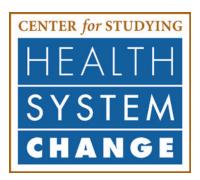
Community Tracking Study

2000-01 Household Survey Restricted Use File: User's Guide

(Release 1)



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Community Tracking Study (CTS) 2000-01 Household Survey Fact Sheet

Survey Details				
Sample	59,725 people and 32,669 families in the contiguous U.S., representing the civilian noninstitutionalized population. The majority of the sample is clustered in 60 communities, with a smaller supplemental sample drawn from the entire contiguous U.S.			
Time period	September 2000 – September 2001			
Content	Health insurance coverage Use of health services Unmet needs and expenses Usual source of care Patient trust and satisfaction Last visit to a medical provider Health status Chronic conditions [Restricted Use File only] Risk behaviors and smoking Employment, earnings, and income Demographic characteristics			
Differences between the 1998- 99 (Round Two) and 2000-01 (Round Three) surveys	There were only minor differences between the two surveys. Questions were added about unmet need for prescription medicines, sources used for information on health concerns, whether the respondent is generally feeling happy, and rating of health plan. There are a few new questions about chronic conditions, although some previous questions about chronic conditions were dropped. Regarding the data file for 2000-01, the variable for doctor's advice to quit smoking is not available, and some of the variables with information about the last visit to the doctor are not coded for children. A new set of sample design variables has been added for variance estimation by those data users who are limited to statistical software packages other than SUDAAN.			
Terminology	The CTS Household Survey has been conducted every two years since 1996-97. "Round One" refers to the 1996-97 survey. "Round Two" refers to the 1998-99 survey. "Round Three" refers to the 2000-01 survey.			
	Types of Estimates			
Geographic areas represented	These data are designed to allow the user to calculate nationally representative estimates and estimates for the 60 selected communities.			
Estimates for 2000-01	These data can be used for calculating cross-sectional estimates for 2000-01 (Round Three).			
Change estimates	The data from all three years of the survey (1996-97, 1998-99, and 2000-01) can can be combined to calculate change over time.			
Pooled estimates	To benefit from increased sample size, data from multiple years of the survey can be combined to calculate a single "pooled" estimate.			

(continued...)

Community Tracking Study (CTS) 2000-01 Household Survey Fact Sheet (continued)

Using the Data Files					
Obtaining the data files and documentation	The data files and documentation are available through the Inter-University Consortium for Political and Social Research (ICPSR). The web site is www.icpsr.umich.edu .				
	The Public Use File can be downloaded at no cost directly from the ICPSR web site. The Restricted Use File is available to approved users only and is available at no or nominal fee. ICPSR provides the restricted data file on CD. To obtain permission to use the Restricted Use File, users must comply with conditions listed in the CTS Household Survey Restricted Data Use Agreement, such as limiting data access to people specified in the agreement and destroying the data upon completion of the specified research project. Copies of the agreement and a description of the application process are available from the ICPSR web site.				
Software requirements	Because the CTS Household Survey has a complex sample design, most commonly used statistical software packages will not estimate standard errors correctly. The software recommended for analysis of the CTS Household Survey data is SUDAAN, which accommodates the main features of the sample design. Chapter 4 of this user's guide explains how to use SUDAAN to calculate standard errors correctly.				
	Not all software with the ability to analyze data from surveys with complex sample designs is able to accommodate the design of the CTS Household Survey. For example, Stata and SAS are able to generate correct standard error estimates for site-specific estimates but not national estimates. Although Stata and SAS can account for some features of the CTS sample design for national estimates, the fact that they cannot account for all of the major ones means that the standard error estimates will differ from those generated by SUDAAN (for national estimates). Those who are interested in using software other than SUDAAN for national estimates should consult Chapter 4 of this user's guide, as well as HSC Technical Publication No. 40, which describes the effect of using different statistical software packages to analyze the CTS data. For those who decide to use Stata or SAS, Chapter 4 of this user's guide describes the most appropriate way to calculate standard errors given the limitations of those packages for analysis of CTS Household Survey data.				
Differences between the Public Use File and the Restricted Use File	The Public Use File contains less detailed information than the Restricted Use File in order to preserve the confidentiality of the survey respondents. The two files contain the same number of observations, but the Public Use File has fewer variables, some of which have undergone more extensive editing than those on the Restricted Use File. The Restricted Use File contains site, state, and county-level identifiers for each observation, while the Public Use File contains only site and state identifiers. In addition, some of the values for the state identifiers have been altered in the Public Use File but not in the Restricted Use File. The Restricted Use File contains information on chronic health conditions, while the Public Use File does not. Lastly, only the Restricted Use File contains information that allows the user to identify households and people that are part of both the 1998-99 (Round Two) and 2000-01 (Round Three) samples.				
Contacting the CTS help desk	ctshelp@hschange.org				

PREFACE

The Community Tracking Study (CTS) provides information to help policy makers and health care leaders make sound decisions. The CTS collects information on how the health system is evolving in 60 communities across the United States and the effects of those changes on people. Funded by the Robert Wood Johnson Foundation, the study is being conducted by the Center for Studying Health System Change (HSC).

The CTS relies on periodic site visits and surveys of households and physicians, with occasional surveys of employers and health insurance plans. One component of the CTS, the Household Survey, provides cross-sectional estimates of health insurance and demographic characteristics, the use of health services, satisfaction with care, and health status. This user's guide gives researchers the information necessary for using the restricted use version of the data file containing information from the 2000-01 Household Survey.

Data collection for the 2000-01 Household Survey began in September 2000 and was completed in September 2001. Earlier versions of the survey were conducted in 1996-97 and 1998-99. Each survey was designed to allow separate cross-sectional estimates. Researchers can use each year of the CTS Household Survey for separate cross-sectional analyses or combine the years to study changes in the health care system over time.

This user's guide presents background information about the CTS and the 2000-01 Household Survey, explains how to select samples and weight variables, and discusses the correct approach to estimating variances. This discussion is followed by a description of variable construction and editing and other information about the data file. The appendices contain useful background information, such as the survey questions and detailed instructions on variance estimation. The codebook (Community Tracking Study 2000-01 Household Survey Restricted Use File: Codebook) provides more detail on the data file, including frequencies and definitions of variables.

ACKNOWLEDGMENTS

The Center for Studying Health System Change (HSC) would like to express its great appreciation to its contractors, Mathematica Policy Research, Inc. (MPR) and Social and Scientific Systems, Inc. (SSS), for their collaboration in the production of this user's guide and the accompanying codebook and data file.

OBTAINING AND USING THE RESTRICTED USE FILE

In order to obtain and use this Restricted Use File, researchers must apply for access to the data and agree to the strict terms and conditions contained in the *Community Tracking Study Household Survey Restricted Use Data Agreement*. Information about the application process and the data use agreement are available from the ICPSR website (www.icpsr.umich.edu).

Before applying to use the CTS Household Survey Restricted Use File, researchers should consider whether the Public Use File would serve their analytic needs. The public use and restricted use versions differ in the amount of geographic detail provided, and the confidentiality masking applied to some variables. The Restricted Use File contains site, state and county-level identifiers for each observation, while the Public Use File contains only site and state identifiers. In addition, some of the values for the state identifiers have been altered in the Public Use File but not in the Restricted Use File. The Restricted Use File contains information on chronic health conditions, while the Public Use File does not. Lastly, only the Restricted Use File contains information that allows the user to identify households and people that are part of both the 1998-99 (Round Two) and 2000-01 (Round Three) samples.

Information on the Public Use File is available in Community Tracking Study Household Survey Public Use File: User's Guide and Community Tracking Study Household Survey Public Use File: Codebook, available from the ICPSR web site (www.icpsr.umich.edu).

OBTAINING TECHNICAL ASSISTANCE

Information on the CTS Household Survey, and the CTS in general, can be obtained through the HSC Internet home page at http://www.hschange.org. The Restricted Use File and the latest documentation are available through the Inter-university Consortium for Political and Social Research at http://www.icpsr.umich.edu.

Technical assistance on issues related to the data file can be obtained by contacting the CTS Help Desk by e-mail at ctshelp@hschange.org or fax (202-863-1763).

VISIT THE HSC WEB SITE

www.hschange.org

For users of the CTS data files, the HSC Web site can be a valuable resource. In addition to the HSC technical publications and descriptions of the different CTS data collection activities, it has these useful features.

CTSonline user-specified tables. CTSonline is an interactive Web-based system that allows users to request a wide variety of tables with estimates from the CTS surveys. Launched in June 2002, the system currently has results for the Physician Survey, and results for the Household Survey will be added soon.

Lists of papers published from the public use and restricted use data files. In the section of the Web site that discusses the public and restricted use data, you can view a list of journal articles that have been published by users of the CTS public use and restricted use data files. If you have a paper based on the CTS data that is not included on the list, please let us know by sending an email to CTSonline@hschange.org.

Email list for updates on the CTS data. If you would like to receive email announcements when new versions of the CTS data files are released, go to the Web site and click on "Sign up for email alerts." Then fill out the sign-up form and check the box specific to <u>CTS email</u>.

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CHAPTER 1

OVERVIEW OF THE COMMUNITY TRACKING STUDY AND THE HOUSEHOLD SURVEY

This guide is intended to assist researchers in using the Community Tracking Study (CTS) 2000-01 Household Survey Restricted Use File. The CTS is a national study of the rapid changes in the health care market and the effects of those changes on people. Funded by the Robert Wood Johnson Foundation, the study is being conducted by the Center for Studying Health System Change (HSC). Additional documentation and detailed information on the file layout and content are available in *Community Tracking Study 2000-01 Household Survey Restricted Use File: Codebook.* Information about other aspects of the CTS is available from HSC at www.hschange.org. Technical assistance on issues related to the data file may be obtained by contacting the CTS Help Desk by e-mail at ctshelp@hschange.org or fax (202-863-1763).

1.1. CTS OBJECTIVES

The CTS is designed to provide a sound information base for decisions made by health care leaders by collecting information on how the health system is evolving in 60 communities across the United States and the effects of those changes on people. Underway since 1996, the CTS is a longitudinal project that relies on periodic site visits and surveys of households and physicians. While many studies have examined leading markets in California and Minnesota and analyzed local or selected data, there has been no systematic study of change in a broad cross-section of U.S. markets or analysis of the effects of those changes on service delivery, cost and quality. The Community Tracking Study is designed to provide sound empirical evidence that will inform the debate about health system change. The study addresses two broad questions that are important to public and private health decision-makers:

How is the health system changing? How are hospitals, health plans, physicians, safety net providers and other provider groups restructuring, and what key forces are driving organizational change?

How do these changes affect people? How are insurance coverage, access to care, use of services, health care costs and perceived quality of health care changing over time?

Focusing on communities is central to the design of the CTS. Understanding market changes requires studying local markets, including their culture, history, and public policies relating to health care. HSC researchers randomly selected 60 communities to provide a representative profile of change across the United States (see Table 1.1). Of these communities ("sites"), 12 are studied in depth, with site visits ("case studies") and survey samples large enough to draw conclusions about change in each community. These 12 communities are referred to as the "high-intensity sites."

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¹ An overview of the Community Tracking Study is contained in Kemper et al. (1996).

² Surveys of employers and insurance plans have also been conducted.

1.2. ANALYTIC COMPONENTS OF THE COMMUNITY TRACKING STUDY

The CTS has both quantitative and qualitative components. The quantitative component consists of surveys, and the qualitative component consists of site visits.

In all 60 sites, HSC has conducted independent surveys of households and physicians, enabling researchers to explore relationships among purchasers, providers, and consumers of health care. The Household Survey has been conducted in 1996-97, 1998-99, and 2000-01, and data collection for the fourth survey is scheduled for calendar year 2003. The Physician Survey has also been conducted in 1996-97, 1998-99, and 2000-01, and data collection for the fourth survey is scheduled for calendar year 2004.

In addition to the household and physician surveys, the quantitative component of the CTS has also included two other surveys. The Followback Survey was conducted as a supplement to the 1996-97 Household Survey and the 1998-99 Household Survey. For this survey, the privately financed health insurance policies covering Household Survey respondents were "followed back" to the organization that administered the policy. The purpose of the Followback Survey was to obtain more detailed and accurate information about those private policies than Household Survey respondents could provide. A CTS survey of employers that was sponsored by the Robert Wood Johnson Foundation was conducted by RAND in 1996 and 1997.³

Case studies in the 12 high-intensity sites make up the qualitative component of the CTS. The first three rounds of comprehensive case studies of the health systems in the 12 communities are completed. The first round was conducted in 1996-97, the second in 1998-99, and the third in 2000-01. The fourth round is being conducted in 2002 and 2003. The findings are available from HSC.⁴

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³ The household and physician surveys were conducted by HSC. The Employer Survey was conducted by RAND in collaboration with HSC. The surveys are available separately as both public and restricted use files. While these three surveys were conducted in the same communities, they were independent of one another and do not allow for the linking of persons, employers, or physicians.

⁴ Community reports from each round are available through the HSC web site at www.hschange.org.

TABLE 1.1 SITES SELECTED FOR THE COMMUNITY TRACKING STUDY

High-Intensity Sites	Low-Intensity Sites			
Metro areas >200,000 population	p areas >200,000 population Metro areas >200,000 population			
01-Boston (MA)	13-Atlanta (GA)	49-Dothan (AL)		
02-Cleveland (OH)	14-Augusta (GA/SC)	50-Terre Haute (IN)		
03-Greenville (SC)	15-Baltimore (MD)	51-Wilmington (NC)		
04-Indianapolis (IN)	16-Bridgeport (CT)			
05-Lansing (MI)	17-Chicago (IL)	Nonmetropolitan Areas		
06-Little Rock (AR)	18-Columbus (OH)	-		
07-Miami (FL)	19-Denver (CO)	52-West Central Alabama		
08-Newark (NJ)	20-Detroit (MI)	53-Central Arkansas		
09-Orange County (CA)	21-Greensboro (NC)	54-Northern Georgia		
10-Phoenix (AZ)	22-Houston (TX)	55-Northeastern Illinois		
11-Seattle (WA)	23-Huntington (WV/KY/OH)	56-Northeastern Indiana		
12-Syracuse (NY)	24-Killeen (TX)	57-Eastern Maine		
	25-Knoxville (TN)	58-Eastern North Carolina		
	26-Las Vegas (NV/AZ)	59-Northern Utah		
	27-Los Angeles (CA)	60-Northwestern Washington		
	28-Middlesex (NJ)	2		
	29-Milwaukee (WI)			
	30-Minneapolis (MN/WI)			
	31-Modesto (CA)			
	32-Nassau (NY)			
	33-New York City (NY)			
	34-Philadelphia (PA/NJ)			
	35-Pittsburgh (PA)			
	36-Portland (OR/WA)			
	37-Riverside (CA)			
	38-Rochester (NY)			
	39-San Antonio (TX)			
	40-San Francisco (CA)			
	41-Santa Rosa (CA)			
	42-Shreveport (LA)			
	43-St. Louis (MO/IL)			
	44-Tampa (FL)			
	45-Tulsa (OK)			
	46-Washington (DC/MD)			
	47-West Palm Beach (FL)			
	48-Worcester (MA)			

Note: The numbers listed above are a shorthand site identification and are provided in the data file as the variables SITE and SITEID.

1.3. THE HOUSEHOLD SURVEYS

The Household Surveys for 1996-97, 1998-99, and 2000-01 have been funded by the Robert Wood Johnson Foundation and conducted under the direction of HSC. Mathematica Policy Research, Inc. (MPR) was the primary contractor for survey designs, instrument development, sample designs and implementation, most of the interviewing, weighting, and variance estimation. Social and Scientific Systems, Inc. (SSS) was instrumental in converting the raw survey data into a data file suitable for analysis. MPR, SSS, and HSC collaborated to prepare the documentation for the CTS Household Survey Restricted Use File.

The Household Survey instruments covered health insurance, use of health services, satisfaction with care, health status, and demographic information. A family informant provided information on insurance coverage, health resource use, usual source of care, and general health status of all family members. This informant also provided information on family income as well as employment, earnings, employer-offered insurance plans, and race/ethnicity for all adult family members. Each adult in the family (including the informant) responded through a self-response module (SRM) to questions regarding unmet needs, patient trust, satisfaction with physician choice, detailed health questions, risk and smoking behaviors, and the last doctor visit. The SRM included mostly subjective questions that could not be answered reliably by proxy respondents. The family informant responded on behalf of children regarding unmet needs and satisfaction with physician choice. The adult family member who took the child to his or her last doctor visit responded to questions about this visit. (This adult family member might not have been the family informant.) A Spanish version of the instrument was used when appropriate.

The survey instruments used in each round of the Household Survey have been similar but not identical. Chapter 2 contains more detailed information on the changes between 1998-99 and 2000-01. The surveys were administered by telephone, using computer-assisted telephone interviewing technology.

Although the majority of the respondents in each round were selected through the use of a list-assisted random-digit-dialing sampling methodology, families without working telephones were represented in the sample as well. Field staff using cellular telephones enabled these families to complete interviews.

A sample of the telephone numbers from the 1998-99 random-digit-dialing sample was included in the 2000-01 sample to improve precision for estimates of population change, to reduce costs, and to marginally increase response rates. While there are some individuals who responded to both surveys, the samples were not specifically designed as a longitudinal panel. The design does allow for comparisons of cross-sectional estimates across 1996-97, 1998-99, and 2000-01.

Interviews for 59,725 individuals from 32,669 family insurance units (FIUs) were completed between September 2000 and September 2001.⁶

⁵In families with more than one child under age 18, one child was randomly selected for inclusion in the survey. ⁶The family insurance unit (FIU) is based on groupings of people typically used by insurance carriers. It includes an adult household member, spouse, and dependent children up to age 18 (or age 18-22 if the child is in school). A more detailed definition of the FIU is presented in Chapter 2.

1.4. THE HOUSEHOLD SURVEY RESTRICTED USE AND PUBLIC USE FILES

Two versions of the CTS Household Survey data are available to researchers: the Restricted Use File and the Public Use File. The *Restricted Use File* may only be used under the conditions listed in the *Community Tracking Study Household Survey Restricted Use Data Agreement*. This agreement provides details on ownership of the data, when the data may be accessed and by whom, how the data may be used and reported, the data security procedures that must be implemented, and the sanctions that will be imposed in the case of data misuse. Researchers must specifically apply to the Inter-university Consortium for Political and Social Research (ICPSR) for use of the Restricted Use File. Copies of the agreement and a description of the application process are available from the ICPSR web site at www.icpsr.umich.edu.

The Restricted Use File is provided to researchers for use on only a specific research project (new applications would be required for subsequent analyses) and for a limited time, after which all copies of the data must be destroyed. Moreover, researchers using the Restricted Use File may be required to undertake costly or inconvenient security measures.

The Public Use File is also available from ICPSR. Researchers need not specifically apply for use of the Public Use File. It is suitable for most researchers who wish to perform analysis at the national or site level. The Public Use File does not contain any county information. The Public Use File contains observations on the same individuals and families as the Restricted Use File.

The Public Use and Restricted Use versions differ in the amount of geographic detail provided and the confidentiality masking applied to some variables. The Restricted Use File contains site, state and county-level identifiers for each observation, while the Public Use File contains only site and state identifiers. In addition, some of the values for the state identifiers have been altered in the Public Use File but not in the Restricted Use File. The Restricted Use File contains information on chronic health conditions, while the Public Use File does not. Lastly, only the Restricted Use File contains information that allows the user to identify households and people that are part of both the 1998-99 (Round Two) and 2000-01 (Round Three) samples.

CHAPTER 2

THE STRUCTURE AND CONTENT OF THE COMMUNITY TRACKING STUDY HOUSEHOLD SURVEY

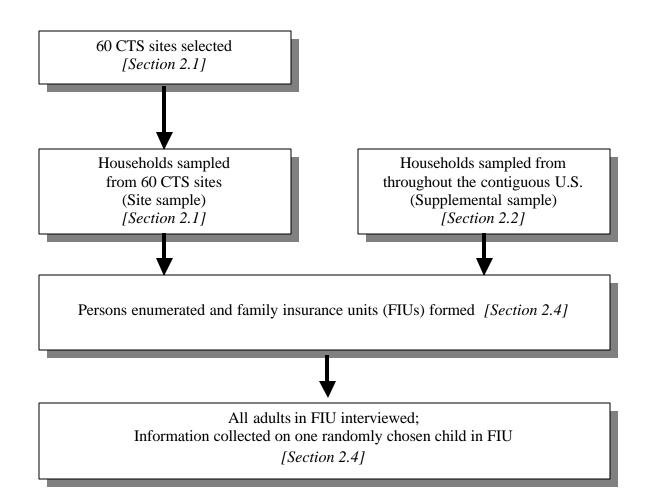
There were a number of steps involved in conducting the Household Survey, as shown in Figure 2.1. This chapter describes those steps and also includes information on the survey questions and final sample counts.

To better understand the survey description below, it is useful to be familiar with the three-tier design of the CTS. The CTS's three-tier sample design makes it possible to develop estimates at the national and community (site) levels:

- The first tier is a sample from 12 communities, in each of which a large number of households were surveyed. The sample in each of these "high-intensity" sites is large enough to support estimates in each site.
- The second tier is a sample from 48 communities, in each of which a smaller sample of households were surveyed. This sample of "low-intensity" sites allows us to validate results from the high-intensity sites and permits findings to be generalized to the nation. The first and second tiers together are known as the *site sample*.
- The third tier is a smaller, independent national sample known as the *supplemental sample*. This sample augments the site sample and increases the precision of national estimates with a relatively modest increase in total sample.

The analysis of survey data from the CTS's three-tier sample design is more complex than it would be if a simpler sample design were used. Chapter 3 explains how to choose the sample and weighting variables appropriate for your analysis.

FIGURE 2.1 OVERVIEW OF HOUSEHOLD SURVEY PROCEDURES



2.1. Site Sample

As discussed in Chapter 1, the primary goal of the CTS is to track health system change and its effects on people at the local level. Therefore, we selected 60 communities (*sites*) to provide a representative profile of change across the U.S.; the sample drawn from those sites constitutes the *site sample*. The first step in designing the CTS site sample was to determine the appropriate sites to study. Three issues were central to the sample design: the definition of the sites, the number of sites, and the selection of the sites.

2.1.1. Definition of Sites

The sites encompass local health care markets. Although there are no set boundaries for these local markets, the intent was to define areas such that residents predominately used health care providers in their area and providers served predominately area residents. The sites generally conform to the metropolitan statistical areas (MSAs) defined by the Office of Management and Budget and the nonmetropolitan portions of the economic areas defined by the Bureau of Economic Analysis (BEAEAs).⁷

2.1.2. Number of Sites

The next step in creating the site sample was to determine the number of high-intensity sites. The high-intensity sites have larger samples, and they are also the sites used for the case studies described in Chapter 1. In making this decision, we considered the tradeoffs between data collection costs (case studies plus survey costs) and the research benefits of a large sample of sites. The research benefits of a larger number of sites include a greater ability to empirically examine the relationship between health system change and its effect on care delivery and consumers and to make the study findings more "generalizable" to the nation. Despite the cost advantages of conducting intensive case studies in fewer sites, focusing on a smaller number of communities makes it more difficult to distinguish between changes of general importance and changes or characteristics unique to a community. Solving this problem by increasing the number of case study sites would make the cost of data collection and analysis prohibitively high.

We chose 12 sites for intensive study and added 48 sites for less-intensive study. These 60 high-intensity and low-intensity sites form the *site sample*. Although there was no formal scientific basis for choosing 12 high-intensity sites, this number reflects a balance between the benefits of studying a range of different communities and the costs of doing so. The addition of 48 low-intensity sites solves the problem of limited generalizability associated with only 12 sites and provides a benchmark for interpreting how representative the high-intensity sites are.

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⁷For more details on the definition of CTS sites, refer to Metcalf et al. (1996).

2.1.3. Site Selection

Once the number of sites for the site sample had been determined, we selected the actual sites, shown previously in Table 1.1. Sites were sampled by stratifying them geographically by region and selecting them randomly, with probability in proportion to their 1992 population. There were separate strata for large MSAs (population of more than 200,000), small MSAs (population of less than 200,000), and nonmetropolitan areas. The 12 high-intensity sites were selected randomly from the large MSAs. Among the 48 low-intensity sites, 36 are large MSAs, 3 are small MSAs, and 9 are nonmetropolitan sites. The *Community Tracking Study Site-County Crosswalk* identifies the specific counties, by FIPS code, that make up each CTS site. This sampling approach provided maximum geographic diversity, judged critical for the 12 high-intensity sites in particular, and acceptable natural variation in city size and degree of market consolidation. 8

2.2. SUPPLEMENTAL SAMPLE

Although the site sample alone will yield national estimates, they will not be as precise as they could have been had more communities been sampled or had the sample been a simple random sample of the entire U.S. population. The *supplemental sample*, the third tier in the design of the CTS Household Survey sample, was added to increase the precision of national estimates at a relatively small incremental increase in survey costs. The supplemental sample is a relatively small, nationally representative sample made up of households randomly selected from the 48 states in the contiguous United States. It is stratified by region but essentially uses simple random sampling techniques within strata.

2.3. RELATIONSHIP BETWEEN THE SITE AND SUPPLEMENTAL SAMPLES

The site sample accounts for about 90 percent of the Household Survey respondents, and the remaining 10 percent come from the supplemental sample. In many cases it can be useful to combine the two samples to make estimates. The relationship between the two samples is discussed here; see Chapter 3 for a discussion of which types of analyses require which samples.

The purpose of the supplemental sample is to increase the precision of national estimates relative to the site sample alone. When it is added to the site sample to produce national estimates, the resulting sample is called the *combined sample*.

As illustrated in Figure 2.2, some of the supplemental sample falls inside of the boundaries of the 60 CTS sites. Therefore, in addition to making national estimates from the site sample more precise, the supplemental sample also slightly enhances site-specific estimates derived from the site sample. Specifically, when a site-specific estimate is made, the sample in a particular site can be augmented with observations from the supplemental sample. The resulting sample (the entire site sample plus the observations from the supplemental sample that fall inside the 60 sites) is known as the *augmented site sample*. The shaded area in Figure 2.2 shows the augmented site sample for site 2.

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⁸Additional information about the number of sites and the random selection of the site sample is available in Metcalf et al. (1996).

FIGURE 2.2

THE CTS 2000-01 HOUSEHOLD SURVEY SAMPLE STRUCTURE

Site Sample (54,037 individuals)

Supplemental Sample (5,688 individuals)

High-Intensity Sites (26,564 individuals)	High-Intensity Sites (431 individuals)
Site 1	Site 1
Site 2	Site 2
Site 3	Site 3
·	
·	
·	
Site 12	Site 12
Low-Intensity Sites (27,473 individuals)	Low-Intensity Sites (1,875 individuals)
Site 13	Site 13
Site 14	Site 14
Site 15	Site 15
·	
·	
Site 60	Site 60
	Other areas (3,382 individuals)

2.4. CONDUCTING THE HOUSEHOLD SURVEY

After selecting the sample sites, we selected households within each site for the site sample. For the supplemental sample, households were selected from throughout the U.S. The 1996-97 Household Survey used a sample that was derived by randomly selecting households using Random Digit Dialing techniques. This was augmented with a non-telephone sample consisting of households that did not have a telephone.⁹

The 1998-99 (Round Two) Household Survey sample was derived by randomly selecting a sample of 1996-97 (Round One) telephone numbers and adding some randomly selected households with telephone numbers that were not part of the 1996-97 sample. We also attempted to both recontact the addresses that were part of the 1996-97 non-telephone sample and contact some new addresses of households without telephones. The supplemental sample was comprised of some telephone numbers selected in 1996-97 and some new, randomly selected households.¹⁰

Sample selection for the 2000-01 survey was similar to that for the 1998-99 survey. The 2000-01 site and supplemental samples were derived by randomly selecting samples of 1998-99 telephone numbers and adding some randomly selected households with telephone numbers that were not part of the 1998-99 samples. For the non-telephone sample, we attempted to recontact the addresses that were part of the 1998-99 non-telephone sample and contact some new addresses of households without telephones.¹¹

Our goals in sampling the previous survey's telephone numbers were to improve precision for estimates of population change, to reduce costs, and to increase response rates. We did not attempt to trace individuals between surveys because of poor tracking information and the expected high cost and low response rates for movers. Consequently, the CTS Household Surveys from 1996-97, 1998-99, and 2000-01 should not be considered a panel survey but rather as a series of cross-sectional surveys.

Once we contacted the selected households, we determined the composition of each household, grouped household members into family insurance units (FIUs), and obtained information on each adult in each FIU. If an FIU contained one child, we collected information about him or her. If an FIU contained two or more children, we collected information about one randomly selected child. The interview process is described below.

⁹ The non-telephone sample consisted of households in the high-intensity sites who did not have telephones or who had substantial interruptions in telephone service. Within the high-intensity sites, the general strategy was to select geographic clusters through probability proportional to size sampling; count, list, and select housing units within these clusters; and screen this sample for eligible households. Refer to Strouse et al. (1998) for details.

¹⁰ Refer to Strouse et al. (2002) for additional information on 1998-99 (Round Two) sample selection.

¹¹ Refer to the *Community Tracking Study Household Survey Methodology Report*, 2000-01 (forthcoming) for additional information on 2000-01 sample selection. That report will be available as an HSC Technical Publication (www.hschange.org).

2.4.1. Households

At the beginning of the interview, a household informant was identified (typically the person who answered the phone, if it was an adult) and queried about the composition of the household. The person who owned or rented the home was identified as the head of the household, or the householder. People who usually live in the household but who were temporarily living elsewhere, including college students, were included in the household. Note that not all household members are included on the data file (see Section 2.4.4.).

2.4.2. Family Insurance Units

Individuals in the household were grouped into family insurance units (FIUs). ¹³ An FIU reflects family groupings typically used by insurance carriers, which differ from groupings defined by the Bureau of the Census. ¹⁴ An FIU is also similar to the filing unit used by Medicaid and state-subsidized insurance programs. The FIU includes an adult household member, his or her spouse, if any, and any dependent children 0-17 years of age or 18-22 years of age if a full-time student (even if living outside the household).

All FIUs were selected to participate in the remainder of the interview as long as there was at least one civilian adult in the unit. In each FIU, one informant was responsible for providing the bulk of the information about the family and its members. Figure 2.3 shows how one household of seven people could be divided into three FIUs. In this example, the head's spouse is the household informant because he/she answered the telephone and is familiar with the composition of the household. Because he/she is also familiar with the health care of his/her family members, he/she is also the informant for the first FIU (F1). The head's father is the informant for family unit two (F2), and the unrelated boarder responds for him- or herself (F3). The head's daughter is the randomly selected child in F1, and the head's son is not in the survey.

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¹²Note that the household informant was identified only for the purpose of obtaining information to be used in identifying family insurance units. The household informant is not identified on the data file. Designation of the household informant in one survey had no bearing on the designation of the household informant in a subsequent survey.

¹³ FIUs were constructed using information collected in the current survey. The structure of the FIUs in the previous survey, if available, had no bearing on the FIUs in the current survey.
¹⁴The Census Bureau's definition of a family includes all people related to the head of the household either by blood

¹⁴The Census Bureau's definition of a family includes all people related to the head of the household either by blood or marriage; it is often larger than an FIU.

¹⁵For the Household Survey, individuals who were not on active military duty at the time of the interview were considered to be civilians.

¹⁶The distinction between an FIU and a Census family can also be illustrated by Figure 2.3. Family insurance units F1 and F2 together would constitute a Census family unit.

FIGURE 2.3
EXAMPLE OF FIUS IN A HYPOTHETICAL HOUSEHOLD

FIU	Members of Household	Included in Survey	Household Informant	Family Informant
	Head of Household	~		
F1	Head of Household's Spouse	~	>	>
	Head of Household's Daughter	✓		
	Head of Household's Son			
F2	Head of Household's Father	✓		>
1,7	Head of Household's Mother	~		
F3	Unrelated Boarder	→		>

2.4.3. Individuals

In addition to providing information about his or her FIU, each family informant was asked questions about his or her own health care situation and experiences. Other civilian adults in the FIU were similarly interviewed. In FIUs containing more than one child, information on one randomly selected child was collected. "Child" was defined as an unmarried individual younger than 18. As stated above, full-time college students (age 18-22), even if they were living away from home at the time of the survey, were listed as household members and were included in their parents' FIU. These students were treated as adults in the survey; that is, they were asked all the questions asked of adults and could not be the randomly selected child.

Selection of children in 1998-99 and 2000-01 was random within an FIU if the FIU contained no children interviewed in the previous survey. If an FIU contained one child for whom data were collected in the previous survey, that child was selected. If there were more than one such child (as FIUs from the previous round were combined), we randomly selected one of them.

2.4.4. Individuals Excluded from the File

The computerized survey instrument imposed a maximum of eight persons per household to be included in the survey. All members of responding households were identified by the household informant, but in the rare instance of households exceeding eight persons, the interviewers were instructed to list all adults in the household first and then as many children as possible before reaching the maximum. However, the fact that a household member was enumerated does not necessarily mean that the person ended up on the survey data file. As mentioned, in families with more than one child under age 18, one child was randomly selected for the survey. Any children not selected were left out of the survey but are represented statistically by the children who are in the survey.

Some household members were classified as ineligible and therefore not included on the file. To avoid giving unmarried full-time college students (age 18-22) multiple chances of selection, they were excluded from sampled dwellings in which their parents did not reside. Similarly, unmarried children under age 18 with no parent or guardian in the household were also excluded. Adults on active military duty were also classified as ineligible; however, such a person could have acted as a family informant as long as there was at least one civilian adult in the family. Families in which all adults were active duty military personnel were considered ineligible for the survey and were excluded from the survey.

Some of the families listed by, but not including, the household informant did not respond to the interview. Nonresponding families were excluded from the file but are statistically represented by responding families. Adult family members who did not respond to the Self-Response Module were included on the file as long as the core interview contained a large enough set of responses for them.

2.5. HOUSEHOLD SURVEY QUESTIONS

Respondents to the survey were questioned about the following:

- Household composition
- Health insurance coverage
- Use of health services
- Unmet needs and expenses
- Usual source of care
- Patient trust and satisfaction
- Last visit to a medical provider
- Health status (and SF-12)
- Presence of chronic conditions
- Risk behaviors and smoking
- Employment, earnings, and income
- Demographic characteristics

Not all questions were asked of all respondents. Only the household informant was asked about household composition. Family informants were asked about the insurance coverage, service use, usual source of care, general health status, employment, earnings, income, and demographic characteristics of all FIU members selected for the survey. Each adult, not just the family informant, provided information on unmet needs, patient trust, satisfaction, last visit, health status, risk behaviors, and sources of health care information as part of the survey's Self-Response Module (SRM). Information about the randomly selected child was provided by the family informant and the adult in the family who took the child to the last doctor visit.

Table 2.1 shows the topics covered in the survey and who, according to the hypothetical household in Figure 2.3, responded to the questions under each section. Table 2.2 delineates the survey content in more detail. Geographic and chronic condition variables that are available only on the Restricted Use File are noted. Detailed documentation for the computer-assisted telephone interview program, the equivalent of a survey instrument, is provided in Appendix A. Appendix B is a simplified representation of Appendix A.

2.5.1. Differences in Survey Content and Data Files Across Rounds

There were only minor differences between the 1998-99 and 2000-01 surveys, as described below. See the user's guides for the 1998-99 Household Survey for information on the differences between the 1996-97 (Round One) and 1998-99 (Round Two) surveys. See Appendix C for a list of variables that are available for each year of the public use and restricted use data files.

The only questions that were dropped for the 2000-01 survey were some of the chronic conditions for both children and adults (for a detailed list, see Appendix C). The variable for doctor's advice to quit smoking (SMKADV) does not appear on the 2000-01 data file because of a high level of missing data resulting from an error in data collection. Similarly, errors for children in the following questions from Section E resulted in the need to create new variables that are coded only for adults: whether last visit was to the usual source of care, whether last visit was to the emergency room, whether last visit was by appointment, and time until appointment at last visit.

The following questions were added for the 2000-01 survey:

- Unmet need for prescription medicines due to cost (Section C)
- Rating of health plan (Section E)
- Respondent's general outlook, i.e., feeling happy overall (Section E)
- Some new questions about chronic conditions (Section E)
- Sources that consumers use for information about health concerns, whether that information is mentioned to the doctor, and whether the doctor acts upon that information (Section E)

 $^{^{17}}$ The term "interviewing unit" used in the questionnaire is synonymous with FIU. The term "householder" used in the questionnaire is synonymous with household informant.

2.6. HOUSEHOLD SURVEY ADMINISTRATION AND PROCESSING

The survey was administered by telephone, using computer-assisted telephone interviewing technology. Although the majority of the respondents were selected using list-assisted random-digit-dialing sampling methodology, families without working telephones were represented in the sample as well. Field staff provided a cellular telephone so that family members could respond to the computer-assisted telephone interview. The survey was fielded between September 2000 and September 2001. The total number of completed interviews consisted of 32,669 FIUs and 59,725 individuals. The overall response rate for FIUs was 61 percent. Tables 2.3 and 2.4 show the number of FIUs and individuals interviewed for each site and each sample.

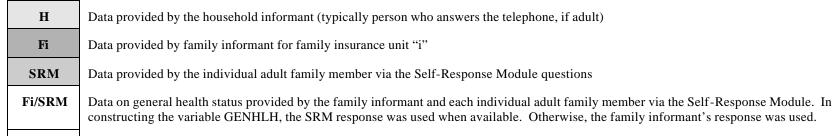
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¹⁸ For more details on survey sampling and operations, refer to the *Community Tracking Study Household Survey Methodology Report*, 2000-01 (forthcoming). That report will be available as an HSC Technical Publication (www.hschange.org).

