

August 11, 2014

Aligning Forces for Quality (AF4Q) Consumer Survey 2.2

Final Methodology Report

Submitted To

Penn State University

The Center for Health Care and Policy Research

Attn: Dr. Dennis Scanlon

504 Ford Building

University Park, PA 16802

Telephone: (814) 865-1925

E-mail: dxs62@psu.edu

Submitted By

RTI International

P.O. Box 12194

Research Triangle Park, NC 27709-2194

Telephone: (919) 541-6000

RTI Project Point of Contact

David J. Roe

Telephone: (919) 541-6895

Fax: (919) 541-6178

E-mail: droe@rti.org

Table of Contents

| | |
|---|----|
| 1. Introduction..... | 3 |
| 1.1 Background..... | 3 |
| 1.2 AF4Q 2.2..... | 3 |
| 2. Sample Design..... | 4 |
| 2.1 Panel Sample..... | 4 |
| 2.2 ABS Sample..... | 4 |
| 3. Survey Data Collection..... | 8 |
| 3.1 Instrumentation..... | 8 |
| 3.2 Respondent Communication..... | 8 |
| 3.3 Initial Contact, Respondent Selection and Screening..... | 9 |
| 3.3.1 Panel Component Selection and Screening..... | 9 |
| 3.3.2 ABS Component Selection and Screening..... | 9 |
| 3.4 Incentives..... | 10 |
| 3.5 Quality Control..... | 10 |
| 3.5.1 Interviewer Training..... | 10 |
| 3.5.2 Interviewer Monitoring, Feedback and Supervision..... | 11 |
| 3.5.3 Nonresponse and Refusal Conversion..... | 11 |
| 3.6 Errors in Panel Sample Assembly and Resulting Work Stoppage..... | 12 |
| 4. Outcomes, Dispositions and Response Rates..... | 13 |
| 4.1 Panel Sample..... | 13 |
| 4.2 ABS Sample..... | 13 |
| 5. Procedure for Developing Sampling Weights..... | 17 |
| 5.1 Panel Weights..... | 17 |
| 5.2 ABS Weights:..... | 18 |
| 5.3 Screener Weights..... | 18 |
| 5.3.1 Step 1: calculate design-based weights:..... | 18 |
| 5.3.2 Step 2: Classify each sampled phone number based on eligibility and response status:..... | 19 |
| 5.3.3 Step 3: Calculate an e-factor within each market:..... | 20 |
| 5.3.4 Step 4: Adjust weights for eligibility:..... | 20 |
| 5.3.5 Step 5: Adjust weights for nonresponse:..... | 20 |
| 5.3.6 Step 6: Adjust weights for number of eligibles in the household:..... | 21 |
| 5.3.7 Step 7: Poststratify weights to known population totals..... | 21 |
| 5.4 Interview Weights..... | 23 |
| 5.4.1 Step 1: Classify screener completes based on interview eligibility and response status:..... | 23 |
| 5.4.2 Step 2: Calculate sub-sampling adjustment:..... | 24 |
| 5.4.3 Step 3: Adjust weights for nonresponse:..... | 24 |
| 6. Assessing Nonresponse Bias..... | 25 |
| 6.1 AF4Q 2.2 Panel Sample..... | 25 |

| | |
|---|-----|
| 7. References..... | 28 |
| Appendix A - AF4Q 2.0 Markets..... | 29 |
| Appendix B - AF4Q 2.0 Survey Instrument | 31 |
| Appendix C - AF4Q 2.2 Letters..... | 99 |
| Appendix D - Panel Response Rates by Round 1 Outcomes..... | 107 |
| Appendix E - Final Dispositions for all RDD Cases by Market | 110 |
| Appendix F - Comparison of AF4Q Unweighted and Weighted Screener Items with Control Totals (Census and ACS)..... | 112 |

1. Introduction

The report that follows covers the operational methodology of the conduct of Aligning Forces for Quality (AF4Q) Consumer Survey, Version 2.2. Subsequent sections focus on study background, sampling, survey administration, dispositions and response rates, weighting procedures and an assessment of nonresponse bias.

1.1 Background

Aligning Forces for Quality is a national program of the Robert Wood Johnson Foundation (RWJF) designed to help communities dramatically improve the quality of the health care they provide.

The AF4Q specifically aims to align three key drivers of quality improvement:

1. Performance measurement and public reporting
2. Capacity for quality improvement
3. Consumer engagement

In the first year of the program a baseline consumer survey (AF4Q 1.1) was administered to provide information on the current level of consumer engagement in fifteen AF4Q communities as well as a national comparison sample made up of consumers who did not reside in AF4Q communities. The survey utilized a Random Digit Dial (RDD) approach with a screener to arrive at a sample of adult-aged individuals with one of more of the following chronic illnesses: asthma, diabetes, coronary heart disease, hypertension, and depression. Baseline data collection was conducted between July 2007 and August 2008. Further baseline assessment of the initiative was conducted in 2010 as AF4Q 1.2 in three new AF4Q communities:

1. Albuquerque, NM,
2. Boston, MA, and
3. Central Indiana

Between July 2011 and November 2012, RTI International played a key role in managing and conducting the second round data of collection in the original 15 sites participating in the AF4Q initiative and a national comparison sample (AF4Q 2.1). AF4Q 2.1 consisted of two main data collection efforts: 1) A longitudinal panel survey of all available round 1 respondents across the 15 communities plus the national comparison sample who agreed to be re-contacted and interviewed in the future. 2) A Random Digit Dial (RDD) survey of new respondents to the AF4Q selected via a dual-frame design that incorporated landline and cell phone numbers.

From March 2013 to June 2014¹, the evaluation of this important initiative continued for Albuquerque, NM, Boston, MA, and Central Indiana in AF4Q 2.2.

1.2 AF4Q 2.2

In 2013 the AF4Q evaluation team, led by Dr. Dennis Scanlon of the Penn State University's Center for Health Care and Policy Research (CHCPR) contracted with RTI International (RTI) to conduct AF4Q 2.2, providing another opportunity to continue to gather information on respondents in the three AF4Q 1.2 communities while conducting a pre-post comparison of the effectiveness of the AF4Q initiative with a panel sample of those respondents who completed the baseline survey in 2010 and agreed to a future follow-up. In addition to following up with the respondents to AF4Q 1.2, RTI interviewed a sample of new respondents selected via address-based sampling (ABS) and by telephone.

¹ The AF4Q 2.2 field period includes a field stoppage from October 2013 to April 2014 as described in section 3.6.

2. Sample Design

As noted in section 1.2, there were two components to the AF4Q 2.2 data collection. The first was a panel component which was a follow-up of respondents from the AF4Q 1.2 survey. The second component was comprised of new samples from the three AF4Q 1.2 markets surveyed at baseline, selected via address-based sampling (ABS). The target population for this study consists of adult-aged chronically-ill consumers of healthcare residing in the three AF4Q markets. Chronically ill conditions include asthma, diabetes, coronary heart disease, hypertension, and depression. Further details about the Panel and ABS samples are contained in the sections below.

2.1 Panel Sample

For the panel component of the survey, respondents from the AF4Q 1.2 data collection who agreed to a follow-up were sampled and contacted for the AF4Q 2.2. Respondents willing to participate in the follow-up were interviewed regardless of where they currently reside or their current chronic conditions or care. The only respondents ineligible for the AF4Q 2.2 were those who were either institutionalized or deceased. **Table 1** presents the number of AF4Q 1.2 and AF4Q 2.2 panel full and partial completes by market.

Table 1: AF4Q 1.2 and 2.2 Panel Completes by Market

| Community | AF4Q 1.2 | | | AF4Q 2.2 (Panel) | | |
|--------------|--------------|----------|--------------|------------------|-----------|------------|
| | Full | Partial | Total | Full | Partial | Total |
| Albuquerque | 639 | 0 | 639 | 238 | 3 | 241 |
| Boston | 608 | 0 | 608 | 252 | 4 | 256 |
| Indianapolis | 652 | 0 | 652 | 271 | 5 | 276 |
| Total | 1,899 | 0 | 1,899 | 761 | 12 | 773 |

Prior to the initiation of the data collection operations described in Section 3, panel component sample delivered to RTI from CHCPR went through a batch tracing operation. RTI utilized its access to multiple nationwide databases to locate and verify or update sampled addresses and telephone numbers.

