0
ni int		Cleveland-Lorain-Elyria, OH	2524054			· · · · · · · · · · · · · · · · · · ·				2600158	97.07%	61.2
ni int	and the second se	Greenville-Spartanburg-And	2931905		1					3020634	97.06%	66.8
ni int		Indianapolis, IN MSA	2732314							2820734	96.87%	67.5
ni int		Lansing-East Lansing, MI M	2145477				1			2208365	97.15%	66.2
ni int	C 8	Little Rock-North Little Rock,	2869680		<u> </u>		· · · · · · · · · · · · · · · · · · ·	-		2949418	97.30%	70.3
n int		Miami, FL PMSA	1974833							2137762	92.38%	50.2
n int		Newark, NJ PMSA	2957631							3099385	95.43%	51.0
ni int		Orange County, CA PMSA	2357974							2607442	90.43%	48.8
		Phoenix-Mesa, AZ MSA	2839117							2952961	96.14%	64.8

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Appendix I	- CTS Round 2 Ho	usehold Survey Response R	ALL FAMS	ALL FAMS IN RESPONDING HHOLDS (at least one resp family) survey estd family								
			respondg		undeterm	inel fam	inel fam		elig rate	eligible	response	combined hh/fam
) family	family	eligibility	(mil/kid)	(mistaken)		(for 32s)	families	rate	resp rate
hi int	11	Seattle-Bellevue-Everett, W/	2908556	8		1	ľ		ľ	3030246	95.98%	
hi int	12	Syracuse, NY MSA	2282041				1			2325466		
high-intensity sites		30972356			1	1		1.00	32370088	95.68%		
							1			1		
RDD site s	ample by size of s	ite		•								
3 million+			8587022	115907.6	473803.5	112655.1	60282.4	9349671	0.993121	9173474	93.61%	55.34%
2-3 million	· · · · ·		15061405		809057.1	213451.8	and the second sec	16316443		16002363	94.12%	
1-2 million			8303096		350510	92214.7	54211.8	8872263			95.18%	
<1m lg ms	a		14983021			175994.5		15855459		15588784	96.11%	
sm msa			4824026			54470.7	45272	5081654			96.85%	67.48%
non-msa			12900103		288412.5	148175.4		13499416		13258961	97.29%	71.03%
Total RDD	site sample		64658673		2560538	796962.2		68974905		67727671	95.47%	62.00%
												02.0070
				1	· · · · · · · · · · · · · · · · · · ·							
	supplement by typ	e of sample		1				· ·				
R1 COMPL			59720000							61396391	97.27%	81.56%
R1 REFUS			762045							799520	95.31%	18.05%
R1 OTHER			6031435							6653381	90.65%	30.37%
R1 UNDET			757981							788923.7	96.08%	21.69%
R1 NOT A			10417977				-			11001196	94.70%	57.42%
	R1 NONCOMP		17969438							19242253	93.39%	39.57%
Old working			40140000							42325302	94.84%	58.33%
New workir	ng banks		11087189							11614306	95.46%	62.35%
Total RDD	(supp+site)	· · · · · · · · · · · · · · · · · · ·	1.29E+08	998641.7	4695658	1702986	802777	1.37E+08	0.993859	1.35E+08	95.79%	62.30%
Site sample	e (RDD+field):		69349452							72417505	9 5.76%	62.27%
Total (RDD	site+supp+field)	L	1.34E+08							1.39E+08	95.93%	62.46%