$\begin{tabular}{l} TABLE~2.1\\ SOURCE~OF~DATA~FOR~INDIVIDUALS,~BY~QUESTION~TOPIC \end{tabular}$

(Illustrative household described in Figure 2.3)

Family Insurance Unit Member	Household Composition	Insurance Coverage	Resource Use/ Expenses	Unmet Needs	Usual Source of Care	Patient Trust	Satis- faction	Last Visit	General Health Status	Chronic Conditions	Risk/ Smoking/ SF-12	Source of Health Informa- tion	Employ- ment/ Earnings/ Employer Plan	Family Income	Race
						First F	amily Ins	urance I	Unit						
Family Informant	Н	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1	F1
Spouse	Н	F1	F1	SRM	F1	SRM	SRM	SRM	F1 and SRM	SRM	SRM	SRM	F1	F1	F1
Randomly Selected Child	Н	F1	F1	F1	F1	Not Asked	F1	FC	FC	FC	Not Asked	F1	Not Asked	F1	Not Asked
Other Children	Н	Data not av	Data not available - Not randomly selected child												
						Second	Family In	surance	Unit						
Family Informant	Н	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2	F2
Spouse	Н	F2	F2	SRM	F2	SRM	SRM	SRM	F2 and SRM	SRM	SRM	SRM	F2	F2	F2
	Third Family Insurance Unit														
Unrelated Adult	н	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3	F3



Data provided by adult in family who took randomly selected child to last doctor visit

FC

Notes:

TABLE 2.2 $\label{eq:content_content}$ CONTENT OF THE 2000-01 HOUSEHOLD SURVEY DATA FILES

Health Insurance (Questionnaire Section B)				
Private insurance coverage	Covered by employer- or union-related private insurance Covered by other private insurance: Directly purchased Provided by someone not in household Premium for directly purchased private insurance			
Public insurance coverage	Covered by Medicare Covered by both Medicare and supplemental private insurance Covered by Medicaid Covered by other public insurance (military, Indian Health Service, other state and local)			
Uninsured	Not covered by public or private insurance			
Continuity of coverage and changes in coverage	If uninsured: Whether lost coverage in last 12 months Reason uninsured If insured: Whether changed insurance plan or status in last 12 months Previous insurance type Reason for change in insurance			
Insurance plan attributes	Whether plan requires signing up with primary care doctor or clinic for routine care Whether plan requires approval or referral to see a specialist Whether plan requires choosing a doctor or clinic from a book, directory, or list Whether plan is a HMO Whether plan will pay any costs for out-of-network care			
Other insurance variables	Ever enrolled in a HMO Number of total years enrolled in a HMO			

	Access to Health Care				
Usual source of care (Section D)	Whether currently has a usual source of care Type of place of usual source of care Type of professional seen at usual source of care Reason for changing usual source of care				
Travel/waiting time for Physician visit (Section E)	Lag time between making appointment and seeing doctor at last physician visit Travel time to physician's office at last visit Time spent in waiting room before seeing medical person at last physician visit				
Difficulty getting needed services in past year (Section C)	Did not get needed services Delayed getting needed services Reasons for delaying or not getting needed services Could not afford prescription medicines				
Resource Use					
Use of ambulatory services in past 12 months (Section C)	Number of physician visits Number of emergency room visits Number of visits to nonphysician providers (nurse practitioner, physician assistant, midwife) Whether there were any mental health visits Number of surgical procedures				
Use of inpatient services in past 12 months (Section C)	Number of overnight hospital stays Number of overnight hospital stays excluding delivery/birth Number of inpatient surgical procedures Total number of nights spent in hospital				
Preventive service use (Section C)	Whether person has had flu shot in past 12 months Whether person has ever had mammogram (asked of women) Time elapsed since last mammogram				
Nature of last physician visit (Section E)	Reason for last visit: illness/injury or check-up/preventive care Type of physician seen at last visit (PCP or specialist) Whether last visit was to usual source of care Whether last visit was to an emergency room Whether last visit was with appointment or walk-in				
Costs (Section C)	Total family out-of-pocket expenses for health care in past 12 months				

Satisfaction and Patient Trust					
General satisfaction (Section E)	Overall satisfaction with health care received by family Satisfaction with choice of primary care doctors Satisfaction with choice of specialists				
Satisfaction with health plan (Section E)	Rating of health plan				
Satisfaction with last doctor visit (Section E)	Satisfaction with thoroughness and carefulness of exam Satisfaction with how well doctor listened Satisfaction with how well doctor explained things				
Patient's trust in physicians (Section D)	Agree/disagree that doctor may not refer to specialist when needed Agree/disagree that doctor may perform unnecessary tests or procedures Agree/disagree that doctor is influenced by health insurance company rules Agree/disagree that doctor puts patient's medical needs above all other considerations				
Em	ployment and Employer Insurance Offerings				
Employment status and characteristics (Section F)	Whether adult respondent has the following characteristics: Owned a business or farm Worked for pay or profit in the past week Had more than one job or business Worked for private company/government/self-employed/family business Average hours worked per week, at primary job and at other jobs Size of firm (number of employees) at all sites Type of industry				
Earnings (Section F)	Hourly wage				
Health insurance options at place of employment (Sections B and F)	Whether offered, and eligible for, health insurance coverage by employer Reasons for ineligibility Reasons for declining coverage (if eligible but not covered) Whether offered multiple plans Whether offered HMO plan Whether offered non-HMO plan				

Health Status (Section E)					
Health status	Overall health status (5-point scale from excellent to poor) Limited in moderate activity Limited in climbing stairs Accomplished less because of physical health Limited in kind of work because of physical health Accomplished less because of emotional health Less careful in work because of emotional health Pain interfered with work How much time have health problems interfered with social activities How much time calm and peaceful How much time have energy How much time downhearted/blue SF-12 scores: physical component summary; mental component summary				
Chronic conditions	Available on Restricted Use File only. For adults: recent childbirth, abnormal uterine bleeding, diabetes, arthritis, asthma, chronic obstructive pulmonary disease, hypertension, coronary heart disease, skin cancer, other cancer, benign prostate disease, depression, doctor visit for serious medical problem For children: ear infections, asthma, ADHD, high health care needs				
Smoking	Whether person has smoked at least 100 cigarettes in lifetime Whether currently smoking cigarettes every day, some days, or not at all Average number of cigarettes smoked per day in past 30 days How long since quit smoking Whether stopped smoking one day or longer in past 12 months, in effort to quit				
Consumer Information (Section E)					
Consumer information seeking	Patient obtained medical information from: Internet, friends, TV or radio, books or magazines, or other sources Patient mentioned information to doctor Doctor acted mainly because of patient information				

Other Variables				
Demographics (Sections A and G)	Age Race Gender Highest education level completed Whether the interview was administered in Spanish CTS site State County (Restricted Use File only)			
Family income (Section G)	Family income Census family income			
Attitudes (Sections B and E)	Whether person would be willing to accept limited provider choice in order to save on out-of-pocket expenses Whether person agrees that he/she is more likely to take risks than the average person Overall level of happiness			

 ${\bf TABLE~2.3}$ NUMBER OF FAMILY INSURANCE UNITS INTERVIEWED, BY SITE AND SAMPLE

Site/Geographic Area	Sample			
Site/Geographic Area	Site	Supplemental	Augmented Site	Combined
TOTAL	29,574	3,095	30,855	32,669
01-Boston (MA)	1,196	57	1,253	1,253
02-Cleveland (OH)	1,199	21	1,220	1,220
03-Greenville (SC)	1,231	10	1,241	1,241
04-Indianapolis (IN)	1,279	20	1,299	1,299
05-Lansing (MI)	1,256	6	1,262	1,262
06-Little Rock (AR)	1,376	7	1,383	1,383
07-Miami (FL)	1,225	10	1,235	1,235
08-Newark (NJ)	1,261	19	1,280	1,280
09-Orange County (CA)	1,195	31	1,226	1,226
10-Phoenix(AZ)	1,180	28	1,208	1,208
11-Seattle (WA)	1,088	27	1,115	1,115
12-Syracuse (NY)	1,221	6	1,227	1,227
13-Atlanta (GA)	229	39	268	268
14-Augusta (GA/SC)	260	7	267	267
15-Baltimore (MD)	281	26	307	307
16-Bridgeport(CT)	280	8	288	288
17-Chicago (IL)	282	72	354	354
18-Columbus (OH)	328	17	345	345
19-Denver (CO)	277	42	319	319
20-Detroit (MI)	308	59	367	367
21-Greensboro (NC)	284	11	295	295
22-Houston (TX)	289	33	322	322
23-Huntington (WV/KY/OH)	304	7	311	311
24-Killeen (TX)	278	4	282	282
25-Knoxville (TN)	280	8	288	288
26-Las Vegas (NV/AZ)	285	17	302	302
27-Los Angeles (CA)	289	96	385	385
28-Middlesex (NJ)	291	15	306	306
29-Milwaukee (WI)	307	20	327	327
30-Minneapolis (MN/WI)	323	31	354	354

TABLE 2.3

NUMBER OF FAMILY INSURANCE UNITS INTERVIEWED, BY SITE AND SAMPLE (Continued)

Sita/Gaographia Area	Sample			
Site/Geographic Area	Site	Supplemental	Augmented Site	Combined
31-Modesto (CA)	336	9	345	345
32-Nassau (NY)	292	29	321	321
33-New York City (NY)	324	65	389	389
34-Philadelphia (PA)	335	58	393	393
35-Pittsburgh (PA/NJ)	290	25	315	315
36-Portland (OR/WA)	356	29	385	385
37-Riverside (CA)	323	25	348	348
38-Rochester (NY)	419	15	434	434
39-San Antonio (TX)	316	26	342	342
40-San Francisco (CA)	255	21	276	276
41-Santa Rosa (CA)	288	5	293	293
42-Shreveport (LA)	308	6	314	314
43-St. Louis (MO/IL)	359	23	382	382
44-Tampa (FL)	318	25	343	343
45-Tulsa (OK)	333	7	340	340
46-Washington (DC/MD)	298	72	370	370
47-W Palm Beach (FL)	278	17	295	295
48-Worcester (MA)	301	6	307	307
49-Dothan (AL)	335	4	339	339
50-Terre Haute (IN)	285	1	286	286
51-Wilmington (NC)	271	4	275	275
52-W -Cen Alabama	365		365	365
53-Cen Arkansas	411	11	422	422
54-N Georgia	257	15	272	272
55-NE Illinois	303	2	305	305
56-NE Indiana	290	3	293	293
57-E Maine	326	7	333	333
58-E North Carolina	337	12	349	349
59-N Utah	431	3	434	434
60-NW Washington	352	2	354	354
Areas other than CTS Sites		1,814		1,814

TABLE 2.4 $\label{eq:local_equation} \text{NUMBER OF PERSONS INTERVIEWED, BY SITE AND SAMPLE}$

Site/Geographic Area —	Sample			
Site/Geographic Area —	Site	Supplemental	Augmented Site	Combined
TOTAL	54,037	5,688	56,343	59,725
01-Boston (MA)	2,157	99	2,256	2,256
02-Cleveland (OH)	2,138	46	2,184	2,184
03-Greenville (SC)	2,280	18	2,298	2,298
04-Indianapolis (IN)	2,291	37	2,328	2,328
05-Lansing (MI)	2,307	15	2,322	2,322
06-Little Rock (AR)	2,525	14	2,539	2,539
07-Miami (FL)	2,115	22	2,137	2,137
08-Newark (NJ)	2,282	33	2,315	2,315
09-Orange County (CA)	2,171	44	2,215	2,215
10-Phoenix (AZ)	2,090	51	2,141	2,141
11-Seattle (WA)	1,931	46	1,977	1,977
12-Syracuse (NY)	2,277	6	2,283	2,283
13-Atlanta (GA)	416	68	484	484
14-Augusta (GA/SC)	484	10	494	494
15-Baltimore (MD)	516	51	567	567
16-Bridgeport (CT)	541	11	552	552
17-Chicago (IL)	516	133	649	649
18-Columbus (OH)	625	29	654	654
19-Denver (CO)	503	73	576	576
20-Detroit (MI)	585	101	686	686
21-Greensboro (NC)	516	23	539	539
22-Houston (TX)	542	71	613	613
23-Huntington (WV/KY/OH)	548	11	559	559
24-Killeen (TX)	517	6	523	523
25-Knoxville (TN)	501	15	516	516
26-Las Vegas (NV/AZ)	495	27	522	522
27-Los Angeles (CA)	497	163	660	660
28-Middlesex (NJ)	565	35	600	600
29-Milwaukee (WI)	557	43	600	600
30-Minneapolis (MN/WI)	605	56	661	661

TABLE 2.4

NUMBER OF PERSONS INTERVIEWED, BY SITE AND SAMPLE (Continued)

S:4-/C1: A	Sample			
Site/Geographic Area	Site	Supplemental	Augmented Site	Combined
31-Modesto (CA)	638	15	653	653
32-Nassau (NY)	550	58	608	608
33-New York City (NY)	537	108	645	645
34-Philadelphia (PA/NJ)	606	100	706	706
35-Pittsburgh (PA)	526	46	572	572
36-Portland (OR/WA)	663	51	714	714
37-Riverside (CA)	617	55	672	672
38-Rochester (NY)	786	25	811	811
39-San Antonio (TX)	577	39	616	616
40-San Francisco (CA)	394	35	429	429
41-Santa Rosa (CA)	535	8	543	543
42-Shreveport (LA)	561	10	571	571
43-St. Louis (MO/IL)	682	45	727	727
44-Tampa (FL)	546	43	589	589
45-Tulsa (OK)	611	12	623	623
46-Washington (DC/MD)	558	133	691	691
47-W Palm Beach (FL)	479	29	508	508
48-Worcester (MA)	579	8	587	587
49-Dothan (AL)	652	7	659	659
50-Terre Haute (IN)	538	3	541	541
51-Wilmington (NC)	474	7	481	481
52-W -Cen Alabama	658		658	658
53-Cen Arkansas	786	21	807	807
54-N Georgia	465	33	498	498
55-NE Illinois	572	2	574	574
56-NE Indiana	574	6	580	580
57-E Maine	594	11	605	605
58-E North Carolina	604	25	629	629
59-N Utah	937	9	946	946
60-NW Washington	645	5	650	650
Areas other than CTS Sites		3,382		3,382

CHAPTER 3

USING THE HOUSEHOLD SURVEY RESTRICTED USE FILE

The Household Survey Restricted Use File is made up of several samples, each of which is appropriate for certain types of analyses. This chapter explains how to choose the appropriate sample and weight variable according to the various "analytic scenarios" possible under each unit of analysis. ¹⁹

3.1. CHOOSING A SAMPLE AND WEIGHT VARIABLE

The first factor relevant to choosing which sample and weight variable to use is the unit of analysis. The Household Survey Restricted Use File contains two units of analysis: the person and the FIU. Person-level analyses are discussed in Section 3.1.1 and FIU-level analyses in Section 3.1.2.

3.1.1. Person-Level Analyses

Most researchers will probably use the person, or individual, as the unit of analysis. The Household Survey Restricted Use File is a person-level file, consisting of one data record for each person in the Household Survey sample.

For person-level analyses, there are two determinants of which sample and weight variable to use: the population of interest (site or national) and the type of model (with or without site characteristics). Table 3.1 lists the relevant person-level samples, and Table 3.2 summarizes how these two factors determine the appropriate sample and weight for an analysis.

Weights were computed to make the samples look like the populations to which the results will be applied. The site-specific weights make the sample look like the population in our 60 sampled sites; the national weights make the sample look like the population in the contiguous United States.

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¹⁹ For more details on the definitions and construction of the Household Survey weight variables, refer to the *Community Tracking Study Household Survey Methodology Report*, 2000-01 (forthcoming). That report will be available as an HSC Technical Publication (www.hschange.org).

TABLE 3.1

PERSON-LEVEL SAMPLES IN THE 2000-01 HOUSEHOLD SURVEY RESTRICTED USE FILE

Sample	Description	File Definition
Site sample	Individuals in households selected only in the 60 CTS sites	All records with SITE > 0 (N=54,037 persons)
Supplemental sample	Individuals in households selected from throughout the 48 contiguous United States	All records with SITE = 0 (N=5,688 persons)
Augmented site sample	Individuals from the site sample plus individuals from the supplemental sample in the 60 CTS sites	All records with SITEID > 0 (N=56,343 persons)
Combined sample	All individuals from the site and supplemental samples	All records (N=59,725 persons)

TABLE 3.2 APPROPRIATE SAMPLES AND WEIGHTS FOR PERSON-LEVEL ANALYSES

Type of Model	Type of Model Recommended Sample					
Popula	Population of Interest: Site Population					
Any model	Any model Augmented site sample					
Populatio	n of Interest: National Population	on				
Model includes	Site sample ^a	WTPER2				
site characteristics	Augmented site sample	WTPER5				
Model does not include	Supplemental sample b	WTPER3				
site characteristics	Combined sample	WTPER4				

Note: See Table 3.1 for details on the samples that correspond to each set of weights.

 $^{^{\}rm a}$ Site sample is useful only for compatibility with 1996-97 (Round One) data, which had no WTPER5 (weight for national estimates from the augmented site sample).

^b Supplemental sample is recommended only for specific purposes discussed in Section 3.1.1.2.

3.1.1.1. Estimates for Sites

If your population of interest is the CTS site, we provide a weight for site-specific estimates from the augmented site sample (WTPER1). The augmented site sample for a given site was formed by taking the respondents from the site sample in that site and adding respondents from the supplemental sample who live in that site. In general, we recommend reporting site-level population characteristics for high-intensity sites only; samples for the low-intensity sites are too small to allow for precise estimates.

If your objective is to make estimates for **specific sites** in our sample, you should use the site-specific weight (WTPER1). However, if your objective is to analyze **types of sites** in the sample (looking at these 60 sites as representative of all sites in the [contiguous] United States), then you should use one of the national weights. For example, if you want to evaluate a specific CTS site (for example, Boston or Miami), you should use the site-specific weight. If you want to compare CTS sites (for example, compare Boston with Miami), you should use the site-specific weight. If you want to expand your results beyond the CTS sites (for example, using the subset of CTS sites that have a high proportion of uninsured people in order to calculate estimates that are representative of all sites in the U.S. that have a high proportion of uninsured people), you should use a national weight (discussed below).

3.1.1.2. Estimates for National Population

If your population of interest is the national population (including subgroups such as the privately insured, children, or residents of large cities), the recommended sample depends upon whether your estimation model includes site characteristics. If the model does not include site characteristics, we recommend using the combined sample. This sample has the greatest number of observations and hence will produce the most precise estimates. If your estimation model does contain explanatory variables that are site characteristics (for example, site-level means or site information from sources other than the CTS), use the augmented site sample instead of the combined sample, because the combined sample includes the supplemental sample, and location is not provided for all members of the supplemental sample.²⁰ We recommend using the augmented site sample instead of the site sample for analyses that contain site characteristics, because the augmented sample is larger, allowing more precise estimates. A weight variable for the site sample is provided for compatibility with the 1996-97 (Round One) data files, which do not have a weight for national estimates from the augmented site sample. We also do not generally recommend using the supplemental sample to make national estimates, except in situations discussed below.

²⁰ Note that models containing site dummy variables as explanatory variables can be estimated using either the site or the combined samples. If the site sample is used, one site is typically dropped from the model and is used as a reference group. If the combined sample is used, cases from the supplemental sample would constitute a "61" site. If this "61" site is used as the excluded reference group, coefficients on site dummy variables can be interpreted as

deviations from a national mean. This is a convenient way, though perhaps not the most precise way, to test whether a characteristic of a given site differs from a national average. More precise site and national means can be obtained from the augmented site and combined samples, respectively.

Because of its smaller size (10 percent of the combined sample), the supplemental sample alone should not typically be used for analysis. However, the researcher may wish to use this sample alone to prepare national estimates in the following situations:

- *To Perform Exploratory Analyses.* Because the supplemental and site samples are independent national samples, a researcher might want to use the supplemental sample to perform exploratory data analysis and use the site sample to confirm the results.
- To Take Advantage of the Supplemental Sample's Smaller Design Effects. The relatively straightforward design of the supplemental sample results in smaller design effects than those associated with the site sample. This reduces the risk of severely understating the variance inherent in not using more complex statistical packages like SUDAAN to develop variance estimates. (Chapter 4 includes a discussion of how to derive appropriate variance estimates.)

3.1.2. FIU-Level Analyses

In addition to the individual, the FIU can also be the unit of analysis because the Household Survey collects information *on* the FIU and *about* multiple people in the FIU. On the data file, information that pertains to the family as a whole (for example, family income) is assigned to the records of each member of the family. (Chapter 5 explains how to prepare an FIU-level data file from the person-level Restricted Use File.)

For FIU-level analyses, there are two determinants of which sample and weight variable to use: the population of interest (site or national) and the type of model (with or without site characteristics). Table 3.3 summarizes how these two factors determine the appropriate sample and weight for an analysis. For a discussion of population and model type, see Section 3.1.1. Note, however, that the specific samples and weights discussed in that section do not apply directly to FIU-level analyses.

As shown in Table 3.3, we provide a weight (WTFAM1) for the augmented site sample for FIU-level analyses in which the population of interest is the site population, regardless of your estimation model. If your population of interest is the national population, we recommend either the augmented site sample or the combined sample, depending on your estimation model. The augmented site sample is preferred for estimation models incorporating site characteristics because this sample has a larger number of observations than the site sample alone and will produce more precise estimates. For national estimates using models without site characteristics, the combined sample is preferred over the supplemental sample for the same reason. ²¹ The supplemental sample should generally not be used alone for analyses because of its smaller size, but, as described above in the section on person-level analyses, a researcher may wish to use this sample alone to perform exploratory analyses or take advantage of the supplemental sample's smaller design effects relative to the site sample.

²¹ A weight for the site sample is provided only for compatibility with the 1996-97 (Round One) data files.

TABLE 3.3 APPROPRIATE SAMPLES AND WEIGHTS FOR FIU-LEVEL ANALYSES

Type of Model	Recommended Sample	Weight Variable				
Popul	Population of Interest: Site Population					
Any model	Augmented site sample	WTFAM1				
Populati	Population of Interest: National Population					
Model includes	Site sample ^a	WTFAM2				
site characteristics	Augmented site sample	WTFAM5				
Model does not include	Supplemental sample b	WTFAM3				
site characteristics	Combined Sample	WTFAM4				

^a Site sample is useful only for compatibility with 1996-97 (Round One) data, which had no WTFAM5 (weight for national estimates from the augmented site sample).

^b Supplemental sample is recommended only for specific purposes discussed in Section 3.1.1.2.

3.2. Using Data From Multiple Years of the Household Survey

As discussed earlier (in Chapter 2), some persons and households that were part of the sample for the 1996-97 survey are also part of the 1998-99 sample, and likewise some persons and households in the sample for the 1998-99 survey are also part of the 2000-01 sample. One advantage of the Restricted Use File over the Public Use File is that the former contains information that allows you to identify specific linkages across the different survey years. There are two ways in which those linkages can be useful: (1) they may provide information that would be helpful if you were to edit or impute variables on your own, and (2) you may be able to realize some additional efficiencies in the variance of the estimates that are calculated using multiple survey years. (In general, any information on linkages across surveys may help control for more random noise, and so the estimates that are generated are likely to be more precise.)

You should note that, although some people and households appear in multiple years of data, a longitudinal "panel" is not defined in any useful way. We do not provide a "panel" weight that would allow you to analyze changes associated with individual persons or families between 1996-97, 1998-99, and 2000-01. The reason for this comes from the definition of the sampling unit for the surveys. The sampling unit was the telephone number (or the address, for the inperson sample), and so we did not attempt to follow the people associated with one survey's sampling units in the subsequent survey if they changed telephone numbers or moved. In addition, we supplemented the 1998-99 and 2000-01 samples with new telephone numbers and addresses. Therefore, you can analyze changes over time only through comparison of cross-sectional estimates from the separate surveys (see Section 3.2.2).

3.2.1. Linking Data for Multiple Years

What you need to do in order to benefit from the linkage of the data across survey years depends on the situation. For some analytic purposes, the linkage is automatically taken into account by the sampling parameters. For other purposes, you need to be able to identify specifically the subsample of persons and households that are represented in multiple years.

In the situations where you are calculating change estimates and pooled estimates, the sampling parameters in the Restricted Use File automatically account for some linkages across years, which can potentially yield more efficient estimates. Specifically, we have ensured that, for the Restricted Use File only, the values of SUDAAN parameters NFSUX and FSUX (see Chapter 4) have the same values across years when the same phone number was contacted. Note that the fact that the values of the parameters are the same does not necessarily mean that a particular person was in the sample in multiple years.

 $^{^{22}}$ The exceptions to this are the non-metropolitan sites (sites 52 - 60).

There are two situations in which you will want to be able to identify specifically those households and persons who are represented in multiple years. First, you might want to use information from one year of data to edit or impute values in another year of data. Second, to explain even more of the variance beyond what is achieved by using the basic models discussed below, you might also want to include a variable in your models that indicates whether the person (or family) is in the samples from multiple years. ²³

Because household and person identifiers were assigned independently in the data from each survey, you should look at the variables R2HHIDX and R2PID in the 2000-01 survey data in order to identify linkages between the 2000-01 survey and the 1998-99 survey. The first variable gives the 1998-99 household identifier for those households with at least one person in common between the two surveys. So, if the 2000-01 variable R2HHIDX has a non-missing value (e.g., 1234567), there is a household on the 1998-99 data file with HHIDX=1234567 containing at least one person common to both surveys. To identify the person or persons in common within the household, the 2000-01 variable R2PID (used in conjunction with R2HHIDX) corresponds to a record on the 1998-99 file with PID equal to that value. Because analogous variables on the 1998-99 data file (R1HHIDX and R1PID) link the 1998-99 data to the 1996-97 data, users can also identify linkages between the 2000-01 data and the 1996-97 data by using all three data files.

3.2.2. Estimating Changes

To estimate changes in an attribute between any two years of the Household Survey, you could of course calculate separate means for each of the two surveys and then compare them. However, that approach does not allow you to use the information on the linkages between the surveys in order to get more precise estimates. Therefore, we recommend combining the data from the two surveys in order to estimate change. Specifically, combine the two years of data (e.g., 1998-99 and 2000-01) into a single data set, with a separate observation for each person (or family) in each year of data. Let Y_i represent the analytical variable of interest for each observation i, and let the variable $SURVEY3_i$ indicate whether the observation comes from the 2000-01 survey ($SURVEY3_i = 0$ if observation i comes from 1998-99, $SURVEY3_i = 1$ if observation i comes from 2000-01). Then run the following weighted regression model. ²⁴

$$Y_i = a + b(SURVEY3_i) + e_i$$

The resulting estimate of a represents the mean for 1998-99, and the sum (a + b) represents the mean for 2000-01. Therefore, the estimate of change in Y between the two time periods is b, which will generally have lower variance than the change estimate that you would get from calculating the means for the two periods separately and then estimating the variance of the change estimate from the sum of the sampling variances for the respective periods.

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²³ There are a number of possibilities for what exactly such an indicator variable could represent. Perhaps the most obvious example is a person-level analysis in which the variable indicates whether a particular person is in the samples from all years being analyzed. For a family-level analysis, one possibility is a variable to indicate whether all family members are in the samples from all years being analyzed.

²⁴ If the analytical variable *Y* is continuous, you would run a linear regression model. If dichotomous, you would run a logistic regression model. If the variable has three or more categories, you would run a multinomial logistic regression model.

Note that this approach to calculating change allows you the option to include whatever additional independent variables you think are appropriate. For example, you could add to the right hand side of the equation other explanatory variables and interactions among those variables, as well as interactions of *SURVEY3* with those explanatory variables. You could also include a dummy variable indicating whether the observation is somehow represented in both years of data (as discussed in Section 3.2.1), in order to potentially decrease further the variance of the change estimate. With additional independent variables in the model, *b* should be interpreted as an estimate of the difference between the two survey periods after accounting for those additional factors.

3.2.3. Pooling Data to Increase Sample Size

The purpose of combining or "pooling" data from multiple survey years to increase sample size and therefore the precision of a cross-sectional estimate, which is especially desirable for analyses of certain smaller subgroups. This approach is appropriate only if you can assume that the variable of interest either did not change substantially between the survey years that are being pooled or exhibited a clear pattern of change (i.e., a change that can be controlled for by including an independent variable indicating the survey year in a regression model).

3.2.4. Variance Estimation When Combining Multiple Years of Data

Regardless of whether you are calculating change across multiple years of the Household Survey or doing a pooled analysis, you should run all of your regression models in the same way that you would for a single survey year. With respect to variance estimation, this means using the same sampling parameters appropriate to the type of estimate and model being run (see Chapter 4). Because the underlying design is the same for each year of the survey, the sampling parameters are identical and were given identical variable names across the surveys; therefore, the same sampling parameters are used regardless of whether you are using single or multiple years of the data.

CHAPTER 4

DERIVING APPROPRIATE VARIANCE ESTIMATES

Some element of uncertainty is always associated with sample-based estimates of population characteristics because the estimate is not based on the full population. This sampling error is generally measured in terms of the standard error of the estimate, or its sampling variance. Estimates of the standard errors are necessary to construct confidence intervals around estimates and to conduct hypothesis tests.

Like many other large national surveys, the Household Survey sample design employs stratification, clustering, and oversampling to provide the basis for making national and high-intensity site estimates. These data therefore require specialized techniques for estimating sampling variances. This chapter discusses the use of specialized statistical software to estimate standard errors that account for the sample design.

New for 2000-01. In the user's guides accompanying the public and restricted use data files for the 1996-97 and 1998-99 surveys, the only software package discussed was SUDAAN. We provided the sampling parameters necessary for making estimates using SUDAAN and showed how to set up the relevant SUDAAN statements. The emphasis on SUDAAN was a result of the fact that SUDAAN was and continues to be the only commonly used statistical software package that can accommodate the major features of the Household Survey sample design when calculating standard errors for national estimates.²⁷ However, because of user interest in software other than SUDAAN, we examined how the CTS standard error estimates from other commonly used statistical software packages (Stata and SAS survey procedures) compared with those from SUDAAN. The resulting report, which is summarized in Section 4.3, identifies situations when alternative software packages could be reasonably used and also those situations when they should not be used. **Researchers who** are considering using software other than SUDAAN are strongly encouraged to obtain the full report. 28 For situations when using Stata or SAS is a reasonable option, we now provide the necessary sampling parameters for those packages in the 2000-01 data files.²⁹ Use of other software besides SUDAAN is discussed in more detail below in Section 4.3.

²⁵ The sampling variance, which is the square of the standard error, is a measure of the variation of an estimator attributable to having sampled a portion of the full population of interest using a specific probability-based sampling design. The classic population variance is a measure of the variation among the population, whereas a sampling variance is a measure of the variation of the *estimate* of a population parameter (for example, a population mean or proportion) over repeated samples. While the population variance is a constant, independent of any sampling issues, the sampling variance becomes smaller as the sample size increases. The sampling variance is zero when the full population is observed, as in a census.

²⁶ We do not recommend that Household Survey data be used to produce national estimates of age, sex, race,

²⁶ We do not recommend that Household Survey data be used to produce national estimates of age, sex, race, Hispanic ethnicity, or educational level, as these were the variables used in the poststratification adjustments of the weights; therefore, they represent population counts from external sources (the Bureau of the Census) and not the survey itself.

²⁷ The exception is national estimates from the supplemental sample, which has a simpler sample design.

²⁸ The report, Potter, et al. (2003), is available from the HSC web site (www.hschange.org).

²⁹ See Appendix E for information on constructing the analogous sampling parameters for the 1996-97 and 1998-99 surveys.

4.1. THE LIMITATION OF STANDARD STATISTICAL SOFTWARE

Some standard statistical packages compute variances using formulas that are based on the assumption that the data are from a simple random sample of an infinite population. Although the simple random sample variance may approximate the sampling variance in some surveys, it is likely to substantially underestimate the sampling variance in a survey designed like the Household Survey. The Household Survey has a design-based sampling variance, meaning the sampling variance estimate is a function of the sampling design and the population parameter being estimated.

Departures from a simple random sample design result in a "design effect," which is defined as the ratio of the sampling variance (*Var*) given the actual survey design to the sampling variance of a hypothetical simple random sample (*SRS*) with the same number of observations. Thus:

 $Deff = \underbrace{Var (actual \ design \ with \ n \ cases)}_{Var (SRS \ with \ n \ cases)}$

A design effect equal to one means that the design did not increase or decrease the sampling variance relative to a simple random sample. A design effect of greater than one means that the design increased the sampling variance; that is, it caused the estimate to be less precise. The standard error of an estimate can be expressed as the standard error from a simple random sample with the same number of observations, multiplied by the square root of the design effect.

Because most, if not all, of the variables in the Household Survey have a design effect greater than 1.0, we explain how you can use specialized statistical software packages to calculate standard errors.

4.2. SPECIFYING THE SAMPLE DESIGN FOR SUDAAN

The Household Survey data file contains a set of fully adjusted sampling weights and information on analysis parameters (that is, stratification and analysis clusters) necessary for estimating the sampling variance for a statistic. When you run one of the specialized software programs, you should specify the appropriate analysis weight (see Chapter 3) as well as the stratification and clustering variables. Table 4.1 provides guidelines for the design variables to specify in SUDAAN statements for different types of estimates. Sample SUDAAN code is included in Appendix D. The design variables to specify in Stata and SAS survey procedures are discussed in Section 4.3.

The following paragraphs explain what is contained in each of the design variables so that they can be used in other specialized software.

The DESIGN statement, found in the first row of Table 4.1, tells the program the nature of the sampling strategy; that is, whether the sample was selected with replacement (where units can be selected more than once) or without replacement; and whether the selection probabilities were equal across all sampling units. Specifying a with-replacement design (DESIGN=WR) implies that with-replacement sampling can be assumed at the first stage of selection. This design is appropriate for site-specific estimates and for estimates based on only the national supplement; for these estimates, the first stage of selection was (in most cases) households within strata. ³⁰ Specifying a without-replacement design and unequal probabilities of selection (DESIGN=UNEQWOR) assumes that the first stage units were selected without replacement and with unequal probabilities. The UNEQWOR specification also assumes equal probabilities of selection at subsequent stages in the sampling process. This design specification is appropriate for national estimates based on the combined sample, the site sample, or the augmented site sample because the first stage of selection in these samples was generally the site and the second stage was the household.

The NEST statement, found in the second row of Table 4.1, tells the program which variables contain the sampling structure; that is, the stratification and clustering variables. For site-specific estimates, the stratification variable is SITE_STR. This variable specifies the geographical substratum or the supplemental sample type (national supplement or in-person) within the site for the high-intensity sites and has a constant value within site for all other sites. For estimates based on only the national supplement, the stratification variable is STRATUM, which has five values: one for all nonmetropolitan areas, and four metropolitan strata defined by census region.

³⁰In the case of the field sample, the first stage was geographical interviewing areas.

For national estimates based on the combined sample or the site sample only, the first stage sampling stratum variable (PSTRATA) has 21 values: one for each of the nine certainty sites, 9 for the remaining large metropolitan sites (grouped geographically), one to classify the small metropolitan sites, one to classify the nonmetropolitan sites, and one to classify the supplemental cases. For these national estimates, it is also necessary to specify a second-stage sampling stratum variable: SECSTRA. For metropolitan sites in the site sample, SECSTRA is equivalent to (although not coded the same as) SITE_STR as defined above. For nonmetropolitan sites in the site sample and for the field sample, SECSTRA is set to a constant. For the national supplement cases, SECSTRA is equivalent to STRATUM as defined above.

For national estimates based on the augmented site sample, you would specify the primary and secondary strata as PSTRATAH and SECSTRAH, respectively. In most cases, these parameters have the same value as those used for national estimates based on the combined or site sample (PSTRATA and SECSTRA); however, for certain cases from the supplemental sample, these parameters have different values, and reflect the site characteristics for those supplemental cases falling within the boundaries of the sites.

As stated above, you must also specify the clustering variable(s) in the NEST statement. For site-specific estimates, the clustering or primary sampling unit (PSU) variable is FSUX, which represents the household in the telephone sample and the geographical interviewing area (or "segment") for the in-person sample. For estimates based only on the national supplement, the PSU variable NFSUX represents the household. This accounts for clusters of families and persons within selected households.

In the NEST statement, the first stage PSU variable is specified between the first- and second-stage stratification variables. For national estimates based on the combined sample or the site sample only, the first-stage PSU variable is PPSU. For metropolitan sites, PPSU represents the site. For nonmetropolitan sites and supplement cases, PPSU is set to a constant. For these national estimates, it is also necessary to specify in the NEST statement a second-stage clustering variable (NFSUX) after the second-stage stratification variable. For metropolitan sites in the telephone sample, NFSUX represents the household; for nonmetropolitan sites it represents the site. For the in-person sample, NFSUX represents the interviewing area, and for the supplement cases, it represents the household.

As described above for the stratum variables, the parameter specifications for national estimates based on the augmented site sample would be slightly different than those for the combined or site sample. For national estimates based on the augmented site sample, you would specify the primary and secondary sampling units as PPSUH and NFSUHX, respectively. Again, in most cases, these parameters have the same value as those used for national estimates based on the combined or site sample (PPSU and NFSUX); however, for certain cases from the supplemental sample, these parameters have different values, and reflect the site characteristics for those supplemental cases falling within the boundaries of the sites.

In order for the program to account for the without-replacement design in its variance estimates, two more statements must be specified: the TOTCNT statement and the JOINTPROB statement. The TOTCNT statement provides the frame counts (or indicates stratification) at each stage of the sample design specified in the NEST statement. The JOINTPROB statement names the variables that contain single-inclusion probabilities for each site and joint-inclusion probabilities for each possible pair of sites in each first-stage stratum.³¹ (This is expressed in the form of an $n \times n$ matrix, where n is the number of PSUs in each stratum.) Because the site-specific and national supplement estimates assume with-replacement sampling, the TOTCNT and JOINTPROB statements are not specified when making those estimates. For the national estimates based on the combined sample or the site sample, the TOTCNT statement is specified as: PSTRTOT3 _ZERO_ _MINUS1_ _ZERO_. These last three terms are reserved SUDAAN keywords. The variable _ZERO_ means either that the corresponding NEST variable (in this case SECSTRA) is a stratification variable, or that it is a final level of sampling and therefore has no variance contribution. The variable _MINUS1_ means that the corresponding NEST variable (in this case NFSUX) should be treated as with-replacement sampling. For national estimates based on the combined sample or the site sample only, PSTRTOT3 specifies the variable containing population counts (in this case the number of sites in the sampling stratum for noncertainty metropolitan sites) at the first stage of selection.

For national estimates based on the augmented site sample, you would use PSTRTOTH as the first TOTCNT parameter. This parameter has the same value as PSTRTOT3 for most cases, but has adjusted values for those supplemental cases falling within the boundaries of the sites.

For the national estimates based on the combined sample or the site sample only, the JOINTPROB statement is specified as the variables: P1X P2X P3X P4X P5X P6X P7X, which together represent the matrix containing single and joint inclusion probabilities as described above. For national estimates based on the augmented site sample, you would use the joint probability parameters P1H through P7H.

In SUDAAN, the default denominator degrees of freedom can be overridden using the DDF option. We recommend that you use this option (setting DDF to 6500) when running significance tests on national estimates based on the site sample, the combined sample, or the augmented site sample. In SUDAAN, the default denominator degrees of freedom is the difference between the number of PSUs and the number of first stage strata, which is appropriate for most surveys. Because the CTS design includes some sites with certainty, the SUDAAN default count is substantially smaller than the actual count for these national estimates. This undercount would result in significance tests that would be too conservative. See Appendix D for examples using the DDF option.

³¹The joint inclusion probability for a pair of sites is the probability that those two sites will occur in the same sample.

TABLE 4.1

GUIDELINES FOR SPECIFICATION
OF DESIGN VARIABLES IN SUDAAN

SUDAAN Statements	Site-Specific Estimates	National Estimates (Site Sample Only)	National Estimates (National Supplement Only)	National Estimates (Combined Sample)	National Estimates (Augmented Site Sample)
DESIGN=	WR	UNEQWOR	WR	UNEQWOR	UNEQWOR
NEST	SITE_STR FSUX	PSTRATA PPSU SECSTRA NFSUX	STRATUM NFSUX	PSTRATA PPSU SECSTRA NFSUX	PSTRATAH PPSUH SECSTRAH NFSUHX
TOTCNT	Not Applicable	PSTRTOT3 _ZERO_ _MINUS1_ _ZERO_	Not Applicable	PSTRTOT3 _ZEROMINUS1ZERO_	PSTRTOTH _ZEROMINUS1ZERO_
JOINTPROB	Not Applicable	P1X P2X P3X P4X P5X P6X P7X	Not Applicable	P1X P2X P3X P4X P5X P6X P7X	P1H P2H P3H P4H P5H P6H P7H
WEIGHT	WTPER1 WTFAM1	WTPER2 WTFAM2	WTPER3 WTFAM3	WTPER4 WTFAM4	WTPER5 WTFAM5
DDF=	Not Applicable	6500	Not Applicable	6500	6500

4.3. USE OF OTHER STATISTICAL SOFTWARE BESIDES SUDAAN

As Table 4.2 indicates, SUDAAN is currently the only commonly used statistical software package that can produce variance estimates correctly for all the samples in the CTS Household Survey. There are other statistical software packages for the analysis of data with complex sample designs that can produce correct variance estimates for site-specific estimates and for national estimates from the supplemental sample. However, they do not work as well as SUDAAN for national estimates from the other samples because they cannot accommodate without-replacement (WOR) sampling.³² (Although Stata has some capability to do withoutreplacement estimation, that capability is not sufficient to accommodate the sample design for CTS national estimates, except for the supplemental sample.)

Nevertheless, there still may be situations where researchers would like to use other software packages besides SUDAAN. For example, some people might not have access to SUDAAN or might be interested in statistical procedures that are not available in SUDAAN. For these situations, we investigated how standard error estimates for the CTS surveys differed among SUDAAN, Stata, and SAS. In particular, we identified situations in which statistical software other than SUDAAN would provide reasonable estimates of sampling variances (or at least "conservative" estimates, i.e., estimates that reduce the likelihood of finding a result to be statistically significant). This section provides a summary of the resulting report, as well as information on obtaining and using the sampling parameters in other software packages.³³

³² They assume with-replacement sampling instead. In other words, standard error estimates for the Household Survey from Stata and SAS are the same as standard error estimates from SUDAAN when using the SUDAAN specification for with-replacement instead of without-replacement.