2.2 ABS Sample

The AF4Q 2.2 sample design was based on a two-stage stratified sample of addresses selected from an Address-Based Sampling (ABS) frame. ABS frames are derived from commercially available versions of the U.S. Postal Service (USPS) computerized delivery sequence (CDS) file. The CDS file is made available to the public through nonexclusive license agreements with qualified private companies. In addition to the CDS file, the USPS makes available the No-Stat file, a file of over 8 million primarily rural mailing addresses that supplement the CDS file with both active and vacant addresses that are excluded from the CDS file. The union of the CDS and No-Stat files account for all postal delivery points serviced by the USPS, giving ABS frames near-complete coverage of the household population (Iannacchione 2011; Shook-Sa et. al., 2013).

AF4Q 2.2 Markets were targeted based on the county FIPS codes and ZIP codes, as specified in **Appendix A**. ZIP codes are postal geographies that are designed for organizing and delivering the mail. They do not have discernible boundaries, as they expand and contract over time. For this reason, sampling based on ZIP codes poses challenges for a longitudinal study like the AF4Q. The areas defined by a

specific set of ZIP codes today will not necessarily correspond to the same geographic areas when the next sample is fielded. For this reason, we used Geographic Information Systems (GIS) software to map the eligible ZIP codes to 2010 census block groups (CBGs), areas defined by census geographies that are static over time. These CBGs defined the eligible geographic areas for each targeted market.

The AF4Q sampling frame was derived from the March 2013 CDS and No-Stat files from Compact Information System (CIS). The ABS files are organized based on postal geography, so ABS addresses were first geocoded, or allocated into CBGs, to form the sampling frame of addresses. All unique residential mailing addresses from the CDS and No-Stat files within these markets were included on the frame². The AF4Q sampling frame consisted of 1,735,533 mailing addresses in the three targeted markets. This compared favorably with the estimated number of occupied housing units in these three markets, which was 1,537,341. We expected some overcoverage of the ABS frame because the frame included the addresses of ineligible units such as vacant housing units and some business addresses. **Table 2** below compares the number of mailing addresses in each market with the estimated number of occupied housing units from the 2010 Census.

Table 2. AF4Q 2.2 Market Summary

| Market | Household Population 18+ ¹ | Occupied Housing Units ¹ | Addresses on Frame ² |
|--------------|---------------------------------------|-------------------------------------|---------------------------------|
| Albuquerque | 486,054 | 257,034 | 279,656 |
| Boston | 1,151,105 | 567,239 | 618,545 |
| Indianapolis | 1,355,604 | 713,068 | 837,332 |
| Total | 2,992,763 | 1,537,341 | 1,735,533 |

¹ 2010 Census.

² Unique residential mailing addresses in targeted markets (March 2013).

At the first stage of sample selection, addresses were selected from a stratified frame of ABS addresses in the three targeted markets. One goal of the AF4Q sample design was to obtain half of all completed interviews within each market from three targeted minority populations (Hispanics, Non-Hispanic African Americans, and Non-Hispanic Asians). Therefore, CBGs within each market were collapsed into six strata based on the estimated percent minority in the adult population from the 2010 Census, and CBGs were assigned to strata based on the Dalenius Hodges cumulative square root rule (Cochran, 3rd edition, pg. 127-130).

Within each market, the first-stage sample of addresses was allocated across the six strata using a non-linear optimization (Chong and Zak, 1996). This optimization maximized the resulting precision of survey estimates by minimizing the unequal weighting effect (UWE)³ of design weights, controlling for the targeted sample size, the targeted number of minorities, and the amount of available sample. The eligibility and response rates were estimated based on rates from the AF4Q 2.1, as well as experience

² Drop units from the No-Stat file overlap with the CDS file, so they were removed from the frame to avoid introducing multiplicities. In addition, post office box addresses that are not identified as “only way to get mail” were excluded from the frame because persons associated with these addresses also receive mail at their household.

³ The unequal weighting effect (UWE) measures the amount of variation within sampling weights. The higher the unequal weighting effect, the less precise resulting survey estimates.

$$UWE = \frac{n \sum WT^2}{(\sum WT)^2}$$

with other ABS studies. In the Albuquerque and Boston markets, the minority targets could be achieved through stratification alone. In Indianapolis the targeted number of minority completes could not be achieved through stratification alone, so a larger sample was selected and a pre-specified proportion of eligible non-minority respondents were screened out of the sample. This allowed for the desired proportion of minorities in the final sample of interview respondents.

After the first-stage sample was allocated across strata, the sample size in each stratum was inflated by 70 percent. This additional sample was selected to allow flexibility in releasing the sample across strata if the assumed response rates or minority yields were not achieved in the field via an adaptive design.

After selecting the first stage sample of 52,846 addresses, Marketing Systems Group (MSG) appended phone numbers to as many addresses as possible using data from four different vendors. MSG appended phone numbers to 23,838 of the sampled addresses (45.1 percent)⁴. During the second stage of sample selection, addresses were further stratified based on the telephone match status (matched or unmatched). This led to a total of twelve strata within each market (six minority strata by two match status classifications). Within each of the stage two sampling strata, addresses were randomly ordered and divided into replicates to allow for partial releases.

Because the AF4Q has traditionally been based on a random-digit-dialing (RDD) frame, it was not known how well the ABS sample would perform in the field relative to the assumed response rates. For this reason, an adaptive sample design was implemented such that the sample was fielded in multiple waves. During the first wave, enough sample was fielded to achieve one third of the targeted completes, based on the original design assumptions (10,556 cases fielded to yield approximately 284 completes). In implementation, 353 completes were achieved in wave 1. Because the wave 1 yield was higher than anticipated and minority yields were close to their targets, the same sample allocation was maintained for wave 2 and 16,265 additional cases were released. Due to lower than anticipated yields from the panel sample (see *Section 3.6*) for a further discussion of the sources of these low yields, a supplemental wave of sample of 6,679 cases was released. Across the three waves of data collection, there were a total of 1,050 ABS completes (1,032 full completes and 18 partial completes).

Lead letters were mailed to the matched sample, as discussed in *Section 3.2*. The matched sample then went directly to the call center. Cases with nonworking phone numbers or that were confirmed to not be associated with the sampled address were fielded with the unmatched sample. There were up to three mailings to attempt contact with the unmatched sample, as discussed in *Sections 3.2 and 3.5.3*. Cases that returned their phone numbers or called in went through the screening and interviewing processes similar to the matched cases.

After contact was made with the sampled household, a respondent was selected using the most recent birthday method, as implemented in previous AF4Q designs. Interviewers asked the person who answered the telephone to speak with the adult aged 18 and over in the household who had the most recent birthday. For all sampled households, selected adults were screened to determine their eligibility for the full interview. Adults residing in the targeted communities with at least one of the five chronic conditions

⁴ For the third wave of data collection, phone numbers were re-appended to the frame to account for changes in the time between the second and third waves of data collection.

(asthma, diabetes, coronary heart disease, hypertension, and depression) who had seen a health care provider for that condition in the two years prior to the interview date were eligible for the full interview.

The number of ABS addresses released, the number of screener completes, the number of interview completes, and the targeted numbers of interviews in each market are presented in **Table 3** below, by phone match status.

Table 3: AF4Q 2.2 ABS Sample Fielded, Screener Completes, Interview Completes, and Sample Targets by Market and Initial Phone Append Status¹

| | Market | Addresses Fielded | Screener Completes² | Interview Completes² | Target |
|-------------------------|---------------|--------------------------|---------------------------------------|--|---------------|
| Matched Sample | Albuquerque | 4,298 | 748 | 247 | 254 |
| | Boston | 7,128 | 738 | 258 | 237 |
| | Indianapolis | 3,859 | 713 | 231 | 241 |
| | Total | 15,285 | 2,199 | 736 | 732 |
| Unmatched Sample | Albuquerque | 6,249 | 314 | 113 | 41 |
| | Boston | 7,291 | 273 | 108 | 38 |
| | Indianapolis | 4,675 | 190 | 93 | 40 |
| | Total | 18,215 | 777 | 314 | 119 |
| Total Sample | Albuquerque | 10,547 | 1,062 | 360 | 295 |
| | Boston | 14,419 | 1,011 | 366 | 275 |
| | Indianapolis | 8,534 | 903 | 324 | 281 |
| | Total | 33,500 | 2,976 | 1,050 | 851 |

¹ Phone append status is based on whether or not the case initially had a phone number appended to it, regardless of the accuracy of the phone append.

² Screener completes include all cases for which chronic illness status was determined. Interview completes include full and partial interviews.

3. Survey Data Collection

The data were collected through computer-assisted telephone interviewing (CATI) by telephone interviewers in RTI's Division for Research Services (DRS). Full scale data collection occurred between June 1, 2013, and June 6, 2014, including a dormant period from October 1, 2013 through April 1, 2014.