The report, Potter et al. (2003), is available from the HSC web site (www.hschange.org).

TABLE 4.2

SUMMARY OF SOFTWARE VARIANCE ESTIMATION CAPABILITIES FOR THE CTS HOUSEHOLD SURVEY

	Optimal	Amelysis	correct va	lity to produce variance estimates S Household Survey	
Estimates and samples	sampling assumption	Analysis — population	SUDAAN	Stata and SAS special procedures for the analysis of complex survey data ^a	
Site-specific estimates from augmented site sample	WR	Full population or subpopulation	yes	yes	
National estimates from national supplement	WR	Full population or subpopulation	yes	yes	
National estimates from site sample, combined sample,	WOR	Full population	yes	no, but acceptable b (with caution)	
or augmented site sample	,, OR	Subpopulation	yes	no (not advisable) ^c	

WR = with replacement WOR = without replacement

^a This column also applies to other statistical software packages that use Taylor series linearization procedures for variance estimation and can accommodate WR sample selection but have no or limited ability to accommodate WOR sample selection.

^b For national estimates for the full population, the variance estimates from Stata and SAS tend to be greater than those from SUDAAN. In other words, the variance estimates from Stata and SAS are "conservative" in that they decrease the likelihood of finding a result to be statistically significant. However, researchers should note that whether a particular estimate is being overstated or understated by Stata and SAS (relative to SUDAAN) cannot be known with certainty without specifically calculating that estimate under the two sampling assumptions (WR and WOR).

^c The effect of using the WR assumption instead of WOR can vary greatly from one subpopulation to another. Use of WR estimation for analysis of a subpopulation is not advisable unless a comparison of WR and WOR estimation specifically for that subpopulation has been done.

4.3.1. Results of Comparison of Statistical Software Packages

The results discussed here are based on a comparison of standard error estimates from SUDAAN, Stata, and SAS. Because Stata and SAS generate the same estimates, they are grouped together in this discussion. The standard error estimates were calculated at the person level for national estimates from the combined sample, although there is no particular reason to think that the overall conclusions would differ for family-level estimates or for national estimates from the site sample or augmented site sample.

First we considered descriptive estimates (specifically, estimates of proportions) for the full population in the Household Survey. The standard error estimates from Stata and SAS were usually but not always larger than the estimates from SUDAAN. Specifically, for estimates of the percentage of the population with particular attributes, 86 percent of the standard error estimates (107 out of 125 estimates) from Stata and SAS were larger than the SUDAAN estimates. Most of the Stata and SAS estimates (63 percent) were larger by 20 percent or less.

We also considered standard error estimates of proportions for three subpopulations: the uninsured, people in low-income families, and Hispanics. The results for the uninsured and the low-income people were generally similar to those for the full population. However, for the subpopulation of Hispanics, the results were markedly different. Only 37 percent of the Stata and SAS estimates were larger than the SUDAAN estimates. As discussed below, this means that the use of Stata or SAS for analysis of some subpopulations (Hispanics in this case) can *increase* the likelihood of finding results to be statistically significant compared to the use of SUDAAN, thereby increasing the likelihood of Type I error (i.e., rejecting the null hypothesis when it is true).

In multivariate analysis, we found similar results. For the full population, standard error estimates from Stata and SAS tended to be somewhat larger than those from SUDAAN. For Hispanics, the Stata and SAS estimates were mostly smaller.

4.3.2. Summary and Recommendations

Researchers who use the CTS Household Survey for site-specific estimates or for national estimates from the supplemental sample will get the same (correct) standard error estimates regardless of whether they use SUDAAN, Stata, or SAS. However, for national estimates from the combined sample, the site sample, or the augmented site sample, only SUDAAN can account for the main features of the sample design (see Table 4.2). In particular, SUDAAN assumes without-replacement (WOR) selection at the first stage, whereas using Stata or SAS for those estimates is equivalent to assuming with-replacement (WR) selection.

Statistical theory says that the sampling variance using the with-replacement estimation assumption (e.g., Stata and SAS) tends to be greater than the sampling variance using the without-replacement assumption (SUDAAN). With some exceptions, this appears to be true for data from the CTS Household Survey. One exception that was identified is the subpopulation of Hispanics. Although there are undoubtedly other subpopulations that are exceptions to the overall result, it was beyond the scope of our analysis to identify them. ³⁴

The fact that the results based on with-replacement estimation tend to differ from those based on without-replacement estimation means that researchers should be cautious when using Stata or SAS (or any other software package that assumes with-replacement sampling) for national estimates from the Household Survey data. For the full population, where the with-replacement estimates tend to overstate the standard errors, there is a decreased likelihood of finding a result to be statistically significant, which decreases the probability of making a Type I error (rejecting the null hypothesis when it is true). There is also an increased likelihood of finding that a result is not statistically significant, which increases the probability of making a Type II error (accepting the null hypothesis when it is false). In these cases, the with-replacement estimation from Stata and SAS can be considered to yield "conservative" results because the probability of a Type I error, which researchers typically regard as a more serious concern, is reduced.

However, our analysis suggests that the bias that can be expected from with-replacement estimation can vary markedly by subpopulation. For subpopulations where with-replacement estimation tends to understate the standard errors, using Stata or SAS results in a possibly substantial increase in the likelihood of making a Type I error. Therefore, we do not recommend using Stata or SAS (or any other software package that uses the with-replacement assumption) for subpopulations in the Household Survey unless you have investigated the bias in the standard error estimates specifically for that subpopulation.

³⁴ Geographic clustering is one sample characteristic that might be important.

4.3.3. Obtaining and Using Sampling Parameters for Other Software Packages

Sampling parameters for use with Stata and SAS are provided on the public use and restricted use data files for the 2000-01 Household Survey. Table 4.3 shows which parameters should be used for which types of estimates, and Appendix F provides specific examples of how those parameters are used in Stata and SAS. These sampling parameters were constructed directly from the SUDAAN parameters that are described in Section 4.2 (see Appendix E if you are interested in the exact definitions).

If you would like to use Stata or SAS with data from the 1996-97 and/or 1998-99 surveys, then you will need to construct the sampling parameters for the earlier surveys, since they are not provided on the data files. This can be done using the SUDAAN parameters that already are included in the 1996-97 and 1998-99 data files. Instructions on how to construct the new parameters are provided in Appendix E.

TABLE 4.3

GUIDELINES FOR SPECIFICATION OF DESIGN VARIABLES IN STATA AND SAS

Stata Statements	SAS Statements	Site-Specific Estimates	National Estimates (Site Sample Only)	National Estimates (National Supplement Only)	National Estimates (Combined Sample)	National Estimates (Augmented Site Sample)
strata	stratum	SITE_STR	STRATAWR	STRATUM	STRATAWR	PSTRHWR
psu	cluster	FSUX	PSUWRX	NFSUX	PSUWRX	PPSUHWRX
pweight	weight	WTPER1 WTFAM1	WTPER2 WTFAM2	WTPER3 WTFAM3	WTPER4 WTFAM4	WTPER5 WTFAM5

CHAPTER 5

VARIABLE CONSTRUCTION AND EDITING

The CTS Restricted Use File contains three types of variables: unedited variables, edited variables, and constructed variables created from edited or unedited variables.³⁵ This chapter provides a general description of the types of constructed and edited variables in the file as well as additional details on selected variables. The chapter also explains how to manipulate the person-level file to construct analytical variables at other levels, such as the family level.

The information in this chapter supplements the information provided in the "Description" and "Universe" fields of the file's codebook. Users are encouraged to review this information along with the information provided in Appendix A and Appendix B of this manual for a better understanding of the questionnaire structure, skip patterns, and other characteristics of the variables reported on the file.

5.1. EDITED VARIABLES

The Household Survey data were collected via computer-assisted telephone interviewing (CATI). The CATI editing functions included consistency checks and editing of some skip patterns and outlier values. This section describes the editing that followed the Household Survey data collection, which included logical editing, imputation of missing values, and editing for confidentiality. Verbatim text responses were also reviewed and edited.

5.1.1. Logical Editing

Logical editing was performed to resolve inconsistencies among related variables and skip patterns. For example, Question c411(SURGNX), pertaining to number of surgeries, was not asked if a person had no provider visits. If the survey respondent had no provider visits, the value for SURGNX was changed from missing to "0" to indicate that the respondent did not have any surgical procedures. In another example, employment-related questions like f101(HAVEBUS, did the respondent have a business) and f111(WRKPAY, did the respondent work for pay), should have been asked only of respondents age 18 or over. If this information was included for individuals under 18, the responses were changed to "logical skip." Logical editing also included review and resolution of outlier values by recoding either to an appropriate valid value or to a value of "-9 Not Ascertained."

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³⁵In general, unedited variables are those which contain the original response to a single questionnaire item.

5.1.2. Imputation of Missing Values

Missing values for selected variables were imputed using unweighted and weighted sequential hot-deck imputation.³⁶ Variables were selected for imputation according to their level of missing data and analytic importance. Table 5.1 lists the variables selected for imputation.

Except for selected Household Survey Section C variables and two Section G variables, an imputation flag is included for all variables with imputed values. A value of "1 Yes" for the imputation flag indicates that the value of the corresponding variable was imputed. The imputation flags for most of the Household Survey Section C and Section G variables have not been provided on the file for confidentiality reasons. The variables without flags are:

- Race (RACEREX)
- Income (FAMINCX)
- Total number of hospital stays (HSPNODX)
- Total number of admissions through the emergency room (HSPERX)
- Total number of nights in the hospital (HSPNITX)
- Total number of visits to doctor (DRVISNX) and to other medical providers (MPVISNX)
- Total number of surgeries (SURGNX)
- Number of inpatient and outpatient surgeries (SURGNTX and SURGOPX)

Between 0.01 percent and 1.1 percent of the values for these variables were imputed, except for family income (FAMINCX), for which 22 percent of the values were imputed.

³⁶In sequential hot-deck imputation, persons with missing values, or "recipients," are linked to persons with available values, or "donors," to fill in the missing data. The donors and recipients are first grouped into strata and then sorted within each strata using classification/sort variables such as age, gender, and education. The number of strata is limited by a minimum donor to recipient ratio that must be satisfied within each stratum. Donors are then sequentially linked to recipients based on their proximity within the stratum as determined by the sort variables. In weighted hot-decking, donor and recipient weights are used to help determine the assignment of donors to recipients so that means and proportions calculated using the imputed data will equal means and proportions obtained using only donor data.

VARIABLES SELECTED FOR IMPUTATION

Description	Variable Name
Section A:	
Education	HIGRADX
Section B:	
Characteristics of private health insurance plans	PRVSIG1, PRVREF1, PRVPAY1, PRVLST1, PRVHMO1 PRVSIG2, PRVREF2, PRVPAY2, PRVLST2, PRVHMO2 PRVSIG3, PRVREF3, PRVPAY3, PRVLST3, PRVHMO3
Medicaid and state insurance plans (imputation performed at the plan-level)	MCDHMO, STHMO
Characteristics of Medicare (imputation performed at the person-level)	MCRSIGP, MCRREFP, MCRLSTP, MCRHMOP, and MCRPAYP
Section C:	
Hospital use	HSPNODX, HSPERX, and HSPNITX
Emergency room visits	ERUSENX
Doctor and other medic al practitioner visits	DRVISNX and MPVISNX
Inpatient and outpatient surgeries Treatment by mental health professional	SURGNX, SURGNTX, and SURGOPX MENTAL
Section E:	
General health condition	GENHLH, EMOACT, EMOLESS, ENERGY, FLCALM,
Component variables for the SF-12 Summary variables (PCS-12 and MCS-12)	FLDOWN, LMTMACT, LMTSOC, LMTSTR, PAININT, MCS12, PHYACT, PHYLESS, and PCS12
Section F:	
Hours worked, type of employer, firm size,	HRSWKX, EMPTYPX, FIRMSZX, and
hourly wage	WAGEHRX
Whether employer offers insurance, whether person is eligible, and types of plan(s) offered (HMO vs. non-HMO)	EMPOFER, ELIGIB, EMPBOTH, EMPMULT, EMPHMO, OFFERED, OFRBOTH, OFRHMO, OFRMULT, and OFRNHMO
Section G:	
Family income and race	FAMINCX and RACEREX

5.1.3. Editing for Confidentiality

Data in the Restricted Use File have been manipulated or edited to ensure the confidentiality of survey respondents while maximizing the scope of data released to the user. This type of editing consisted of such steps as excluding variables and constructing new variables based on the original ones. All cases of editing for confidentiality are described in the file's codebook either in the "Format" field (which indicates the top- and/or bottom code values) or the "Description" field. Variables subjected to confidentiality editing have been assigned names ending with "X."

5.1.3.1. Variable Exclusion

In constructing this data set, we were careful to remove the obvious direct identifiers such as names and addresses.

5.1.3.2. Masking of Minimum and Maximum Values

Extreme and relatively rare cases that fell at the top or bottom of a distribution were recoded to a lower/higher value, referred to as "top-" or "bottom-coding." For example, the variable corresponding to question grd1 (HIGRADX, highest grade completed) reflects the use of both top- and bottom-coding. Reported values greater than 18 have been combined into a single category, "19: (top code)." Values less than 7 have been combined into another category, "6: (bottom code)."

5.1.3.3. Constructing New Variables

New variables were constructed from several original variables and by collapsing values for a categorical variable. When survey questions identified relatively rare populations, a new variable was constructed, combining the cases into one or more broad groups. For a single categorical variable, one or more values were combined. For example, the variables FOTHPUB and OTHPUBX, which indicate coverage by either a state insurance plan or the Indian Health Service, were constructed by combining the responses to questions b1g and b1h. Similarly, the variable UNINPLX, which corresponds to question b81, was constructed by combining the categories of Medicaid, state, and military coverage into category 2, "Medicaid/State/Military." The variable PREINSX, which corresponds to question b851, was constructed by combining the categories of Medicaid, state, military, IHS, and Medicare into category 2, "Public."

5.1.4. Editing Verbatim Responses

For several questionnaire items, interviewers and/or respondents were allowed to provide "other" verbatim responses when none of the existing response categories seemed to apply. These verbatim responses are excluded from the Restricted Use File. They were reviewed and coded into an appropriate existing or new categorical value. For example, for question b84 (reason uninsured), additional categories were created to describe some of the verbatim responses to that question. For insurance plan information, multiple variables may have been recoded on the basis of verbatim response information. For example, if the name of a private insurance plan was reported as "Virginia Medicaid," then the corresponding private insurance variables were set to "-1 Inapplicable," and the corresponding Medicaid variables were coded appropriately.

5.2. CONSTRUCTED VARIABLES

Constructed variables include the following:

- Household Survey administration variables, such as identifiers, counters, and family/household composition variables
- Weights and other sampling variables
- Other variables constructed for analytical value. These range from relatively
 straightforward variables that combine one or more original question items for the
 convenience of analysts (for example, the wait/travel times associated with the last
 doctor visit, which were converted from various time units to days and minutes), to
 more complex variables such as hierarchical ones describing current and previous
 insurance coverage.

Constructed variables are indicated in the file's codebook by a value of "N/A" in the "Question" field. Information on how they were constructed appears in the "Description" field.

5.3. IDENTIFICATION, COUNTER, AND SITE VARIABLES

Not all variables on the Restricted Use File were obtained directly from survey respondents via the Household Survey CATI questions. Additional variables include identifiers (person, family, household, and other identifiers), household composition variables, geographic indicators (including the site identifiers), and other survey administration variables.

5.3.1. Identification Variables

The identifier and related flag variables are described in Table 5.2. Table 5.3 shows persons in a hypothetical household to illustrate the relationship between the identifier and flag variables on the Restricted Use File. In this example, the head of household's spouse is the family informant for the first FIU, the head of household's father is the family informant for the second FIU, and the unrelated boarder is the informant for the third FIU, of which he/she is the only member.

5.3.2. Counter Variables

Counter variables are included in the file to make it easier to understand the file structure and sample population. The variable NSFAM indicates the total number of eligible responding FIUs in the household -- in other words, the number of unique values of CSIDX that share the record's HHIDX. NSPER indicates the total number of eligible/selected responding persons in the record's FIU (unique values of PERSIDX on the file for the CSIDX identified on that record). Likewise, the variables NADULT and NAGE65 indicate, respectively, the total number of eligible responding adults and the total number of eligible responding persons age 65 or over in the family.

Additional counter variables provide information on all persons, including non-respondents and ineligibles, in responding households. These variables -- NFAM, NPERX and NKID -- indicate the total number of families within the household, persons within the family, and children within the family, respectively, for responding households. The difference between NSPER and NPERX, for example, is that the latter includes nonrespondents, nonselected children (including children with no parent or guardian in the household), and full-time military personnel, who are not included on the file and therefore not reflected in the value for NSPER.

5.3.3. Site and County Variables

The Household Survey Restricted Use File contains two variables for identifying individual sites. SITE is the site identifier for households in the original 60-site sample. A total of 54,037 persons are included in this sample. To enhance site-specific estimates, a second site identifier, SITEID, was constructed and added to the file. This variable identifies households from the original 60-site sample plus those from the supplemental sample that fall within the geographic boundaries of the 60 sites. A total of 56,343 people are included in this augmented site sample. (See Chapter 2 for discussion of the CTS site sample and Figure 2.2 for a graphical view of the site, augmented site, and supplemental samples.)

The Restricted Use File also contains variables for county. The variable FIPSCNTY is the 3-digit FIPS county code, and the variable FIPSCODE is the FIPS state code combined with the FIPS county code. For the 2000-01 Household Survey, there were 41 families selected for the site sample who have FIPS codes for counties that are not among the counties defining the site for which they were selected. This was a result of the assignment of county codes from telephone exchanges. For estimation purposes, these families are still considered to be in the site for which they were selected.

5.3.4. Linking Variables

There are several variables on the Household Survey Restricted Use File for identifying linkages between the 1998-99 (Round Two) and 2000-01 (Round Three) surveys. The SUDAAN variables NFSUX and FSUX have the same values for both rounds when the same phone number was contacted for the two surveys. Variable R2HHIDX gives the 1998-99 household identifier for households with at least one person in common between the two rounds. Variable R2PID (used in conjunction with R2HHIDX) can be used to identify the person or persons in common within a household. This occurs when R2PID on the 2000-01 file corresponds to a record on the 1998-99 file with PID equal to that value. Analogous variables on the 1998-99 Restricted Use File allow linking between the 1996-97 and 1998-99 surveys.

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³⁷ The exceptions to this are the nonmetropolitan sites (sites 52-60), which are automatically taken into account by SUDAAN.

TABLE 5.2 ADDITIONAL INFORMATION ON IDENTIFICATION VARIABLES

Variable	Additional Information
HHIDX	HHIDX is the 7-digit identifier for the household. There are 27,201 unique values of HHIDX on the file. Values for HHIDX are randomly assigned.
CSIDX	CSIDX is the 8-digit identifier for the family insurance unit, or FIU. The first 7 digits of CSIDX are equal to HHIDX. There are 32,669 unique values of CSIDX on the file.
PID	PID is the 1-digit number assigned to each person within the household. Its values range from 1 to 8.
PERSIDX	PERSIDX is the unique 9-digit identifier assigned to each person. There are 59,725 unique values of PERSIDX, which identify the 59,725 records on the file. PERSIDX was constructed by concatenating the variables CSIDX and PID.
KIDID	KIDID is the 1-digit person number (PID) of the randomly selected child in each FIU. The variable KIDID is equal to the variable PID on the record corresponding to the randomly selected child. The flag variable KIDFLAG, which indicates the randomly selected child, has a value of 1 on the record of the randomly selected child and a value of 0 for all other persons in the FIU. A person could have been chosen as the randomly selected child if he/she was under age 18 and not married or the head of the household, defined as the person who owns or rents the home.
RESPID	RESPID is the 1-digit person number (PID) of the informant for each FIU. The variable RESPID is equal to the variable PID on the record corresponding to the family informant.
RSPFLAG	The flag variable RSPFLAG, which indicates the family informant, has a value of 1 on the record of the family informant and a value of 0 for all other persons in the FIU. Note that there are a small number of families without a record for the family informant. These cases are typically families where the informant was full-time military and thus excluded from the Restricted Use File population.
CENSID	CENSID is the 1-digit number assigned to each "census-defined" family within a household. The variable was constructed on the basis of the commonly used U.S. Census Bureau definition of a family, which is generally a broader definition than that used to define the CTS FIU. Specifically, a census family includes all people in the household related by blood or marriage. A unique census family on the file is defined by the combination of the variables HHIDX + CENSID. There are 28,683 unique census families (i.e., unique values of HHIDX + CENSID) on the file. Unless otherwise indicated, the term "family" used in this document or in the file's codebook refers to the FIU rather than the census-defined family.

TABLE 5.3

PERSONS IN A HYPOTHETICAL HOUSEHOLD WITH IDENTIFIER AND FLAG VARIABLES

				Value of	Identifier/Fla	g Variable		
Record Corresponding to Person	HHIDX	CSIDX	PID	CENSID	RESPID	RSPFLAG	KIDID	KIDFLAG
FIU # 1								
Head of Household	1000001	10000010	1	1	2	0	3	0
Head of Household's Spouse	1000001	10000010	2	1	2	1	3	0
Head of Household's Daughter: Randomly Selected Child	1000001	10000010	3	1	2	0	3	1
Head of Household's Son: Not Included in Survey	-	-	-	-	-	-	-	-
FIU # 2								
Head of Household's Father	1000001	10000011	5	1	5	1	-1	0
Head of Household's Mother	1000001	10000011	6	1	5	0	-1	0
FIU # 3								
Unrelated Boarder	1000001	10000012	7	2	7	1	-1	0

5.4. FAMILY AS THE UNIT OF ANALYSIS

Survey questions solicited information at the person-, family-, and household-level. Rather than providing a hierarchical file, we have chosen to provide the survey data as a simple, rectangular file with person-level data only. We anticipate little interest in household-level analysis and so do not include household-level weights with the Restricted Use File. However, because some researchers want to conduct analyses at the FIU level, the following section explains how a family-level file can be easily extracted from the person-level file.

5.4.1. Preparing a Family-Level Data File

The variable CSIDX is the eight-digit identifier for the FIU. The first seven digits are equal to the household id (HHIDX), while the last digit is a unique number assigned to each family within the household. There are a total of 32,669 family insurance units on the Restricted Use File.

Table 5.4 displays two hypothetical family insurance units. The first, CSIDX 10000010, contains three persons, a father, a mother, and a randomly selected 14-year-old daughter. The second, CSIDX 10000020, consists of a married couple. Family-level variables in the example include the family identifier (CSIDX), a counter for the number of persons in the family (NPERX), and total family income (FAMINCX). Person-level variables include the person identifier (PID), age (AGEX), general health status (GENHLH), gender (SEX), relationship to the head of household (RELATEX), and an FIU flag variable (FIUFLAG). Note that there are a total of five persons in the first family (NPERX=5), two of which were nonselected children excluded from the Restricted Use File.

TABLE 5.4

TWO HYPOTHETICAL FAMILY INSURANCE UNITS

FIU Member	CSIDX	PID	NPERX	AGEX	GENHLH	FAMINCX	SEX	RELATEX	FIUFLAG
Family Informant	10000010	1	5	43	1	64885	1	0	1
Spouse	10000010	2	5	41	4	64885	2	2	0
Daughter	10000010	3	5	14	5	64885	2	3	0
Family Informant	10000020	1	2	57	2	46500	2	0	1
Spouse	10000020	2	2	56	3	46500	1	1	0

5.4.1.1. Example 1: Creating a Family-Level File

To analyze a family-level characteristic such as total family income (FAMINCX), you would need to select one record from each family or, one unique value of CSIDX. As with all family-level variables, all members of the family are assigned the same value. Thus, the first, the last, or any record of a single family member is suitable to create a subset of records to represent families. The variable FIUFLAG was constructed specifically for this purpose. Selecting records with FIUFLAG=1 will produce a family-level file consisting of either the family informant's record or, for families whose informant is not part of the survey, the record of the eldest family member.

5.4.1.2. Example 2: Summarizing Person-Level Responses to the Family-Level

An alternate method of producing a family-level file is to summarize person-level responses and produce a single family record. In this example, a variable is produced that counts the number of persons in the family in fair or poor health (FAIRPOOR) by using the general health status variable, GENHLH, which has the following values: 1=Excellent, 2=Very Good, 3=Good, 4=Fair, and 5=Poor. The variable is constructed by 1) reading the person-level Restricted Use File, 2) testing each family member's response to the general health status indicator GENHLH, and 3) keeping one record for the family after processing the last person's record. The family-level file and the FAIRPOOR variable produced from the person records of the two hypothetical families are displayed in Table 5.5.

TABLE 5.5
FAMILY-LEVEL FILE

CSIDX	NPERX	FAMINCX	FIUFLAG	FAIRPOOR
10000010	5	64885	1	2
10000020	2	46500	1	0

5.5. ADDITIONAL DETAILS ON SELECTED SURVEY VARIABLES

Table 5.6, organized by survey and questionnaire section, provides "helpful hints" about variables (singly or in sets), discusses a variable's relationship with other variables, and suggests when to use a specific variable. This information supplements the variable-specific details contained in the file's codebook.

ADDITIONAL INFORMATION ON VARIABLES

Variable	Additional Information
	Household Survey, Section A Variables: Demographic Characteristics and Household Composition
AGEX	The variable AGEX indicates the person's age. There are 10,133 persons on the file with AGEX less than 18. This includes the 10,122 randomly selected children (indicated by KIDFLAG=1) plus 11 others who are 17 but categorized as adults in the survey because they are either married or the head of the household (defined as the person who owns or rents the home).
RELATEX	The variable RELATEX indicates the relationship of the person on this record to the head of the household, for whom RELATEX has a value of 0. The head of the household is defined as the person who owns or rents the home.
	Household Survey, Section B Variables: Health Insurance Coverage
INSTYPE	The variable INSTYPE is a constructed variable that summarizes the person's insurance coverage status as of the interview date. This variable was constructed hierarchically by assigning a person to the first applicable category in the following sequence: 1

Variable	Additional Information
PRVSIG1-3 PRVREF1-3 PRVLST1-3 PRVHMO1-3 PRVPAY1-3 MCDHMO MCDPAY STHMO MCRSIGP MCRREFP	A number of variables identify aspects of the respondents' insurance plans (for example, whether the person must sign up with a primary care doctor, whether a referral is needed for a specialist, etc.). With the exception of the variables describing Medicare, those that describe the characteristics of an insurance plan were imputed at the plan level; this group includes the variables PRVSIG1-3, PRVREF1-3, PRVLST1-3, PRVHMO1-3, PRVPAY1-3, MCDHMO, MCDPAY, and STHMO. The person-level variables describing the characteristics of the Medicare plan (MCRSIGP, MCRREFP, MCRLSTP, MCRHMOP, MCRPAYP) were imputed at the person level; the family-level variables describing characteristics of the Medicare plan (MCRSIGN, MCRREF, MCRLST, MCRHMO and MCRPAY) were not imputed.
MCRLSTP MCRHMOP MCRPAYP MCRSIGN MCRREF MCRLST MCRHMO MCRPAY	The respondent error in questions on plan characteristics is believed to be considerable. In particular, a large number of responses for the variables PRVPAY1-3 were missing and required imputation. Each family could report up to three private insurance plans. All verbatim responses for insurance plan names were reviewed (b211-b213 for private plans and b1i1 for other plans), and all related insurance variables were then recoded if necessary. For example, review of some of the verbatim information on the name of the private plan indicated that the plan was actually a public plan (e.g., Medicaid, CHAMPUS, etc.). For these cases, the corresponding public plan variables were recoded as appropriate, and the private plan variables were recoded to "-1 Inapplicable." The private plans were not renumbered, so some persons may have values of "-1" for the private plan 1 variables but nonmissing values for the private plan 2 variables. Since some persons in the FIU may not be included in the Restricted Use File population, there may be cases where the policyholder of a plan providing coverage for one or more of the family members is not represented on the Restricted Use File.

Variable	Additional Information
UNINR12- UNINR14	The variables UNINR12-UNINR14 were constructed after reviewing the verbatim responses to question b84, for which respondents could specify other reasons why health insurance stopped.
PREINS	The variable PREINS was constructed only for currently insured persons whose coverage began within the past 12 months. It indicates the person's coverage just prior to the current coverage. All other persons have a value of "-1 Inapplicable" for this variable. Category 2 includes persons with Medicare, Medicaid, military, and any other public insurance coverage including state or I.H.S. plans.
PRECOV	The variable PRECOV was constructed for all persons (except newborns or persons with health insurance from a foreign source) and indicates the person's coverage just prior to the current coverage (or the most recent coverage if the person is currently uninsured). Persons were assigned hierarchically to PRECOV categories. Category 1 includes persons with Medicare, Medicaid, military, and any other public insurance coverage including state or I.H.S. plans.
CHGINS6 CHGINS7	The variables CHGINS6 and CHGINS7 were constructed after reviewing verbatim responses to question b881, in which other reasons for changing insurance plan were reported. Persons answered question b881 only if they responded that they had enrolled in their health plan within the past 12 months. Persons with CHGINS7=1 said they stayed with the same plan but are required to re-enroll annually. For analytic purposes, these persons should not be considered to have undergone an actual change in insurance coverage.
MCHOICE	Question b951 (MCHOICE) asks whether the person would be willing to accept a limited choice of physicians/hospitals in order to save out-of-pocket costs. This question was answered by the family informant and other adult family members who completed the SRM. It was not asked of the randomly selected child.

Variable	Additional Information		
Household Survey, Section C Variables: Health Care Resource Use			
Many of the questions on use of health care resources are reported as continuous variables. In order to protect confidentiality of respondents, all of these continuous variables were top-coded, collapsing the top 2 to 3 percent of values for each variable. The file's codebook indicates the level at which each variable was top-coded. As described in Section 5.1, the related flag variable indicating whether the value was imputed has not been provided on the Restricted Use File for confidentiality reasons.			
UNMET PUTOFF PUFOFR1- PUTOF21	Questions c811-c831, describing unmet medical need and reasons (UNMET, PUTOFF, PUFOFR1-PUTOF21), were answered by the family informant and other adults who completed the SRM. For the randomly selected child, these questions were answered by the family informant.		
PUTOFR8- PUTOF21	The variables PUTOFR8-PUTOF21 were constructed after reviewing the verbatim responses to question c831, for which respondents could specify other reasons for postponing or not receiving medical care.		
UMETMDC	Data users should be aware that because of a CATI error in data collection (corrected during the period of the survey), there are missing values for UMETMDC (question c841: cannot afford needed prescription medicines) for 476 children. This is less than 5 percent of the total sample of children (10,122).		
MEDCSTA, MEDCSTB	The variables MEDCSTA and MEDCSTB (questions c92 and c93) indicate the total out-of-pocket medical costs for the family and reflect minimal editing of the original responses to the questions. Researchers who use these variables may want to review them for possible outliers and additional editing.		

Variable	Additional Information		
Household Survey, Section D Variables: Usual Source of Care and Patient Trust Information			
USCRCHG	For the variable USCRCHG, values 4-7 were constructed after reviewing the verbatim response to question d151, for which respondents could specify other reasons for the change in the usual source of care.		
DRNOREF - DRUNNEC	Questions d311-d341 (DRNOREF—DRUNNEC) were asked only of the family informant and other adult family members who completed the SRM, and who reported either at least one doctor visit in the past 12 months (question c311 or c321) or a usual source of care who is a physician (d121). All other records, including the randomly selected child records, have a value of "-1 Inapplicable" for these variables.		
Household Survey, Section E Variables: Satisfaction with Care, Characteristics of Last Physician Visit, and Activity Limitations			
CRSAFX	The variable CRSAFX was constructed from questions e101 and e111 and describes satisfaction with health care received during the past 12 months. These two family-level questions were only asked of the family informant and were not included in the SRM.		
DRCHOCX SPNEED SPCHOCX	Questions e121-e15c, describing satisfaction with the choice of primary care doctor and specialist (DRCHOCX, SPNEED and SPCHOCX), were asked of the family informant and other adults who completed the SRM. The family informant answered for the randomly selected child.		

Variable	Additional Information
SICKCR CHKASIK CHECKUP DRORSP LSTYPE LSTUSCA LSTOERA LSTAPPA LSTATAX LSTWATX LSTWATX LSTRAVX LSTHOR LSTLISN LSTEXPL	Questions e161-e321, describing the person's last physician visit, were asked of the family informant and in the SRM for other adult family members. For the randomly selected child, the questions were answered in the SRM by the adult family member who accompanied the child on the last physician visit. When someone else accompanied the child, these variables have a value of "-9 Not Ascertained" on the child's record (or "-1 Inapplicable" if affected by a skip pattern). For all other randomly selected child records, i.e., when an adult family member accompanied the child but did not complete a SRM for the child, or the child did not have a physician visit in the last 12 months, these variables have a value of "-1 Inapplicable." For the 2000-01 survey, there were CATI errors in data collection for children for some of the questions about the last visit. As a result, the following variables are coded only for adults: LSTUSCA (e241), LSTOERA (E241), LSTAPPA (e251), LSTATAX (CV).
VISCUR	The variable VISCUR was constructed to indicate whether the person had a doctor visit while covered under his or her current insurance plan. To construct VISCUR, we used the variable INSTYPE to define the person's current insurance coverage in combination with the variables indicating the month of the last doctor visit and the insurance enrollment month. For confidentiality reasons, the variables indicating the month of the last doctor visit and enrollment month are not included on the Restricted Use File. VISCUR was constructed for all persons (including the randomly selected child) who had a physician visit in the past 12 months.

TABLE 5.6

ADDITIONAL INFORMATION ON VARIABLES (continued)

Variable	Additional Information
GENHLH	The variable GENHLH indicates the person's general health status. Questions e401, e40c, e801 and SRM question e402 were asked for all adults. If the randomly selected child had a physician visit in the last 12 months and was accompanied on the visit by an adult family member, the questions were asked of that adult family member.
PCS12 MCS12	The person's Physical Component and Mental Component Summary score, based on the SF-12 Physical and Mental Health Summary Scale, are indicated by variables PCS12 and MCS12, respectively. PCS12 and MCS12 were constructed from the variable describing general health (GENHLH) and from the variables for questions e411-e511 describing physical and mental limitations (LMTMACT-FLDOWN). Questions e411-e511 were only asked of adults (family informant and other adults in the family who answered them in the SRM); on records of randomly selected children these variables all have a value of "-1 Inapplicable." Imputation flag variables are included for GENHLH and for each of the physical and mental limitation variables; also, the variables _PCS12 and _MCS12 indicate that one or more of the variables used to construct PCS12 and MCS12 was imputed. For more information see Ware, Kosinski, and Keller (1995).
TAKRISK- SMKADV	Questions e521-e671 (TAKRISK-SMKADV), on risk-taking and smoking behavior, were asked only of the family informant and other adult family members who completed the SRM. They were not asked for the randomly selected child. The variable SMKADV is not available on the 2000-01 data file because of a high level of missing values resulting from an error in data collection.
GETINF1 – GETINF7	In question ra34, survey respondents were asked whether they obtained information about a health concern from some specific sources on a list (such as TV or magazines) or somewhere else (besides those specific sources) other than a doctor. The responses for the specific options on the list are indicated by the variables GETINF1 – GETINF4. Some of the verbatim responses were recoded into GETINF6 (health care professional) and GETINF7 (health care organization). Whether there was any verbatim response not recoded into GETINF6 or GETINF7 is indicated by the variable GETINF5.

TABLE 5.6

ADDITIONAL INFORMATION ON VARIABLES (continued)

Variable	Additional Information
	Household Survey, Section F Variables: Employment
Questions in this se	ection were asked of all persons in the household who were 18 years of age or older.
WAGEHRX	The variable WAGEHRX was constructed using the responses to questions f131, f301, f321, f331. These questions, which are not included on the Restricted Use File, were only minimally edited. A sizable number of cases had either extremely large or small values. Users should be cautious in using this variable and may want to reconstruct WAGEHRX as a categorical range variable rather than as a continuous variable. WAGEHRX only has a positive value for adults who responded yes to question f111, which asks if the person did any work last week for pay (or profit); for all other cases, it has a value of "-1 Inapplicable."
EMPOFER- EMPBOTH	Questions f501-f561 (EMPOFER-EMPBOTH), on insurance offered by employers, were asked only of persons who were employed (excluding self-employed), who were not policyholders of employer/union-based plans, and who were less than 65, even if they did not use the health insurance benefits offered by their employer. All other persons were assigned a value of "-1 Inapplicable."
ELUNINS	For the variable ELUNINS, categories 4-6 were constructed after reviewing the verbatim response to question f521, for which respondents could specify other reasons for not participating in the employer's health insurance plan.
INELIGR	For the variable INELIGR, categories 11-13 were constructed after reviewing the verbatim response to question f531, for which respondents could specify other reasons why they were ineligible for employer's health insurance plan.
OFFERED- OFRBOTH	The constructed variables OFFERED-OFRBOTH can be used for analyses of employment related insurance for the entire employed population. The variables were constructed using variables from Sections B and F for all persons age 18 and over, including self-employed persons and the working elderly.

TABLE 5.6

ADDITIONAL INFORMATION ON VARIABLES (continued)

Variable	Additional Information
	Household Survey, Section G Variables: Family Income and Race
FAMINCX CENSINX	There are two income variables on the Restricted Use File. The first, FAMINCX, represents the total income reported for the FIU, which is the entity identified by the variable CSIDX. The second income variable, CENSINX, represents the total income reported for the census family, which is the entity identified by the variables HHIDX + CENSID. For confidentiality reasons, cases with CENSINX values greater than \$150,000 were masked by top-coding to a value of \$150,000. Because values of FAMINCX for these FIUs could be combined to obtain a value of more than \$150,000 and thus violate the confidentiality masking, FAMINCX for these FIUs was assigned a value of "-5." Both of these income variables may reflect data for person(s) in the FIU who are not represented on the Restricted Use File.
POVLEV	The variable POVLEV is a constructed variable that indicates the U.S. Census Bureau 2000 family income poverty threshold for the size of the census family on this record (identified by HHIDX + CENSID). A poverty index variable can be constructed as the ratio of the census family income, CENSINX, to the census poverty threshold, POVLEV.
RACEX RACEREX	The variable RACEX was constructed from the original (unedited) response to question g221; the categories of Native American or Alaska Native, Asian or Pacific Islander, and Other were collapsed into category 3 for confidentiality reasons due to small sample sizes. RACEREX was constructed from the variables HISPAN (question g20), and RACEX and reflects imputation of missing values. A response of Hispanic ethnicity combined with any other category was coded as RACEREX = 4 Hispanic, i.e., categories 1-3 are all non-Hispanic.
	Household Survey, Section H Variables: Interview Closing
	ction reflect information from the interview closing questions, including the household's ity and service history. Responses to these questions were used to construct the survey weights.
	Weights and Sampling Variables
Weights and sampl	ing variables are described in Chapters 2, 3, and 4.

CHAPTER 6

FILE DETAILS

This chapter provides an overview of the file content and technical specifications for programmers. It also describes the variable naming and coding conventions that were used on the file and that appear in the file's codebook.

6.1. FILE CONTENT AND TECHNICAL SPECIFICATIONS

The CTS 2000-01 Household Survey Restricted Use File contains 59,725 person records. The unique record identifier and sort key is the variable PERSIDX. Variables are positioned on the file in the following order:

- Survey administration variables: this group includes identifiers, geographic indicators, and other variables associated with conducting the Household Survey
- Variables from Sections A-H of the Household Survey questionnaire: Variables are ordered within each section by related questionnaire item number
- Weights and sampling variables

The Restricted Use File is provided as an ASCII-formatted file with the following technical specifications:

Data set name: CTSR3HR1.TXT

Number of observations: 59,725 Number of variables: 437 Logical record length: 1194

The file contains a two-byte carriage return/line feed at the end of each record. When you are converting to a PC-SAS file, use the LRECL option to specify the record length to avoid the default PC-SAS record length. If the RECFM=V option is used, the LRECL option must be specified as the logical record length (1194). If RECFM=F is used, the LRECL value must be specified as the logical record length plus two (1196). Note that if the RECFM option is omitted, then the default option of RECFM=V will be used, and LRECL must be specified as the logical record length (1194).