3.1 Instrumentation

Prior to AF4Q 2.2 data collection, the AF4Q 2.1 survey instrument was reviewed by RTI Survey Methodologists who made minor adjustments in order to ensure that the questions are appropriate to the three markets of interest in AF4Q 2.2. The Spanish translation of existing items was reviewed by RTI Language Methodologists, while new items were translated by the same team.

The final AF4Q 2.2 Survey consisted of the following 12 modules:

1. Module A: "Screener" questions to determine the respondents' survey eligibility
2. Module B: Quality/Service Use
3. Module C: Diabetes or High Blood Sugar
4. Module D: Hypertension or High Blood Pressure
5. Module E: Coronary Heart Disease
6. Module F: Asthma
7. Module G: Depression
8. Module H: Consumer Engagement
9. Module I: Public Reporting
10. Module J: Demographics
11. Module K: Physician Information
12. Closeout Module: Items designed to collect contact information for the respondent, along with locating information, etc.

See **Appendix B** for the full survey instrument.

3.2 Respondent Communication

Because an address could be obtained for all cases, either from panel maintenance or our ABS approach, a lead letter describing the study and explaining the voluntary and confidential nature of participation was sent to every person and address sampled. The letter also included a toll-free number for more information about the study. The ABS matched sample, unmatched sample and panel samples received variations of the letter as follows: Sample members in the ABS sample for which phone number matches can be obtained received a prenotification letter explaining the study, that their household was selected at random, and that the household would be receiving a phone call from an AF4Q interviewer a few weeks after receipt.

Sample members in the ABS sample for which phone number matches could not be obtained were sent a prenotification packet which contained a letter explaining the study, a 1-page AF4Q information sheet, a household information sheet to be sent back to RTI in an enclosed pre-paid business

reply envelope, and a token \$2 incentive. The letter explained that the sampled household was selected at random, and that the study wished to screen the household by phone. Sample members were be instructed on two methods for voluntary screening; either by filling out and returning the household information sheet, or calling a toll-free telephone number at the RTI call center.

Sample members in the panel sample received a prenotification letter explaining the study, reminding them of their participation in AF4Q 2.1, telling them that their household was selected from a list provided to the current study team by CHPCR, and explaining that they would be receiving a phone call from an AF4Q interviewer a few weeks after receipt.

See **Appendix C** for the pre-notification letters and packets used in data collection.

3.3 Initial Contact, Respondent Selection and Screening

Upon contact with a potential respondent, the interviewer first determined if someone over 18 was either on the phone or available, and what language should be used to conduct the interview (English or Spanish).

3.3.1 Panel Component Selection and Screening

With the exception of panel component participants who were institutionalized or deceased, all baseline respondents contacted for follow-up were considered eligible and did not go through a screening or selection process. While questions about chronic conditions and geography used for screening in the ABS component were asked, sample members willing to participate in the follow-up were interviewed regardless of where they currently reside or their current chronic conditions or care.

3.3.2 ABS Component Selection and Screening

Approximately 1 week after mailing the prenotification letters and/or packets, telephone interviewing began where applicable. Interviewers called each number in the matched ABS sample and screened households for eligibility to participate in the study. Data returned via business reply (household size, number of adults in the household, and telephone number) was processed by RTI staff and loaded into the CATI Case Management System (CMS) for outbound calling and screening.

The ABS component employed two different within household screening methods, dependent upon whether or not the sampled household was reached on a landline or a cell phone. Screening respondents were selected within sampled landline households using the most-recent birthday method. In households with cell phones, the screening respondent was the person who answered the sampled cell phone. This distinction, between landlines as potentially multi-person households and cell phones as individuals was the only difference in ABS screening respondent selection.

Next, the selected (landline) or identified (cell phone) ABS respondents were asked if they were aware of their rights as research participants as described in the pre-notification letter or packet. If they said no, they were read a series of informed consent statements geared towards protecting their rights as respondents and ensuring their privacy. Following the reading and acknowledgement of informed consent, screener respondents completed a 2-minute screener interview to determine eligibility for the full survey.

In order for a screener respondent to be declared eligible for the survey, the individual had to be:

1. Living at the address that was sample from the ABS frame.

2. An adult (18 years of age or older) residing⁵ in one of the AF4Q communities, unless the sample member was a part of the National Comparison Sample.
3. Told by a healthcare provider that they had one or more of five chronic conditions
 - a. diabetes,
 - b. heart disease,
 - c. hypertension,
 - d. asthma, or
 - e. depression
4. Had been seen a health care provider for that condition or combination of conditions in two years prior to the interview date.

After the respondent passed the screener interview, he or she was read additional informed consent language that covered the remaining details of data collection, and given the option to either continue on with the full survey or to stop the interview.

3.4 Incentives

Respondents were informed during the introduction and informed consent process (including pre-notification letters) that eligible respondents would receive \$20 as a token of appreciation upon completing the interview. Upon completion of the telephone interview, respondents were asked to give their contact information in order to receive their incentive check. The mailing address information was also used for retention/tracking for future panel retention and follow-up.

3.5 Quality Control

The main components to ensuring quality control during the data collection period begin with interviewer training and continue during data collection via interviewer monitoring, feedback and supervision. Each critical component is described below.

3.5.1 Interviewer Training

All AF4Q 2.2 interviewers were subject to a rigorous set of training procedures to ensure that interviewing staff had sufficient capabilities, integrity, and professionalism to perform required data collection activities. To maximize efficiency, all interviewers were cross-trained to work both panel and ABS samples. Trainers included RTI project staff as well as the DRS call center project supervisor, quality control supervisors, and monitors assigned to the project.

Project trainings covered three important components: study content and procedures, practice, and certification to work on the project. The trainings used multiple formats, including classroom-style teaching, discussion, and role play. Each of the three components is described below.

Content and Procedures

Interviewers were given background information and study goals regarding the AF4Q Consumer Survey 2.2. Project staff presented procedures for contacting sample members, interviewer performance expectations, refusal avoidance, confidentiality procedures, and frequently asked questions. Special attention was given to addressing the current challenges associated with conducting telephone surveys, especially gaining cooperation and ensuring respondent safety and privacy for cell phone surveys. Interviewing staff were trained by experienced project staff on the skills necessary to effectively present

⁵ Based on county of residence.

the study to contact households, address sample members' questions or concerns, enlist cooperation among a high proportion of those contacted, and provide appropriate options to conduct cell phone interviews in a safe and private environment.

Practice

Interviewers participated in a round-robin mock interview to develop familiarity with survey content and interviewing scripts. Additionally, interviewers completed practice interviews prior to beginning work on the project. During these practice interviews, training staff will monitored the interviewers' progress and offered feedback as needed.

Certification

Interviewers were given an oral quiz on frequently asked questions at the conclusion of training. Interviewers were not permitted to work on the project until they successfully passed the quiz and completed required practice interviews.

3.5.2 Interviewer Monitoring, Feedback and Supervision

Throughout data collection and across components, call center and project used silent audio and video monitoring to follow along with the interviewers while they worked. This type of monitoring allowed monitors to note any coding errors, instrument malfunctions, or inadequate probing by interviewers. Feedback forms were used to record any divergence from protocols, as well as positive feedback for interviewers. As necessary, interviewers received retraining on items that are problematic.

Call center supervisors also gave weekly updates to each individual interviewer on several performance measures. This feedback included metrics such the number of completed interviews compared to refusals, the time the interviewer spends on the average case vs. time out of production, and the interviewer's average hours per completed case.

Project staff also held regularly scheduled Quality Circle meetings with interviewers and supervisors to discuss data collection progress and issues. These sessions were aimed at building rapport and enthusiasm among interviewers and project staff, assisting in the refinement of the instrument and data collection protocols, and providing ongoing training for staff.

3.5.3 Nonresponse and Refusal Conversion

RTI interviewers made every attempt to make up to 20 calls, when appropriate, to the sampled telephone numbers before a final disposition was assigned. Callbacks to initial refusals were also conducted where appropriate.

During project training, all interviewers were taught refusal aversion techniques to employ on both samples. Refusal aversion training focused on addressing sample members' questions and concerns and properly judging whether a sample member is reluctant to participate (and can potentially be convinced to participate via refusal aversion techniques) or is refusing during recruitment.

In addition to project training for telephone interviewers, specific refusal conversion training took place during data collection as needed. Refusal conversion specialists, identified as especially skilled at obtaining cooperation and avoiding initial refusals were given additional training in specific refusal conversion techniques tailored to the interview, with an emphasis on gaining cooperation, overcoming objections, addressing concerns of gatekeepers, and encouraging participation.

While after initial mailings, much contacting and locating work can be done by telephone for traditional RDD and panel samples, literature suggests that multiple follow-ups are necessary when requesting members of an unmatched ABS sample to self-enroll in a data collection effort (Mamedova and McPhee, 2012). As such, RTI's approach to AF4Q 2.2 contained two key follow-up steps for the unmatched ABS sample following delivery of the initial notification packet, including:

- a reminder postcard sent approximately 2 weeks after the initial packet was sent; and
- a final reminder packet, featuring a revised letter that stressed the importance of the sampled household's participation, along with all initial packet contents, with the exception of the \$2 token payment.

3.6 Errors in Panel Sample Assembly and Resulting Work Stoppage

During AF4Q 2.2 data collection, the RTI and CHCPR evaluation teams had noted and discussed concerns related to reported anomalies in the panel data collection; most notably, panel sample members stating that although they were the named respondent in the panel sample, someone else in the house actually completed the baseline survey conducted by another contractor in 2010. From July through mid-September, RTI professional staff spent time identifying, analyzing and planning potential next steps for data collection as a result of the panel sampling issues.

Early analysis on sample data provided by the CHCPR evaluation team (namely respondent gender) suggested that over 30% of the panel sample was likely to be affected by this issue. The CHCPR evaluation team then followed up with the AF4Q 1.2 contractor in order to find a root cause for this potential issue.

After some discussion, it was confirmed that upon delivery of final data to Penn State in 2010, the name that was listed on the drawn RDD sample and not the contact information of the person who completed the interview. These data were then used for panel maintenance and tracing and ultimately became the RTI panel sample. As a result, the Penn State Survey Research Center sent panel maintenance follow-ups to the wrong person at the right household for three years. Not only did this affect AF4Q 2.2 panel performance in terms of the contacts made, but in theory could have been a factor in higher nonresponse when compared with the AF4Q 2.1 panel.

Upon further analysis, RTI established that approximately 450 AF4Q 2.2 panel cases were passed on with incorrect respondent information. Receipt of these data allowed RTI to mine the correct respondent contact information, rebuild the panel sample for non-completes and carry on with panel data collection. Further, because of the higher than anticipated nonresponse experienced in the panel effort, additional ABS completes were needed in order to provide adequate analytical power when the two studies are combined. Data collection activities were officially placed on hold on October 1, 2013 while revised targets, terms and timeline were developed and agreed to. Data collection resumed on April 1, 2014.

4. Outcomes, Dispositions and Response Rates

Weighted and unweighted response rates were calculated for both the panel and ABS samples as described in the sections below. Response rates were calculated overall and at the market level.

4.1 Panel Sample

We classified all AF4Q 1.2 full and partial respondents based on their AF4Q 2.2 statuses:

- Round 2 full respondents (R)
- Round 2 partial respondents (P)
- Round 2 nonrespondents (N)
- Round 2 ineligible (I)

AF4Q 1.2 respondents that refused future follow-ups were classified as AF4Q 2.2 nonrespondents. Because there were so few ineligible on the panel, all cases with unknown eligibility were assumed to be eligible nonrespondents for the purposes of this calculation. The final AF4Q 2.2 eligibility and response classifications are presented in **Table 4**.

Table 4: AF4Q 2.2 (Panel) Final Eligibility and Response Classifications

| Disposition Category | Cases |
|------------------------|--------------|
| R: Full respondents | 761 |
| P: Partial respondents | 12 |
| N: Nonrespondents | 1,046 |
| I: Ineligibles | 80 |
| Total | 1,899 |

Response rates were calculated both unweighted and weighted (with the AF4Q 1.2 final analysis weight, POPWGT), and were calculated separately for each market and overall. The panel response rates are presented in **Table 5** below. Note that these rates do not incorporate the response rates from the AF4Q 1.2 data collection and are based solely on AF4Q 2.2 response.

$$RR4 = \frac{R + P}{R + P + N}$$

Table 5: Round 2 (Panel) Weighted and Unweighted Response Rates, by Market

| Community | Unweighted | Weighted |
|----------------|--------------|--------------|
| Albuquerque | 39.4% | 37.2% |
| Boston | 43.7% | 42.2% |
| Indianapolis | 44.4% | 44.4% |
| Overall | 42.5% | 42.6% |

4.2 ABS Sample

ABS cases were classified based on their response and eligibility for the screener and the full interview. The final eligibility and response classifications for all AF4Q 2.2 ABS cases are presented in **Table 6**.

- 1) Completed interviews (I): Completed interviews are cases that were found disease and care eligible in the screener and completed the entire interview.
- 2) Partially completed interviews (P): Partially completed interviews are cases that were found disease and care eligible in the screener and completed the interview through question IIc.
- 3) Eligible screen out (S): Eligible screen outs are cases that were found disease and care eligible in the screener, but were subsampled out during the non-minority subsampling (only applicable in Indianapolis market).
- 4) Known eligible refusal (R): Known eligible refusals are cases that were found disease and care eligible in the screener, but refused to complete the interview or broke-off prior to the point of being considered a partial interview.
- 5) Ineligible respondent (NE): Ineligible respondents are cases that completed the screener but were found ineligible due to either chronic condition or care.
- 6) Unknown refusal (UR): Unknown refusals are those where it was established that the address was associated with an occupied household (either by having the telephone respondent confirm the address or by returning a household information sheet), but where the respondent did not complete the screener through the determination of chronic disease and care eligibility.
- 7) Ineligible household (NH): Ineligible household are cases that are known not to correspond to households with adult residents. They include businesses or institutions, vacant or demolished housing units, and addresses associated with residences that are not primary residences.
- 8) Unknown nonrespondents (UNR): unknown nonrespondents are cases where household eligibility could not be determined (e.g. matched cases where it was never confirmed that the phone number was associated with the address or unmatched cases that never returned a household information sheet).

Table 6: AF4Q 2.2 ABS Final Eligibility and Response Classifications, by Phone Append Status¹

| Disposition Category | Matched | Unmatched | Total |
|--|---------------|---------------|---------------|
| I: Completed interviews | 722 | 310 | 1,032 |
| P: Partially completed interviews | 14 | 4 | 18 |
| S: Eligible screen out | 83 | 0 | 83 |
| R: Known eligible refusal or nonrespondent | 258 | 27 | 285 |
| NE: Ineligible respondent | 1,122 | 436 | 1,558 |
| UR: Unknown refusal | 1,063 | 676 | 1,739 |
| NH: Ineligible household | 361 | 1,635 | 1,996 |
| UNR: Unknown nonrespondents | 11,662 | 15,127 | 26,789 |
| Total | 15,285 | 18,215 | 33,500 |

¹ Phone append status is based on whether or not the case initially had a phone number appended to it, regardless of the accuracy of the phone append.

Response classifications were used to calculate both weighted and unweighted AAPOR 4 and CASRO response rates. Response rates were calculated separately for each phone append type (matched and unmatched) as well as overall.

AAPOR Response Rates

First, the two e-factors needed in the calculation of response rates were calculated. The screened eligibility rate (e1) is the estimated percent of cases known to be households within the targeted market and known to contain a person 18 or older that are eligible for the full survey:

$$e1 = \frac{I + P + S + R}{I + P + S + R + NE}$$

The eligible household rate (e2) is the estimated percent of addresses that are associated with adult households within the targeted markets. It was applied to sampled addresses where household eligibility was not determined (UNRs) in the calculation of response rates. When calculating this eligibility rate based on sample data, the resulting estimates were much too low to be consistent with the literature. Rather than basing e2 on sample data, it was calculated independent of sample metrics, using data from the sampling frame and the 2010 Census, as follows:

$$e2 = \frac{ADD_m}{HH_m}$$

Where ADD_m is the number of addresses on the ABS frame in market m and HH_m is the estimated number of households (i.e. occupied housing units) in market m from the 2010 Census. Both estimates are presented in **Table 2**.

The AAPOR 4 response rates were calculated separately for each market and phone append type (matched and unmatched) as well as overall. For consistency with prior AF4Q data collection efforts, partial interviews and eligible screen outs are included in the numerator and thus treated as respondents. Response rates were calculated both weighted (by design weights) and unweighted as follows:

$$RR4 = \frac{I + P + S}{I + P + S + R + [(UNR * e2) + (UR)] * e1}$$

The ABS AAPOR 4 response rates are presented in **Table 7** below, both by phone append type and overall.