The record layout for this file is provided in the file's codebook.

6.2. VARIABLE NAMING CONVENTIONS

In general, a variable name reflects the content of the variable. For the following groups of variables, a naming convention was used to provide additional information on variable content:

- *Imputation Flags*. These flags indicate whether a record has an imputed value for the corresponding variable. The flag variable has the same name as the variable it describes, and includes the prefix "_." For example, _HIGRADX is the imputation flag corresponding to the variable HIGRADX. Refer to Chapter 5 for more information on imputation and other types of editing procedures used on the file.
- *Private Insurance Plan Variables*. Each family could report up to three private insurance plans, which are described by a series of variables, PRVHLDi through PRVBOTi, which correspond to questions b231-b393. The same questions were asked for each of the plans, so there is one set of these variables for each plan, and the variable name suffix "i" has a value of 1-3 indicating the plan number. (See Chapter 5 for information on coding of these variables when fewer than three plans were reported.)
- *Medicare and Medicaid Coverage Variables*. These variables, MCRSIGN-MCD12M, correspond to questions b51-b67. All include the string "MCR" and "MCD," respectively, in the name.
- *State Insurance Coverage Variables*. The variables that correspond to questions b71-b77 (STPHD-ST12M) all have the variable name prefix "ST" (preceded by "_" on imputation flag variables).
- *Uninsured Variables*. The variables that correspond to questions b80-b84 (UNINCOV-UNINR14) all have the prefix "UN" in the name.
- *Reasons for Not Getting or Postponing Medical Care*. Variables for question c821 and c831 (PUTOFF, PUTOFR0-PUTOF21), which describe the reason(s) for not getting or for postponing medical care, all have the variable name prefix "PUTOF."
- *Description of Last Doctor Visit*. Variables for questions e241-e321 (LSTUSCA-LSTEXPL), which describe characteristics of the last doctor visit, all have the prefix "LST" in the name.
- Weights. The prefix "WT" is present for all weight variables.
- *Masked Variables*. All variables that were masked for confidentiality reasons end with the value "X." (However, not all variables that end in "X" were masked.) The variable descriptions contained in the file's codebook indicate whether the variable was masked and provide brief details as to the type of masking performed.

A summary of the data collection instrument, annotated with the names of only the variables that directly correspond to a single question, is provided in Appendix B.

6.3. VARIABLE CODING CONVENTIONS

The following coding conventions are used on the file:

-1 Inapplicable: Question was not asked due to skip pattern.

-5 Suppressed for

Confidentiality: Value suppressed to preserve confidentiality.

-7 Refused: Question was asked and respondent refused to

ans wer

-8 Don't Know: Question was asked and respondent did not

know the answer.

-9 Not Ascertained: Value was not assigned for any other reason.

REFERENCES

- Center for Studying Health System Change, *Community Tracking Study Site-County Crosswalk*, 2000-01, Technical Publication No. 39, Center for Studying Health System Change, Washington, D.C. (May 2003).
- Kemper, Peter, et al., "The Design of the Community Tracking Study: A Longitudinal Study of Health System Change and Its Effects on People," *Inquiry*, Vol. 33 (Summer 1996).
- Metcalf, Charles E., et al., *Site Definition and Sample Design for the Community Tracking Study*, Technical Publication No. 1, Center for Studying Health System Change, Washington, D.C. (October 1996).
- Potter, Frank, et al., Comparison of Statistical Software Packages for Variance Estimation in the CTS Surveys, HSC Technical Publication No. 40, Center for Studying Health System Change, Washington, D.C. (May 2003).
- Ware, J. E., M. Kosinski, and S.D. Keller, *SF-12: How to Score the SF-12 Physical and Mental Health Summary Scales*, Second Edition, Boston, MA: The Health Institute, New England Medical Center (1995).

Household Survey Methodology Reports

- Community Tracking Study Household Survey Methodology Report, 2000-01, forthcoming Technical Publication, Center for Studying Health System Change, Washington, D.C.
- Strouse, Richard, Barbara Carlson, and John Hall, *Community Tracking Study Household Survey Methodology Report, 1998-99 (Round Two)*, Technical Publication No. 34, Center for Studying Health System Change, Washington, D.C. (March 2002).
- Strouse, Richard, et al., Community Tracking Study Household Survey Methodology Report, 1996-97 (Round One), Technical Publication No. 15, Center for Studying Health System Change, Washington, D.C. (November 1998).

Documentation for the Household Survey Public Use and Restricted Use Data Files

2000-01 Household Survey:

Community Tracking Study Household Survey Public Use File: User's Guide, 2000-01, Technical Publication No. 41, Center for Studying Health System Change, Washington, D.C. (May 2003).

Community Tracking Study Household Survey Public Use File: Codebook, 2000-01, Technical Publication No. 42, Center for Studying Health System Change, Washington, D.C. (May 2003).

Community Tracking Study Household Survey Restricted Use File: User's Guide, 2000-01, Technical Publication No. 43, Center for Studying Health System Change, Washington, D.C. (May 2003).

Community Tracking Study Household Survey Restricted Use File: Codebook, 2000-01, Technical Publication No. 44, Center for Studying Health System Change, Washington, D.C. (May 2003).

1998-99 Household Survey:

Community Tracking Study Household Survey Public Use File: User's Guide, 1998-99, Technical Publication No. 21, Center for Studying Health System Change, Washington, D.C. (June 2001, revised September 2002).

Community Tracking Study Household Survey Public Use File: Codebook, 1998-99, Technical Publication No. 22, Center for Studying Health System Change, Washington, D.C. (June 2001, revised September 2002).

Community Tracking Study Household Survey Restricted Use File: User's Guide, 1998-99, Technical Publication No. 23, Center for Studying Health System Change, Washington, D.C. (June 2001, revised September 2002).

Community Tracking Study Household Survey Restricted Use File: Codebook, 1998-99, Technical Publication No. 24, Center for Studying Health System Change, Washington, D.C. (June 2001, revised September 2002).

1996-97 Household Survey:

Community Tracking Study Household Survey Public Use File: User's Guide, 1996-97, Technical Publication No. 7, Center for Studying Health System Change, Washington, D.C. (June 1998, revised July 2000).

Community Tracking Study Household Survey Public Use File: Codebook, 1996-97, Technical Publication No. 8, Center for Studying Health System Change, Washington, D.C. (June 1998, revised July 2000).

Community Tracking Study Household Survey Restricted Use File: User's Guide, 1996-97, Technical Publication No. 17, Center for Studying Health System Change, Washington, D.C. (December 1999, revised July 2000).

Community Tracking Study Household Survey Restricted Use File: Codebook, 1996-97, Technical Publication No. 18, Center for Studying Health System Change, Washington, D.C. (December 1999, revised July 2000).

HSC Technical Publications are available on the HSC Web site www.hschange.org

Appendix A

The CTS Household Survey Instrument

Community Tracking Study Round 3 (2000-01) Household Survey

INTRODUCTIONS

REINTERVIEW SAMPLE

>pA0<

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

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

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

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

TYPE <q> TO CONTINUE [goto code s1]

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

FOR NEW SAMPLE (VERSION 1 — LETTER)

>paa2<

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

NO0	[goto paa4]
YES1	[goto paa3]

>paa3<

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

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

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

>paa4<

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

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

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

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

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

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

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

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

FOR REFUSAL PREPAYS

>pap1<	Hello, my name is, calling from Mathematica. Last week, we sent a letter to your household about a study concerning the health care needs adults and children. As a token of our commitment, we enclosed a check for \$[fill chka].
	Got check, continue
>pap2<	I hope the letter and brochure answered your questions about our research study.
	PAUSE, AND ANSWER ANY QUESTIONS. IF NO QUESTIONS, CONTINUE
	I can conduct the interview with an adult who is familiar with the health care of the people who live here. Let's begin.
	TYPE <g> TO CONTINUE</g>
	CALL BACK1 [goto callback] ===> [goto a2]

of

>pap3<

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

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

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

TYPE <g> TO CONTINUE [goto code_s1]

>code_s1<

CONTINUE WITH INTERVIEW

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

CALLBACK

NO PERSON 18 OR OLDER HOME NOW3	
CALLBACK10	

PROBLEM

PROBABLE MENTAL IMPAIRMENT	5
LANGUAGE BARRIER	6 [goto 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 HOUSEHOLD	4
NO PERSON 18 OR OLDER	

>lang< INTERVIEWER CODE LANGUAGE

SPANISH [set for Spanish interview]	.s
OTHER	.0

===>

>lang_other< INTERVIEWER CODE LANGUAGE

ASIAN CHINESE
EUROPEAN/SLAVIC
FRENCH6
GERMAN7
ITALIAN8
POLISH9 PORTUGESE10
RUSSIAN11
UNKNOWN EUROPEAN/SLAVIC12
OTHER [SPECIFY]0
OTHER
OTHER [SPECIFY]0
===>

FOLLOW UP RESPONSES FOR ALL SAMPLES

>a3< SPONSOR: The project is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company.

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

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

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

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

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

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

>phone ck< Is this phone used for. . .

home use	1	
business and home	use, or2	
	[ineligible]3	

DEMOGRAPHICS AND SCREENING
If new sample go to >hhld<; if reinterview continue with >DEL<
D COMPOSITION
EVIEW SAMPLE:
To begin, I'm going to list the people who were part of this household when we interviewed in [fill MO/YR]. As I read, tell me if any of them no longer live here.
INTERVIEWER: DO NOT READ HOUSEHOLDER TO RESPONDENT. READ GENDER AND AGE AT LAST INTERVIEW IF NAME AND RELATIONSHIP ARE INSUFFICIENT.
DELETE? NAME RELATION SEX AGE AT LAST INTERVIEWER Fill NAME] RELATIONSHIP] Sex [AGE AT R2]

NOTES TO >DEL<:

- 1) Entering a <x> response runs the existing deletion routine from the R2 instrument, with a *DELETED* notation appearing in the relationship column. Lines marked as deleted are then available for the interviewer to add "new" members (below). This same *DELETED* notation should appear in all household and FIU review screens in the relationship column (whether for new sample or re-interview sample) unless a "new" person is added to that "line."
- 2) Data on relationship, sex and age at R2 are offered in the table only to aid the interviewer in verifying the household composition relative to Round 2. If the respondent offers corrections, the interviewer should say, "I'll take that information from you in a moment," and continue to verify household composition.
- >a202< upon <g> (review complete) in >DEL<, each person still in the table should be flagged to indicate an R2 household member.
- >DEL2< Can I take a minute to verify that the people we interviewed at this phone number a couple of years ago are no longer here?

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

DELETE? NAME RELATION SEX AGE AT R2

[fill NAME][RELATIONSHIP] [Sex][AGE AT R2]
ALL PREVIOUS HOUSEHOLD MEMBERS CONFIRMEDg
RESPONDENT CLAIMS HOUSEHOLD NOT IN ROUND 2 - NO MEMBERS FROM ROUND 2 REMAIN [goto A210]x
UNDELETEu
UNDELETE THE ENTIRE HHe ===> [goto ADD]

See Appendices B and C for the names of the variables associated with the survey questions.

>A210<

We would still like to include your household in our study. Our goal is to see how managed care and other health care changes are affecting people in your community. The project is sponsored by a private foundation and is endorsed by state health departments throughout the country. As a token of appreciation for your help, we'll send your family \$25 for helping us with the project. Since the survey is about health issues, I would like to speak with an adult who lives here and is familiar with the health care of family members.

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

TYPE <g> TO CONTINUEg</g>	[goto hhld]
REFUSALr	[goto Ref]
===>	

>ref<

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

===>

>Ref1< INTERVIEWER: CODE MAIN REASON FOR REFUSAL

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

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

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

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

IF NO: CODE "n"

IF YES: What are their first names?

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

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

ſ	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	
	MORE THAN 8 HOUSEHOLD MEMBERSe	[goto emo1]
	===>	

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

>head<

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

NAME	RELATION	SEX	AGE	
[fill [fill [fill [fill [fill	NAME][RELATIONSHI NAME][RELATIONSHI NAME][RELATIONSHI NAME][RELATIONSHI NAME][RELATIONSHI NAME][RELATIONSHI NAME][RELATIONSHI NAME][RELATIONSHI	P] [Sex][AGI P][Sex][AGE P][Sex][AGE P][Sex][AGE P][Sex][AGE P][Sex][AGE	E AT R2]. E AT R2] E AT R2] E AT R2] E AT R2] E AT R2]	2 4 5 6

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

IF NEW SAMPLE:

>hhld<

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

- **INTERVIEWER:** 1) IF R. IS RELUCTANT TO GIVE FIRST NAMES: We are asking for first names because the survey includes questions about the health care of family members. The only reason we need first names is so we'll have some way to tell family members apart. If you'd rather not give names, we can take relationships or some other way to tell family members apart.
 - 2) Persons who reside at a vacation residence, in institutions (see help screen for definitions), or in other group quarters (10 or more unrelated persons living together) are not eligible.

[fill NAME] [HOUSEHOLDER GOES HERE]1	
[fill NAME]2	<u>)</u>
[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	1
NO OTHER HOUSEHOLD MEMBERSn	
DELETE A HOUSEHOLD MEMBERx	
UNDELETE A HOUSEHOLD MEMBER	
MORE THAN 8 HOUSEHOLD MEMBERSe	
===> [aoto more]	igoto official

_	m	\cap	re.	_

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

IF YES: What are their first names?

IF NO: CODE "n"

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

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

[fill NAME]	1	
[fill NAME]		
NO OTHER HOUSEHOLD MEMBERS	n	
DELETE A HOUSEHOLD MEMBER	X	
UNDELETE A HOUSEHOLD MEMBER	u	
MORE THAN 8 HOUSEHOLD MEMBERS	е	[goto emo1]
===> [goto bmo1]		

FOR ALL SAMPLE:

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

YES	1
NO OTHER PEOPLE IN HOUSEHOLD	
[if reinterview sample goto test head;	
if new sample goto bmo1]	.r

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

```
|___|__|
(0-99)
===>
```

See Appendices B and C for the names of the variables associated with the survey questions.

>em3<	How many of those additional people are under 18?
	 (0-99) ===> [if reinterview sample goto test head; if new sample goto bmo1]
>bmo1<	In what month and year was [fill HOUSEHOLDER] born?
INTERVIEWE	 (1) REMEMBER THAT THIS IS THE HOUSEHOLDER. (2) R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE. (3) IF R. IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.
	JAN 1 FEB 2 MARCH 3 APRIL 4 MAY 5 JUNE 6 JULY 7 AUG 8 SEPT 9 OCT 10 NOV 11 DEC 12 DON'T KNOW d [goto age1] ===>
>byr1<	[no erase]
	MONTH (1-12) YEAR (1880-1982) ===> [goto SEX1]

>age1<	What is (his/her/your) age?
INTERVIEWEF	 (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 OLDERa LESS THAN 18c ===>
>SEX1<	and is [fill HOUSEHOLDER] male or female?
1	NTERVIEWER: CODE WITHOUT ASKING IF KNOWN
	MALE
>col1<	[Is HOUSEHOLDER/are you] a full-time student?
1	PROBE: The definition of a full-time student should be based on [fill NAME's] school.
	YES
	DON'T KNOWd REFUSEDr ===>

>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	14 16 17
JD/LAWMD/PHD	19
GRADE COMPLETED	
DON'T KNOWREFUSED	-
age ge 18 and lt 65] [Is fill HOUSEHOLDER/Are you	u] on active

>mil1< [IF age ge 18 and lt 65] [Is fill HOUSEHOLDER/Are you] on active duty in the military at this time?

YES	
NO	
	_
DON'T KNOW	C
REFUSED	
===>	

>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	
>byr2<	[no erase]	
	MONTH	
	_ YEAR (1880-1998)1	
	DON'T KNOWd ===> [goto SEX2]	[goto age2]

>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 OLDERa LESS THAN 18c ===>
>SEX2<	and is [SECOND PERSON'S NAME] male or female?
	INTERVIEWER: CODE WITHOUT ASKING IF KNOWN
	MALE
test:	[if age2 ge 16 and It 23 goto col2; else goto test grd2]
>col2<	Is [fill NAME] a full-time student?
	PROBE: The definition of a full-time student should be based on [fill NAME's] school.
	YES
	DON'T KNOWd

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

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

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

INTERVIEWER: IF R. GIVES DEGREE, CODE AS FOLLOWS:

	HIGH SCHOOL/GED12	
	JUNIOR COLLEGE/ASSOCIATES DEGREE14	
	B.A./B.S16	
	M.A./M.S17	
	M.P.H./M.B.A/M.P.A18	
	JD/LAW19	
	MD/PHD20	
	GRADE COMPLETED	
	DON'T KNOWd	
	REFUSEDr	
	===>	
>mil2<	[IF age2 ge 18 and It 65] Is [fill NAME] on active duty in the military at this	time?
	YES1	
	NO0	
	110	
	DON'T KNOWd REFUSEDr	

>rel2< How is [fill NAME] related to [fill HOUSEHOLDER]? HUSBAND......1 WIFE2 OWN SON/DAUGHTER3 ADOPTED SON/DAUGHTER¹......13 STEP SON/DAUGHTER4 GRAND SON/DAUGHTER......5 PARENT......6 BROTHER/SISTER7 SON/DAUGHTER-IN-LAW8 MOTHER/FATHER-IN-LAW9 OTHER RELATIVE10 FOSTER CHILD......11 NON RELATIVE/UNMARRIED PARTNER12 Repeat bmo2-rel2 for each person. test: [if any person is > 18 and relationship to householder is <7> <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is > 14 and different sex from (this/these) persons; goto mar2; else goto test after sps2. Is [fill NAME] married to anyone who currently lives here? >mar2< **INTERVIEWER: CODE "NO" FOR COHABITEE** YES1 next test] >sps2< To whom is [fill NAME] married? Ifill NAME1......1 [fill NAME]......2 [fill NAME]......3 Ifill NAME1.....4 [fill NAME]......5 [fill NAME]......6 [fill NAME]......7 [fill NAME]......8

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

 $See \ Appendices \ B \ and \ C \ for \ the \ names \ of \ the \ variables \ associated \ with \ the \ survey \ questions.$

tests: (1) Verify that spouses are opposite sexes and at least 14 years of age		
	(2) Repeat for each person ge 18 and relationship to householder is <7>, <8>, <9>, <10> or <12>.	
	(3) If any person lt 18 and relationship to householder is not equal to <3>, <4>, <11>, or <13> then goto par2; else goto family formation.	
>par2<	Is anyone who lives here the parent or guardian of [fill NAME]?	
	YES	
>who2<	Who is [fill NAME]'s parent or guardian?	
	CODE ONLY ONE	
	INTERVIEWER: IF CHILD HAS TWO PARENTS/GUARDIANS CODE MOTHER OR FEMALE GUARDIAN.	
	[fill NAME] 1 [fill NAME] 2 [fill NAME] 3 [fill NAME] 4 [fill NAME] 5 [fill NAME] 6 [fill NAME] 7 [fill NAME] 8 ===>	

Repeat for others meeting test before par2.

Form interviewing units using the following rules:²

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

CTS Household Survey

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 R2 child has been identified as an R3 FIU member and is under age 18.

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

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

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

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

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

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

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

YES	1	
NOT YET BORN	2	
ALIVE, BUT LIVING OUTSIDE AREA	3	[goto kdck2]
DON'T KNOW	d	
REFUSED	r	
===> [goto fiu formation]		

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

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

>kdck3<	Was [fill NAME] living in the continental United States at any time from August 1998 THROUGH October 1999?
	PROBE: We need to ask this question to know whether children selected for this survey also had a chance to be selected in the first survey.
	YES
	DON'T KNOWd REFUSEDr ===> [goto fiu formation]
	NOTE: (1) THE PROGRAM WILL FORM INTERVIEWING UNITS AND THE INTERVIEWER WILL BEGIN WITH THE HOUSEHOLDER'S UNIT.
	NOTE: The review of household composition is done on screens organized by Family Insurance Units (FIUs). Linda has already coded this into Section A, although the question text has not been added:
>resp<	INTERVIEWER: ENTER THE [r]HIGHLIGHTED[n] NUMBER OF PERSON WITH WHOM YOU'RE SPEAKING (I.E. "BEST RESPONDENT").
	IF RESPONDENT NOT KNOWN ASK: With whom am I speaking?
	A PERSON WITH AN * IN FRONT OF THEIR NAME IS NOT ELIGIBLE.
	IF YOU ARE TALKING TO A HOUSEHOLD MEMBER WHO IS NOT ELIGIBLE TO BE INTERVIEWED, ASK FOR AN ELIGIBLE HOUSEHOLD MEMBER.
	INTERVIEWER: REVIEW NAME, RELATIONSHIP TO HOUSEHOLDER, SEX, AND AGE OF ALL HH MEMBERS WITH RESPONDENT
# NAME	RELATION SEX AGE
	[fill NAME][RELATIONSHIP] [Sex][AGE] 1 [fill NAME][RELATIONSHIP] [Sex][AGE] 2 [fill NAME][RELATIONSHIP][Sex][AGE] 3 [fill NAME][RELATIONSHIP][Sex][AGE] 4 [fill NAME][RELATIONSHIP][Sex][AGE] 5 [fill NAME][RELATIONSHIP][Sex][AGE] 7 [fill NAME][RELATIONSHIP][Sex][AGE] 8 ===>

b. HEALTH INSURANCE

>bbeg<

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

INTERVIEWER: NOTE ONLY ONE CHILD IS SELECTED PER FAMILY

TYPE <g> TO CONTINUE ===>

>b1<

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

>b1a<

Are READ NAMES covered by a health insurance plan from (your/any of your/either of your) current or former employers or unions. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

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

CODE ALL THAT APPLY

[fill NAME]	1
[fill NAME]	
[fill NAME]	7
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES	n
NEED TO DELETE A RESPONSE	x
DON'T KNOW	d
REFUSED	

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

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

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

CODE ALL THAT APPLY

[fill NAME]	1
[fill NAME]	2
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES NEED TO DELETE A RESPONSE	
NEED TO DELETE A RESPONSE	x
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.

CODE ALL THAT APPLY

[fill NAME]	1
[fill NAME]	
fill NAME]	7
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES	r
NEED TO DELETE A RESPONSE	
THE TO DELETE ATTEMPT ONCE	
DON'T KNOW	C
REFUSED	
===>	

>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][fill NAME]	1
[fill NAME]	2
[fill NAME]	3
[fill NAME]	4
[fill NAME]	5
[fill NAME]	
[fill NAME]	
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES	
NEED TO DELETE A RESPONSE	X
DON'T KNOW	_
REFUSED	r

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

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

CORRECT1	
TO CORRECT MEDICARE2	[:jb b1d]
TO CORRECT AGE3	
	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 ca
	YES
	DON'T KNOWd REFUSEDr ===> [goto test b1f]
>bley<	IF STATE OFFERS OTHER SUBSIDIZED PROGRAMS AS WELL AS MEDICAID: Are READ NAMES covered by any of the following government assistance programs that help pay for health care: [Medicaid/fill STATE NAME; fill STATE SPECIFIC PLANS, INCLUDING CHIP], IF YES; Which program is that?
	CODE ALL THAT APPLY
	Medicaid/fill STATE NAME1 [goto b1e] fill STATE SPECIFIC PLANS, INCLUDING CHIP
	[BLANK IF NO STATE PROGRAM]2 [goto b1h]
	NO ONE COVERED/NO MORE CODES [goto test b1f]
	SOMEONE COVERED, DON'T KNOW WHICH PLANd [goto b1e]; FOLLOW MEDICAID ATTRIBUTE SEQUENCE IF CAN'T IDENTIFY PROGRAM NAME, fill Medicaid.
	REFUSEDr [goto test b1f] DELETE A CODEx ===>

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

CODE ALL THAT APPLY

[fill NAME]	1
[fill NAME]	2
[fill NAME]	3
[fill NAME]	
NONE NO ONE NO OTHER RESPONDED	
NONE/NO ONE/NO OTHER RESPONSES	
NEED TO DELETE A RESPONSE	X
DON'T KNOW	d
REFUSED	r
===>	

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

CODE ALL THAT APPLY

[fill NAME]	1
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES	n
NEED TO DELETE A RESPONSE	x
DON'T KNOW	d
REFUSED	r

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

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

IF YES: Who is covered?

CODE ALL THAT APPLY

[fill NAME]	1
[fill NAME]	2
fill NAME]	
[fill NAME]	
[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 b1f1< [IF b1f = NO ONE, goto b1g; ELSE goto b1f1]

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

INTERVIEWER: CODE ALL THAT APPLY

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

CHAMPUS	1
CHAMP-VA	2
TRICARE STANDARD	
TRICARE PRIME	4
TRICARE EXTRA	5
VA	6
OTHER [SPECIFY]	
DON'T KNOW TYPE	d
REFUSED	r
===>	

PERMITS IHS AND OTHER PLANS TO BE REPORTED.

[fill NAMF]

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

CODE ALL THAT APPLY

[
[fill NAME]	2
[fill NAME]	
NONE/NO ONE/NO OTHER RESPONSES	n
NEED TO DELETE A RESPONSE	X
DON'T KNOW	Ь
REFUSED	

If all family members covered by some type of health insurance goto test b2, else goto b1i1.
Are READ NAMES covered by a health insurance plan that I have not mentioned. IF YES: What is the name of the plan?
YES [SPECIFY]
DON'T KNOWd REFUSEDr ===>
Who is covered by [fill NAME SPECIFIED]? CODE ALL THAT APPLY [fill NAME] 1 [fill NAME] 2 [fill NAME] 3 [fill NAME] 4 [fill NAME] 5 [fill NAME] 6 [fill NAME] 7 [fill NAME] 8 NONE/NO ONE/NO OTHER RESPONSES 0 NEED TO DELETE A RESPONSE x

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

===>

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

>bij< INTERVIEWER: READ FOR FIRST PERSON ONLY (According to the information we

have, [fill NAME] does not have health care coverage of any kind). Does (he/she) have health insurance or coverage through a plan I

might have missed?

INTERVIEWER: REVIEW PLANS IF INFORMANT IS UNSURE.

NO/NOT COVERED BY ANY PLAN	.0
HEALTH INSURANCE PLAN FROM A	
CURRENT OR PAST EMPLOYER/	
UNION/SCHOOL	.1
A HEALTH INSURANCE PLAN BOUGHT ON	
HIS/HER OWN/PROF. ASSN	.2
A PLAN BOUGHT BY SOMEONE WHO	
DOES NOT LIVE IN THIS HOUSEHOLD	.3
MEDICARE	
MEDICAID/STATE NAME	.5
CHAMPUS/CHAMP-VA, TRICARE, VA,	
OTHER MILITARY	.6
INDIAN HEALTH SERVICE	.7
[fill STATE PLAN]	.8
OTHER PLAN [SPECIFY]	.9
DON'T KNOW	.d
REFUSED	. r
===> [goto NEXT UNINSURED PERSON OR goto tes	st b2]
	-

- >test b2< IF AT LEAST ONE FAMILY MEMBER IS PRIVATELY INSURED (b1a, b1b, or b1c ge1) AND IS NOT COVERED BY MEDICARE (b1d) GO TO b2; ELSE, goto Test b401].
- >b2000< Set calln = 0 # initialize variable to keep track of which call (that is, within the three private plan "grid," which plan are we on when we make the call) to the external program.

>b2<	In how many different health plans (obtained through current or past employers/(or) that you purchased directly/(or) were provided by someone who does not live in your household) are [fill NAMES OF FAMILY MEMBERS LISTED IN b1a, blb or blc EXCEPT FOR THOSE 65 AND NOT COVERED BY MEDICARE] enrolled?
	PROBE: Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.
	<u> </u> PLANS
	0
>b204<	[IF HARD MATCH AND ONE PRIVATE PLAN AT R2 AND R3] When we last interviewed (you/your family) on [fill MO/YR OF R2 INTERVIEW], we recorded your health insurance plan as [fill fptext]. Do you still have this plan?
	YES
	DON'T NOWd REFUSEDr ===> [goto b205]
>b205<	Did your plan change since [fill MO/YR of R2 INTERVIEW] or is [fill fptxt] incorrect?
	PLAN CHANGED1 INCORRECT NAME2
	DON'T KNOWr [goto b231] ===> [goto b2101]
INSURER DA	TABASE MATCHING PROGRAM BEGINS HERE
>zb211<	What is the complete name of [the; the SECOND; the THIRD] plan?
	PROBE: IF R. HAS DIFFICULTY RECALLING NAME, ASK: Do you have an insurance card or something else with the (first) plan name on it?
	DISPLAY: Read-Only List Of 12 entity names
	DON'T KNOW [fill "this plan" in subsequent questions]d [goto b221] REFUSED [fill "this plan" in subsequent questions]

>zb221<	INTERVIEWER: CODE WHETHER DOCUMENT USED. [NO ERASE]
	INSURANCE CARD1
	CLAIMS FORM2
	INSURANCE POLICY3
	NO DOCUMENT USED0
	INSURANCE COMPANY NAME INCORRECT, BACKUP AND CORRECT9 ===>
>zMb2232<	Based on respondent's answer in zb211, search for insurance plan as follows:
	1) User enters input string.
	2) String is broken into words, which are matched against a good word dictionary. Non-matches are thrown away.
	3) With the matched words, one at a time, look for companies or plans in the state (where state may equal more than one state for some PSUs) that match the word.
	4) "Or" these lists together to get a master list of entities.
	5) For each of these entities, get a list of plans offered nationally.
	6) If company not matched goto zb2240.
>zb2233<	[Company or plan match within state] I'm going to read a list of plans offered by that company. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan (read from list of products:)
	Confirm highlighted
	No match — accept text string and continue0 [GO TO zb2240]
	Insurance company name incorrect, backup and correct9
>zb2240<	Was this insurance plan obtained in a state other than (fill STATE)?
	YES
	DON'T KNOWd [goto zb2260]

>zb2241<	What state is that? [NO ERASE]
	{DISPLAY: Code list for states}
	===>
>zb2251<	[Company or plan match within another state] Here's a list of additional plans in [fill STATE]. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan. (read from list of products:)
	Confirm highlighted entry
>b231<	Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. [NHIS]
	In whose name is this plan? ³
	INTERVIEWER: CODE NON-SPECIFIED POLICY HOLDER IN "OTHER."
	[fill NAME] 1 [fill NAME] 2 [fill NAME] 3 [fill NAME] 4 [fill NAME] 5 [fill NAME] 6 [fill NAME] 7 [fill NAME] 8 OTHER [SPECIFY] 9
	DON'T KNOWd REFUSEDr ===>
>test b24<	[if b2 gt <1>, goto b241; else goto test b25]. It is unnecessary to ask b241 if the family has only one plan because coverage was obtained in b1a, b1b, or b1c.

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
	[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 ===>
>test b25<	[if b1b ge <1> or b1c ge <1> goto b251; else store <1> in b251 and goto b261]. This question does not need to be asked if the only private plans are employer-based.
>b251<	Was this plan originally obtained through a current or past employer or union?
	YES
	DON'T KNOWd

REFUSED.....r

===> [goto b271]

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

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

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

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

	(72 CHARACTERS)
	DON'T KNOW
>b271<	Was this plan obtained through a state or federal government program that helps pay insurance coverage?
	YES
	DON'T KNOW
>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]
	NO ONEn NEED TO DELETE A RESPONSEx
	DON'T KNOWd REFUSEDr ===> [goto test b311]
>b301<	How many months ago did [fill NAME] enroll in [fill PLAN NAME]?
	INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.
	MONTHS
	DON'T KNOWr REFUSEDr ===> [REPEAT b301 FOR EACH PERSON ENROLLED IN PAST 12 MONTHS]

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

===>

>b311<	NON-EMPLOYER AND NON-UNION PLANS:	
	How much is the insurance premium for this policy?	
	NONE	0
	\$ \$(10-9997)	[goto b321]
	DON'T KNOWREFUSED	
>b321<	INTERVIEWER: CODE TIME PERIOD.	
	WEEK EVERY OTHER WEEK TWICE A MONTH MONTH QUARTER SEMI-ANNUAL	2 3 4 5

ANNUAL.....7

	See A	Appendices	B and	C	for	the	names	of	the	variables	associated	with	the	surve	v a	auestions
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>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.
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>
>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 KNOWr REFUSEDr
>b351<	Is there a book, directory, or list of doctors associated with the plan?
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>

⁴Substitute "members" if informant is not covered.

>b361<	Is (PLAN NAME) an HMO, that is, a Health Maintenance Organization?
	PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]
	YES
	DON'T KNOWd REFUSEDr ===>
>test b371<	[IF b351 eq <1> OR b361 eq <1> goto b371; ELSE goto test b381] fill
>b371<	If (you/members) do not have a referral, will [fill PLAN NAME] pay for any of the costs of visits to doctors who are not [associated with the plan (b351 = 1)/part of the HMO (b361 = 1)]?
	YES
	DON'T KNOWd REFUSEDr ===>
>test b381<	[IF b251 = <0>, <d> or <r>, goto test b40; Else, goto, b381]</r></d>
>b381<	Does [EMPLOYER NAME/this employer] offer more than one health insurance plan to its employees?
	YES
	DON'T KNOW

 $See \ Appendices \ B \ and \ C \ for \ the \ names \ of \ the \ variables \ associated \ with \ the \ survey \ questions.$

>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							
	DON'T KNOWd REFUSEDr ===>							
>test b40<	IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b212-b392 FOR SECOND PLAN; IF b2=3, ASK b213-b393 FOR THIRD PLAN; ELSE, IF ANY FAMILY MEMBER HAS MILITARY COVERAGE (b1f ge<1>) AND AT LEASE ONE PERSON WITH MILITARY COVERAGE IS NOT COVERED BY SOME OTHER HEALTH PLAN, goto b40; ELSE goto test b51]							
>b40<	Next, we have some questions about military health plans. In whose name is this [fill b1f1] plan?							
	NOTE: If b1f1 = <7>, <d>, or <r>, fill "military health."</r></d>							
	[fill NAME] 1 [fill NAME] 2 [fill NAME] 3 [fill NAME] 4 [fill NAME] 5 [fill NAME] 6 [fill NAME] 7 [fill NAME] 8							
	NON-FAMILY MEMBER9 OTHER [SPECIFY]0							
	===>							

>b41<	Did [fill NAMES OF POLICY-HOLDER (b40) AND PERSONS COVERED (b1f1)] enroll in [NAME OF PLAN] in the past 12 months, that is after [fill DATE]?
	IF MORE THAN ONE PERSON, ASK: Who enrolled in [fill PLAN] after [fill DATE]?
	INTERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.
	[fill NAME]
	NO ONEn NEED TO DELETE A RESPONSEx
	DON'T KNOWd REFUSEDr ===> [goto test b51]
>b421<	How many months ago did [fill NAME] enroll in [fill PLAN NAME]?
	MONTHS AGO
	(0-11) ===> [REPEAT b42a FOR EACH PERSON COVERED, THEN goto test b51.]
	NOTE: Deleted b431, b441, b451, b461, b471
>test b51<	Medicare [if b1d ge <1> goto b54; else goto test b61]
>b54<	Does [fill NAMES] use [his/her] Medicare coverage at an HMO?
	INTERVIEWER: IF HUSBAND AND WIFE ARE BOTH ON MEDICARE, AND ONLY ONE IS IN AN HMO, CODE <2> or <3>.
	PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]
	YESMEDICARE BENEFICIARIES IN HMO1 [goto b55a] YESTWO BENEFICIARIES AND ONLY
	HUSBAND SIGNED UP WITH HMO
	DON'T KNOWd

>b55a<	What is the name of the HMO plan?
	PROBE: IF R. HAS DIFFICULTY RECALLING NAME, ASK: Do you have an insurance card or something else with the plan name on it?
	TO ENTER PLAN NAME
>b55p<	[PLAN NAME - 72 CHARACTERS] DON'T KNOW
>b55b<	INTERVIEWER: CODE TYPE OF DOCUMENT USED. [NO ERASE] INSURANCE CARD1
	CLAIMS FORM
>b55c<	Was this HMO plan obtained through a current or past employer or union?
	YES
	DON'T KNOWd REFUSEDr ===>

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

PROBES:

- (1) Do not include emergency care or care from a specialist you were referred to.
- (2) IF HUSBAND AND WIFE HAVE DIFFERENT MEDICARE PLANS, WITH ONE IN AN HMO AND ONE IN AN INDEMNITY PLAN, ASK FOR CHARACTERISTICS OF HMO PLAN.

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

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

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

PROBE: Do not include emergency care.

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

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

ANY DOCTOR/CLINIC	1
BOOK/DIRECTORY/LIST	2
DON'T KNOW	d
REFUSED	_
->	

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

>b56<	If (you/he/she) do not have a referral, will [fill PLAN NAME] pay for any of the costs of visits to doctors who are not [associated with the plan /part of the HMO]?	
	YES	
	DON'T KNOWr REFUSEDr	
>b57<	Did [fill NAMES OF MEDICARE ENROLLEES] enroll in [Medicare] in the past 12 months, that is, after [fill DATE]?	
	IF MORE THAN ONE PERSON, ASK: Who enrolled in [Medicare] in the past 12 months?	
	CODE ALL THAT APPLY	
	[fill NAME] 1 [goto b58] [fill NAME] 2 [goto b58] [fill NAME] 3 [goto b58] [fill NAME] 4 [goto b58] [fill NAME] 5 [goto b58] [fill NAME] 6 [goto b58] [fill NAME] 7 [goto b58] [fill NAME] 8 [goto b58] NONE/NO ONE/NO OTHER RESPONSES n NEED TO DELETE A RESPONSE x DON'T KNOW d REFUSED r ===> [goto b59]	
>b58<	How many months ago did [fill NAME] enroll in Medicare?	
,	INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.	
	MONTHS	
	DON'T KNOWr REFUSEDr ===>[REPEAT FOR EACH MEDICARE BENEFICIARY ENROLLED IN PAST 12 MONTHS]	

>b59<	(Are/Is) [fill NAMES OF MEDICARE ENROLLEES] covered by Medicare supplemental or Medigap policies? These policies are designed to cover the costs of health care that are not covered by Medicare.
	IF MORE THAN ONE PERSON, ASK: Who is covered by these policies.
	CODE ALL THAT APPLY
	[fill NAME]
	NONEn NEED TO DELETE A RESPONSEx
	DON'T KNOW
>59a1<	FOR EACH PERSON CODED IN b59, ASK: Was [fill NAME]'s policy obtained through a current or past employer or union?
	YES
	DON'T KNOWd REFUSEDr ===>

NOTE: Deleted b59b, b59c, and b60

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

NOTE: Deleted b61, b62 and b63.

nder (Medicaid/STATE NAME) (are/is) [fill NAMES] signed up with an HMO, that is, a ealth Maintenance Organization?
ROBE: 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
DON'T KNOWd REFUSEDr ===>
OTE: Deleted b65a, b65b, and b66
id [fill NAMES OF MEDICAID BENEFICIARIES] enroll in [STATE NAME/Medicaid] in e past 12 months, that is, after [fill DATE]?
MORE THAN ONE PERSON, ASK: Who enrolled in (STATE NAME/Medicaid) in the ast 12 months?
ITERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.
[fill NAME] 1 [goto b68] [fill NAME] 2 [goto b68] [fill NAME] 3 [goto b68] [fill NAME] 4 [goto b68] [fill NAME] 5 [goto b68] [fill NAME] 6 [goto b68] [fill NAME] 7 [goto b68] [fill NAME] 8 [goto b68] NONE/NO ONE/NO OTHER RESPONSES n NEED TO DELETE A RESPONSE x DON'T KNOW d
' I

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 KNOWr REFUSEDr ===> [REPEAT b68 FOR EACH MEDICAID BENEFICIARY ENROLLED IN PAST 12 MONTHS]
ATTRIBUTES ASKED IF STATE PLAN, INCLUDING CHIP, AND NO PRIVATE PLANS. [If (b2<1) and (b1e eq <2> or b1i1 eq <1>) goto b71; else goto testb80]
Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder.
In whose name is [fill NAME OF STATE PROGRAM]?
INTERVIEWER: CODE NON-SPECIFIC POLICY HOLDER IN "OTHER."
[fill NAME] 1 [fill NAME] 2 [fill NAME] 3 [fill NAME] 4 [fill NAME] 5 [fill NAME] 6 [fill NAME] 7 [fill NAME] 8 OTHER [SPECIFY] 9

NOTE: Deleted b72, b73, and b74

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
DON'T KNOWd REFUSEDr ===>
NOTE: Deleted b75a, b75b, and b76
Did [fill NAMES OF PLAN MEMBERS] enroll in [NAME OF STATE PROGRAM] in the past 12 months, that is, after [fill DATE]?
IF MORE THAN ONE PERSON, ASK: Who enrolled in the past 12 months?
INTERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.
[fill NAME] 1 [goto b78] [fill NAME] 2 [goto b78] [fill NAME] 3 [goto b78] [fill NAME] 4 [goto b78] [fill NAME] 5 [goto b78] [fill NAME] 6 [goto b78] [fill NAME] 7 [goto b78] [fill NAME] 8 [goto b78] NO ONE AFTER [fill DATE]/NO ONE ELSE n DON'T KNOW d REFUSED r ===> [goto test b80]

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

	AND DELETE PERSON.
	MONTHS ===> [REPEAT b78 FOR PERSON ENROLLED IN PAST 12 MONTHS]
CURRENTLY	Y UNINSURED
>test b80<	[IF ONE OR MORE FAMILY MEMBERS IS CURRENTLY UNINSURED BUT AT LEAST ONE MEMBER IS PRIVATELY INSURED, goto b79 ELSE, IF ALL FAMILY MEMBERS ARE UNINSURED, goto b80 FOR FIRST PERSON; ELSE goto TEST b85]
>b79<	Is family coverage offered under [POLICY HOLDER'S] health insurance plan?
	YES
	DON'T KNOWr REFUSEDr ===> [goto b801 FOR FIRST UNINSURED PERSON]
>b791<	(Is/Are) [fill NAMES OF UNINSURED FAMILY MEMBERS] not covered by [fill POLICY HOLDERS] plan because health insurance costs too much or was there some other reason?
	COSTS TOO MUCH
>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
	DON'T KNOWd REFUSEDr
	===> [goto next uncovered person or test b85]

>b78<

Just before becoming uninsured, what type of health insurance coverage did

([fill NAME]/you) have? Was it
INTERVIEWER: CODE ONLY ONE.
a health insurance from an employer or union or purchased directly from an insurance company

>b82< Was this plan an HMO, that is, a Health Maintenance Organization?