Table 7: AF4Q 2.2 ABS Weighted and Unweighted AAPOR 4 Response Rates, by Market and Phone Append Type

| Community | Matched | | Unmatched | | Overall | |
|----------------|--------------|--------------|-------------|-------------|-------------|-------------|
| | Unweighted | Weighted | Unweighted | Weighted | Unweighted | Weighted |
| Albuquerque | 14.8% | 15.3% | 5.4% | 5.8% | 9.4% | 9.9% |
| Boston | 8.0% | 8.3% | 3.8% | 4.4% | 5.9% | 6.4% |
| Indianapolis | 17.0% | 16.8% | 5.4% | 4.8% | 11.2% | 11.2% |
| Overall | 12.3% | 13.4% | 4.8% | 4.8% | 8.4% | 9.2% |

CASRO Response Rates

CASRO response rates were calculated using the same classifications defined above. The formula for the CASRO response rates (consistent with the AF4Q 1.2 response rate calculations), is:

$$RR(CASRO) = \frac{I + P + S}{I + P + S + R + \left(\frac{I + P + S + R}{I + P + S + R + NE + NH} \right) * (UNR + UR)}$$

Weighted and unweighted CASRO response rates are presented for each market in Table 8.

Table 8: AF4Q 2.2 ABS Weighted and Unweighted CASRO Response Rates, by Market and Phone Append Type

| Community | Matched | | Unmatched | | Overall | |
|----------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Unweighted | Weighted | Unweighted | Weighted | Unweighted | Weighted |
| Albuquerque | 15.4% | 15.9% | 12.4% | 12.6% | 13.1% | 13.5% |
| Boston | 8.5% | 8.7% | 6.2% | 6.5% | 7.2% | 7.4% |
| Indianapolis | 17.5% | 17.0% | 21.4% | 17.3% | 18.5% | 16.3% |
| Overall | 12.7% | 13.8% | 12.2% | 12.8% | 11.9% | 12.7% |

5. Procedure for Developing Sampling Weights

Analysis weights were computed separately for the panel and ABS samples. For the panel sample, an interview analysis weight was computed using market-level nonresponse adjustments that adjusted the weights of AF4Q 2.2 panel respondents to account for panel nonrespondents. For the ABS sample, both screener and interview weights were calculated. Screener weights took into account base probabilities of selection, adjustments for unknown eligibility and nonresponse, and poststratification to control totals from the 2010 Census and the American Community Survey (ACS). Interview weights accounted for subsampling of non-minorities and market-level nonresponse adjustments. The following sections outline the detailed steps implemented in the calculation of analysis weights.

5.1 Panel Weights

The base weights for the panel sample were the final analysis weights from the AF4Q 1.2 for full and partial respondents (POPWGT). These weights are representative of persons in the target population at the time of the first round of data collection. For this follow-up, all persons who completed an interview in the first round were eligible for the AF4Q 2.2, regardless of where they currently reside or their current disease status. The only persons ineligible for follow-up are those who are now deceased or institutionalized.

Market-level nonresponse adjustments were computed to adjust the weights of the responding panel members to account for the weights from the nonresponding panel members. The starting weight was the final analysis weight from AF4Q 1.2 (POPWGT). Thus, the nonresponse-adjusted weights sum to the same population total as the final AF4Q 1.2 weights for completes and partial completes minus the weights of ineligibles. Because information for each panel member was known from the first round of data collection, weights were adjusted based on the following known demographic factors and key outcomes from the AF4Q 1.2:

- Gender
- Age
- Education
- Race
- Chronic Disease Indicators
- PAM stage
- Income
- Employment Status
- Self-Reported Health Status
- Overall Rating of Health Care
- Seen any Information Comparing Doctors, Hospitals, or Health Plans

Missing values for these variables were imputed using weighted hotdeck imputation. Within each market, the levels of variables included in the nonresponse model were collapsed to ensure a minimum of 20 respondents per nonresponse adjustment cell. This ensures that the resulting weights are stable. We used a Generalized Exponential Model (GEM) (Folsom & Singh, 2000) to conduct the nonresponse adjustments. GEM is a modeling technique that ensures that population totals are maintained for main effects and lower interactions. This is especially useful when dealing with relatively small sample sizes such as individual markets. Because GEM maintained the original weight sums for each variable in the nonresponse model, final weights for the responding panel members are representative of each market and have the same distribution across (collapsed) demographic factors that the AF4Q 1.2 weights produced.

Unequal weighting effects (UWEs), one component of design effects, measure the amount of variation within sampling weights. The higher the unequal weighting effect, the less precise resulting survey estimates. **Table 9** presents the UWEs for the final analysis weights for AF4Q 1.2 and AF4Q 2.2 panel respondents. As expected, the nonresponse adjustments tended to increase the UWEs.

Table 9: AF4Q 2.1 and AF4Q 2.2 Panel Unequal Weighting Effects¹, by Market

| Community | AF4Q 1.2 | AF4Q 2.2 Panel | Change |
|--------------|----------|----------------|--------|
| Albuquerque | 2.09 | 2.74 | 0.65 |
| Boston | 2.08 | 3.15 | 1.07 |
| Indianapolis | 2.20 | 2.93 | 0.73 |

$$^1 \text{UWE} = \frac{n \sum WT^2}{(\sum WT)^2}$$

5.2 ABS Weights:

Two sets of weights were computed for the ABS sample: screener weights and interview weights. Screener weights were computed for all selected persons who completed the screening interview⁶. They are representative of persons 18 and over residing in the targeted markets. Screener weights were calculated by following these steps (further details about each step are provided in subsequent sections):

- 1) Calculate design-based weights
- 2) Classify each sampled address based on eligibility and response status
- 3) Calculate an e-factor within each market
- 4) Adjust weights for eligibility
- 5) Adjust weights for nonresponse
- 6) Adjust weights for the number of eligible household members
- 7) Poststratify weights to known population totals

Interview weights were computed for persons who were screened, found eligible and completed the full interview through question I1c (the criterion for partial interview completion). They are representative of persons 18 and over residing in the targeted markets who are eligible based on chronic condition and care. Interview weights were calculated by following these steps (further details about each step are provided in subsequent sections):

- 1) Classify screener completes based on interview eligibility and response status
- 2) Calculate subsampling adjustment
- 3) Adjust weights for nonresponse

5.3 Screener Weights

5.3.1 Step 1: calculate design-based weights:

The design-based weights are the product of the stage one sampling design weights and the stage two sampling design weights. Within each of the three markets, there are twelve total sampling strata (six stage one minority strata by two stage two phone match strata), and design weights are calculated

⁶ Cases where interview eligibility was established (i.e. disease and care eligibility) were considered completed screeners.

separately for each stratum. The stage one design weight is the inverse of each sampled address' stage one probability of selection:

$$W_{i,jk}^{1a} = \frac{N_i}{n_i}$$

where $W_{i,jk}^{1a}$ = the stage one sampling weight for the k^{th} sampled address in stage one sampling stratum (minority stratum) i and stage two sampling stratum (phone match stratum) j ; N_i = the number of addresses in the stage one sampling stratum (minority stratum) i ; and n_i = the number of addresses selected in the stage one sampling stratum (minority stratum) i .

The stage two design weight is the inverse of each sampled address' stage two probability of selection:

$$W_{i,jk}^{1b} = \frac{n_{ij}}{m_{ij}}$$

where $W_{i,jk}^{1b}$ = the stage two sampling weight for the k^{th} sampled address in stage one sampling stratum (minority stratum) i and stage two sampling stratum (phone match stratum) j ; n_{ij} = the number of addresses selected in the stage one sampling stratum (minority stratum) i in stage two sampling stratum (phone match stratum) j ; and m_{ij} = the number of addresses released in the stage one sampling stratum (minority stratum) i in stage two sampling stratum (phone match stratum) j .

The final design weight (W^1) is the inverse of each address' initial probability of selection, and is the product of the stage one and stage two sampling weights.

$$W_{i,jk}^1 = W_{i,jk}^{1a} * W_{i,jk}^{1b}$$

5.3.2 Step 2: Classify each sampled phone number based on eligibility and response status:

Next we classified each sampled address into one of four categories: screener respondents, screener nonrespondents, ineligible to complete screener, and unknown screener eligibility. Classifications were based on final status codes, whether or not the household returned the household information sheet, and responses to initial eligibility questions.

- 1) **Screener respondents** are cases where the matched or returned phone number was confirmed to be associated with a household corresponding to the sample address, and where the selected respondent completed the screener through the determination of chronic disease and care eligibility.
- 2) **Screener nonrespondents** are cases confirmed to be households that did not complete the screener through the determination of chronic disease and care eligibility. These include matched cases where the address was confirmed to be associated with the sampled address (and was the primary residence) and unmatched cases that returned a household information sheet.
- 3) **Ineligible to complete screener** include cases where the phone number was associated with the sampled address but that corresponded to businesses or non-primary residences, and cases where lead letters or household information sheets were returned as vacant.
- 4) **Unknown if eligible to complete screener** include all other cases (e.g. matched cases that did not confirm that the phone number was associated with the sampled address and unmatched cases that did not return a household information sheet).