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

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

>b81<

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

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

>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 PARENT3
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 PREMIUMS8
INSURANCE PLAN RAISED COST OF PREMIUMS9
INSURANCE COMPANY REFUSED COVERAGE10
OR SOMETHING ELSE [SPECIFY]11
NONE/NO ONE/NO OTHER RESPONSES
NONE/NO ONE/NO OTHER RESPONSESn
NEED TO DELETE A RESPONSEx
DON'T KNOW
DON'T KNOWd 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, goto b851; ELSE goto TEST b90]

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

Was it . . .

INTERVIEWER: CODE ONLY ONE.

health insurance from an employer or union or directly purchased from an insurance company......1 [Medicaid/fill state name]2 Champus, Champ-VA, Tricare or other military coverage4 Indian health service.....5 a different Medicare plan⁵ [SUPPRESS IF PERSON LT 65]6 or did (he/she/you) not have any health NOT APPLICABLE [NEWBORN/FOREIGN COVERAGE]......7 [goto test 852] DON'T KNOW......d [goto test 852] REFUSED.....r [goto test 852] ===>

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

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] 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 ===>
>test b871<	[b851 le <4> or b851 eq <6>, goto b871; ELSE goto TEST b852]
>b871<	Was [fill NAME]'s last health insurance plan before [fill CURRENT PLAN NAME] an HMO, that is, a Health Maintenance Organization?
	PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]
	YES
	DON'T KNOWd REFUSEDr

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

===>

>b881<	Why did [fill NAME/you] change insurance plans at that time?
	CODE ALL THAT APPLY.
	OWN/SPOUSE/PARENT CHANGE JOB
	NONE/NO ONE/NO OTHER RESPONSESn NEED TO DELETE A RESPONSEx
	DON'T KNOWd REFUSEDr

>test b852< [IF THERE ARE OTHER CURRENTLY INSURED FAMILY MEMBERS WHOSE COVERAGE BEGAN LESS THAN 12 MONTHS AGO, AND WHO WERE NOT CITED IN b851 or b861, ASK b852; ELSE goto TEST b90].

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

INTERVIEWER: CODE ONLY ONE.

health insurance from an employer or union or directly purchased from an insurance company	
health insurance coverage0	[goto next insured person whose coverage began LT 12 months ago or test b90]
DON'T KNOWd	[goto next insured person whose coverage began LT 12 months ago or test b90]
REFUSEDr	[goto next insured person whose coverage began LT 12 months ago or test b90]

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

>b872<	Was [fill NAME]'s last health insurance plan before [fill CURRENT PLAN NAME] an HMO, that is, a Health Maintenance Organization?
	PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]
	YES
	DON'T KNOWd REFUSEDr ===>
>test b882<	[If b852 eq <1> and current coverage is private (bla, blb or blc) go to b882; ELSE goto test b90]
>b882<	Why did [fill NAME/you] change insurance plans at that time?
	CODE ALL THAT APPLY.
	OWN/SPOUSE/PARENT CHANGED JOB
	DON'T KNOWd REFUSEDr ===>

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 goto b911; ELSE goto b901]
>b901<	Have you ever been enrolled in an HMO?
	YES
	DON'T KNOWd REFUSEDr ===> [goto test b902]
>b911<	[INFORMANT ONLY] Altogether, for about how many years have you been enrolled in HMO plans?
	PROBE: Your best estimate is fine.
	LESS THAN SIX MONTHS0 (1-20) YEARS1
	DON'T KNOW
>b921<	Would that be less than two years, two to five years, or more than five years?
	LESS THAN TWO YEARS
	DON'T KNOW
>test b902<	[IF INFORMANT IS MARRIED, goto test b90 AND ASK b902 b922 FOR SPOUSE, SUBSTITUTING [fill NAME] FOR [YOU], ELSE, IF NO SPOUSE, goto b951.]

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

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

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

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

>test<

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

>b961<

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

LIST PLANS.

NOTE: Deleted b98 and b99 for Round 2 (1998-99)

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?
	PROBE: DO NOT INCLUDE ANY OVERNIGHT STAYS IN THE EMERGENCY ROOM.
	YES
	DON'T KNOWd REFUSEDr ===> [goto test c20]
>c11<	Who was in a hospital overnight? (Anyone else?)
	[fill NAME] 1 [fill NAME] 2 [fill NAME] 3 [fill NAME] 4 [fill NAME] 5 [fill NAME] 6 [fill NAME] 7 [fill NAME] 8
	NONE/NO ONE/NO OTHER RESPONSESn NEED TO DELETE A RESPONSEx
	DON'T KNOWd REFUSEDr ===>
>test c121<	[ASK FOR EACH PERSON WITH A HOSPITAL STAY]
>c121<	How many different times did [fill NAME] stay in any hospital overnight or longer during the past 12 months?
	PROBE: Your best estimate is fine.
	TIMES (1-20)
	DON'T KNOWd REFUSEDr ===>

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

>c131<	FEMALE, 12-45 YEARS OLD: [Were any of these hospital stays/was this hospital stay] for delivery of a baby?
	CHILD: Did [fill CHILD LE 1] stay in the hospital overnight at birth?
	YES
	DON'T KNOW
>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
	DON'T KNOWd REFUSEDr ===>
>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
	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
	DON'T KNOWd REFUSEDr ===> [goto c311]

^{*}Delete phrase for one person family.

>c221<	[Again, not counting the [fill 151] emergency room visits you told me about,] During the past 12 months, how many times has [fill NAME] gone to a hospit 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.					
	<u> </u>	TIMES					
	DON'T KNOW						
>c231<	Would you	say one, two or three, four to nine, ten to twelve, or thirteen or more?					
	2-3 4-9 10 - 12 13 OR DON'T						
>c311<	NAME] se	ert MONTH/YEAR 12 months ago], about how many times has [fill en a doctor? [IF ER OR HOSPITAL VISIT: Do not count doctors seen vernight 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/NO	DNE0 [goto c331]					
	<u> </u>	VISITS [goto c3p1]					
		KNOWd [goto c321] SEDr [goto test c411]					

>c321<	Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?
	1
>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
	DON'T KNOW
>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
	DON'T KNOWd REFUSEDr ===>

>0331<	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
	VISITS [goto test c351]
	DON'T KNOWd REFUSEDr [goto test c411] ===>
>c341<	Would you say one, two or three, four to nine, ten to twelve, or thirteen or more?
	1
	DON'T KNOWd REFUSEDr ===>
>test c351<	[IF c3p1 ne <1> AND c3c1 ne <1> goto c351; ELSE goto test c411]
>c351<	[ASK OF ALL PERSONS] (Were any of these visits/Was this visit) for routine preventive care such as a physical examination (well-child if child <5) or check up?
	YES
	DON'T KNOWd REFUSEDr [goto test c411] ===>

See	Appendices	R and	C	for th	e names	of	the	variables	associated	with	the	survey	auestions
DUCI	ippenaices	Dana	\sim	ioi iii	c numics	\sim	uic	var iabics	associatea	TV LLIL	uiu L	our v c y	questions.

>c361<	(Were any of these visits/Was this visit) a routine check up for an ongoing health problem?
	PROBE: Examples of ongoing health problems include asthma, diabetes, hear conditions, hypertension, cancer, etc.
	YES
	DON'T KNOWd REFUSEDr ===>
>test c411<	[IF NO HOSP/ER/PHYS./OTHER PROVIDER VISITS, goto c511]9
>c411<	During the past 12 months has [fill NAME] had surgery or other surgical procedures either in the hospital or in a doctor's office?
	PROBE: This includes both major surgery and minor surgery and procedures such as setting broken bones, stitches, or removing growths.
	YES
	DON'T KNOW
>c421<	Altogether, how many different times has [fill NAME] had surgery during the past 12 months?
	TIMES [goto test c431]
	DON'T KNOWd REFUSEDr ===> [goto c511]
>test c431<	[IF PERSON HAS HAD AT LEAST ONE HOSPITAL STAY goto c431; ELSE goto 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?
	TIMES
	ALL97
	DON'T KNOWr REFUSEDr
>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?
	YES1 NO0
	DON'T KNOWd REFUSEDr ===>
	NOTE: c521 deleted.
>test c530<	[IF PERSON GE 18 goto c531; ELSE goto test c600]
>c531<	During the past 12 months, has [fill NAME] had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.
	YES
	DON'T KNOWr REFUSEDr
>test c600<	[IF PERSON IS FEMALE AND GE 40 goto c611; ELSE goto c811]

>c611<	A mammogram is an x-ray of the breast to look for breast cancer. Has [fil NAME] ever had a mammogram?								
	YES								
	DON'T KNOWd REFUSEDr ===> [goto c811]								
>c621<	How long has it been since [fill NAME] had (her/your) last mammogram?								
	WITHIN THE PAST YEAR (1 TO 12 MONTHS AGO)1 WITHIN THE PAST 2 YEARS (1 TO 2 YEARS AGO)2 WITHIN THE PAST 3 YEARS (2 TO 3 YEARS AGO)3 WITHIN THE PAST 5 YEARS (3 TO 5 YEARS AGO)4 5 OR MORE YEARS AGO								
	DON'T KNOWd REFUSEDr ===>								

C.	UNMET NEED
>c811<	[INFORMANT SELF RESPONSE] Next, during the past 12 months, was there any time when you didn't get the medical care you needed?
	INTERVIEWER: THIS QUESTION IS LIMITED TO MEDICAL CARE. DO NOT INCLUDE DENTAL CARE R DID NOT GET
	YES
	DON'T KNOWr REFUSEDr
>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
	DON'T KNOWr REFUSEDr
>test c831<	[IF c811 EQ <1> OR <8> OR c821 EQ <1> OR <8> goto c831; ELSE goto c841]

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

CODE ALL THAT APPLY.

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

Worry about the cost	
Or any other reason I haven't mentioned [SPECIFY]n	
NONE CITED/NO OTHER RESPONSES0 NEED TO DELETE A RESPONSEx	
DON'T KNOWd REFUSEDr ===>	
During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it? ¹⁰	
YES	
DON'T KNOWd	

>c841<

REFUSED.....r

¹⁰Source: NHIS, AAU.111

>test c93< [ASK c22...c842...FOR NEXT PERSON¹¹; THEN goto c92]

NOTE: c90 deleted.

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

PROBES: (1) Your best estimate is fine.

(2) Include out-of-pocket expenses for prescription drugs, co-payments, and deductibles, but do not include health insurance premiums, dental costs, or any other costs paid by your health insurance.

READ CATEGORIES IF NECESSARY.

NONE	0
\$ <u> </u> , <u> </u> (10-96,000)	
DON'T KNOWREFUSED==> [goto Section D]	

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

READ CATEGORIES IF NECESSARY.

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

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

d. USUAL SOURCE OF CARE/PATIENT TRUST

BEGIN WITH FAMILY INFORMANT

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

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

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

===>	
REFUSEDr	[goto test d301]
DON'T KNOWd	[goto test d301]
NO, THERE IS MORE THAN ONE PLACE3	
NO, THERE IS NO PLACE0	[goto test d301]
YES1	[goto d111]

>d111< If (d101 = 1) then read:

What kind of place is it--a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

Else (d101 = 3) read:

What kind of place (do/does) [you/fill NAME] go to most often--a doctor's office, an HMO, a hospital outpatient clinic, some other clinic or health center, an emergency room, or some other place?

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

₹.
- 1] 1]
ch time
1]
e [you/fill
e [you/fill 1] 1]

>d161<	Did [you/fill NAME] change the [fill PROVIDER/PLACE] (you/he/she) usually (go/goes) to for health care because [fill NAME] or [fill NAME]'S employer changed health plans, because the [fill PROVIDER/PLACE] was not covered by the health plan, or for some other reason?			
	INTERVIEWER: CODE ONE RESPONSE			
	EMPLOYER CHANGED HEALTH PLANS			
	DON'T KNOW			
>d171<	Which of the following reasons best describes why [you/fill NAME] changed the [fill PROVIDER/PLACE] (you/he/she) usually go(es) for health care?			
	([Fill NAME]/you/your) [PROVIDER/PLACE] was no longer available			
	DON'T KNOWr REFUSEDr			
	NOTE: d201 deleted.			
	END ROTATION			

- >test d301< [IF MORE THAN ONE PERSON; REPEAT d10n...-d20n... FOR EACH PERSON.]
- >test d302< [IF INFORMANT HAS USUAL SOURCE OF CARE WHO IS A PHYSICIAN (d121 eq <1>) OR HAD GE ONE PHYSICIAN VISITS IN THE LAST 12 MONTHS (1 < C311 < 96 OR 1 < c321 < 5) goto d311; ELSE goto test e10.]
- >d3i1< Please think about the doctor you usually see when you are sick or need advice about your health. For each of the following statements, tell me whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree. [NOTE, NEITHER AGREE NOR DISAGREE IS CODED AS SCALE MIDPOINT BUT IS NOT READ. ROTATE d311-341.] 13
- >d311< I think my doctor may not refer me to a specialist when needed.

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

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

STRONGLY AGREE	1
SOMEWHAT AGREE	
NEITHER AGREE NOR DISAGREE	
SOMEWHAT DISAGREE	
STRONGLY DISAGREE	5
NOT APPLICABLE	
DON'T KNOW	c
REFUSED	
===>	

¹³The 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 t treating my medic	o put my medical needs above all other considerations when cal problems.
	INTERVIEWER:	REPEAT IF NECESSARY. Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the statement
	(1) CODE "7" IF F	R. SAYS THE STATEMENT DOES NOT APPLY.
	RE-READ Q	ENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, UESTION; IF R. IS STILL CONFUSED OR UNCERTAIN RE-READ QUESTION, CODE "d."
	SOMEWHAT NEITHER AG SOMEWHAT STRONGLY [AGREE
		Vr
>d331<		is strongly influenced by health insurance company rules when 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 F	R. SAYS THE STATEMENT DOES NOT APPLY.
	RE-READ Q	ENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, UESTION; IF R. IS STILL CONFUSED OR UNCERTAIN RE-READ QUESTION, CODE "8."
	SOMEWHAT NEITHER AG SOMEWHAT STRONGLY I	AGREE
		Vd r

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

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

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

STRONGLY AGREE	1
SOMEWHAT AGREE	2
NEITHER AGREE NOR DISAGREE	
SOMEWHAT DISAGREE	
STRONGLY DISAGREE	
NOT APPLICABLE	
DON'T KNOW	C
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 $1 \le c341 \le 5$) goto e101, ELSE goto e121]
- >e100< The next questions are about your satisfaction with health care.

ENTER <g> TO CONTINUE ===>

>e101< All things considered, are you satisfied **or** dissatisfied with [(the health care you have received/the health care you and your family have received)] **during the last 12 months**?

PROBE: If you did not receive services that you felt you needed, please consider that too.

SATISFIED	1	[goto e111]
DISSATISFIED	2	laoto e1111
NEITHER SATISFIED NOR DISSATISFIED	3	10
DON'T KNOW	Ч	
REFUSED	_	
===> [goto e121]		

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

VEDV

VERY	
SOMEWHAT	2
DON'T KNOW	d
REFUSED	r
===>	

See Appendices B and C for the names of the variables associated with	the survey	auestions.
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>e121<	Now I would like to ask you about satisfaction with your choice of doctors.
	First, primary care doctors, such as family doctors, [pediatricians], ¹⁴ or general practitioners, who treat a variety of illnesses and give preventive care.
	Are you satisfied or dissatisfied with the choice you personally have for primary care doctors?
	PROBE: Most people go to a primary care doctor first when they have a sickness or injury they have not had before.
	SATISFIED
	DON'T KNOWd REFUSEDr ===> [goto e141]
>e131<	Would that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY1 SOMEWHAT2
	DON'T KNOW
>e141<	During the past 12 months, have you personally needed or seen a specialist?
	PROBE: Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists. Specialists mainly treat just one type of problem.
	YES
	DON'T KNOWd REFUSEDr ===> [goto test for uninsured]

¹⁴Exclude for adults.

>CAHPS12<	In the last 12 months, did (you/NAME) see a specialist?
	YES
	DON'T KNOWd REFUSEDr ===>
>e151<	Are you satisfied or dissatisfied with the choice you have for specialists?
	SATISFIED
	DON'T KNOWd REFUSEDr ===> [goto test for uninsured]
>E151<	Would that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY1 SOMEWHAT2
	DON'T KNOWd REFUSEDr ===>
>test for unir	nsured< IF R IS UNINSURED goto test E161, WHICH BEGINS LAST VISIT SEQUENCE; ELSE goto NEW.
>new<	The next questions are about your experiences with [NAME OF HEALTH PLAN].
	===>

>testCAHPS1	10 <if a="" and="" but="" cahps10;="" cahps23;="" didn't="" doctor="" else="" else,="" goto="" had="" if="" need="" needed="" person="" see="" sp14.<="" specialist="" specialist,="" th="" to="" visit=""></if>
>CAHPS10<	In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? Would you say that it was A big problem
>CAHPS23<	In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from [NAME OF HEALTH PLAN]? Would you say that it was A big problem
>CAHPS37<	In the last 12 months, how much of a problem, if any, did you have with paperwork for [NAME OF HEALTH PLAN]? Would you say that it was PROBE: Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care. A big problem
	REFUSEDr

>SP14<	Given [NAME OF HEALTH PLAN]'s benefits, are you satisfied or dissatisfied with the amount you pay for health care?
	SATISFIED1 DISSATISFIED
	DON'T KNOWd REFUSEDr ===>
>SP14X<	Would that be very satisfied or somewhat satisfied?
	VERY
	DON'T KNOWd REFUSEDr ===>
>CAHPS38<	We want to know your rating of all your experiences with [NAME OF HEALTH PLAN].
	Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?
	Worst health plan possible
	2 3 4
	5 6
	Best health plan possible10
	DON'T KNOWd REFUSEDr ===>

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

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

- **PROBES:** (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.
 - (2) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES	1	[goto e171]
NO		
DON'T KNOW	d	
REFUSED	r	
===> [goto e201]		

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

JAN	1
FEB	2
MAR	3
APR	4
MAY	5
JUNE	6
JULY	7
AUG	8
SEPT	
OCT	
NOV	11
DEC	12
DON'T KNOW	d
REFUSED	r
MONTH	
YEAR (1999 - 2001)	
===>	

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

>e181<	Since that visit in MONTH, did [fill NAME] visit a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological [or pregnancy] 16 check up, or other preventive care not related to a health problem?
	PROBE: (1) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.
	YES
	DON'T KNOWd REFUSEDr ===> [goto test e221]
>e191<	In what month was [fill NAME]'s most recent visit for a check-up or physical exam?
	JAN 1 FEB 2 MAR 3 APR 4 MAY 5 JUNE 6 JULY 7 AUG 8 SEPT 9 OCT 10 NOV 11 DEC 12
	DON'T KNOWd

REFUSED.....r

|___| MONTH

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

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

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

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?

	0	
	d r e401)]	
In what month was [fill I	NAME]'s most recent visit?	
JAN	1	
	2	
	3	
	4	
MAY	5	
JUNE	6	
JULY	7	
AUG	8	
SEPT	9	
OCT	10	
NOV	11	
DEC	12	

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

|___| MONTH

|__|__| YEAF
(1999 - 2001)
===> [goto test e221]

>e211<

>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
>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 [goto e161]
	DON'T KNOWd REFUSEDr ===> [goto e401, SF12]
>test e221<	[IF PERSON HAD SICK AND WELL VISIT (e161 = 1 and e181 = 1), SELECT MOST RECENT FOR e221. IF SAME MONTH FOR BOTH, FILL WELL VISIT (e181) SINCE IT WAS MORE RECENT]
>test e221< >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
	[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] Please think about [fill NAME]'s visit [for preventive care or a check up/for care of
	[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] 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
	[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] 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
	[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] 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

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

>e241<	Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?
	YES
	DON'T KNOWd REFUSEDr ===>
>E24a1<	Was this visit to an emergency room?
	YES
	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?
	APPOINTMENT
	DON'T KNOW
>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 [goto e271]
	DON'T KNOWd REFUSEDr ===> [goto e281]

>e271<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e261].
	DAYS
TEST:	VERIFY VALUES GT 12 MONTHS; COPY FOR CHILD AND OTHER ADULTS
>e281<	How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?
	INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN
	TIME [goto E281]
	DON'T KNOWd REFUSEDr ===> [goto e291]
>E281<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e281]
	MINUTES
TEST:	VERIFY VALUES GT 8 HOURS; REPEAT FOR CHILD AND OTHER ADULTS
>e291	For this visit, how long did it take [fill NAME] to get to the (doctor's office/emergency room)?
	INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN
	TIME [goto E291]
	DON'T KNOWd REFUSEDr ===> [goto e301]

>E291<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e291]
	MINUTES
	TEST: VERIFY VALUES GT 8 HOURS; REPEAT FOR CHILD AND OTHER ADULTS.
>e301<	Still thinking about this visit in [fill MONTH], how would you rate the thoroughness and carefulness of the examination and treatment you received? Would you say it was
	poor 1 fair 2 good 3 very good 4 excellent 5 DOES NOT APPLY (NOT EXAMINED OR TREATED) 7 DON'T KNOW d
	REFUSEDr ===>
>e311<	How would you rate how well your doctor listened to you? Would you say it was poor

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

poor	1
poorfair	2
good	
very good	
excellent	5
DOES NOT APPLY	
(NOT EXAMINED OR TREATED)	7
DON'T KNOW	
REFUSED	r
===>	

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

In general, would you say your health is:

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

¹⁷SF-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 LOT1 YES, LIMITED A LITTLE2 NO, NOT LIMITED AT ALL0
	DON'T KNOWd REFUSEDr ===>
>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
	DON'T KNOWd REFUSEDr ===>

>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
	DON'T KNOWd REFUSEDr ===>
>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
	DON'T KNOWr REFUSEDr
>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
	DON'T KNOWr REFUSEDr
>e471<	During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere
	not at all 1 a little bit 2 moderately 3 quite a bit 4 extremely 5
	DON'T KNOWd REFUSEDr ===>

>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
	DON'T KNOWd REFUSEDr ===>
>e4l1<	The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?
	TYPE <g> TO CONTINUE ===></g>
>e491<	How much of the time during the past 4 weeks have you felt calm and peaceful?
	READ CATEGORIES SLOWLY.
	all of the time
	DON'T KNOWd REFUSEDr ===>
>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

>e511<	How much of the time during the past 4 weeks have you felt downhearted and blue?
	READ CATEGORIES SLOWLY.
	all of the time
>GSS157<	Taken all together, how would you say things are these days? Would you say you that you are very happy, pretty happy, or not too happy?
	VERY HAPPY 1 PRETTY HAPPY 2 NOT TOO HAPPY 3
	DON'T KNOWd REFUSEDr ===>
ADULT CHR	ONIC CONDITIONS FOR FIU INFORMANT.
>cc1<	[IF FEMALE, AGE 50 OR UNDER] The next questions are about your health during the past two years. During the past two years, have you had a baby?
	YES
	DON'T KNOWr REFUSEDr
>cc2c<	[IF FEMALE] During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?
	YES
	DON'T KNOWd REFUSEDr

>cc3b<	Has a doctor or health professional ever told you that you had diabetes or high blood sugar?
	YES
	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?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis?
>cc3d<	Has a doctor or health professional ever told you that you had asthma?
	YES
	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 cc3g]
>cc3e<	Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for chronic obstructive pulmonary disease?

>cc3g<	Has a doctor or health professional ever told you that you had hypertension or high blood pressure?
	YES
	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?
>cc3i<	Has a doctor or health professional ever told you that you had coronary heart disease (INCLUDES ANGINA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, BYPASS SURGERY, ANGIOPLASTY, HEART DISEASE, MI)?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for coronary heart disease?
>cc5c<	Has a doctor or health professional ever told you that you had skin cancer?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for skin cancer?
>cc5h<	Has a doctor or health professional ever told you that you had cancer other than skin cancer?
	YES
	DON'T KNOWd REFUSEDr

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

>c5f4<	50: Has a doctor or health professional ever told you that you had a benign prostate disease or a large prostate that was not prostate cancer?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health professional for benign prostate disease?
>cc6e<	Has a doctor or health professional ever told you that you had depression?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for depression?
>cc7<	During the past two years, have you seen a doctor or other health care professional for any serious medical problem, that is one that limits your ability to do your usual activities?
	YES
	DON'T KNOWr REFUSEDr
>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

See Appendices B and C	for the names of	of the variables	associated with	the survey questions.

DON'T KNOW	
REFUSED	I

>e601<	These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?
	YES
	DON'T KNOW
>e611<	Do you now smoke cigarettes every day, some days or not at all?
	EVERYDAY
	DON'T KNOWd REFUSEDr ===> [goto test e12c]
>e621<	On the average, how many cigarettes do you now smoke a day?
	INTERVIEWER: IF R. GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESPONDING # CIGS. AND ENTER NUMBER.
	NUMBER OF CIGARETTES
	1 PACK = 20 cigarettes 1.5 PACKS = 30 cigarettes 2 PACKS = 40 cigarettes 2.5 PACKS = 50 cigarettes 3 PACKS = 60 cigarettes 3.5 PACKS = 70 cigarettes 4 PACKS = 80 cigarettes
	DON'T KNOW
>e631<	On how many of the past 30 days did you smoke a cigarette?
	NONE
	DAYS [goto e641]
	DON'T KNOWd [goto e661] REFUSEDr [goto e661]

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

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

NUMBER OF CIGARETTES	
1 PACK = 20 cigarettes 1.5 PACKS = 30 cigarettes 2 PACKS = 40 cigarettes 2.5 PACKS = 50 cigarettes 3 PACKS = 60 cigarettes 3.5 PACKS = 70 cigarettes 4 PACKS = 80 cigarettes	
DON'T KNOWREFUSED==> [goto e661]	
How long has it been since you quit smoking cigare	ttes?
READ IF NECESSARY.	
WITHIN THE PAST MONTHMORE THAN ONE MONTH BUT WITHIN	1 [goto test e671]
THE PAST 3 MONTHSMORE THAN 3 MONTHS BUT WITHIN	2 [goto test e671]
THE PAST 6 MONTHS MORE THAN 6 MONTHS BUT WITHIN	
THE PAST YEAR MORE THAN ONE YEAR BUT WITHIN	
THE PAST 5 YEARS	5

>e651<

MORE THAN 5 YEARS BUT WITHIN

===> [goto test e12c]

THE PAST 15 YEARS6
MORE THAN 15 YEARS AGO7

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

>e661<	During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?
	YES
	DON'T KNOWd REFUSEDr ===>
>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), goto e671; ELSE goto test e12c]
>e671<	During the past 12 months, did any medical doctor advise you to stop smoking?
	PROBE: In your opinion, REPEAT QUESTION.
	YES
	DON'T KNOWd REFUSEDr
>test e12c<	[IF FAMILY HAS CHILD GOTO k12, ELSE goto test e801]
>test e12c< >k12<	
	[IF FAMILY HAS CHILD GOTO k12, ELSE goto test e801] Next, I would like to ask you about satisfaction with your choice of doctors for
	[IF FAMILY HAS CHILD GOTO k12, ELSE goto test e801] 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
	[IF FAMILY HAS CHILD GOTO k12, ELSE goto test e801] 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
	[IF FAMILY HAS CHILD GOTO k12, ELSE goto test e801] 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

 $See \ Appendices \ B \ and \ C \ for \ the \ names \ of \ the \ variables \ associated \ with \ the \ survey \ questions.$

>k13<	Would that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY1 SOMEWHAT2
	DON'T KNOWd REFUSEDr ===>
>k14<	During the past 12 months, has [fill CHILD'S NAME] needed or seen a specialist?
	PROBE: Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists? Specialists mainly treat just one type of problem.
	YES
	DON'T KNOWd REFUSEDr ===> [goto test kCAHPS10]
>kCAHPS12<	In the last 12 months, did [fill CHILD'S NAME]see a specialist?
	YES
	DON'T KNOWd REFUSEDr ===>
>k15<	Are you satisfied or dissatisfied with your choice of specialists for [fill CHILD'S NAME]?
	SATISFIED
	DON'T KNOWd REFUSEDr ===> [goto test kCAHPS10]

>K15a<	Would that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY
	DON'T KNOWr REFUSEDr
>test kCAHPS	S10< IF CHILD IS NOT INSURED GOTO test k16I. IF CHILD HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto kCAHPS10; ELSE, IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST GO TO kCAHPS23; ELSE goto kSP14.
>kCAHPS10<	In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that [fill CHILD'S NAME] needed to see?
	A big problem
	===>
>kCAHPS23<	In the last 12 months, how much of a problem, if any, were delays in [fill CHILD'S NAME] health care while you waited for approval from [NAME OF HEALTH PLAN]?
	A big problem
	DON'T KNOWd REFUSEDr ===>

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

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

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

	A big problem
	REFUSEDr ===>
>kSP14<	Given [NAME OF HEALTH PLAN]'s benefits, are you satisfied or dissatisfied with the amount you pay for health care?
	SATISFIED
	DON'T KNOW
>kSP14X<	Would that be very satisfied or somewhat satisfied?
	VERY1 SOMEWHAT
	DON'T KNOWd REFUSEDr ===>

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

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

Worst health plan possible	0
	2
	4
	6
Best health plan possible	
DON'T KNOW	٦
REFUSED	
===>	

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

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

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

RESPONDENT	1	goto k16
[fill NAME]		
fill NAME]		
fill NAME]	4	
NON-FAMILY MEMBER/NO ONE		
DON'T KNOW		
REFUSED	r	
===> [goto k40I]		

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

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

- **PROBE:** (1) Other health problems include follow up visits or check ups for chronic problems such as asthma, diabetes, etc.
 - (2) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.

YES	1 [goto k17I
NO	
DON'T KNOW	d
REFUSED	r
===> [goto k20I]	

>k17<	In what month was [fill CHILD'S NAME] most recent visit for sickness or injury?
	JAN
>k18<	Since that visit in MONTH, has [fill CHILD'S NAME] visited a doctor for a general check up, physical examination, [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?
	PROBE: (1) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.
	YES
	DON'T KNOWd REFUSEDr ===> [goto test k22]

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

JAN	1
FEB	
MAR	
APR	4
MAY	5
JUNE	
JULY	7
AUG	
SEPT	9
OCT	
NOV	11
DEC	12
DON'T KNOWREFUSED	
_ MONTH	
YEAR (1999 - 2001) ===>	

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

>k20<	During the last 12 months, did [fill CHILD'S NAME] visit a doctor for a general check up, physical examination [FEMALES OVER 12 - gynecological check up] or other preventive care not related to a health problem?
	PROBE: (1) Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists, or other providers who are not medical doctors.
	YES
	DON'T KNOWr REFUSEDr ===> [goto k40]
>k21<	In what month was [fill CHILD'S NAME] most recent visit?
	JAN

>k90<	Earlier I noted that [fill CHILD'S NAME] had [fill #] doctor visits in the last 12 months. Is that correct or incorrect?
	CORRECT [jb kl6]
	INCORRECT
>test k22<	[IF CHILD HAD SICK AND WELL VISIT, SELECT MOST RECENT FOR k22. IF SAME MONTH, FILL WELL VISIT IN k22]
>k22<	Please think about [fill CHILD'S NAME] visit for [preventive care or a check up/care of sickness or injury] in [fill MONTH].
	Was the doctor [fill CHILD'S NAME] saw a family doctor or pediatrician who treats a variety of illnesses and gives preventive care, or was he or she a specialist who mainly treats just one type of problem?
	PROBE: Family doctors usually are in general or family practices or are pediatricians who treat a variety of illnesses and problems.
	FAMILY DOCTOR/PEDIATRICIAN1 SPECIALIST2
	DON'T KNOWr REFUSEDr
>test k24<	[IF CHILD HAS USC (d10 = 1), GOTO k24; ELSE goto K24a]
>k24<	Was this visit to the place you usually take [fill CHILD'S NAME] when (he/she) is sick or you need advice about (his/her) health?
	YES
	DON'T KNOWd REFUSEDr ===>

>K24a<	Was this visit to a	hospital emergency room?	
		V	
>k25<	For this visit in [fill you just walk in?	MONTH], did you have an appointment	ahead of time or did
	APPOINTMEN WALK IN	NT	.1 [goto k26l] .2
		V8I]	
>k26l<	·	long did you have to wait between the tir the day you actually saw the doctor?	me you made the
	INTERVIEWER:	CODE "0" FOR SAME DAY.	
	INTERVIEWER:	ACCEPT MOST CONVENIENT TIME P PERIOD ON NEXT SCREEN	ERIOD. ENTER TIME
	SAME DAY		.0
	TIM	1E [goto k26I]	
		V 8I]	
>k27l<	ENTER TIME PE	RIOD. [DISPLAY ON SAME SCREEN A	S k26I]
	WEEKS		.2

>k28l<	How long did you have to wait in the waiting room before seeing a medical person for this visit in [fill MONTH]?
	INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN
	TIME [goto K28I]
	DON'T KNOW
>K28I<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k28I]
	MINUTES
>k29l<	For this visit, how long did it take you to get to the (doctor's office/emergency room)?
	INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD. ENTER TIME PERIOD ON NEXT SCREEN
	TIME [goto K29I]
	DON'T KNOWd REFUSEDr ===> [goto k30]
>K29I<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS k29I]
	MINUTES

>k30<	Still thinking about this visit, how would you rate the thoroughness and carefulness of the examination and treatment [fill CHILD'S NAME] received? Would you say it was
	poor 1 fair 2 good 3 very good 4 excellent 5 DOES NOT APPLY (NOT EXAMINED OR TREATED) 7 DON'T KNOW d REFUSED r ===>
>k31<	How would you rate how well the doctor listened to you? Would you say it was
	poor 1 fair 2 good 3 very good 4 excellent 5 DOES NOT APPLY (NOT EXAMINED OR TREATED) 7 DON'T KNOW d REFUSED r ===>
>k32<	How would you rate how well the doctor explained things in a way you could understand? Would you say it was poor
	DOES NOT APPLY (NOT EXAMINED OR TREATED)7
	DON'T KNOWr REFUSEDr

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

	Excellent 1 Very Good 2 Good 3 Fair 4 Poor 5 DON'T KNOW d REFUSED r ===>
CHILD'S CHF	RONIC CONDITION QUESTIONS [AGE 0-17]
>ee2c<	Has [fill CHILD'S NAME] ever seen a doctor or health care professional for four or more ear infections in any one year? YES
	DON'T KNOWr
>ee4c<	Has a doctor or health professional ever told you that [fill CHILD'S NAME] had asthma? YES
>ee4d<	Has a doctor or health professional ever told you that [fill CHILD'S NAME] had Attention Deficit Hyperactivity Disorder, which is also called ADHD or ADD? YES

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

>k40<

>ee5<	Does your child need or use more medical care, mental health, or educational services than is usual or routine for most children of the same age? YES
>ee5a<	IF YES: Is this because of any medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months?
	YES
	DON'T KNOWd REFUSEDr ===>
>test e801<	[IF THERE ARE OTHER ADULTS (≥ 18) IN FAMILY BESIDES INFORMANT GOTO e80t; ELSE goto f10]
>test e801< >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
>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.

>ra34<	During the past 12 months, did you look for or get information about a PERSONAL health concern
	RANDOMIZE ORDER OF 1-4 AND CODE ALL THAT APPLY.
	on the Internet,
	NO MORE CODEn DELETE A CODEx
	DON'T KNOWd REFUSEDr ===>
>test ra36<	IF R. HAD GE 1 PHYSICIAN VISITS, goto ra36; ELSE goto test ra34c
>ra36<	During the past 12 months, have you mentioned or shown a doctor information about a medical condition or treatment for you that you found yourself or were told by others?
	YES
	DON'T KNOWd REFUSEDr ===>
>test ranew<	IF YES TO ra36 goto ranew; ELSE goto test ra34c
>ranew<	Did the doctor order a test, procedure, or prescription for you mainly because of information that you mentioned or showed to him or her?
	YES
	DON'T KNOWd REFUSEDr ===>
Stast ra34c/	[IF FAMILY HAS CHILD goto ra34c FLSE goto MODULEF]

>ra34c<	During the past 12 months, did you (OR YOUR SPOUSE) look for or get information about a health concern for CHILD'S NAME?
	RANDOMIZE ORDER OF 1-4 AND CODE ALL THAT APPLY.
	on the Internet,
	DON'T KNOWd REFUSEDr ===>
>test ra36c<	IF CHILD HAD AT LEAST ONE DOCTOR VISIT, goto ra36c; ELSE, goto MODULE F.
>ra36c<	During the past 12 months, have you (OR YOUR SPOUSE) mentioned or shown a doctor information about a medical condition or treatment for CHILD's NAME that you (OR YOUR SPOUSE) found yourself or were told by others?
	YES
	DON'T KNOWd REFUSEDr ===>
>testnewrac	<if else="" f.<="" goto="" module="" newrac;="" ra36c="" td="" to="" yes=""></if>
>newrac<	Did the doctor order a test, procedure, or prescription for CHILD's NAME mainly because of information that you (OR YOUR SPOUSE) mentioned or showed to him or her?
	YES
	DON'T KNOWd REFUSEDr ===>

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 KNOWr REFUSEDr
>f111<	Last week, did [fill NAME] do any work (either) for pay (or profit)? ¹⁸
	INTERVIEWER: CODE "YES" IF R. WAS ON VACATION FROM HIS/HER JOB
	YES
	DON'T KNOWd REFUSEDr ===> [goto NEXT PERSON or g10]
>f121<	Last week did [fill NAME] have more than one job (or business), including part time, evening, or weekend work?
	YES
	DON'T KNOWr REFUSEDr

¹⁸Include parenthetical phrases if f101=1.

See A	Appendices	B and	d C f e	or the names	of the	variables	associated	with the	survey o	questions

>f131<	ONE JOB (F121 = 0): How many hours per week (do you/do(es) [fill NAME]) usually work at this job? ¹⁹
	MORE THAN ONE JOB (F121 ne 0): On (your [fill NAME]'s) main job, that is, the job where (he/she/you) work(s) the most hours, how many hours per week (do you/do(es) [fill NAME]) usually work?
	PROBE: If (you/[fill NAME]) usually works overtime hours include them.
	HOURS WORKED
	HOURS VARY97 [goto 13x1]
	DON'T KNOWd REFUSEDr ===> [goto test f141]
	NOTE: Test will verify values less than 20 hours.
>13x1<	(Do you/Does [fill NAME]) usually work more than 35 hours per week or less than 35 hours per week (at this job/at the job where (he/she/you) work(s) the most hours)?
	MORE
	DON'T KNOWd REFUSEDr ===>

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

>testf141<	[IF f121 eq <1> goto f141; ELSE goto f201]
>f141<	How many hours per week (do you/do(es) [fill NAME]) usually work at (his/her/your) other jobs?
	PROBE: If [fill NAME] worked overtime hours include them.
	HOURS WORKED AT OTHER JOBS
	HOURS VARY/CAN'T ESTIMATE97
	DON'T KNOWd REFUSEDr ===>
>f201<	[On (his/her/your) main job], (is/are) [fill NAME/you] employed by a private company, is (is/are) (you/he/she) a federal, state, or local government employee, self-employed, or working without pay in a family business or farm?
	INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.
	NOTE: PARENTHETICAL PHRASE USED IF MORE THAN ONE JOB
	PRIVATE COMPANY 1 FEDERAL GOVERNMENT 2 STATE GOVERNMENT 3 LOCAL GOVERNMENT 4 SELF-EMPLOYED 5 FAMILY BUSINESS OR FARM 6
	DON'T KNOW REFUSED ===>

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

ONE	1
2-4	2
5-9	3
10-24	4
25-49	5
50-99	6
100-249	
250-499	
500-999	9
1000 OR MORE	10
DON'T KNOW	Ь
REFUSED	
===>	

- >test f221< [IF f201 eq 2, 3, or 4 goto f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.
- >f221< [Does your/his/her) employer/Do(es) fill NAME] operate in more than one location?

NOTE: Fill is for self-employed and farmers.

YES	1	[goto f231]
NO		
DON'T KNOW	d	
REFUSED	r	
===> [goto f241]		

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

PROBE: Your best estimate is fine.

ONE	1
2-4	
5-9	
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	

DON'T KNOW REFUSED

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

PROBE: What do they make or do there?

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

- >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 KNOWREFUSED	d	[goto f331]
REFUSED	r	[goto test f401]
===>		

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

I I LI I HOURIY

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.

(3.00 to 300.00)		
\$ <u> , , </u>	_ OTHER PAY PERIODS	
	d	

\$1

>f331<	Which of the following ranges is closest to ([fill NAME's]/your) annual salary, before taxes and other deductions? less than \$10,000, \$10,000 to \$14,000, \$14,000 to \$20,000, \$20,000 to \$30,000, or more than \$30,000?				
	LESS THAN \$10,000				
	DON'T KNOWd REFUSEDr ===>				
>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 20,000 MONTHLY: LE 200; GE 200,000] ANNUALLY: LE 3,000; GE 200,000]				
>f341<	I recorded that ([fill NAME's]/your) usual earnings on this job are				
	\$[INSERT f321] per [INSERT f301]. Is that correct?				
	YES				
test f401:	[IF PERSON IS POLICY HOLDER FOR EMPLOYER-BASED PLAN [PERSON IS POLICY HOLDER FOR EMPLO				
>f401<	Is [fill PERSON NAME]'s health insurance with [fill INSURANCE PLAN NAM from (his/her/your) main job or business?	E]			
	YES				
	DON'T KNOWd REFUSEDr				

>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 NE 1) AND IS LT 65 YEARS OLD, goto f501; ELSE goto NEXT PERSON OR g10] 20
>f501<	Does (your/[fill NAME]'s employer or union offer a health insurance plan to any of its employees?
	INTERVIEWER: THIS QUESTION APPLIES TO [fill NAME's] LOCATION.
	YES
	DON'T KNOWd REFUSEDr ===> [goto next person or g10]
>f511<	(are you/Is [fill NAME] eligible to participate in (his/her/your) employer's health insurance plan?
	YES
	DON'T KNOWd [goto next person or g10] REFUSED [goto next person or g10] ===>
>test f521<	[IF PERSON HAS INSURANCE COVERAGE UNDER ANY OTHER PLANS, goto f541; IF UNINSURED goto f521].
>f521<	(Are you/Is [fill NAME] not participating in (his/her/your) employer's health insurance plan because the plan costs too much, because (he/she/you) do(es) not need health insurance, or for some other reason? (CODE MAIN REASON.)
	COSTS TOO MUCH
	DON'T KNOWd REFUSEDr ===> [goto f541]

²⁰Skipped self-employed.

 $See \ Appendices \ B \ and \ C \ for \ the \ names \ of \ the \ variables \ associated \ with \ the \ survey \ questions.$

>test 561<	[IF f541 eq <2> AND f551 eq <1> goto f561; ELSE goto NEXT PERSON OR g10]
	DON'T KNOWr ===>
	YES
	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].
>f551<	Does (your/[fill NAME]'s) employer offer an HMO plan to its employees?
	DON'T KNOW
	ONE PLAN1 MORE THAN ONE PLAN2
>f541<	Does (your/[fill NAME]'s) employer offer only one health insurance plan or more than one health insurance plan to its employees?
	DON'T KNOWd REFUSEDr ===>
	HAVEN'T WORKED LONG ENOUGH
>f531<	(Are you/ls [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]

>f561<	And does (your/[fill NAME]'s) employer also offer a non-HMO health insurance plan to its employees?
	YES
	DON'T KNOWd REFUSEDr ===> [goto NEXT PERSON or g10]

FAMILY INCOME

>g10<

The next questions are about income that (your family [insert names if multiple family household]) received during (1999/2000). During (1999/2000), what was your family's total income from all sources, before taxes and other deductions?

NOTE: CHANGE IN YEAR.

PROBES:

- (1) We are asking these questions to find out whether people can afford the health care they need.
- (2) Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates, or trusts, public assistance or welfare, social security, child support, and other sources.
- (3) Your best estimate would be fine.
- (4) Include the (1999/2000) income of all current family members, (including active military), even if you weren't living together then.

NONE	0
\$,	
\$1,000,000 OR MORE	7
DON'T KNOWREFUSED ===> [goto test g20]	d [goto g11]

>g11<	Which of the following incom total income from all sources	e ranges is closest to your family's (1999/2000) s?
	PROBE: Your best estimate	e would be fine.
	\$5,000 to less than \$10,0 \$10,000 to less than \$20 \$20,000 to less than \$30 \$30,000 to less than \$40 \$40,000 to less than \$50 \$50,000 to less than \$10 Over \$100,000	
>test g20<	[REPEAT g201-g221 FOR EINFORMANT'S OWN CHILE	EACH PERSON; HOWEVER, SKIP FOR O 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?	
		I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.
	NO DON'T KNOW	0 d r

>g221<	What race (does/do) [fill NAME] consider (himself/herself/yourself) to be?
	PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.
	INTERVIEWER: (1) READ CATEGORIES IF NECESSARY; CODE RESPONDENT-OFFERED CATEGORIES IN "OTHER".
	(2) CODE MIXED RACE IN OTHER.
	WHITE 1 AFRICAN AMERICAN OR BLACK 2 NATIVE AMERICAN (AMERICAN INDIAN) 3 OR ALASKA NATIVE 3 ASIAN OR PACIFIC ISLANDER 4 OTHER [SPECIFY] 5 DON'T KNOW d REFUSED r ===>
>test g23<	[IF FAMILY HAS MORE THAN ONE ADULT, goto g23; ELSE goto test h10]
>g23<	INTERVIEWER: THERE WILL BE A SELF RESPONSE MODULE FOR THIS CASE
	<g> CONTINUE</g>

===>

h.	CLOSING (FIU)
>test h10<	[IF DID NOT RECEIVE PRE-PAYMENT, goto h10; IF RECEIVED PRE-PAYMENT AND REINTERVIEW, goto h20; ELSE, goto h30]
>h10<	As a token of our appreciation for your help, we would like to send you a check for (\$25). Could you please give me your and your full name and address?
	READ AFTER NAME AND ADDRESS OBTAINED: Your name and address are confidential and will only be used if we call you for another interview. You should receive your check in about 4 weeks.
	<enter first="" name=""> <enter last="" name=""> <enter address="" street=""> <enter city="" state=""> <enter code="" zip=""></enter></enter></enter></enter></enter>
	DON'T KNOW REFUSED ===> [goto test h30]
>h20<	[REINTERVIEW ONLY] Did you or any other persons living here have [fill phone number] as your phone number on [fill DATE OF LAST INTERVIEW]?
	YES
	DON'T KNOWd REFUSEDr ===>
>h30<	Do you have any other telephone numbers in your household besides [fill phone number]?
	PROBE: We need this information so that households are correctly represented in our sample.
	IF YES: How many additional phone numbers do you have?
	0 [goto h32]
	OTHER TELEPHONE NUMBERS
	REFUSEDr [goto end] ===>

See Appendices B and C for the names of the variables associated with the survey questions.

>h31<	(Is this/Are these) other phone numbers for
	home use
	DON'T KNOW
>h32<	During the past 12 months, was there any time when you did not have a working telephone in your household for two weeks or more?
	YES
	DON'T KNOW
>h33<	For how many of the past 12 months did you not have a working telephone?
	MONTHS
	DON'T KNOW
>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, goto fin; ELSE goto next person]

>next_person<

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

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

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

SPEAKING TO RESPONDENT - ENTER NUMBER

===>

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

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

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

[fill NAME] COMES TO PHONE [THANK INF. FOR HIS/HER TIME; GOTO SELF RESPONSE MODULE]1
[fill NAME] IS NOT AVAILABLE [THANK INF. AND GOTO CALLBACK]
INFORMANT WILL ACT AS PROXY FOR [fill NAME].
[fill NAME] IS CHRONICALLY ILL 2 [fill NAME] IS AWAY AT SCHOOL 3 [fill NAME] SPEAKS NEITHER ENGLISH NOR SPANISH 4
INFORMANT WILL NOT ACT AS PROXY FOR [Fill NAME].
[fill NAME] IS UNABLE (CHRONIC ILLNESS, AWAY AT SCHOOL, OR LANGUAGE BARRIER); INFORMANT REFUSES TO PROXY [goto REFUSAL ITEMS]
[fill NAME] REFUSES; INFORMANT REFUSES TO PROXY [goto REFUSAL ITEMS] R ²³

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

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

²³THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.

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

[IF CHRONIC CONDITIONS SUBSAMPLE:²⁴ I also want to let you know that you may be contacted in the next few weeks for a follow-up study on the quality of health care in your community. Participating in this study will only take about 5 to 10 minutes of your time, and you will receive additional compensation. The quality of care study is being conducted by RAND, a research organization that is working with us on this project. Thank you again for helping us.]

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

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

²⁴Includes all completed interviews in high intensity sites.

SELF RESPONSE MODULE

>slf1<	My name is I am calling about the telephone survey that [fill NAME] participated in on [fill DATE OF INTERVIEW]. Most of the interview has already been completed by [fill NAME] I have a few questions about your health and opinions, that will only take about 10 minutes. As a token of our appreciation, we will send you \$25 for helping us with the study
	IF NECESSARY READ PROBE: We are doing this study to see how managed care and other health care changes are affecting people in your community. We need to interview you as well as your wife because some of the questions ask for people's opinions about their own health and health care.
	SPONSOR: The project is sponsored by a private foundation.
	ENTER STATUS FOR [fill NAME] AVAILABLE NOW - CAN PROCEED TO SELF RESPONSE SECTION
	[fill NAME] IS AWAY AT SCHOOLs [fill NAME] SPEAKS NEITHER ENGLISH NOR SPANISH1
	RESPONDENT WILL NOT ACT AS PROXY FOR [fill NAME] REFUSAL

test b94< [IF PERSON IS FAMILY INFORMANT'S SPOUSE goto b932²⁵ ELSE goto c812]

>b932< In choosing among alternative health plans, some people have concerns that are especially important to them.

Do you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with the following statement: I would be willing to accept a limited choice of physicians and hospitals if I could save money on my out-of-pocket costs for health care.²⁶

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

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

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

YES	1
NO	
DON'T KNOW	d
REFUSED	r

²⁵Note that this question is parallel to b951 in the main interview.

²⁶Source: Royal, Kenneth, et al., *The Gallup Arizona Health Care Poll.* P.18, The Gallup Organization, 1995. Distributions by coverage available.

>c822<	And was there any time during the past 12 months when you put off or postponed getting medical care you thought you needed?		
	YES		
	DON'T KNOWr REFUSEDr		
>test c832<	[IF c812 EQ <1> OR <d> OR c822 EQ <1> OR <d> goto c832; ELSE goto c842]</d></d>		
>c832<	Did you not get the medical care you needed or have delays in getting the medical care you needed for any of the following reasons?		
	CODE ALL THAT APPLY		
	Worry about the cost		
>c842<	During the past 12 months, was there any time you needed prescription medicines but didn't get them because you couldn't afford it?		
	YES1 NO0		
	DON'T KNOWr 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].²⁷

ROTATE d312...d342.

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

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

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

_

²⁷The next four questions 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	
NOT APPLICABLE	
DON'T KNOW	C
REFUSED	
===>	

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

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

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

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

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

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

- **INTERVIEWER:** (1) CODE "7" IF R. SAYS THE STATEMENT DOES NOT APPLY.
 - (2) IF RESPONDENT IS CONFUSED OR HAS DIFFICULTY RESPONDING, RE-READ QUESTION; IF R. IS STILL CONFUSED OR 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 KNOW	C
REFUSED	
===>	

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

First primary care doctors, such as family doctors, [pediatricians,]²⁸ or general practitioners, who treat a variety of illnesses and give preventive care.

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

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

SATISFIED	1 goto e13
DISSATISFIED	2 [goto e13
NEITHER SATISFIED NOR DISSATISFIED	
DON'T KNOW	d
REFUSED	r
===> [goto e142]	

²⁸Exclude for adults.

See Appendices B and C for the names of the variables associated with the survey questions.

>e132<	Would that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY
>e142<	During the past 12 months, have you personally needed or seen a specialist?
	PROBE: Specialists include such doctors as surgeons, allergists, (obstetricians,) (gynecologists,) orthopedists, cardiologists, and dermatologists? Specialists mainly treat just one type of problem.
	YES
	DON'T KNOWd REFUSEDr ===> [goto test for uninsured]
>cahps121<	In the last 12 months, did (you/NAME) see a specialist?
	YES
	DON'T KNOWd REFUSEDr ===>
>e152<	Are you satisfied or dissatisfied with the choice you have for specialists?
	SATISFIED
	DON'T KNOWd REFUSEDr ===> [goto test for uninsured]

>E152< V	Vould that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY1 SOMEWHAT2
	DON'T KNOWd REFUSEDr ===>
>test for unins	sured< IF R IS UNINSURED goto TEST E162, WHICH BEGINS VISIT SEQUENCE; ELSE goto NEW
F	The next questions are about your experiences with [NAME OF HEALTH PLAN].
>testCAHPS10	IF PERSON HAD A DOCTOR VISIT AND NEEDED TO SEE A SPECIALIST, goto CAHPS101; IF PERSON HAD A DOCTOR VISIT BUT DIDN'T NEED TO SEE A SPECIALIST goto CAHPS231; ELSE goto SP142.
>CAHPS101<	In the last 12 months, how much of a problem, if any, was it to get a referral to a specialist that you needed to see? Would you say that it was
	A big problem
	DON'T KNOWd REFUSEDr ===>
>CAHPS231<	In the last 12 months, how much of a problem, if any, were delays in health care while you waited for approval from [NAME OF HEALTH PLAN]? Would you say that it was
	A big problem
	DON'T KNOWd REFUSEDr

>CAHPS371<	In the last 12 months, how much of a problem, if any, did you have with paperwork for [NAME OF HEALTH PLAN]? Would you say that it was
	PROBE: Paperwork means things like getting your ID card, having your records changed, processing forms, or other paperwork related to getting care.
	A big problem
>SP142<	Given [NAME OF HEALTH PLAN]'ss benefits, are you satisfied or dissatisfied with the amount you pay for health care?
	SATISFIED
	DON'T KNOWd REFUSEDr ===>
>SP14X1<	Would that be very (dis)satisfied or somewhat (dis)satisfied?
	VERY
	DON'T KNOWd REFUSEDr ===>

>CAHPS381<	We want to know your rating of all your experiences with [NAME OF HEALTH PLAN.
	Use any number from 0 to 10 where 0 is the worst health plan possible, and 10 is the best health plan possible. How would you rate your health plan now?
	Worst health plan possible0
	5 6 7 8
	Best health plan possible10
	DON'T KNOWd REFUSEDr ===>
>test e162<	[IF PERSON HAS HAD PHYSICIAN VISITS IN LAST 12 MONTHS (1 < c312 < 96 OR 1 < c312 <5), goto e162; ELSE goto e402]
>e162<	Since [fill DATE 12 MONTHS AGO], did you visit a doctor for care of sickness, injury, or other health problems?
	PROBE: (1) Other health problems include follow up or check up visits for chronic problems, such as asthma, diabetes, hypertension, heart conditions, etc.
	(2) Do not include visits to physicians' assistants, nurse practitioners alternative medicine specialists, or other providers who are not medical doctors.
	YES
	DON'T KNOWd REFUSEDr

===> [goto e202]

>e172<	In what month was your most recent visit for sickness, injury or other health problem?
	JAN 1 FEB 2 MAR 3 APR 4 MAY 5 JUNE 6 JULY 7 AUG 8 SEPT 9 OCT 10 NOV 11 DEC 12 DON'T KNOW d REFUSED r
	MONTH
	_ _ YEAR (1999 - 2001) ===>
>e182<	Since that visit in MONTH, did you visit a doctor for a general check-up, physical examination, [FEMALES OVER 12 - gynecological [or pregnancy] ²⁹ check-up, or other preventive care not related to a specific health problem?
	PROBE: Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists or other providers who are not medical doctors.
	YES1 [goto e192] NO0
	DON'T KNOWd REFUSEDr ===> [goto test e222]

²⁹ Limit "or pregnancy" to women between 12 and 50.

>e192<	In what month was your most recent visit for a check up or physical exam?
	JAN 1 FEB 2 MAR 3 APR 4 MAY 5 JUNE 6 JULY 7 AUG 8 SEPT 9 OCT 10 NOV 11 DEC 12 DON'T KNOW d REFUSED r
	MONTH
	YEAR (1999 - 2001) ===>
>test e192<	[VERIFY THAT MONTH IN e192 IS SAME MONTH OR FOLLOWS e172; THEN goto test e222]
>e202<	During the last 12 months, did you visit a doctor for a general check-up, physical examination, or other preventive care not related to a specific health problem?
	PROBE: Do not include visits to physicians' assistants, nurse practitioners, alternative medicine specialists or other providers who are not medical doctors.
	YES
	DON'T KNOW

>e212< In what month was your **most recent** visit?

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

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

JAN	1
FEB	2
MAR	3
APR	4
MAY	5
JUNE	6
JULY	
AUG	8
SEPT	9
OCT	
NOV	11
DEC	12
DON'T KNOW	d
REFUSED	r
MONTH	
11	
_ YEAR	
(1999 - 2001)	
===>	

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

CORRECT: [jb e162 TO OBTAIN LAST DOCTOR VISIT]

>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 KNOWd REFUSEDr ===>
>test e242<	[IF PERSON HAS USC (d102=1) goto e242; ELSE goto e24e]
>e242<	Was this visit in [fill MONTH] to the place you USUALLY go to when you are sick or need advice about your health?
	YES
	DON'T KNOWd REFUSEDr ===>
>e24e<	Was this visit to an emergency room?
	YES
	DON'T KNOWd REFUSEDr ===>

See Appendices B and C for the names of the variables associated with the survey questions.

>e252<	For this visit in [fill MONTH], did you have an appointment ahead of time or did you just walk in?
	APPOINTMENT
	DON'T KNOWd REFUSEDr ===> [goto e282]
	The following questions are numbered differently in CATI because the pairs of questions (amount and time period) appear on the same CATI screen and therefore must have the same basic variable name with different suffixes. This is true for variables e261@amt\per, e281@amt\per and e291amt\pet.
>e262<	For this visit, how long did you have to wait between the time you made the appointment and the day you actually saw the doctor?
	INTERVIEWER: (1) CODE "0" FOR SAME DAY
	(2) ACCEPT MOST CONVENIENT TIME PERIOD.
	TIME [goto e272]
	SAME DAY0 (1-30)
	DON'T KNOWd REFUSEDr ===> [goto e282]
>e272<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e262].
	DAYS
>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]
	DON'T KNOWd REFUSEDr ===> [goto e292]

>E282<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e282]
	MINUTES
>e292<	For this visit, how long did it take you to get to the doctor's office?
	INTERVIEWER: ACCEPT MOST CONVENIENT TIME PERIOD.
	1-90 [goto E292]
	DON'T KNOWd REFUSEDr ===> [goto e302]
>E292<	ENTER TIME PERIOD. [DISPLAY ON SAME SCREEN AS e292]
	MINUTES
>e302<	Still thinking about this visit in [fill MONTH], how would you rate the thoroughness and carefulness of the examination and treatment you received?
	Would you say it was
	poor 1 fair 2 good 3 very good 4 excellent 5 DOES NOT APPLY (NOT EXAMINED OR TREATED) 7 DON'T KNOW d REFUSED r ===>

>e312<	How would you rate how well your doctor listened to you? Would you say it was
	poor 1 fair 2 good 3 very good 4 excellent 5 DOES NOT APPLY (NOT EXAMINED OR TREATED) 7 DON'T KNOW d REFUSED r ===>
>e322<	How would you rate how well the doctor explained things in a way you could understand.
	Would you say it was
	poor 1 fair 2 good 3 very good 4 excellent 5 DOES NOT APPLY (NOT EXAMINED OR TREATED) 7 DON'T KNOW d REFUSED r ===>
>e402<	Now, I have a few questions about your health.
	In general, would you say your health is:
	Excellent
	===>

 $See \ Appendices \ B \ and \ C \ for \ the \ names \ of \ the \ variables \ associated \ with \ the \ survey \ questions.$

>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
	DON'T KNOWd REFUSEDr ===>
>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
	DON'T KNOWd REFUSEDr ===>
>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
	DON'T KNOWd REFUSEDr ===>

>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
>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
>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
>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

>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
>e492<	The next questions are about how you feel and how things have been with you during the past 4 weeks. As I read each question, please give the one answer that comes closest to the way you have been feeling; is it all of the time, most, some, a little, or none of the time?
	How much of the time during the past 4 weeks have you felt calm and peaceful?
	REPEAT CATEGORIES SLOWLY
	All of the time 1 Most 2 Some 3 A little, or 4 None of the time 5 DON'T KNOW d REFUSED r
	===>
>e502<	How much of the time during the past 4 weeks did you have a lot of energy? READ CATEGORIES SLOWLY
	All of the time 1 Most 2 Some 3 A little, or 4 None of the time 5
	DON'T KNOW

>e512<	How much of the time during the past 4 weeks have you felt downhearted a blue?	
	READ CATEGORIES SLOWLY	
	All of the time 1 Most 2 Some 3 A little, or 4 None of the time 5	
	DON'T KNOWd REFUSEDr ===>	
>GSS1571<	Taken all together, how would you say things are these days? Would you say you that you are very happy, pretty happy, or not too happy?	
	VERY HAPPY	
	DON'T KNOWd REFUSEDr ===>	
>n1a<	[IF FEMALE AGE 50 OR UNDER] The next questions are about your health during the past two years. During the past two years, have you had a baby?	
	YES	
	DON'T KNOWd REFUSEDr	
>nn2c<	[IF FEMALE] During the past two years, have you seen a doctor or health care professional for abnormal uterine bleeding?	
	YES	
	DON'T KNOWd REFUSEDr	

 $See \ Appendices \ B \ and \ C \ for \ the \ names \ of \ the \ variables \ associated \ with \ the \ survey \ questions.$

>nn3b<	Has a doctor or health professional ever told you that you had diabetes or high blood sugar?
	YES
	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?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for arthritis?
>nn3d<	Has a doctor or health professional ever told you that you had asthma?
	YES
	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 nn3g]
>nn3e<	Has a doctor or health professional ever told you that you had chronic obstructive pulmonary disease?
	YES
	DON'T KNOWd REFUSEDr

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

 $See \ Appendices \ B \ and \ C \ for \ the \ names \ of \ the \ variables \ associated \ with \ the \ survey \ questions.$

>nn3g<	Has a doctor or health professional ever told you that you had hypertension or high blood pressure?
	YES
	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?
>nn3i<	Has a doctor or health professional ever told you that you had coronary heart disease (INCLUDES ANGINA, ATRIAL FIBRILLATION, CONGESTIVE HEART FAILURE, BYPASS SURGERY, ANGIOPLASTY, HEART DISEASE, MI)?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for coronary heart disease?
>nn5c<	Has a doctor or health professional ever told you that you had skin cancer?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for skin cancer?
>nn5h<	Has a doctor or health professional ever told you that you had cancer other than skin cancer?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health

care professional for that cancer?

See Appendices B and C for the names of the variables associated with the survey questions.

>n5f4<	OVER 50: Has a doctor or health professional ever told you that you had benign prostate disease or a large prostate that was not prostate cancer?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health professional for benign prostate disease?
>nn6e<	Has a doctor or health professional ever told you that you had depression?
	YES
	DON'T KNOWd REFUSEDr
	IF YES: During the past two years, have you seen a doctor or other health care professional for depression?
>nn7<	During the past two years, have you seen a doctor or other health care professional for any serious medical problem, that is one that limits your ability to do your usual activities?
	YES
	DON'T KNOWd REFUSEDr

>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 2 SOMEWHAT AGREE 2 NEITHER AGREE NOR DISAGREE 3 SOMEWHAT DISAGREE 4 STRONGLY DISAGREE 5 DON'T KNOW d REFUSED r ===>
>e602<	These next questions are about cigarette smoking. Have you smoked at least 100 cigarettes in your entire life?
	YES
	DON'T KNOW
>e612<	Do you now smoke cigarettes every day, some days or not at all?
	EVERYDAY. 1 [goto e622] SOME DAYS 2 [goto e632] NOT AT ALL 3 [goto e652]
	DON'T KNOWd REFUSEDr ===> [goto test ra342]

>e622< On the average, how many cigarettes do you now smoke a day?

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

<u> </u> -	1-96)	Ciga	rettes	
	2 2.5 3	PACKS PACKS PACKS PACKS	= 20 cigarettes = 30 cigarettes = 40 cigarettes = 50 cigarettes = 60 cigarettes = 70 cigarettes	
			= 80 cigarettes	
F =	REFU ===>	JSED [goto e66	2] ne past 30 days did you smoke a	r
١	NONE	Ē		0 [goto e652]
	_ 1-31)	DAY	S [goto e642]	
F	REFL	T KNOW. JSED [goto e66		

>e632<

>e642< On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

INTERVIEWER: IF RESPONDENT GIVES ANSWER IN PACKS, CHECK TABLE FOR CORRESP #CIGS & ENTER NUMBER.

NUN (1-96)	IBER OF CIGARETTES	
1.5 PACKS 2 PACKS 2.5 PACKS 3 PACKS	= 20 cigarettes = 30 cigarettes = 40 cigarettes = 50 cigarettes = 60 cigarettes = 70 cigarettes = 80 cigarettes	
	W 9662]	
How long has it	t been since you quit smoking ci	garettes?
READ IF NECE	ESSARY	
MORE THAN PAST 3 MON MORE THAN PAST 6 MON MORE THAN MORE THAN PAST 5 YEA MORE THAN	E PAST MONTH N ONE MONTH BUT WITHIN THOTHS N 3 MONTHS BUT WITHIN THE NTHS N 6 MONTHS BUT WITHIN THE NONE YEAR BUT WITHIN THE NAS N 5 YEARS BUT WITHIN THE NARS N 15 YEARS AGO	HE2 [goto test e672]3 [goto test e672]4 [goto test e672]5
DON'T KNO	W	d

>e652<

REFUSED.....r

===> [goto test e672]

>e662<	During the past 12 months, have you stopped smoking for one day or longer, because you were trying to quit smoking?		
	YES		
	DON'T KNOWr REFUSEDr		
>test e672<	[IF PERSON HAD PHYSICIAN VISIT IN LAST 12 MONTHS (1 < C312 LE< 96 OR 1 <c322<5) e672;="" else="" goto="" ra342]<="" th=""></c322<5)>		
>e672<	During the past 12 months, did any medical doctor advise you to stop smoking?		
	PROBE: In your opinion, REPEAT QUESTION.		
	YES		
	DON'T KNOWr REFUSEDr		
>ra342<	During the past 12 months, did you look for or get information about a PERSONAL health concern		
	RANDOMIZE ORDER OF 1-4 AND CODE ALL THAT APPLY.		
	on the Internet,		
	DON'T KNOWr REFUSEDr		

>test ra362<	IF R. HAD GE 1 PHYSICIAN VISITS, goto ra362; ELSE goto test ra34c2
>ra362<	During the past 12 months, have you mentioned or shown a doctor information about a medical condition or treatment for you that you found yourself or were told by others?
	YES
	DON'T KNOWr REFUSEDr
>test ranew2<	: IF YES TO ra362 goto ranew2; ELSE goto test e16c
>ranew2<	Did the doctor order a test, procedure, or prescription for you mainly because of information that you mentioned or showed to him or her?
	YES
	DON'T KNOWr REFUSEDr
>test e16c<	[IF THIS PERSON ACCOMPANIED CHILD ON LAST VISIT INCLUDE CHILD'S LAST VISIT QUESTIONS.] [k16-k40]
>h102<	As a token of our appreciation for your help, we would like to send you a check for \$25. Could you please give me your full name and address?
	PROBE: Your name and address are confidential and will only be used if we call you for another interview.
	READ AFTER NAME AND ADDRESS OBTAINED: Your name and address are confidential and will only be used if we call you for another interview. You should receive your check in about 4 weeks.
	YES
	DON'T KNOWr REFUSEDr

Appendix B

Overview of the CTS Household Survey Interview

An Overview of the CTS Household Survey Interview

This appendix provides an outline of the content and general flow of the CTS 2000-01 Household Survey. It also includes information on the respondent for each part of the interview and the name of the variable corresponding to each survey question. For simplicity, the self-response module (SRM) is not represented separately here, although questions that appear in the SRM are noted. Users can refer to the complete version of the survey instrument in Appendix A for the exact text of the survey questions and the response categories, as well as the complete version of the SRM.

The respondents for each question vary depending on whether the question was applicable and whether the respondent was able to answer the question. This overview uses a system of indentation and underlined text to indicate the respondents for each survey question. The basic system is that the underlined text describes the sample and indentation indicates that the description should be interpreted as a subgroup of the unindented (or less indented) underlined text. Here is some more detail about how the system works:

- 1. If the question number is not indented at all, it means that the sample is the group described by the underlined text that most directly precedes the question and is also not indented. (See Example #1.)
- 2. If the question number is indented, it means that the sample is the group described by the underlined text that most directly precedes the question at the same indentation level, *as a subgroup of* the samples described by the underlined text that directly precedes it at lesser levels of indentation. (See Example #1.)
- 3. There are a few special cases in which, for cosmetic reasons, the underlined text is inserted between the question number and the question text (instead of preceding the question). This means that the subsample described by the underlined text applies only to that question. (See Example #2.)

Here are two examples to illustrate how the system works.

Example #1

For each FIU member:

c101, c11 Any overnight hospital stay.

If any overnight hospital stay (c11):

c121 Number of times hospital stay was overnight or longer.

If female age 12-45 or child age 1 or younger:

c131, c141 Determine whether the number of hospital stays in c121 included childbirth.

- c151 Number of hospital stays admitted through the emergency room.
- c161 Number of nights in the hospital altogether.

c211 Any emergency room visits (not counting the hospital admissions through emergency room reported in c151).

The universes for the questions are as follows:

c101, c11	each FIU member
c121	each FIU member who had any overnight hospital stay
c131, c141	each FIU member who had any overnight hospital stay and who is female age
	12-45 or a child age 1 or younger
c151	each FIU member who had any overnight hospital stay
c161	each FIU member who had any overnight hospital stay
c211	each FIU member

Example #2

For each adult FIU member:

Has a doctor or health professional ever told you that you had...?:

cc5c skin cancer

cc5h cancer other than skin cancer

c5f4 If male over age 50: benign prostate disease or large prostate

cc6e depression

The universes for the questions are as follows:

cc5c	each adult FIU member
cc5h	each adult FIU member
c5f4	each adult FIU member who is male and over age 50
ссбе	each adult FIU member

Summary of Survey Questions and Variables on Public and Restricted Use Files

SURVEY INTRODUCTION

Read introduction and request to speak with adult in household who is familiar with the health care of family members. (This adult is called the "household informant.") The wording of the introduction varies depending on whether the household is part of the reinterview sample or the new sample.

A. DEMOGRAPHICS AND SCREENING

The questions in Section A determine basic information (name, age, sex, family relationship) about all household members. That information is then used to form family insurance units (FIUs) and select the children that are to be included in the sample. The respondent for Section A is the household informant.

If household is in reinterview sample: Determine whether household members for 1998-99 survey (Round Two) are still in the household. Determine any new household members. If the householder for 1998-99 is still a household member, he/she remains the householder for the 2000-01 survey. If not, designate the person who owns or pays most of the rent for the house as the householder.

<u>If household is in new sample</u>: Determine list of household members. The person who owns or pays most of the rent for the house is designated as the householder.

For all households:

bmo1, byr1, age1 Age of householder. AGEX sex1 Gender of householder. SEX

If householder is less than 23 years old:

col1 Is householder a full-time student? FTSTUD

grd1 Householder's educational attainment. HIGRADX

If householder is age 18-64:

mil1 Is householder on active duty in the military?

bmo2, byr2, age2 Age of household member #2. AGEXsex2 Gender of household member #2. SEX

If household member #2 is age 16-22:

col2 Is household member #2 a full-time student? FTSTUD

If household member #2 is age 18 or older:

grd2 Educational attainment of household member #2. HIGRADX

If household member #2 is age 18-64:

^{* =} variable on Restricted Use File only

mil2 Is household member #2 on active duty in the military?

rel2 Relationship of household member #2 to householder. *RELATEX*

Repeat bmo2 – rel2 for each additional household member.

Identify any marriages and parent/child relationships not involving the householder.

CONSTRUCT FAMILY INSURANCE UNITS (FIUs). These interviewing units are defined to reflect an insurance unit according to conventional practice in the private insurance market. They typically include the household head, spouse, and dependent children.

SELECT CHILDREN FOR INCLUSION IN SAMPLE. In FIUs containing more than one child, only information on one randomly selected child is collected.

B. HEALTH INSURANCE

The questions in Section B are asked separately for each FIU. The respondent is the family informant, except as noted for b951.

For all FIUs: Questions b1a – bij establish the health insurance coverage of the FIU members.

b1a FIU members covered by a health insurance plan from current or former employers or unions. *FPRVJOB*, *PRIVJOB*

b1b FIU members covered by a health insurance plan bought on their own. *FPRVDIR*, *PRIVDIR*

b1c FIU members covered by a health insurance plan provided by someone who does not live in the household. *FPRVOTH*, *PRIVOTH*

b1d, b1d1 FIU members covered by Medicare. *FMCARE*, *MCARE*

If state offers only Medicaid:

blex, b1e FIU members covered by Medicaid. FMCAID, MCAID

If state offers Medicaid and other subsidized programs:

bley, b1e, b1h FIU members covered by Medicaid or state-specific plans (including CHIP). *FMCAID, MCAID, FOTHPUB* (state or IHS), *OTHPUBX* (state or IHS)

b1f, b1f1 FIU members covered by military health care plan. FMILINS, MILINS

b1g FIU members covered by the Indian Health Service. *FOTHPUB* (*state or IHS*), *OTHPUBX* (*state or IHS*)

b1i1, **b1i2**, **bij** Confirmation that the FIU members not covered by any of the insurance types listed above do not have any health insurance. *FOTHINS*, *OTHINS*, *UNINSUR*

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

<u>If any FIU member is privately insured (b1a, b1b, b1c) and not covered by Medicare (b1d)</u>: Question b2 determines the number of private insurance plans covering FIU members, and then questions b231 – b391 are asked for each of those private plans (up to three plans).

b2 Number of private health insurance plans covering FIU members. *NPRIV*

b204 – **zb2251** Names of the private health plans covering FIU members. (Intended for use later in the 2000-01 CTS Followback Survey, a supplement to the Household Survey. Note, however, that the 2000-01 version of the Followback Survey was cancelled.)

b231 Name of policyholder for private plan #1. *PRVHLD1*

If FIU has more than one private health insurance plan (b2):

b241 FIU members covered by private plan #1. *PRVINS1*

b251 Is private plan #1 employer-sponsored? [If the only private plans in the FIU are employer-sponsored, (i.e., if no one is covered by any private insurance that's <u>not</u> employer-sponsored, based on b1b and b1c), then automatically code response to b251 as "yes."] *PRVJOB1*

b261 Name of the employer or union that provides private plan #1.

b271, b281 Was private plan #1 obtained through a state or federal government program? Name of the state or federal government program.

b291, b301 FIU members who enrolled in private plan #1 in the past 12 months. *PRV12M1, PRV1Y1*

<u>If private plan #1 is not employer</u>-sponsored (b251):

b311, **b321** Insurance premium for private plan #1. *PVPRM1X*

- **b331** PCP sign-up requirement (private plan #1). *PRVSIG1*, *PVSIG1P*
- **b341** Specialist referral requirement (private plan #1). *PRVREF1*, *PVREF1P*
- b351 Physician network (private plan #1). PRVLST1, PVLST1P
- **b361** Is private plan #1 an HMO? *PRVHMO1*, *PVHMO1P*

If private plan #1 has a network of physicians (b351) or is an HMO (b361):

b371 Any coverage for out-of-network costs without a referral (private plan #1). *PRVPAY1*, *PVPAY1P*

If private plan #1 is employer-sponsored (b251):

b381 Does employer offers its employees more than one health insurance plan? *PRVMOR1*

If employer offers more than one health insurance plan (b381):

b391 If private plan #1 is an HMO (b361): Does employer offer any nonHMO plans? *PRVBOT1*

b391 If private plan #1 is not an HMO (b361): Does employer offer any HMO plans? **PRVBOT1**

^{* =} variable on Restricted Use File only

If FIU has more than one private health insurance plan (b2), then ask b231 - b391 for each of the other plans, up to three plans.

If any FIU member is covered only by military insurance: Questions b40 – b421 concern military insurance.