5.3.3 Step 3: Calculate an e-factor within each market:

Because not all of the addresses in the unknown category correspond to eligible households, we adjusted the weights of unknown addresses based an estimate of the proportion of total addresses on the fame that are associated with occupied households. This estimate was calculated independently for each market as follows⁷:

$$U_m^{adj} = \frac{HH_m}{N_m}$$

where HH_m = the number of occupied households in market m based on the 2010 Census and N_m = the number of addresses on the sampling frame in market m .

5.3.4 Step 4: Adjust weights for eligibility:

After estimating the screener eligibility rate in each market, ineligible addresses were assigned a weight of zero and removed from the file. The weights of addresses with unknown screener eligibility were adjusted based on the estimated eligibility rate (i.e., the e-factor) as follows. The weights of respondents and known eligible nonrespondents were not adjusted for eligibility.

$$W_{i,j}^2 = W_{i,j}^1 * U_m^{adj}, \text{ if the } j^{\text{th}} \text{ sampled address in stratum } i \text{ has unknown eligibility}$$

$$W_{i,j}^2 = W_{i,j}^1, \text{ if the } j^{\text{th}} \text{ sampled address in stratum } i \text{ is a respondent or nonrespondent}$$

After adjusting the weights of unknowns based on the e-factor, the weights of respondents and nonrespondents were ratio adjusted up to account for the weights of the unknowns. This adjustment was performed within each market and phone match group. Then the sampled addresses with unknown eligibility status were removed from the file, leaving only cases known to be eligible for the screener.

$$W_{m,p}^3 = W_{mp}^2 \frac{\sum_{\forall \{U,R,N \in i\}} W_{mp}^2}{\sum_{\forall \{R,N \in i\}} W_{mp}^2}$$

5.3.5 Step 5: Adjust weights for nonresponse:

We then adjusted the weights of respondents in each stratum to represent the weights of nonrespondents using propensity score adjustments within propensity strata, as outlined in Valliant, Dever, and Kreuter (329-330). Data from the 2010 Census and 2008-2012 American Community Survey 5-year estimates were appended to the sampling frame at the census block group level. The following population characteristics were included:

- Total Population
- Percent Hispanic
- Percent non-Hispanic white
- Percent male
- Percent aged 0-17
- Percent aged 18-29

⁷ NOTE: This estimated eligibility rate was first calculated based on sample data, but was too low to be consistent with the literature. Instead, the estimate was calculated based on measures independent from the sample.

- Percent aged 30-49
- Percent aged 50+
- Percent family households
- Percent family households with a child
- Percent occupied housing units
- Average household size
- Percent of population never married
- Percent with a high school degree
- Percent with higher education
- Percent English-speaking
- Median household income
- Percent unemployed

Within each market, a logistic regression model was used to predict the probability of responding based on these demographic characteristics as well as frame characteristics (phone match status and sampling strata). Variables were removed from the model as appropriate to obtain the best fit. Predicted probabilities were used to group respondents and nonrespondents into five propensity strata. Within each stratum, the unweighted mean propensity score was used to adjust the weights of the respondents, as follows:

$$W_{ijk}^4 = W_{ijk}^3 \frac{1}{P_n},$$

where P_n is the unweighted mean predicted response propensity for the k^{th} sampled address in stage one sampling stratum (minority stratum) i and stage two sampling stratum (phone match stratum) j within nonresponse propensity stratum n . Following the non-response adjustment, all nonrespondents were assigned a weight of zero and are removed from the file.

5.3.6 Step 6: Adjust weights for number of eligibles in the household:

Following the nonresponse adjustment in **Step 4**, only screener respondents remain on the file. The weight of each screener respondent is adjusted for within-household selection. Let A_{ijk} equal the number of adults (persons 18 and older) associated with the k^{th} sampled address in stage one sampling stratum (minority stratum) i and stage two sampling stratum (phone match stratum) j ⁸. WT5 is calculated as follows:

$$W_{ijk}^5 = W_{ijk}^4 * A_{ijk}$$

5.3.7 Step 7: Poststratify weights to known population totals

The last step of calculating screener weights was poststratification to population estimates from the 2010 Census and the 2008-2012 5-year ACS. Within each market we poststratified the weights to population totals for:

- Age (from Census):
 - 18-22
 - 23-27
 - 28-32
 - 33-37
 - 38-42

⁸ For 9 cases, the number of adults in the household was not provided and was imputed with the mode (2).

- 43-47
- 48-52
- 53-57
- 58-62
- 63-67
- 68-72
- 73-77
- 78-82
- 83+
- Gender (from Census)
- Education (from ACS)
 - Grade 8 or less
 - Grade 9+, no diploma
 - High school graduate
 - Some college
 - Associate's or Bachelor's degree
 - Postgraduate
- Race (from Census)
 - Non-Hispanic White
 - Non-Hispanic Black/African American
 - Non-Hispanic AI/AN
 - Non-Hispanic Asian
 - Non-Hispanic NH/PI
 - Non-Hispanic Other
 - Non-Hispanic Two or More Races
 - Hispanic

- Household Size (from Census)
 - 1
 - 2+
- Employment Status (from ACS)
 - Employed
 - Not Employed
- Marital Status (from ACS)
 - Married
 - Never Married
 - Divorced/Separated/Widowed

We imputed the values of poststratification variables for respondents who have missing data for these characteristics using weighted hot deck imputation. We utilized generalized exponential modeling (GEM) for poststratification adjustments. GEM allowed us to perform poststratification adjustments for multiple demographic characteristics for each market simultaneously. In addition, it allowed fit criteria to be adjusted and weight trimming to occur within a single step⁹ so that the impact of trimming and the poststratification adjustment on the unequal weighting effect could be determined. Models were fit separately within each market, and each model was tailored by collapsing poststratification cells to achieve a minimum of 50 respondents per cell, adjusting model convergence criteria, and adjusting the amount of trimming to minimize the unequal weighting effect while maintaining the statistical validity of the weights. The final poststratified weight was called SCRWT. Because the GEM model converged to all poststrata, the only differences between the weighted sample distributions and control totals from Census and ACS occur when poststratification cells were collapsed.

5.4 Interview Weights

5.4.1 Step 1: Classify screener completes based on interview eligibility and response status:

The screener weight (SCRWT) was the base weight for calculating the final interview weight (INTWT). The first step for calculating the interview weight was to classify screener respondents into four categories: interview respondents, interview nonrespondents, interview ineligible, and interview eligible screen-outs.

- Interview respondents include both full and partial interviews¹⁰.
- Interview non-respondents are those who were screened and found eligible based on chronic condition and care, but who either refused to complete the full interview or broke-off during the interview prior to becoming a partial interview.
- Interview ineligible are persons who are ineligible due to either chronic condition or care.
- Interview eligible screen-outs are persons who were screened and found to be eligible, but were screened out because of the minority oversampling (only applicable in the Indianapolis market).

⁹ After poststratification, the distribution of the weights within each market was examined. The top and bottom 5% of weights were trimmed to control for extreme outliers and to ensure reasonable variation within the weights.

¹⁰ Partial interviews are those that completed through question Ic1 but did not complete the entire interview.

5.4.2 Step 2: Calculate sub-sampling adjustment:

The first adjustment to the screener weight is for non-minority subsampling. As discussed in the sampling section, in Indianapolis it was not possible to obtain the desired percent of minority interviews without screening out some eligible non-minorities. Because a much lower yield was anticipated in the unmatched sample relative to the matched sample, non-minority subsampling was only implemented in the matched sample. In Indianapolis, the weights of non-minorities in the matched sample that were subsampled were inflated to account for the subsampling:

$INT_WT1 = SCRWT * (1 / (1 - WAR_{i,m}))$, where $WAR_{i,m}$ is the walk-away rate in market m for screening respondent i

Interview ineligible and eligible screen outs were assigned an interview weight of zero and were removed from the interview file.

5.4.3 Step 3: Adjust weights for nonresponse:

The final interview weight adjustment was to account for eligible screener respondents who did not complete the interview. Within each market, a GEM model was fit, modeling the probability of response where the covariates were the same variables that were used in the poststratification adjustment for the screener weights plus the chronic disease indicator variables. The nonresponse adjustment was made separately within each market, and cells were collapsed as needed to obtain a minimum of 30 respondents per cell. Weight trimming was performed within the nonresponse model to control for excessive variation in the weights¹¹. **Table 10** presents the unequal weighting effects (UWEs) for the main weighting stages for the ABS sample.