- **b40** Name of policy-holder for military health plan.
- **b41**, **b421** FIU members who enrolled in military health plan in the past 12 months. *MILI2M*, *MILIN1Y*

If any FIU member is covered by Medicare (b1d). Questions b54 - b59a1 concern Medicare.

b54 FIU members covered by Medicare HMO. *MCRHMOP*

If any FIU members in a Medicare HMO (b54):

b55a, **b55b** Name of the HMO plan.

b55c Was HMO plan obtained through a current or past employer or union? *MCRHJOB*

- **b51** PCP sign-up requirement (Medicare). *MCRSIGN*, *MCRSIGP*
- **b52** Specialist referral requirement (Medicare). *MCRREF*, *MCRREFP*
- **b53** Physician network (Medicare). *MCRLST*, *MCRLSTP*

If Medicare plan has a network of physicians (b53) or is an HMO (b54):

b56 Any coverage for out-of-network costs without a referral (Medicare). *MCRPAY*, *MCRPAYP*

b57, **b58** FIU members who enrolled in Medicare in the past 12 months. *MCR12M*, *MCRIN1Y* **b59** Medicare enrollees who are covered by Medicare supplemental or Medigap policies. *FMCRSUP*, *MCRSUP*

If there are any Medicare supplemental or Medigap policies (b59):

b59a1 Were Medicare supplemental or Medigap policies obtained through a current or past employer or union? *MCRSUPJ*

If any FIU member is covered by Medicaid: Questions b64 – b68 concern Medicaid.

- **b64** FIU members covered by Medicaid HMO. *MCDHMO*, *MCDHMOP*
- **b67**, **b68** FIU members who enrolled in Medicaid in the past 12 months. *MCD12M*, *MCDIN1Y*

If any FIU member is covered by a state plan and no FIU member is covered by a private plan: Questions b71 – b78 concern state health insurance plans.

- **b71** Name of policyholder for state health insurance plan. *STPHD*
- **b75** Is state plan an HMO? *STHMOP*
- b77, b78 FIU members who enrolled in state plan in the past 12 months. ST12M, STIN1Y

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

If any FIU member is uninsured: Questions b79 – b84 concern the uninsured FIU members.

If any FIU member is privately insured:

b79 Is family coverage offered under FIU's current private plan?

b791 <u>If family coverage offered (b79)</u>: Reason why uninsured FIU member(s) not covered by family coverage.

b801 Did uninsured FIU member #1 have any health insurance coverage during the past 12 months? *UNINCOV*

If uninsured FIU member #1 had any insurance coverage during the past 12 months (b801):

b81 Type of health insurance coverage before uninsured FIU member #1 became uninsured. *UNINPLX*

If health insurance was a private, Medicaid, or state plan (b81):

b82 Was health plan an HMO? *UNINHMO*

b83 Month when health insurance coverage stopped.

b84 Reason why health insurance coverage stopped. *UNINSR1 – UNINSR9*, *UNINR10 – UNINR14*

Repeat questions b801 – b84 for each uninsured FIU member.

<u>If any FIU member is currently insured and coverage began in the past 12 months</u>: Questions b851 – b882 concern health insurance coverage prior to any current health insurance plans that began in the past 12 months.

b851 Type of health insurance coverage prior to current plan. PREINSX, PREINS*

If there are other currently insured FIU members whose coverage began in the past 12 months: **b861** Were other currently insured family members whose coverage began less than 12 months ago covered under this plan?

If previous health insurance was a private, Medicaid, state, military, or Medicare plan:

b871 Was previous health insurance plan an HMO? *PREHMO*

If previous coverage was private (b851) and current coverage is private (b1a, b1b, b1c):

b881 Reason for changing health insurance plans. *CHGINS1 – CHGINS7*

b852, **b872**, **b882** These questions are asked if there is any other currently insured FIU member (not cited in b851 or b861) whose coverage began in the past 12 months. They are a repetition of questions b851, b871, and b881.

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

For all FIUs: Questions b901 – b922 concern lifetime HMO enrollment for family informant and spouse.

If family informant not in HMO in past year:

b901 Whether family informant has ever been enrolled in an HMO. *HMOEVR*

b911, **b921** Total number years that family informant has been enrolled in HMO plans. *HMOYRSX*

b902, **b912**, **b922** If family informant is married, these questions are asked about spouse's HMO enrollment. They are a repetition of questions b901, b911, and b921.

<u>For family informant and spouse</u>: Information on question b951 for the family informant is obtained from the family informant. Information for his/her spouse is obtained directly from the spouse as part of the self-reponse module.

b951 Willingness to trade off limited choice of physicians for lower health care costs. *MCHOICE*

<u>For each insured person</u>: The CATI system here identifies a single health plan to use for the Section E questions about problems with, and rating of, health plan. The health plan was identified as follows: Use the Medicare plan if the person has Medicare coverage. If the person doesn't have Medicare and has one plan, use that plan. If the person doesn't have Medicare and has both a Medicaid/CHIP plan and a private plan, use the private plan. Otherwise, ask question b961 for each insured person in FIU (family informant is respondent).

b961 Plan used for all or most of person's health care.

C. RESOURCE USE AND UNMET NEED

<u>For each FIU member</u>: Questions c101 – c621 concern resource use. The family informant provides information about all FIU members, and the reference period for all questions (except for c611) is the past 12 months.

c101, c11 Any overnight hospital stay.

If person had any overnight hospital stay (c11):

c121 Number of times hospital stay was overnight or longer. HSPSTYN

If female age 12-45 or child age 1 or younger:

c131, c141 Determine whether the number of hospital stays in c121 included childbirth.

- **c151** Number of hospital stays admitted through the emergency room. *HSPERX*
- c161 Number of nights in the hospital altogether. HSPNITX

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

c211 Any emergency room visits (not counting the hospital admissions through emergency room reported in c151).

If any emergency room visits (c211):

c221, c231 Number of emergency room visits (excluding visits reported in c151). ERUSENX

c311, c321 Number of doctor visits (excluding hospital and emergency room visits). DRVISNX

If any doctor visits (c311, c321):

c3p1 Were any of these visits for routine preventive care? DPHYEXM

If no visits were for routine preventive care (c3p1):

c3c1 Were any of these visits for a routine check up for an ongoing health problem? **DRTNPRM**

c331, c341 Number of visits to nurse practitioner, physician assistant, or midwife (not counting doctor visits reported in c311). *MPVISNX*

If any nonphysician provider visits (c331, c341) and no routine visits reported already (c3p1, c3c1): c351 Were any of these visits for routine preventive care?

If no visits were for routine preventive care (c351):

c361 Were any of these visits for a routine check up for an ongoing health problem?

If any hospital, emergency room, physician, or other provider visits:

c411, c421 Number of surgeries. SURGNX

If any surgeries (c411) and any hospital stay (c121):

c431 Number of surgeries in a hospital with an overnight hospital stay. SURGNTX

c511 Any visit to a mental health professional. MENTAL

If age 18 or older:

c531 Has person had a flu shot? FLUSHOT

If female and age 40 or older:

c611 Has person ever had a mammogram? *MAMMGM*

c621 If person ever had a mammogram (c611): Time since last mammogram. MAMLASX

^{* =} variable on Restricted Use File only

For all FIU members: Questions c811 - c841 concern unmet need. The family informant responds for self and child. Information for the family informant's spouse is obtained directly from the spouse as part of the self-response module.

- c811 Was there any time when you didn't get needed medical care? UNMET
- c821 Was there any time when you postponed getting medical care you thought you needed? PUTOFF

If reporting postponing or not getting medical care (c811, c821):

c831 Reason for postponing or not getting medical care. *PUTOFR0 – PUTOFR9*, *PUTOF10 – PUTOF21*

c841 Was there any time when you needed prescription medicines but didn't get them because you couldn't afford it? *UMETMDC*

For all FIUs: Questions c92 and c93 are answered by the family informant.

c92, c93 Out-of-pocket spending for family's medical care. MEDCSTX, MEDCSTA*, MEDCSTB*

D. USUAL SOURCE OF CARE; PATIENT TRUST IN PHYSICIAN

<u>For each FIU member</u>: Questions d101 – d171 concern each FIU member's usual source of care. The family informant provides information for each person in the FIU.

d101 Is there a place where FIU member usually goes for health care? USCARE

If FIU member has at least one usual source of care (d101):

- d111 What is the usual source of care? USCTYPE
- **d121** Type of provider at usual source of care. *USCPROF*
- d131 Does FIU member usually see the same provider at the usual source of care? USCSAME
- **d141** Any change in usual source of care in the past 12 months? [Exact wording of the question depends on d121 and d131.] *USCCHG*

If there was a change in the usual source of care (d141):

d151, d161, d171 Reason for change in usual source of care. USCRCHG, USCRHLH, USCROTH

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

<u>For each adult FIU member</u>: Questions d311 – d341 concern patient trust in physician. Each adult responds for self. No information on children is collected.

If physician as their usual source of care or had one or more physician visits in last 12 months:

d311 Agreement with statement: Doctor may not refer to a specialist when needed. DRNOREF

d321 Agreement with statement: Doctor puts medical needs above all other considerations.

DRMETND

d331 Agreement with statement: Doctor is strongly influenced by health insurance company rules.

DRINFLU

d341 Agreement with statement: Doctor might perform unnecessary tests or procedures.

DRUNNEC

E. HEALTH CARE SATISFACTION; HEALTH STATUS; CONSUMER INFORMATION

For FIUs with members who had any provider or hospital visits in the past 12 months: Questions e101 – e111 concern satisfaction with family's health care. The respondent is the family informant.

e101, e111 Satisfaction with (family's) health care received during last 12 months. CRSAFX

<u>For each adult FIU member</u>: Questions e121 – E151 concern satisfaction with choice of physicians for adults in the FIU. Each adult is the respondent for him- or herself, either in the family informant's survey or in the self response module.

e121, e131 Person's satisfaction with choice of primary care doctors. DRCHOCX

e141 Person needed or saw specialist in the past 12 months. SPNEED

If person needed or saw specialist (e141):

CAHPS12 Person saw specialist in the past 12 months. *SPSEEN*

e151, E151 Person's satisfaction with choice of specialists. SPCHOCX

<u>For each insured adult FIU member</u>: Questions CAHPS10 – CAHPS38 concern problems with and rating of health plans. The health plan is the one identified at the end of Section B. Each adult is the respondent for him- or herself, either in the family informant's survey or in the self response module.

If person had a doctor visit and needed to see specialist:

CAHPS10 Problem getting referral to specialist

If person had a doctor visit:

CAHPS23 Problem waiting for approval from health plan

CAHPS37 Problem with paperwork for health plan

SP14, SP14X Satisfaction with amount paying for health care

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

CAHPS38 Rating of health plan RATING

For each adult FIU member with a physician visit in the past 12 months (e321, c321): Questions e161 – e321 ask for details about the most recent physician visit. Each adult is the respondent for him- or herself, either in the family informant's survey or in the self response module.

e161 Any doctor visit for sickness, injury, or other health problems in the past 12 months. SICKCR

If person visited doctor for health problem (e161):

- e171 Month/year of most recent visit for health problem.
- e181 Since that visit, did person visit a doctor for a check-up or other preventive care? CHKASIK

If person visited doctor for preventive care (e181):

e191 Month/year of most recent visit for preventive care.

If person has not had a doctor visit for a health problem (e161):

e201 Any doctor visit for check-up or other preventive care in the past 12 months. CHECKUP

If person visited doctor for preventive care (e201):

e211 Month/year of most recent visit for preventive care.

If person did not visit doctor for preventive care (e201):

e901, e911 Check for correct number of doctor visits in the past 12 months.

e221 Was the doctor at the most recent doctor visit a family doctor or a specialist? DRORSP

If person has a usual source of care (d101):

e241 Was most recent doctor visit to the person's usual place for care? *LSTUSCA* [variable coded only for adults in 2000-01]

If person has no usual source of care (d101) or most recent doctor visit was not to usual source of care (e241):

E241 Was most recent visit to an emergency room? *LSTOERA* [variable coded only for adults in 2000-01]

If most recent visit was not to an emergency room (E241):

e251 Was most recent doctor visit by appointment? *LSTAPPA* [variable coded only for adults in 2000-01]

If most recent doctor visit was by appointment (e251):

e261, e271 Time period between making appointment and seeing doctor. *LSTATXX*, *LSTATAX** [variables coded only for adults in 2000-01]

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

- e281, E281 Time in waiting room at most recent visit. LSTWATX
- e291, E291 Travel time to doctor's office/emergency room at most recent visit. LSTRAXX, LSTRAVX*
- e301 Rating of the thoroughness and carefulness of the examination and treatment. LSTHOR
- e311 Rating of how well doctor listened. LSTLISN
- e321 Rating of how well doctor explained things. LSTEXPL

<u>For each adult FIU member</u>: Questions e401 – e671 are asked for each adult FIU member. Each adult is the respondent for him- or herself, either in the family informant's interview or in the self response module.

- e401 Self-assessment of general health. GENHLH
- e411 Health limits moderate activities. LMTMACT
- e421 Health limits climbing several flights of stairs. LMTSTR
- e431 Accomplished less as result of physical health. PHYLESS
- e441 Physical health limited work or other regular daily activities. PHYACT
- e451 Accomplished less as result of emotional problems. EMOLESS
- e461 Emotional problems limited work or other regular activities. EMOACT
- e471 Pain interfered with normal work. PAININT
- e481 Physical health or emotional problems interfered with social activities. LMTSOC
- e491 Amount of time person felt calm and peaceful. FLCALM
- e501 Amount of time person had a lot of energy. ENERGY
- e511 Amount of time person felt downhearted and blue. FLDOWN

GSS157 Overall level of happiness HAPPY

cc1 If female, age 50 or less: Person had a baby during the last two years. HAVBABY*

cc2c If female: During the past two years, have you seen a doctor or health care professional for: abnormal uterine bleeding *UTRNBLD**

Questions cc3b – cc6e are all in the same format: Has a doctor or health professional ever told you that you had [fill in medical condition]?: For each "yes" response, follow up with a question about whether the person has seen a doctor or other health care professional for that condition during the past two years.

- cc3b diabetes or high blood sugar DIABET*, DIABETX*
- cc3c arthritis ARTHRS*, ARTHRSX*
- cc3d asthma ASTHMA*, ASTHMAX*
- cc3e If person does not have asthma (cc3d): chronic obstructive pulmonary disease COPD*, COPDX*
- cc3g hypertension or high blood pressure HYPTEN*, HYPTENX*
- cc3i coronary heart disease HRTDIS*, HRTDISX*
- cc5c skin cancer SKNCAN*, SKNCANX*
- cc5h cancer other than skin cancer CANCER*, CANCERX*
- c5f4 If male over age 50: benign prostate disease or large prostate PRSBGN*, PRSBGNX*
- cc6e depression DPRESN*, DPRESNX*

^{* =} variable on Restricted Use File only

cc7 Any visit during the past two years to doctor or other provider for any serious medical problem? *MEDPROB*

e521 Agreement with statement: I'm more likely to take risks than the average person. TAKRISK

e601 Have you smoked at least 100 cigarettes in your entire life? SMKEVR

If person has ever smoked 100 cigarettes (e601):

e611 Do you now smoke cigarettes everyday, some days, or not at all? SMKNOW

If person smokes everyday (e611):

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

If person smokes some days (e611):

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

If person smoked any days during the past 30 days (e631):

e641 How many cigarettes did you smoke a day? SMKNDAX, SMKNDAY*

If person doesn't smoke at all (e611) or has not smoked in the past 30 days (e631): **e651** How long has it been since you quit smoking cigarettes? *SMKQUIT*

If person smokes everyday (e611) or has smoked during the past 30 days (e631): **e661** During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? *SMKTRYQ*

If [person currently smokes (e611 = everyday or some days) or person quit smoking within the past year (e651)] and [person had one or more physician visits in last 12 months (c311, c321)]:

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

^{* =} variable on Restricted Use File only

<u>For each child in the sample</u>: Questions k12 - e16x concern the randomly selected child in the FIU. The respondent for these questions is the family informant.

k12, k13 Satisfaction with choice of primary care doctors for child. DRCHOCX

k14 Child needed or saw a specialist in the past 12 months. **SPNEED**

If child needed or saw specialist (k14):

kCAHPS12 Child saw specialist within the past 12 months. *SPSEEN* **k15**, **K15** Satisfaction with choice of specialists for child. *SPCHOCX*

<u>If child is insured</u>: Questions kCAHPS10 – kCAHPS38 concern problems with and rating of health plans.

If child had a doctor visit and needed to see specialist:

kCAHPS10 Problem getting referral to specialist

If child had a doctor visit:

kCAHPS23 Problem waiting for approval from health plan

If child had a doctor visit and is only family member covered by policy:

kCAHPS37 Problem with paperwork for health plan

If child is only family member covered by policy:

kSP14, kSP14X Satisfaction with amount paying for health care

kCAHPS38 Rating of health plan RATING

If child had any physician visit in the past 12 months:

e16x Who went with child to the doctor on (his/her) most recent visit? TAKEID

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

If child has had any physician visit in the past 12 months and the person who took the child for the most recent visit is a family member: Questions k16 – k32 concern the child's doctor visits in the past 12 months. The respondent is the person who took the child on his/her most recent physician visit, as indicated in e16x, unless that person is not a family member. If that person is a family member but not the family informant, then these questions are asked as part of that other family member's self response module. If that person is not a family member, then these questions are not asked.

k16 Any doctor visit for sickness, injury, or other health problems in the past 12 months. SICKCR

If child visited doctor for health problem (k16):

k17 Month/year of most recent visit for health problem.

k18 Since that visit, did child visit a doctor for a check-up or other preventive care? CHKASIK

If child visited doctor for preventive care (k18):

k19 Month/year of most recent visit for preventive care.

If child has not had a doctor visit for a health problem (k16):

k20 Any doctor visit for check-up or other preventive care in the past 12 months. CHECKUP

If child visited doctor for preventive care (k20):

k21 Month/year of most recent visit for preventive care.

If child did not visit doctor for preventive care (k20):

k90 Check for correct number of doctor visits in the past 12 months.

k22 Was the doctor at the most recent doctor visit a family doctor or specialist? **DRORSP**

If child has a usual source of care (d101):

k24 Was most recent doctor visit to the child's usual place for care?

If child has no usual source of care (d101) or most recent doctor visit was not to usual source of care (k24):

K24 Was most recent visit to an emergency room?

If most recent visit was not to an emergency room (K24):

k25 Was most recent doctor visit by appointment?

If most recent doctor visit was by appointment (k25):

k26, k27 Time period between making appointment and seeing doctor.

- **k28**, **K28** Time in waiting room at most recent doctor visit. *LSTWATX*
- k29, K29 Travel time to doctor's office/emergency room at most recent visit. LSTRAXX, LSTRAVX*
- k30 Rating of the thoroughness and carefulness of the examination and treatment. LSTHOR
- k31 Rating of how well doctor listened. LSTLISN

^{* =} variable on Restricted Use File only

k32 Rating of how well doctor explained things. LSTEXPL

<u>For each child in the sample</u>: Questions k40 – ee5a concern the child's health status. The respondent is the person who took the child on his/her most recent physician visit, as indicated in e16x, unless that person is not a family member. If that person is a family member but not the family informant, then these questions are asked as part of that other family member's self-response module. If that person is not a family member, then the respondent is the family informant.

k40 Respondent's assessment of child's general health. *GENHLH*

ee2c Has child ever seen a doctor or health care professional for four or more ear infections in any one year? *KEARINF**

Questions ee4c and ee4d are in the same format: Has a doctor or health professional ever told you that child had [fill in medical condition]?: For each "yes" response, follow up with a question about whether the child has seen a doctor or other health care professional for that condition during the past two years.

ee4c asthma KASTHMA*, KASTHMX*

ee4d Attention Deficit Hyperactivity Disorder KADHA*, KADHAX*

ee5 Child needs or uses more medical care, mental health, or educational services than is usual. **KMORECR**

If ee5=yes:

ee5a Reason for child's high health care needs is medical, behavioral, or other health condition that has lasted or is expected to last for at least 12 months *KLONGCR*

<u>For all adults in FIU</u>: Question e802 is asked for each remaining (non-informant) adult in the FIU. The respondent is the family informant.

e802 Respondent's assessment of adult's general health. The variable **GENHLH** reflects <u>this</u> response (from the family informant) only if the non-informant adult didn't respond to this question in his/her self-response module (SRM question e402).

^{* =} variable on Restricted Use File only

<u>For all adults in the FIU</u>: Questions ra34 – ranew pertain to the information about personal health concerns that people obtain from sources other than their health care providers. Each adult is the respondent for himor herself, either in the family informant's survey or in the self response module.

ra34 Obtained information about a personal health concern from Internet, friends or relatives, TV or radio, books or magazines, or other. *GETINF1* – *GETINF7*

If respondent had any physician visits in previous 12 months:

ra36 Mentioned or showed doctor the medical information that you found yourself. DRINF

If ra36 = yes:

ranew Doctor ordered test, procedure, or prescription mainly because of information that you mentioned or showed to him or her. **TESTINF**

<u>If FIU has child</u>: Questions ra34c – newrac pertain to child health care information that people obtain from sources other than their health care providers. The respondent is the family informant.

ra34c Obtained information about a health concern for child from Internet, friends or relatives, TV or radio, books or magazines, or other. *GETINF1* – *GETINF7*

If child had any physician visits in previous 12 months:

ra36c Mentioned or showed doctor the medical information that you found yourself for child. **DRINF**

If ra36c=yes:

newrac Doctor ordered test, procedure, or prescription for child mainly because of information that you mentioned or showed to him or her. **TESTINF**

F. EMPLOYMENT

The family informant answers all the questions in Section F.

For each adult (18 years of age or older):

- f101 Does person have a business or farm? HAVEBUS
- f111 Last week, did person do any work for pay (or profit)? WRKPAY

^{* =} variable on Restricted Use File only

Summary of Survey Questions and Variables on Public and Restricted Use Files

For each employed adult (f111):

f121 Last week, did person have more than one job/business? **WORK2ND**

f131 Hours per week at (main) job. HRSWKX

If person works varying hours per week (f131):

13x1 Does person usually work more or less than 35 hours per week at main job?

If person works more than one job (f121):

f141 Hours per week at other jobs. HRWK2NX

- **f201** Employer type. *EMPTYPX*
- **f211** Number of people employed at work location.

If person is not employed by government (f201):

- **f221** Does employer operate in more than one location?
- f231 Number of people employed by employer at all locations. FIRMSZX

f241 Type of industry. INDSTRY

f301, f321, f331, f341 Earnings at main job. WAGEHRX

If person is policy holder for employer-based plan (b231, b251) and has more than one job (f121): **f401** Is person's insurance from main job? *INSMJOB*

For each person who: works for government or private employer (f201), is not a policy holder for an employer/union based plan (b231, b251), and is less than 65 years old:

f501 Does person's employer or union offer a health insurance plan to any of its employees? **EMPOFER**

If employer offers health insurance plan (f501):

f511 Is person eligible to participate in employer's health insurance plan? *ELIGIB*

If eligible to participate (f511) and uninsured:

f521 Main reason not participating in employer's plan. ELUNINS

If not eligible to participate (f511):

f531 Reason ineligible for employer's plan. INELIGR

- **f541** Does employer offer only one or more than one plan to its employees? *EMPMULT*
- **f551** Does employer offer an HMO plan to its employees? *EMPHMO*

If employer offers more than one plan (f541) and offers an HMO plan (f551):

f561 Does employer offer a non-HMO health insurance plan to its employees? EMPBOTH

^{* =} variable on Restricted Use File only

G. FAMILY INCOME AND RACE/ETHNICITY

The family informant is the respondent for Section G.

For all FIUs:

g10, g11 Total income for FIU in 1999/2000. FAMINCX

For each FIU member, except family informant's own child or grandchild:

g201 Hispanic origin. *HISPAN*

g221 Race. RACEX

H. CLOSING

The family informant is the respondent for Section H.

<u>If no prepayment for interview</u>: Arrange for payment.

h10 Confirm name and address.

If part of reinterview sample:

h20 Did FIU have same phone number at date of interview for 1998-99 survey?

For all FIUs:

- **h30** Number of other telephone numbers in household. *PHNOTHX*
- h31 Purpose/use of other phone numbers. PHNOTHR
- h32 No working phone during the past 12 months. NOPHN
- h33 Number of months phone not working. NOPHNMX
- h34 Main reason no telephone.

<u>If the FIU has more than one adult</u>: Use the self-response module (SRM) to obtain information from other adults in the FIU.

h23 Arrange to interview any other adults in the FIU.

^{* =} variable on Restricted Use File only

Appendix C

Variable name	Variable name	Question	Description	199	6-97	199	8-99	2000-01	
for family-level	for person-	number		Public	Restr.	Public	Restr.	Public	Restr.
variables	level variables			Use	Use	Use	Use	Use	Use
Insurance cover	age								
FPRVJOB	PRIVJOB	b1a	Covered by private insurance through job	yes	yes	yes	yes	yes	yes
FPRVDIR	PRIVDIR	b1b	Covered by private insurance bought directly	yes	yes	yes	yes	yes	yes
FPRVOTH	PRIVOTH	b1c	Covered by private insurance through others	yes	yes	yes	yes	yes	yes
FMCARE	MCARE	b1d	Covered by Medicare	yes	yes	yes	yes	yes	yes
FMCAID	MCAID	ble	Covered by Medicaid	yes	yes	yes	yes	yes	yes
FMILINS	MILINS	b1f	Covered by military plan	yes	yes	yes	yes	yes	yes
FOTHPUB	OTHPUBX	CV	Covered by state insurance or I.H.S.	yes	yes	yes	yes	yes	yes
FOTHINS	OTHINS	b1i2	Covered by plan not mentioned	yes	yes	yes	yes	yes	yes
	UNINSUR	b1j or bij	Uninsured	yes	yes	yes	yes	yes	yes
	INSTYPE	CV	Current insurance type hierarchical	yes	yes	yes	yes	yes	yes
Private plans									
NPRIV		b2	Number of private plans in family	yes	yes	yes	yes	yes	yes
Private plan nui	nber 1								
	PRVHLD1	b231	Private plan 1, policyholder	yes	yes	yes	yes	yes	yes
	PRVINS1	b241	Private plan 1, covered	yes	yes	yes	yes	yes	yes
PRVJOB1		b251	Private plan 1, through job	yes	yes	yes	yes	yes	yes
PRV1Y1	PRV12M1	b291	Private plan 1, enrolled in last 12 months	yes	yes	yes	yes	yes	yes
PVPRM1X		CV	Private plan 1, monthly premium	yes	yes	yes	yes	yes	yes
PRVSIG1	PVSIG1P	b331	Private plan 1, sign up with doctor	yes	yes	yes	yes	yes	yes
PRVREF1	PVREF1P	b341	Private plan 1, need referral	yes	yes	yes	yes	yes	yes
PRVLST1	PVLST1P	b351	Private plan 1, list of doctors	yes	yes	yes	yes	yes	yes
PRVHMO1	PVHMO1P	b361	Private plan 1, HMO plan	yes	yes	yes	yes	yes	yes
PRVPAY1	PVPAY1P	b371	Private plan 1, pay without referral	yes	yes	yes	yes	yes	yes
PRVMOR1		b381	Employer 1 offers more than one plan	yes	yes	yes	yes	yes	yes
PRVBOT1		b391	Employer 1 offers HMO and nonHMO	yes	yes	yes	yes	yes	yes
Private plan nui	mber 2								
	PRVHLD2	b232	Private plan 2, policyholder	yes	yes	yes	yes	yes	yes
	PRVINS2	b242	Private plan 2, covered	yes	yes	yes	yes	yes	yes
PRVJOB2		b252	Private plan 2, through job	yes	yes	yes	yes	yes	yes
PRV1Y2	PRV12M2	b292	Private plan 2, enrolled in last 12 months	yes	yes	yes	yes	yes	yes

Variable name	Variable name	Question	Description	1996-97		199	8-99	2000-01	
for family-level	-	number		Public	Restr.	Public	Restr.	Public	Restr.
variables	level variables			Use	Use	Use	Use	Use	Use
PVPRM2X		CV	Private plan 2, monthly premium	yes	yes	yes	yes	yes	yes
PRVSIG2	PVSIG2P	b332	Private plan 2, sign up with doctor	yes	yes	yes	yes	yes	yes
PRVREF2	PVREF2P	b342	Private plan 2, need referral	yes	yes	yes	yes	yes	yes
PRVLST2	PVLST2P	b352	Private plan 2, list of doctors	yes	yes	yes	yes	yes	yes
PRVHMO2	PVHMO2P	b362	Private plan 2, HMO plan	yes	yes	yes	yes	yes	yes
PRVPAY2	PVPAY2P	b372	Private plan 2, pay without referral	yes	yes	yes	yes	yes	yes
PRVMOR2		b382	Employer 2 offers more than one plan	yes	yes	yes	yes	yes	yes
PRVBOT2		b392	Employer 2 offers HMO and nonHMO	yes	yes	yes	yes	yes	yes
Private plan nur	nber 3								
	PRVHLD3	b233	Private plan 3, policyholder	yes	yes	yes	yes	yes	yes
	PRVINS3	b243	Private plan 3, covered	yes	yes	yes	yes	yes	yes
PRVJOB3		b253	Private plan 3, through job	yes	yes	yes	yes	yes	yes
PRV1Y3	PRV12M3	b293	Private plan 3, enrolled in last 12 months	yes	yes	yes	yes	yes	yes
PVPRM3X		CV	Private plan 3, monthly premium	yes	yes	yes	yes	yes	yes
PRVSIG3	PVSIG3P	b333	Private plan 3, sign up with doctor	yes	yes	yes	yes	yes	yes
PRVREF3	PVREF3P	b343	Private plan 3, need referral	yes	yes	yes	yes	yes	yes
PRVLST3	PVLST3P	b353	Private plan 3, list of doctors	yes	yes	yes	yes	yes	yes
PRVHMO3	PVHMO3P	b363	Private plan 3, HMO plan	yes	yes	yes	yes	yes	yes
PRVPAY3	PVPAY3P	b373	Private plan 3, pay without referral	yes	yes	yes	yes	yes	yes
PRVMOR3		b383	Employer 3 offers more than one plan	yes	yes	yes	yes	yes	yes
PRVBOT3		b393	Employer 3 offers HMO and nonHMO	yes	yes	yes	yes	yes	yes
Military plan									
MILIN1Y	MIL12M	b411 or b41	Military plan, enrolled in last 12 months	yes	yes	yes	yes	yes	yes
Medicare									
MCRSIGN	MCRSIGP	b51	Medicare, sign up with doctor	yes	yes	yes	yes	yes	yes
MCRREF	MCRREFP	b52	Medicare, need referral	yes	yes	yes	yes	yes	yes
MCRLST	MCRLSTP	b53	Medicare, list of doctors	yes	yes	yes	yes	yes	yes
MCRHMO	MCRHMOP	b54	Medicare, HMO plan	yes	yes	yes	yes	yes	yes
MCRHJOB		b55c	Medicare HMO, through job	yes	yes	yes	yes	yes	yes
MCRPAY	MCRPAYP	b56	Medicare, pay without referral	yes	yes	yes	yes	yes	yes
MCRIN1Y	MCR12M	b57	Medicare, enrolled in last 12 months	yes	yes	yes	yes	yes	yes
FMCRSUP	MCRSUP	b59	Covered by Medicare supplemental policy	yes	yes	yes	yes	yes	yes
	MCRSUPJ	b59a or 59a1	Medicare, supplemental through job	yes	yes	yes	yes	yes	yes

Variable name	Variable name	Question	Description	199	6-97	199	8-99	200	0-01
for family-level	for person-	number		Public	Restr.	Public	Restr.	Public	Restr.
variables	level variables			Use	Use	Use	Use	Use	Use
	MCRSUPP	b59b	Medicare, supplemental premium	yes	yes				
	MCRSUPU	b59c	Medicare, supplemental premium unit	yes	yes				
Medicare and M	1edicaid								
FMCRMCD	MCRMCD	b60	Covered by Medicare and Medicaid	yes	yes				
Medicaid									
MCDSIGN	MCDSIGP	b61	Medicaid, sign up with doctor	yes	yes				
MCDREF	MCDREFP	b62	Medicaid, need referral	yes	yes				
MCDLST	MCDLSTP	b63	Medicaid, list of doctors	yes	yes				
MCDHMO	MCDHMOP	b64	Medicaid, HMO plan	yes	yes	yes	yes	yes	yes
MCDPAY	MCDPAYP	b66	Medicaid, pay without referral	yes	yes				
MCDIN1Y	MCD12M	b67	Medicaid, enrolled in last 12 months	yes	yes	yes	yes	yes	yes
Other state plan	IS								
STPHD		b71	State plan, policyholder number	yes	yes	yes	yes	yes	yes
STSIGN	STSIGP	b72	State plan, sign up with doctor	yes	yes				
STREF	STREFP	b73	State plan, need referral	yes	yes				
STLST	STLSTP	b74	State plan, list of doctors	yes	yes				
STHMO	STHMOP	b75	State plan, HMO plan	yes	yes	yes	yes	yes	yes
STPAY	STPAYP	b76	State plan, pay without referral	yes	yes				
STIN1Y	ST12M	b77	State plan, enrolled in last 12 months	yes	yes	yes	yes	yes	yes
Uninsured									
	UNINCOV	b80 or b801	Uninsured, covered anytime in last 12 months	yes	yes	yes	yes	yes	yes
	UNINPLX	b81	Uninsured, covered in last 12 months, type of	yes	yes	yes	yes	yes	yes
			insurance plan						
	UNINHMO	b82	Uninsured, covered in last 12 months, insurance	yes	yes	yes	yes	yes	yes
			plan was HMO						
	UNINSR1	b84	Reason uninsured: lost job/changed employers	yes	yes	yes	yes	yes	yes
	UNINSR2	b84	Reason uninsured: spouse/parent lost/changed job	yes	yes	yes	yes	yes	yes
	UNINSR3	b84	Reason uninsured: divorced/death of spouse/parent	yes	yes	yes	yes	yes	yes
	UNINSR4	b84	Reason uninsured: ineligible, age/left school	yes	yes	yes	yes	yes	yes
	UNINSR5	b84	Reason uninsured: employer stop offering coverage	yes	yes	yes	yes	yes	yes
	UNINSR6	b84	Reason uninsured: became part time/temporary	yes	yes	yes	yes	yes	yes
	UNINSR7	b84	Reason uninsured: benefits from employer ran out	yes	yes	yes	yes	yes	yes
	UNINSR8	b84	Reason uninsured: cannot afford premiums	yes	yes	yes	yes	yes	yes

Variable name	Variable name	Question	Description	199	6-97	199	8-99	200	0-01
for family-level	for person-	number	•	Public	Restr.	Public	Restr.	Public	Restr.
variables	level variables			Use	Use	Use	Use	Use	Use
	UNINSR9	b84	Reason uninsured: insurance plan raised premiums	yes	yes	yes	yes	yes	yes
	UNINR10	b84	Reason uninsured: insurance co. refused coverage	yes	yes	yes	yes	yes	yes
	UNINR11	b84	Reason uninsured: uninsured, other reason	yes	yes	yes	yes	yes	yes
	UNINR12	b84	Reason uninsured: ineligible/lost public assistance	yes	yes	yes	yes	yes	yes
	UNINR13	b84	Reason uninsured: failed to re -enroll	yes	yes	yes	yes	yes	yes
	UNINR14	b84	Reason uninsured: unhappy with plan	yes	yes	yes	yes	yes	yes
Previous health	insurance								
	PREINSX	b851	Type of previous insurance	yes	PREINS	yes	PREINS	yes	PREINS
	PREHMO	b871	Previous insurance an HMO	yes	yes	yes	yes	yes	yes
	PRECOVX	CV	Previous insurance type hierarchical	yes	PRECOV	yes	PRECOV	yes	PRECOV
	CHGINS1	b881	Change insurance, own/spouse job change	yes	yes	yes	yes	yes	yes
	CHGINS2	b881	Change insurance, employer offerings changed	yes	yes	yes	yes	yes	yes
	CHGINS3	b881	Change insurance, current plan less expensive	yes	yes	yes	yes	yes	yes
	CHGINS4	b881	Change insurance, current plan better services	yes	yes	yes	yes	yes	yes
	CHGINS5	b881	Change insurance, other	yes	yes	yes	yes	yes	yes
	CHGINS6	b881	Change insurance, eligibility status changed	yes	yes	yes	yes	yes	yes
	CHGINS7	b881	Change insurance, not an actual change	yes	yes	yes	yes	yes	yes
	HMOEVR	b921 or b901	Ever enrolled in an HMO	yes	yes	yes	yes	yes	yes
	HMOYRSX	CV	Years enrolled in HMO	yes	yes	yes	yes	yes	yes
Preferences									
	MCHOICE	b951	Willingness to accept limited choice to save money	yes	yes	yes	yes	yes	yes
Insurance denia	ıl								
DENIANY		b98	Anyone in family denied health insurance because of poor health	yes	yes				
	DENHLH	b99	Person denied health insurance because of poor health	yes	yes				

CTS Household Survey Section C: Resource Use

Variable name	Question number	Description	199	6-97	1998-99		2000-01	
		-	Public	Restr.	Public	Restr.	Public	Restr.
			Use	Use	Use	Use	Use	Use
Hospital and emerge	ency room							
HSPSTYN	c121	Number of overnight hospital stays	yes	yes	yes	yes	yes	yes
HSPNODX	CV	Number of overnight hospital stays, excluding childbirth	yes	yes	yes	yes	yes	yes
HSPERX	c151	Number of hospital stays admitted thru emergency room	yes	yes	yes	yes	yes	yes
HSPNITX	c161	Total nights spent in hospital	yes	yes	yes	yes	yes	yes
ERUSENX	c221	Number of emergency room visits without hospital admission	yes	yes	yes	yes	yes	yes
TOTERX	CV	Total number of emergency room visits	yes	yes	yes	yes	yes	yes
Physicians and othe	r medical professionals							
DRVISNX	c311	Number of doctor visits	yes	yes	yes	yes	yes	yes
DPHYEXM	c3p1	Any visits for routine preventive care			yes	yes	yes	yes
DRTNPRM	c3c1	Any visits for check-up for ongoing health problem			yes	yes	yes	yes
MPVISNX	c331	Number of medical professional visits	yes	yes	yes	yes	yes	yes
Surgery								
SURGNX	c421	Total number of surgeries	yes	yes	yes	yes	yes	yes
SURGNTX	c431	Number of surgeries with overnight hospital stay	yes	yes	yes	yes	yes	yes
SURGOPX	CV	Number of outpatient surgeries	yes	yes	yes	yes	yes	yes
Mental health								
MENTAL	c511	Any mental health visits	yes	yes	yes	yes	yes	yes
Home health care								
NURCARE	c521	Any home health visits	yes	yes				
Preventive services								
FLUSHOT	c531	Had flu shot	yes	yes	yes	yes	yes	yes
MAMMGM	c611	Ever had a mammogram	yes	yes	yes	yes	yes	yes
MAMLASX	c621	Time since last mammogram	yes	yes	yes	yes	yes	yes
Unmet need								
UNMET	c811	Did not get needed medical care	yes	yes	yes	yes	yes	yes
PUTOFF	c821	Postponed needed medical care	yes	yes	yes	yes	yes	yes
PUTOFR1	c831	Postponed care, worry about cost	yes	yes	yes	yes	yes	yes
PUTOFR2	c831	Postponed care, would not accept the insurance	yes	yes	yes	yes	yes	yes