Table 10: AF4Q 2.2 ABS Unequal Weighting Effects¹, by Market and Weighting Stage

| | Screener Weights | | | Interview Weights | |
|------------------|------------------|------------------------------|------------------------------|-------------------|------------------------------------|
| | Design Weights | Nonresponse Adjusted Weights | Final Poststratified Weights | Initial Weights | Final Nonresponse Adjusted Weights |
| Community | | | | | |
| Albuquerque | 1.10 | 1.42 | 3.17 | 3.07 | 2.33 |
| Boston | 1.39 | 1.53 | 3.60 | 4.30 | 2.95 |
| Indianapolis | 1.46 | 2.09 | 3.73 | 3.67 | 3.30 |

$$^1 UWE = \frac{n \sum WT^2}{(\sum WT)^2}$$

¹¹ After the nonresponse adjustment, the distribution of the weights within each market was examined. The top and bottom 5% of weights were trimmed to control for extreme outliers and to ensure reasonable variation within the weights.

6. Assessing Nonresponse Bias

Although we made every effort to minimize potential bias through nonresponse and poststratification adjustments during weighting, all surveys are subject to the potential for nonresponse bias. If a selected sample member's propensity to respond is related to the outcomes of interest in the study, nonresponse bias can occur. The impact of nonresponse bias on survey outcomes depends both on the proportion of nonrespondents in the sample and the difference between survey outcomes for respondents and nonrespondents. Nonresponse bias was evaluated separately for the AF4Q 2.2 panel and ABS samples. The sections below outline each evaluation and present the results.

6.1 AF4Q 2.2 Panel Sample

For the panel component, demographic information about the nonrespondents is known. However, how they would respond to the key outcomes of interest in the updated survey is not known. We first identified 11 key outcomes for analysis. We used weighted hotdeck imputation to impute AF4Q 2.2 responses for AF4Q 2.2 panel nonrespondents, using AF4Q 1.2 responses as imputation class variables along with the market and other key demographics (gender, employment, and age category).

Bias for a particular outcome, say outcome X, was then calculated as

$$Bias(\bar{X}_R) = \bar{X}_R - \bar{X}$$

Where \bar{X}_R is the estimated mean for outcome X among AF4Q 2.2 panel respondents (weighted with the panel weight) and \bar{X} is the estimated mean among all eligible AF4Q 2.2 panel members (respondents and nonrespondents) where the imputed response for outcome X is used for the nonrespondents. The original AF4Q 1.2 analysis weight was used to compute \bar{X} .

The estimated bias for each of the 11 outcomes is presented in **Table 11** below. The actual estimates computed using only panel respondents (\bar{X}_R) are presented in the "AF4Q 2.2 Actual" column, and the estimates computed with the panel nonrespondents (\bar{X}) are presented in the "AF4Q 2.2 Imputed" column. This analysis shows no evidence of nonresponse bias, as the AF4Q 2.2 actual estimates are in line with what we would expect if the nonrespondents were included in the study. None of the differences are statistically significant at the alpha=0.05 level. The caveat to this analysis is that the AF4Q 2.2 imputed estimates assume that AF4Q 2.2 nonrespondents would exhibit similarities in response patterns to AF4Q 2.2 respondents (i.e. that persons with the same AF4Q 2.1 outcomes would respond similarly in AF4Q 2.2).

As discussed in the sampling section, the ABS frame for the AF4Q has near-complete coverage of the household population. The primary concern in terms of the quality of the estimates comes from the low response rates. The overall weighted response rate for the ABS sample was 9.2%. The primary driver of the low response rate was the unmatched sample, that is, cases where a phone number could not be appended to the ABS frame and respondents were required to either call in or provide their phone numbers for outbound CATI. This leads to potential concerns of non-response bias, as matched cases are primarily households with landlines, while cell phone only households are much more likely to be associated with unmatched cases. Therefore, phone use is both correlated with response and the outcomes of interest (i.e. health status).

Table 11: AF4Q 2.2 Panel Nonresponse Bias Estimates

| Estimate | AF4Q 2.2 Actual | | AF4Q 2.2 Imputed | | Estimated Bias |
|---|-----------------|-------|------------------|-------|----------------|
| | Estimate | SE | Estimate | SE | |
| Diabetes | 30.6% | 2.8% | 33.6% | 1.7% | -3.0% |
| Hypertension | 64.7% | 3.2% | 64.4% | 1.8% | 0.3% |
| Heart Disease | 16.5% | 2.4% | 15.3% | 1.3% | 1.2% |
| Asthma | 27.1% | 3.3% | 26.2% | 1.7% | 0.8% |
| Depression | 41.7% | 3.4% | 43.3% | 1.9% | -1.6% |
| Saw Comparisons of Doctors (last year) | 46.2% | 3.4% | 48.3% | 1.9% | -2.1% |
| Flu Shot (last year) | 67.7% | 3.2% | 69.7% | 1.7% | -2.0% |
| ER Visit in Past 12 Months | 41.7% | 3.4% | 39.0% | 1.8% | 2.7% |
| Currently Employed | 37.0% | 3.4% | 36.5% | 1.8% | 0.5% |
| Mean Overall Rating of Health Care (0-10) | 8.18 | 0.15 | 8.30 | 0.08 | -0.12 |
| Self-Reported Health | | | | | |
| Poor | 6.27% | 1.41% | 7.96% | 1.10% | -1.69 |
| Fair | 32.34% | 3.25% | 30.15% | 1.73% | 2.19 |
| Good | 41.27% | 3.30% | 41.33% | 1.84% | -0.06 |
| Very Good | 16.36% | 2.56% | 16.16% | 1.36% | 0.19 |
| Excellent | 3.77% | 0.90% | 4.40% | 0.66% | -0.63 |

To determine whether or not the cell phone population was adequately represented in the AF4Q 2.2, we compared the estimated percent cell phone only respondents in the AF4Q 2.2 to estimates from the 2012 National Health Interview Survey¹² at the local level. As shown in **Table 12** below, the estimated percent cell phone only adults in Boston and Indianapolis is very close, indicating that the weighted AF4Q 2.2 estimates adequately represent cell phone only respondents, despite their lower response rates (i.e., the weighting process appropriately boosted the weights of cell phone only respondents to approximately the same size as the cell phone only population). In Albuquerque, the AF4Q estimate of the cell phone only population is higher than the NHIS estimate. However, as shown in the table, the geography reported by the NHIS is not comparable to the Albuquerque market. It includes all counties in New Mexico except for Catron, Chaves, Curry, De Baca, Dona Ana, Eddy, Grant, Hidalgo, Lea, Lincoln, Luna, Otero, Roosevelt, Sierra, and Socorro counties. For this reason, the estimates are not comparable and there is no gold standard cell phone only estimate for comparison with the AF4Q estimate in Albuquerque.

Unlike the AF4Q 2.1, the AF4Q 2.2 did not include a national comparison sample. Therefore, it would not be reasonable to compare the AF4Q 2.2 estimates in three local markets to national health outcomes from the NHIS. For this reason, comparisons were only made for phone usage, where local benchmark estimates are available.

¹² Wireless Substitution: State-level Estimates From the National Health Interview Survey, 2012 (Number 70)

Table 12: Estimated Percent Cell Phone Only for Persons 18+ : AF4Q 2.2 ABS vs 2011 NHIS Estimate

| Market | NHIS Geography | NHIS | AF4Q 2.2 |
|---------------|---|-------------|-----------------|
| Albuquerque | Rest of New Mexico (i.e. excluding southern counties) | 35.6 (2.5) | 50.6 (2.5) |
| Boston | Suffolk County, MA | 37.5 (3.6) | 34.4 (2.7) |
| Indianapolis | Marion County, IN | 44.9 (3.3) | 38.3 (2.9) |

7. References

- Chong, Edwin K. and S. Zak, (1996). *An Introduction to Optimization*. Wiley-Interscience. New York, NY.
- Cochran, William G (1977). *Sampling Techniques*, Third Edition. John Wiley & Sons. New York, NY.
- Curtin, Richard, Presser, Stanley, and Singer, Eleanor (2005). Changes in telephone survey nonresponse over the past quarter century. *Public Opinion Quarterly*, 69(1): 87-98.
- Folsom, R.E., & Singh, A.C. (2000). The generalized exponential model for sampling weight calibration for extreme values, nonresponse, and poststratification: *American Statistical Association, Proceedings of the Survey Research Methods Section (ASA)*, 598-603.
- Iannacchione, Vincent. 2011. "The Changing Role of Address-Based Sampling in Survey Research." *Public Opinion Quarterly* 75:556-575.
- Mamedova, S., & McPhee, C. (2012). *Return to sender: Improving response rates in two-stage mail surveys*. National Center for Education Statistics
- Shook-Sa, Bonnie, Douglas Currivan, Joseph McMichael, and Vincent Iannacchione. (2013). "Extending the coverage of address-based sampling frames: Beyond the USPS computerized delivery sequence file." *Public Opinion Quarterly* 77: 994–1005.
- Valliant, Richard, Jill Dever, and Frauke Kreuter (2013). *Practical Tools for Designing and Weighting Survey Samples*. Springer. New York, NY.