CTS Household Survey Section C: Resource Use

Variable name	Question number	Description	199	6-97	1998-99		2000-01	
			Public	Restr.	Public	Restr.	Public	Restr.
			Use	Use	Use	Use	Use	Use
PUTOFR3	c831	Postponed care, health plan would not pay	yes	yes	yes	yes	yes	yes
PUTOFR4	c831	Postponed care, could not get appointment soon	yes	yes	yes	yes	yes	yes
PUTOFR5	c831	Postponed care, can not be at clinic when open	yes	yes	yes	yes	yes	yes
PUTOFR6	c831	Postponed care, takes too long to get to doctor	yes	yes	yes	yes	yes	yes
PUTOFR7	c831	Postponed care, could not get through on telephone	yes	yes	yes	yes	yes	yes
PUTOFR0	c831	Postponed care, other reason to put off care	yes	yes	yes	yes	yes	yes
PUTOFR8	c831	Postponed care, wait in the office too long	yes	yes	yes	yes	yes	yes
PUTOFR9	c831	Postponed care, don't know where to go	yes	yes	yes	yes	yes	yes
PUTOF10	c831	Postponed care, can't get referral from doctor	yes	yes	yes	yes	yes	yes
PUTOF11	c831	Postponed care, other related to health system	yes	yes	yes	yes	yes	yes
PUTOF12	c831	Postponed care, change in health insurance	yes	yes	yes	yes	yes	yes
PUTOF13	c831	Postponed care, other insurance-related problems	yes	yes	yes	yes	yes	yes
PUTOF14	c831	Postponed care, no time/too busy	yes	yes	yes	yes	yes	yes
PUTOF15	c831	Postponed care, can't get off work	yes	yes	yes	yes	yes	yes
PUTOF16	c831	Postponed care, transportation problems	yes	yes	yes	yes	yes	yes
PUTOF17	c831	Postponed care, caring for family members	yes	yes	yes	yes	yes	yes
PUTOF18	c831	Postponed care, too sick	yes	yes	yes	yes	yes	yes
PUTOF19	c831	Postponed care, bad experience with doctor	yes	yes	yes	yes	yes	yes
PUTOF20	c831	Postponed care, didn't think serious enough	yes	yes	yes	yes	yes	yes
PUTOF21	c831	Postponed care, too lazy/procrastinated	yes	yes	yes	yes	yes	yes
UMETMDC	c841	Can't afford needed prescription medicines					yes	yes
GETMED	c90	Easier or harder to get medical care	yes	yes				
Out-of-pocket costs								
MEDCSTA, MEDCSTB	CV	Out-of-pocket medical costs	MEDCSTX	yes	MEDCSTX	yes	MEDCSTX	yes

CTS Household Survey Section D: Usual Source of Care and Patient Trust in Physician

Variable name	Question number	Description	199	6-97	1998-99		2000-01	
			Public	Restr.	Public	Restr.	Public	Restr.
			Use	Use	Use	Use	Use	Use
Usual source of care								
USCARE	d101	Has usual source of care	yes	yes	yes	yes	yes	yes
USCTYPE	d111	Usual source of care type of place	yes	yes	yes	yes	yes	yes
USCPROF	d121	Type of provider at usual source of care	yes	yes	yes	yes	yes	yes
USCSAME	d131	See same provider at usual source of care	yes	yes	yes	yes	yes	yes
USCCHG	d141	Any change in usual source in the last 12 months	yes	yes	yes	yes	yes	yes
USCRCHG	d151	Reason for change in usual source of care	yes	yes	yes	yes	yes	yes
USCRHLH	d161	Insurance reason for change in usual source of care			yes	yes	yes	yes
USCROTH	d171	Other reason for change in usual source of care			yes	yes	yes	yes
USCNOR1	d201	Reason for change: seldom/never sick	yes	yes				
USCNOR2	d201	Reason for change: recently moved into the area	yes	yes				
USCNOR3	d201	Reason for change: usual source not available	yes	yes				
USCNOR4	d201	Reason for change: no insurance	yes	yes				
USCNOR5	d201	Reason for change: other reason	yes	yes				
Patient trust in phys	sician							
DRNOREF	d311	Agreement: Doctor may not refer when needed	yes	yes	yes	yes	yes	yes
DRMETND	d321	Agreement: Doctor puts medical needs first	yes	yes	yes	yes	yes	yes
DRINFLU	d331	Agreement: Doctor influenced by insurance	yes	yes	yes	yes	yes	yes
		company rules					-	1
DRUNNEC	d341	Agreement: Doctor might perform unnecessary	yes	yes	yes	yes	yes	yes
		tests or procedures		-				

Variable name	Question number	Description	199	6-97	1998-99		2000-01	
		•	Public	Restr.	Public	Restr.	Public	Restr.
			Use	Use	Use	Use	Use	Use
Satisfaction with healt	h care							
CRSAFX	CV	Satisfaction with family's health care	yes	yes	yes	yes	yes	yes
Satisfaction with choice	ce of physicians							
DRCHOCX	CV	Satisfaction with choice of primary care doctors	yes	yes	yes	yes	yes	yes
SPNEED	e141	Needed a specialist	yes	yes	yes	yes	yes	yes
SPSEEN	cahps12, kcahps12	Saw a specialist in last 12 months					yes	yes
SPCHOCX	CV	Satisfaction with choice of specialists	yes	yes	yes	yes	yes	yes
Satisfaction with healt	th plan							
RATING	cahps38, kcahps38	Rating for the health plan					yes	yes
Accompanied child								
TAKEID	e16x	Person number of family member who took child to	yes	yes	yes	yes	yes	yes
		doctor						
Health problem or pro	eventive care							
SICKCR	e161	Visited doctor for health problem	yes	yes	yes	yes	yes	yes
CHKASIK	e181	Had visit for health problem, any preventive care	yes	yes	yes	yes	yes	yes
CHECKUP	e201	No visit for health problem, any preventive care	yes	yes	yes	yes	yes	yes
Last physician visit								
DRORSP	e221	Saw doctor or specialist for last visit	yes	yes	yes	yes	yes	yes
LSTYPE	CV	Last visit, sickness or preventive	yes	yes	yes	yes	yes	yes
VISCUR	CV	Last visit, under current insurance plan	yes	yes	yes	yes	yes	yes
LSTUSC	e241	Last visit, to usual place	yes	yes	yes	yes		
LSTUSCA	e241	Last visit, to usual place, adults					yes	yes
LSTOER	E241	Last visit, to an emergency room	yes	yes	yes	yes		
LSTOERA	E241	Last visit, to an emergency room, adults					yes	yes
LSTAPP	e251	Last visit, had appointment	yes	yes	yes	yes		
LSTAPPA	e251	Last visit, had appointment, adults					yes	yes
LSTAPPX	CV	Last visit, time until appointment	yes	yes	LSTAPXX	yes		
LSTATAX	CV	Last visit, time until appointment, adults					LSTATXX	yes
LSTWATX	CV	Last visit, waiting time in doctor's office	yes	yes	yes	yes	yes	yes
LSTRAVX	CV	Last visit, travel time	yes	yes	LSTRAXX	yes	LSTRAXX	yes
LSTHOR	e301	Thoroughness of the exam	yes	yes	yes	yes	yes	yes
LSTLISN	e311	How well doctor listened	yes	yes	yes	yes	yes	yes

Variable name	Question number	Description	199	6-97	1998-99		2000-01	
		•	Public	Restr.	Public	Restr.	Public	Restr.
			Use	Use	Use	Use	Use	Use
LSTEXPL	e321	How well doctor explained	yes	yes	yes	yes	yes	yes
Health status								
GENHLH	CV	General health condition	yes	yes	yes	yes	yes	yes
LMTMACT	e411	Limited in moderate activities	yes	yes	yes	yes	yes	yes
LMTSTR	e421	Limited in climbing stairs	yes	yes	yes	yes	yes	yes
PHYLESS	e431	Accomplished less because of physical health	yes	yes	yes	yes	yes	yes
PHYACT	e441	Physical health limited work	yes	yes	yes	yes	yes	yes
EMOLESS	e451	Accomplished less because of emotional problems	yes	yes	yes	yes	yes	yes
EMOACT	e461	Emotional problems limited work	yes	yes	yes	yes	yes	yes
PAININT	e471	Pain interfered with work	yes	yes	yes	yes	yes	yes
LMTSOC	e481	Physical health or emotional problems interfered socially	yes	yes	yes	yes	yes	yes
FLCALM	e491	Felt calm and peaceful	yes	yes	yes	yes	yes	yes
ENERGY	e501	Had a lot of energy	yes	yes	yes	yes	yes	yes
FLDOWN	e511	Felt downhearted and blue	yes	yes	yes	yes	yes	yes
PCS12	CV	SF-12 Physical Component Summary	yes	yes	yes	yes	yes	yes
MCS12	CV	SF-12 Mental Component Summary	yes	yes	yes	yes	yes	yes
Happiness								
HAPPY	gss157	Overall level of happiness					yes	yes
Chronic conditions	(adults)							
HAVBABY	cc1	Had a baby in last two years				yes		yes
ACNE	cc2a	Saw doctor for acne				yes		
HDACHE	cc2b	Saw doctor for headaches				yes		
UTRNBLD	cc2c	Saw doctor for abnormal uterine bleeding				yes		yes
ALCHPRM	cc2d	Saw doctor for alcohol related problems				yes		
CATRCT	cc3a	Cataracts				yes		
CATRCTX	cc3a	Saw doctor for cataracts				yes		
DIABET	cc3b	Diabetes				yes		yes
DIABETX	cc3b	Saw doctor for diabetes				yes		yes
ARTHRS	сс3с	Arthritis				yes		yes
ARTHRSX	сс3с	Saw doctor for arthritis				yes		yes
RHARTHR	c3AC	Rheumatoid arthritis				yes		
ASTHMA	cc3d	Asthma				yes		yes

Variable name	Question number	Description	199	6-97	1998-99		2000-01	
		^	Public	Restr.	Public	Restr.	Public	Restr.
			Use	Use	Use	Use	Use	Use
ASTHMAX	cc3d	Saw doctor for asthma				yes		yes
COPD	cc3e	Chronic obstructive pulmonary disease				yes		yes
COPDX	cc3e	Saw doctor for chronic obstructive pulmonary				yes		yes
		disease						
ATLFBR	cc3f	Atrial fibrillation				yes		
ATLFBRX	cc3f	Saw doctor for atrial fibrillation				yes		
HYPTEN	cc3g	Hypertension				yes		yes
HYPTENX	cc3g	Saw doctor for hypertension				yes		yes
HICHOL	cc3h	High cholesterol				yes		
HICHOLX	cc3h	Saw doctor for high cholesterol				yes		
HRTDIS	cc3i	Coronary heart disease						yes
HRTDISX	cc3i	Saw doctor for coronary heart disease						yes
ATHRSCL	cc4a	Atherosclerosis				yes		
ATHRSCX	cc4a	Saw doctor for atherosclerosis				yes		
ISCHMC	cc4b	Ischemic heart disease				yes		
ISCHMCX	cc4b	Saw doctor for ischemic heart disease				yes		
ANGINA	cc4c	Angina				yes		
ANGINAX	cc4c	Saw doctor for angina				yes		
CABG	c4ae	Angioplasty				yes		
CHF	cc4d	Congestive heart disease				yes		
CHFX	cc4d	Saw doctor for congestive heart disease				yes		
DIURTC	c4af	Ever taken diuretics for heart condition				yes		
STROKE	cc4e	Stroke				yes		
STROKEX	cc4e	Saw doctor for stroke				yes		
BRTCAN	cc5b	Breast cancer				yes		
BRTCANX	cc5b	Saw doctor for breast cancer				yes		
SKNCAN	cc5c	Skin cancer				yes		yes
SKNCANX	cc5c	Saw doctor for skin cancer				yes		yes
LNGCAN	cc5d	Lung cancer				yes		
LNGCANX	cc5d	Saw doctor for lung cancer				yes		
CLNCAN	cc5e	Colon cancer				yes		
CLNCANX	cc5e	Saw doctor for colon cancer				yes		
PRSCAN	cc5f	Prostate cancer				yes		<u> </u>

Variable name	Question number	Description	199	6-97	1998-99		2000-01	
		•	Public	Restr.	Public	Restr.	Public	Restr.
			Use	Use	Use	Use	Use	Use
PRSCANX	cc5f	Saw doctor for prostate cancer				yes		
PRSBGN	c5f4	Benign prostate disease				yes		yes
PRSBGNX	c5f4	Saw doctor for benign prostate disease				yes		yes
CANCER	cc5h	Cancer other than skin cancer				-		yes
CANCERX	cc5h	Saw doctor for cancer other than skin cancer						yes
HERNIA	ссба	Hernia				yes		
HERNIAX	ссба	Saw doctor for hernia				yes		
ULCER	ссбь	Ulcer				yes		
ULCERX	ссбь	Saw doctor for ulcer				yes		
GASTRS	сс6с	Gastritis				yes		
GASTRSX	сс6с	Saw doctor for gastritis				yes		
HIV	cc6d	HIV or AIDS				yes		
HIVX	cc6d	Saw doctor for HIV or AIDS				yes		
DPRESN	ссбе	Depression				yes		yes
DPRESNX	ссбе	Saw doctor for depression				yes		yes
MEDPROB	cc7	Any doctor visit for serious medical problem						yes
Smoking								
TAKRISK	e521	Risk-taker	yes	yes	yes	yes	yes	yes
SMKEVR	e601	Smoked 100 or more cigarettes in lifetime	yes	yes	yes	yes	yes	yes
SMKNOW	e611	Current level of smoking	yes	yes	yes	yes	yes	yes
SMKNUM	e621	Smoke everyday: number of cigarettes per day	yes	yes	yes	yes	yes	yes
SMKDAYS	e631	Smoke some days: number of days smoked in past month	yes	yes	yes	yes	yes	yes
SMKNDAY	e641	Smoke some days: number of cigarettes per day	yes	yes	SMKNDAX	yes	SMKNDAX	yes
SMKQUIT	e651	How long since quitting smoking	yes	yes	yes	yes	yes	yes
SMKTRYQ	e661	Tried to quit in last 12 months	yes	yes	yes	yes	yes	yes
SMKADV	e671	Doctor's advice to quit smoking	yes	yes	yes	yes		
Chronic conditions ((children)	•				•		
KACNE	ee2a	Saw doctor for acne				yes		
KHDACHE	ee2b	Saw doctor for headaches				yes		
KEARINF	ee2c	Saw doctor for four or more ear infections				yes		yes
KEARTUB	ee3	Ever had tube placed in ears				yes		
KSCKLE	ee4a	Sickle cell disease				yes		

Variable name	Question number	Description	199	6-97	199	8-99	2000-01	
		•	Public Use	Restr. Use	Public Use	Restr. Use	Public Use	Restr. Use
KSCKLEX	ee4a	Saw doctor for sickle cell disease				yes		
KTB	ee4b	Tuberculosis				yes		
KTBX	ee4b	Saw doctor for tuberculosis				yes		
KASTHMA	ee4c	Asthma				yes		yes
KASTHMX	ee4c	Saw doctor for asthma				yes		yes
KADHA	ee4d	Attention deficit hyperactivity disorder (ADHD)				yes		yes
KADHAX	ee4d	Saw doctor for ADHD				yes		yes
KDIABT	ee4e	Diabetes				yes		
KDIABTX	ee4e	Saw a doctor for diabetes				yes		
KMORECR	ee5	Child needs more medical care than is usual						yes
KLONGCR	ee5a	Child's high health care needs last at least 12 months						yes
Consumer informat	tion seeking				•			
GETINF1	ra34, ra34c	Obtained health information on the internet					yes	yes
GETINF2	ra34, ra34c	Obtained health information from friends					yes	yes
GETINF3	ra34, ra34c	Obtained health information from TV or radio					yes	yes
GETINF4	ra34, ra34c	Obtained health information from books or magazines					yes	yes
GETINF5	ra34, ra34c	Obtained health information from other source (excluding doctor, health care professional, or health care organization)					yes	yes
GETINF6	ra34, ra34c	Obtained health information from health care professional (not doctor)					yes	yes
GETINF7	ra34, ra34c	Obtained health information from health care organization					yes	yes
DRINF	ra36, ra36c	Mentioned medical information to doctor					yes	yes
TESTINF	ranew, newrac	Doctor acted because of patient information					yes	yes

CTS Household Survey
Section F: Employment and Employer Insurance Offering

Variable name	Question number	Description	1996-97		1998-99		2000-01	
			Public Use	Restr. Use	Public Use	Restr. Use	Public Use	Restr. Use
Employment	·							
HAVEBUS	f101	Have a business or farm	yes	yes	yes	yes	yes	yes
WRKPAY	f111	Worked for pay last week	yes	yes	yes	yes	yes	yes
WORK2ND	f121	Worked more than one job last week	yes	yes	yes	yes	yes	yes
HRSWKX	f131	Hours per week at (main) job	yes	yes	yes	yes	yes	yes
HRWK2NX	f141	Hours per week at second job	yes	yes	yes	yes	yes	yes
EMPTYPX	f201	Type of employer	yes	yes	yes	yes	yes	yes
FIRMSZX	CV	Number of employees at all locations	yes	yes	yes	yes	yes	yes
WAGEHRX	CV	Hourly wage	yes	yes	yes	yes	yes	yes
INDSTRY	CV	Type of industry	yes	yes	yes	yes	yes	yes
Employer insurance	offering							
INSMJOB	f401	Get insurance from main job	yes	yes	yes	yes	yes	yes
EMPOFER	f501	Employer offers insurance	yes	yes	yes	yes	yes	yes
ELIGIB	f511	Employer insurance, eligibility	yes	yes	yes	yes	yes	yes
ELUNINS	f521	Employer insurance, reason for not participating (if eligible and uninsured)	yes	yes	yes	yes	yes	yes
INELIGR	f531	Employer insurance, reason ineligible	yes	yes	yes	yes	yes	yes
EMPMULT	f541	Employer offers multiple plans	yes	yes	yes	yes	yes	yes
ЕМРНМО	f551	Employer offers an HMO plan	yes	yes	yes	yes	yes	yes
EMPBOTH	f561	Employer offers nonHMO plan	yes	yes	yes	yes	yes	yes
OFRERED	CV	Employer insurance offer	yes	yes	yes	yes	yes	yes
OFRMULT	CV	Employer offers multiple plans	yes	yes	yes	yes	yes	yes
OFRHMO	CV	Employer offers an HMO plan	yes	yes	yes	yes	yes	yes
OFRNHMO	CV	Employer offers nonHMO plan	yes	yes	yes	yes	yes	yes
OFRBOTH	CV	Employer offers HMO and nonHMO	yes	yes	yes	yes	yes	yes

CTS Household Survey Section G: Income and Race

Variable name	Question number	Description	1996-97		1998-99		2000-01				
			Public	Restr.	Public	Restr.	Public	Restr.			
			Use	Use	Use	Use	Use	Use			
Family income											
FAMINCX	CV	Annual family income	yes	yes	yes	yes	yes	yes			
CENSINX	CV	Annual Census family income	yes	yes	yes	yes	yes	yes			
POVLEV	CV	Census family poverty level	yes	yes	yes	yes	yes	yes			
Race and ethnicity											
HISPAN	g20 or g201	Hispanic origin	yes	yes	yes	yes	yes	yes			
RACEX	CV	Race, 3 category	yes	yes	yes	yes	yes	yes			
RACEREX	CV	Race, 4 category	yes	yes	yes	yes	yes	yes			

Appendix D

Sample SUDAAN
Procedure Statements

SAMPLE SUDAAN PROCEDURE STATEMENTS

There are a number of releases of the SUDAAN software, running on several different platforms. Although the same procedure statements are used, there can be enhancements or subtle differences from one release to the next, particularly in reading and writing external data files. The statements displayed in the examples in this appendix are tailored for SUDAAN Release 8.01, SAS-Callable for Windows. The user should take this into consideration when using these examples or parts of these examples verbatim.

The example procedures represent relatively simple, straightforward applications. The options (various parameters, test statistics, etc.) in the sample programs may not be suitable for all your needs. Likewise, particular types of analyses may require options that are not displayed in the sample program statements. Our intention is not to suggest analytical approaches but to provide the key parameters that capture the relevant characteristics of the sample design. These parameters are found in the SUDAAN design, weight, nest, totcnt, and jointprob statements. In addition, the examples are limited to simple descriptive procedures for producing means or percentages. The same sample design parameters used for descriptive procedures are used for more complex estimation procedures such as regression or logit.

The CTS Household Survey is made up of several samples, each of which can be used for certain types of analyses. Each sample requires different sample design statements and weights. The user is encouraged to review Tables 3.2 and 3.3 from Chapter 3, which indicate the appropriate weights for person- and family-level analyses. Table 4.1 from Chapter 4 explains how to choose the design variables appropriate for each sample. The sample design statements used in SUDAAN are consistent within samples regardless of the unit of analysis. That is, person-level estimates and family-level estimates require different weights but share the same sample design statements.

Separate person- and family-level examples are provided for the following five samples:

- Site-specific estimates based on the augmented sample. The examples assume that the input file, ASITES, consists of all records with SITEID>0 and is sorted by the variables appearing in the NEST statement (SITE_STR, FSUX). The sample would include 56,343 persons or 30,855 families if producing family-level estimates.
- National estimates based on the site sample. The examples assume
 that the input file, NSITES, consists of all records with SITE>0 and is
 sorted by the variables appearing in the NEST statement (PSTRATA,
 PPSU, SECSTRA, NFSUX). The sample would include 54,037 persons
 or 29,574 families if producing family-level estimates.

- National estimates based on the supplemental sample. The examples assume that the input file, SUPP, consists of all records with SITE=0 and is sorted by the variables appearing in the NEST statement (STRATUM, NFSUX). The sample would include 5,688 persons or 3,095 families if producing family-level estimates.
- National estimates based on the combined sample. The examples assume that the input file, SITESUPP, consists of all records on the data file and is sorted by the variables appearing in the NEST statement (PSTRATA, PPSU, SECSTRA, NFSUX). The sample would include 59,725 persons or 32,669 families if making family-level estimates.
- National estimates based on the augmented site sample. The
 examples assume that the input file, NASITES, consists of all records with
 SITEID>0 and is sorted by the variables appearing in the NEST statement
 (PSTRATAH, PPSUH, SECSTRAH, NFSUHX). The sample would
 include 56,343 persons or 30,855 families if producing family-level
 estimates.

Preprocessing or recoding may be required for some variables because of missing or nonpositive data. Missing data in CTS files are assigned an applicable negative value (ex.: "-9 Not Ascertained," see Section 6.3 - Variable Coding Conventions). Classification (SUBGROUP) variables with zero or negative values will be treated by SUDAAN as missing and dropped from the procedure. This does not hold true for analysis variables (VAR) where zero or negative values are valid. Records with zero weights will automatically be excluded from estimates produced in SUDAAN procedures.

In using SUDAAN, the full sample should be processed even when analyses are limited to subgroups or subpopulations. This is to ensure the correct computation of the sampling variance. The SUDAAN statement SUBPOPN should be used to identify the specific analytic subpopulation of interest. The sampling variance estimates SUDAAN computes may be wrong if the file is reduced to a specific subpopulation prior to running the procedure.

¹ Note that you can create a file that excludes those cases not in the sample you have chosen to analyze. For example, when you are using the augmented site sample, cases with SITEID=0 can be excluded but your file should include all cases that are part of the augmented sample (SITEID>0). Removing the out-of-sample cases is optional, as these cases will have a value of zero for the weight you will be using and SUDAAN will ignore them as part of the design.

Some of the SUDAAN examples use the DDF option, which overrides the default denominator degrees of freedom. We recommend that you use this option when running significance tests on national estimates based on the site sample, national estimates based in the augmented site sample, or national estimates based on the combined sample. In SUDAAN, the default denominator degrees of freedom is the difference between the number of PSUs and the number of first stage strata, which is appropriate for most surveys. Because the CTS design includes some sites with certainty, the SUDAAN default count is substantially smaller than the actual count for these national estimates. This undercount would result in significance tests that would be too conservative (that is, that do not reject the null hypothesis often enough). We included the DDF option in four of the generic examples to provide researchers with an approximation of the true degrees of freedom that will be valid for most significance tests. The DDF for the full sample is also appropriate for analyses of subpopulations, because the full design is being utilized in the sampling variance computation.

1. Person-Level Estimates

The examples in this section are appropriate for person-level analyses.

1.1 Site-Specific Estimates Based on the Augmented Sample

This example estimates the percentage of persons covered by Medicare (MCARE) within each of the 12 high-intensity sites. Standard errors of the percentages, unweighted and weighted population counts, and sample design effects are also included in the output. Note that MCARE, a "0/1" dichotomous variable, has been recoded to "1/2" to conform to SUDAAN conventions for SUBGROUP variables. Also, the SUBPOPN statement is used to identify the high-intensity site subpopulation within the overall augmented sample.

```
proc crosstab data=asites design=wr;
    subpopn (1<=siteid) & (siteid<=12) / name="High Intensity Sites Only";
    nest site_str fsux / missunit;
    weight wtperl;
    subgroup siteid mcare;
    recode mcare=(0 1);
    levels 12 2;
    tables siteid*mcare;
    rformat siteid siteid.;
    print nsum wsum rowper serow deffrow / style=nchs
        wsumfmt=f10.0 rowperfmt=f8.2 serowfmt=f8.2 deffrowfmt=f8.4;
    rtitle "Augmented Site Estimates";</pre>
```

1.2 National Estimates from the Site Sample

This example estimates the mean number of doctor visits (DRVISNX) and hospital stays (HSPSTYN) by race (RACEREX). Standard errors of the means, population counts, and sample design effects are also included in the output.

```
proc descript data=nsites design=uneqwor ddf=6500;
   nest pstrata ppsu secstra nfsux / missunit;
   totcnt pstrtot3 _zero_ _minus1_ _zero_;
   jointprob plx p2x p3x p4x p5x p6x p7x;
   weight wtper2;
   subgroup racerex;
   levels 4;
   var drvisnx hspstyn;
   rformat racerex racerex.;
   print nsum wsum mean semean deffmean / style=nchs
        wsumfmt=f10.0 meanfmt=f8.4 semeanfmt=f8.4 deffmeanfmt=f8.4;
   rtitle "National Estimates from the Site Sample";
```

1.3 National Estimates from the Supplemental Sample

This example estimates the mean number of emergency room visits (ERUSENX) for persons covered by Medicaid (MCAID=1). Standard errors, population counts, and design effects are also included in the output.

```
proc descript data=supp design=wr;
  nest stratum nfsux / missunit;
  weight wtper3;
  subgroup mcaid;
  recode mcaid=(0 1);
  levels 2;
  var erusenx;
  print nsum wsum mean semean deffmean / style=nchs
     wsumfmt=f10.0 meanfmt=f8.2 semeanfmt=f8.4 deffmeanfmt=f8.4;
  rtitle "National Estimates from the Supplemental Sample";
```

1.4 National Estimates from the Combined Sample

This example estimates the percentage of persons who did not get needed medical care (UNMET) or who put off getting needed medical care (PUTOFF), by general health status (GENHLH). Standard errors, population counts, and design effects are also included in the output.

```
proc crosstab data=sitesupp design=uneqwor ddf=6500;
   nest pstrata ppsu secstra nfsux / missunit;
   totcnt pstrtot3 _zero_ _minus1_ _zero_;
   jointprob plx p2x p3x p4x p5x p6x p7x;
   weight wtper4;
   subgroup genhlh unmet putoff;
   recode unmet=(0 1) putoff=(0 1);
   levels 5 2 2;
   tables genhlh*(unmet putoff);
   rformat genhlh genhlh.;
   print nsum wsum rowper serow deffrow / style=nchs
        wsumfmt=f10.0 rowperfmt=f8.2 serowfmt=f8.2 deffrowfmt=f8.4;
   rtitle "National Estimates from the Combined Sample";
```

1.5 National Estimates from the Augmented Site Sample

This example estimates mean doctor visits (DRVISNX) and hospital stays (HSPSTYN) by insurance type (INSTYPE), using the weight for producing national estimates from the augmented site sample. The SUBPOPN statement is used to further restrict the analytical sample to persons covered by Medicare. Standard errors of the means, population counts, and sample design effects are also included in the output.

```
proc descript data=nasites design=uneqwor ddf=6500;
    subpopn siteid>0 & mcare=1 /
        name="Augmented Site Sample, Medicare Enrollees";
    nest pstratah ppsuh secstrah nfsuhx / missunit;
    totcnt pstrtoth _zero_ _minusl_ _zero_;
    jointprob p1h p2h p3h p4h p5h p6h p7h;
    weight wtper5;
    subgroup instype;
    levels 3;
    var drvisnx hspstyn;
    rformat instype instype.;
    print nsum wsum mean semean deffmean / style=nchs
        wsumfmt=f10.0 meanfmt=f8.2 semeanfmt=f8.2 deffmeanfmt=f8.4;
    rtitle "National Estimates from the Augmented Site Sample";
```

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2. Family-Level Estimates

The following examples are based on the use of a family-level input file. The user is encouraged to review the discussion in Section 5.4 from Chapter 5, which provides suggestions for converting a person-level file to the family level and on summarizing person-level responses at the family level.

2.1 Site-Specific Estimates Based on the Augmented Sample

This example provides percentage estimates displaying total family out-of-pocket medical costs, grouped into five categories (MEDCSTX), for each of the 60 sites. Standard errors of the percentages, population counts, and design effects are also included in the output.

```
proc crosstab data=asites design=wr;
  nest site_str fsux / missunit;
  weight wtfam1;
  subgroup siteid medcstx;
  levels 60 5;
  tables siteid*medcstx;
  rformat siteid siteid.;
  rformat medcstx medcstx.;
  print nsum wsum rowper serow deffrow / style=nchs
      wsumfmt=f10.0 rowperfmt=f8.2 serowfmt=f8.2 deffrowfmt=f8.4;
  rtitle "Family-Level Augmented Site Estimates";
```

2.2 National Estimates from the Site Sample

This example produces percentage estimates displaying the family informant's satisfaction with health care, grouped into 5 categories (CRSAFX), for families with any Medicaid coverage. Standard errors of the percentages, population counts, and sample design effects are also included in the output.

```
proc crosstab data=nsites design=uneqwor ddf=6500;
  nest pstrata ppsu secstra nfsux / missunit;
  totcnt pstrtot3 _zero_ _minus1_ _zero_;
  jointprob p1x p2x p3x p4x p5x p6x p7x;
  weight wtfam2;
  subgroup fmcaid crsafx;
  recode fmcaid=(0 1);
  levels 2 5;
  tables fmcaid*crsafx;
  rformat crsafx crsafx.;
  print nsum wsum rowper serow deffrow / style=nchs
      wsumfmt=f10.0 rowperfmt=f8.4 serowfmt=f8.4 deffrowfmt=f8.4;
  rtitle "Family-Level National Estimates from the Site Sample";
```

2.3 National Estimates from the Supplemental Sample

This example produces percentage estimates displaying family structure (FAMTYPX) for families with any Medicaid coverage (FMCAID=1). Standard errors, population counts, and design effects are also be included in the output.

```
proc crosstab data=supp design=wr;
  nest stratum nfsux / missunit;
  weight wtfam3;
  subgroup fmcaid famtypx;
  recode fmcaid=(0 1);
  levels 2 5;
  tables fmcaid*famtypx;
  print nsum wsum rowper serow deffrow / style=nchs
    wsumfmt=f10.0 rowperfmt=f8.2 serowfmt=f8.2 deffrowfmt=f8.4;
  rtitle "Family-Level National Estimates from the Supplemental Sample";
```

2.4 National Estimates from the Combined Sample

This example estimates mean family income (FAMINCX) for families with any Medicaid coverage (FMCAID=1). Standard errors, population counts, and design effects are also included in the output. FAMINCX will require recoding, since a number of families were assigned negative values ("-5, top-code") for confidentiality reasons.

```
proc descript data=sitesupp design=uneqwor ddf=6500;
   nest pstrata ppsu secstra nfsux / missunit;
   totcnt pstrtot3 _zero_ _minusl_ _zero_;
   jointprob plx p2x p3x p4x p5x p6x p7x;
   weight wtfam4;
   subgroup fmcaid;
   recode fmcaid=(0 1);
   levels 2;
   var famincx;
   print nsum wsum mean semean deffmean / style=nchs
        wsumfmt=f10.0 meanfmt=f8.2 semeanfmt=f8.2 deffmeanfmt=f8.4;
   rtitle "Family-Level National Estimates from the Combined Sample";
```

2.5 National Estimates from the Augmented Site Sample

This example produces percentage estimates displaying the family informant's satisfaction with health care (CRSAFX), by a flag for families with any employment-related coverage. Standard errors of the percentages, population counts, and sample design effects are also included in the output.

```
proc crosstab data=nasites design=uneqwor ddf=6500;
   nest pstratah ppsuh secstrah nfsuhx / missunit;
   totcnt pstrtoth _zero_ _minusl_ _zero_;
   jointprob p1h p2h p3h p4h p5h p6h p7h;
   weight wtfam5;
   subgroup fprvjob crsafx;
   recode fprvjob=(0 1);
   levels 2 5;
   tables fprvjob*crsafx;
   rformat crsafx crsafx.;
   print nsum wsum rowper serow deffrow / style=nchs
        wsumfmt=f10.0 rowperfmt=f8.4 serowfmt=f8.4 deffrowfmt=f8.4;
   rtitle "Family-Level National Estimates from the Augmented Site Sample";
```

Appendix E

Construction of "WR" Sampling Parameters for the CTS Household Survey

Construction of "WR" Sampling Parameters for the CTS Household Survey

As described in Chapter 4 of the user's guide, the public use and restricted data files for the 2000-01 Household Survey contain sampling parameters for calculating national estimates with some software packages other than SUDAAN. These "with-replacement" (WR) sampling parameters are designed for use with software packages that are able to make national estimates from the CTS data only under the assumption of with-replacement sampling (such as the procedures in Stata and SAS for analyzing data from complex surveys). As indicated in the tables below, the WR parameters were constructed from the SUDAAN sampling parameters that are included on the CTS Household Survey data files.

If you would like WR sampling parameters for data from the 1996-97 and/or 1998-99 CTS Household Survey, then you will need to construct them from the SUDAAN parameters that are already on those data files. The definitions are the same as indicated below for the 2000-01 data. More guidance on how to construct the new parameters is provided in an appendix to the report comparing the use of SUDAAN and other statistical software for the analysis of the CTS data. ¹

STRATAWR and PSUWRX (used for national estimates from the site sample and combined sample)

PSTRATA	STRATAWR	PSUWRX
1 - 9	(pstrata * 10) + secstra	nfsux
10 – 18	pstrata * 10	ppsu
19	pstrata * 10	nfsux
20	pstrata * 10	ppsu
30	(pstrata * 10) + secstra	nfsux

PSTRHWR and PPSUHWRX (used for national estimates from the augmented site sample)

SITEID	PSTRATAH	PSTRHWR	PPSUHWRX
0	n.a.	n.a.	n.a.
1 – 60	1 – 9	(pstratah * 10) + secstrah	nfsuhx
1 – 60	10 – 18	pstratah * 10	ppsuh
1 – 60	19	pstratah * 10	nfsuhx
1 – 60	20	pstratah * 10	ppsuh
1 – 60	30	(pstratah * 10) + secstrah	nfsuhx

n.a. = not applicable (because not in augmented site sample)

¹ Potter, F., et al., *Comparison of Statistical Software Packages for Variance Estimation in the CTS Surveys*, HSC Technical Publication No. 40, Center for Studying Health System Change, Washington, D.C. (May 2003).

Appendix F Sample Stata and SAS Statements

SAMPLE STATA AND SAS STATEMENTS

This appendix provides basic person-level examples to illustrate the use of Stata and SAS with the "with-replacement" (WR) parameters (see Chapter 4, Table 4.3).

There are a number of releases of Stata and SAS software, running on several different platforms. Although the same statements are used, there can be enhancements or subtle differences from one release to the next. The statements displayed in the examples in this appendix are tailored for Stata Release 8.0 and SAS Release 8.2. The user should take this into consideration when using these examples or parts of these examples verbatim.

The CTS Household Survey is made up of several samples, each of which can be used for certain types of analyses. Each sample requires different sample design statements and weights. The user is encouraged to review Tables 3.2 and 3.3 from Chapter 3, which indicate the appropriate weights for person- and family-level analyses. Table 4.3 from Chapter 4 explains how to choose the design variables appropriate for each sample. The sample design statements are consistent within samples regardless of the unit of analysis. That is, person-level estimates and family-level estimates require different weights but share the same sample design statements.

Person-level examples are provided for the following five samples:

- *Site-specific estimates based on the augmented sample*. The example assumes that the input file, ASITES, consists of all records with SITEID>0. The sample would include 56,343 persons.
- National estimates based on the site sample. The example assumes that the input file, NSITES, consists of all records with SITE>0. The sample would include 54,037 persons.
- *National estimates based on the supplemental sample*. The example assumes that the input file, SUPP, consists of all records with SITE=0. The sample would include 5,688 persons.
- *National estimates based on the combined sample*. The example assumes that the input file, SITESUPP, consists of all records on the data file. The sample would include 59,725 persons.
- *National estimates based on the augmented site sample*. The example assumes that the input file, NASITES, consists of all records with SITEID>0. The sample would include 56,343 persons.

In using Stata and SAS, the full sample should be processed even when analyses are limited to subgroups or subpopulations.¹ This is to ensure the correct computation of the sampling variance. The sampling variance estimates may be wrong if the file is reduced to a specific subpopulation.

¹ Note that you can create a file that excludes those cases not in the sample you have chosen to analyze. For example, when you are using the augmented site sample, cases with SITEID=0 can be excluded but your file should include all cases that are part of the augmented sample (SITEID>0). Removing the out-of-sample cases is optional, as these cases will have a value of zero for the weight you will be using and Stata and SAS will ignore them as part of the design.

Site-Specific Estimates Based on the Augmented Sample

This example estimates the mean number of doctor visits (DRVISNX), hospital stays (HSPSTYN), and emergency room visits (ERUSENX), for each of the 60 augmented sites (SITEID). Standard errors of the means and unweighted and weighted population counts are also included in the output.

```
Stata

use "c:\data\asites.dta";

svyset [pweight=wtper1], strata(site_str) psu(fsux);

svymean drvisnx hspstyn erusenx, by(siteid) obs size;

SAS

proc surveymeans data=asites nobs sumwgt mean stderr;

domain siteid;

stratum site_str;

cluster fsux;

weight wtper1;

var drvisnx hspstyn erusenx;
```

National Estimates from the Site Sample

This example estimates the mean number of doctor visits (DRVISNX), hospital stays (HSPSTYN), and emergency room visits (ERUSENX), by race (RACEREX). Standard errors of the means and unweighted and weighted population counts are also included in the output.

```
Stata

use "c:\data\nsites.dta";

svyset [pweight=wtper2], strata(stratawr) psu(psuwrx);

svymean drvisnx hspstyn erusenx, by(racerex) obs size;

SAS

proc surveymeans data=nsites nobs sumwgt mean stderr;

domain racerex;

stratum stratawr;

cluster psuwrx;

weight wtper2;

var drvisnx hspstyn erusenx;
```

National Estimates from the Supplemental Sample

This example estimates the mean number of doctor visits (DRVISNX), hospital stays (HSPSTYN), and emergency room visits (ERUSENX), by race (RACEREX). Standard errors of the means and unweighted and weighted population counts are also included in the output.

```
Stata

use "c:\data\supp.dta";

svyset [pweight=wtper3], strata(stratum) psu(nfsux);

svymean drvisnx hspstyn erusenx, by(racerex) obs size;

SAS

proc surveymeans data=supp nobs sumwgt mean stderr;

domain racerex;

stratum stratum;

cluster nfsux;

weight wtper3;

var drvisnx hspstyn erusenx;
```

National Estimates from the Combined Sample

This example estimates the mean number of doctor visits (DRVISNX), hospital stays (HSPSTYN), and emergency room visits (ERUSENX), by race (RACEREX). Standard errors of the means and unweighted and weighted population counts are also included in the output.

```
Stata

use "c:\data\sitesupp.dta";

svyset [pweight=wtper4], strata(stratawr) psu(psuwrx);

svymean drvisnx hspstyn erusenx, by(racerex) obs size;

SAS

proc surveymeans data=sitesupp nobs sumwgt mean stderr;

domain racerex;

stratum stratawr;

cluster psuwrx;

weight wtper4;

var drvisnx hspstyn erusenx;
```

National Estimates from the Augmented Site Sample

This example estimates the mean number of doctor visits (DRVISNX), hospital stays (HSPSTYN), and emergency room visits (ERUSENX), by race (RACEREX). Standard errors of the means and unweighted and weighted population counts are also included in the output.

```
Stata

use "c:\data\nasites.dta";
svyset [pweight=wtper5], strata(pstrhwr) psu(ppsuhwrx);
svymean drvisnx hspstyn erusenx, by(racerex) obs size;

SAS

proc surveymeans data=nasites nobs sumwgt mean stderr;
domain racerex;
stratum pstrhwr;
cluster ppsuhwrx;
weight wtper5;
var drvisnx hspstyn erusenx;
```