Appendix A - AF4Q 2.0 Markets

| Community | Counties |
|---------------------------|--|
| ALBUQUERQUE, NM | Bernalillo County - 87102, 87104, 87105, 87106, 87107, 87108, 87109, 87110, 87111, 87112, 87113, 87114, 87116, 87120, 87121, 87122, 87123 |
| GREATER BOSTON, MA | <p>Suffolk County Middlesex County and Norfolk County (portion) - only includes the following 45 zip codes:</p> <p>Arlington – 02474, 02476 Belmont – 02478, 02479 Brookline – 02445, 02446 Brookline Village – 02447 Burlington – 01803, 01805 Cambridge – 02139, 02140, 02141, 02142, 02238 Chestnut Hill – 02467 Dedham – 02026, 02027 Everett – 02149 Harvard – 02138 Lexington – 02420, 02421 Medford – 02155 Newton – 02456, 02459 North Reading – 01864, 01889 Quincy – 02171 Reading – 01867 Somerville – 02143, 02144, 02145, 02153 Watertown – 02471, 02472, 02477 West Medford – 02156 Wilmington – 01887 Winchester – 01890 Woburn – 01801, 01806, 01807, 01808, 01813, 01815, 01888</p> |
| INDIANAPOLIS, IN | <p>Boone County Hamilton County Hancock County Hendricks County Johnson County Madison County Marion County Morgan County Shelby County</p> |

Appendix B - AF4Q 2.0 Survey Instrument

PANEL FRONT END

HELLO.

Hello, may I please speak with <<first last>>.

My name is <interviewer name>. I'm calling from RTI International on behalf of (INSERT PARTNER NAME). We are not selling anything. We are conducting a survey on health in your community. A few years ago you/<<first>> participated in this study and agreed to be re-contacted for a follow-up study. We would greatly appreciate his/her/your continued participation.

- 1 Respondent is on the phone
- 2 Will get respondent
- 3 Respondent not available, Schedule Call Back
- 4 Refused

CMDI MARKET "MARKET" 1
Cmdi phone "PhoneNumber"
CMDI WAVE "WAVE"
CMDI ID "ID" 1
CMDI LETTER "LETTER" 1
CMDI SAMPLE "SAMPLE" 1
CMDI BIZFLG "BIZFLG" 1
CMDI FIPS "FIPS" 1
CMDI DECIDE "DECIDE" 1

(ASK ALL):

CELL

Are you taking this call on a cell phone?

- 1 Yes
- 2 No
- R Refused

(ASK CELL1 IF CELL = 1)

CELL1. Before we continue, are you driving or doing anything that requires your full attention right now?

- 1 Yes, respondent is driving/doing something GO TO QCELL3
- 2 No, respondent is not driving/doing something GO TO QCELL2
- R Refused THANK & TERM. RECORD AS RQCELL1

VerLetr. We recently mailed you a letter describing the survey. Did you receive a letter from us about this study?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

PANEL FRONT END

(ASK READ IF **VerLetr** = 1)

Read. Did you read the letter?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK RIGHTS IF **Read** = 1)

RIGHTS. Do you understand your rights as a research participant presented in the letter?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Inform IF Verletr = 2, D, R; OR Read = 2, D, R; OR Rights = 2, D, R OR LETTER = 0)

INFORM. Let me tell you a little bit about the study. The purpose of the study of approximately 5,000 people, which is once again being conducted by researchers at the Pennsylvania State University, is to gain information about health in your community and how people with chronic illnesses feel about their health care experiences.

Just as the last time you participated in this survey, your cooperation is completely voluntary and your answers will be kept strictly confidential. You do not have to answer questions that you don't want to answer and you can stop at any time. Your responses will be stored on a secure computer and only essential research staff will have access. In the event of publication, no personally identifiable information will be disclosed. Completion of the interview implies your consent to participate in this research. As a token of our appreciation, we will send you \$20 upon your completion of the additional questions.

(ASK INFORM2 IF RIGHTS =2, D, R; OR READ = 2, D, R; OR VER_LETR= 2, D, R OR LETTER = 0)

Inform2. If you would like more information about the study, I can provide you with contact information for the principal investigator, Dennis Scanlon.

The interviews are being conducted at RTI International. Please contact **Kristin Fuller**, the Data Collection Manager at **1-866-784-1958, extension 28801** with questions, complaints or concerns about this research study. If you have any questions or concerns about your rights as a research participant, please contact RTI International's Office of Research Protection toll-free at 1-866-214-2043. You must be at least 18 years of age to participate. For quality control purposes, parts of this interview may be monitored.

Dennis Scanlon: (1-814-865-1925)
504 Ford Building
University Park, PA 16802
E-mail: dxs62@psu.edu

ABS FRONT END

HELLO.

Hello, my name is <interviewer name>. I'm calling from RTI International on behalf of (INSERT REPORTING ORGANIZATION). We are not selling anything. We are conducting a short 3 minute survey on health in your community. After completing the 3-minute survey, <<if cell: you, if landline: someone in your household>> may also be eligible to receive \$20 for completing a longer survey.

Are you 18 years of age or older?

[TI: IF NO, ASK TO SPEAK TO SOMEONE OVER 18. IF SOMEONE OVER 18 COMES TO THE PHONE, RE-READ PARAGRAPH ABOVE. IF CAN'T GET SOMEONE OLDER THAN 18, BREAKOFF]

- 1. Yes, Continue
- 2. No/Refused – Go to Breakoff
- 4. BUSINESS NUMBER

(ASK ALL):

CELL

Are you taking this call on a cell phone?

- 1 Yes**
- 2 No**
- R Refused**

(IF CELL = YES CELL1)

CELL1. Before we continue, are you driving or doing anything that requires your full attention right now?

- 1 Yes, respondent is driving/doing something GO TO QCELL3
- 2 No, respondent is not driving/doing something GO TO QCELL2
- 3 This is not a cell phone THANK & TERM. RECORD AS TQCELL1
- R Refused THANK & TERM. RECORD AS RQCELL1

(ASK CELL2 IF CELL1 = 2)

CELL2. Could you please tell me if you are under age 18 or 18 or older?

- 1 Under 18 THANK & TERM.
- 2 18 or older GO TO CELL NAME
- R REFUSED THANK & TERM

(ASK CELL3 IF CELL1 = 1)

CELL3. Could you please tell me if you are under age 18 or 18 or older?

- 1 Under 18 THANK & TERM.
- 2 18 or older SET UP CALLBACK
- R REFUSED THANK & TERM

ABS FRONT END

ADD_CHK

For survey purposes, I need to confirm that I have the correct address. Do you or anyone in your household live, or receive any mail, at [FILL ADDRESS]?

[IF R INDICATES IT IS ONE OF THEIR ADDRESSES, SELECT 'YES'.]

[IF THE R INDICATES IT IS NOT THEIR ADDRESS PROBE TO ENSURE THE NUMBER WE DIALED ISN'T OTHERWISE ASSOCIATED WITH THE ADDRESS (E.G., YOU AREN'T SPEAKING WITH A VISITOR).]

[IF RESPONDENT INDICATES WE REACHED THEM AT A NUMBER NOT ASSOCIATED WITH A PRIMARY RESIDENCE (E.G., TIME SHARE, VACATION HOME, ETC.) SELECT 'NO.']

- 1 YES
- 2 Wrong address
- 3 Not primary address

thank_evt

Thank you very much for your assistance,

(IF NOT PRIMARY ADDRESS: but we are only interviewing households selected by their primary address.)

(IF WRONG ADDRESS: but I seem to have reached the wrong household.)

(IF PHONE NUMBER DOES NOT MATCH ADDRESS CODE AS UNMATCHED HOUSEHOLD)
(READ IF ADD_CHK = 2)

ASK **GETNAME2** THROUGH RIGHTSIF Cell =2 OR Cell1=3

GETNAME2. This study hopes to gain information that may help improve health care. To ensure we get a scientific sample, I'd like to speak with the household member who is 18 years of age or older and most recently celebrated a birthday. So I know who to ask for, what is this person's name?

- 1 _____ (RECORD NAME)
- 2 No household member who is 18 years of age or older and most recently celebrated a birthday (THANK & TERM.)
- 3 Refused to provide name (SKIP TO Q. SPEAKTO)
- 4 GO TO DISPO SCREEN (If Refused DISPO AS REFUSED, IF NOT CURRENTLY Available SET UP CALL-BACK)

CMDO ANS "FirstName"

CMDI ADDRESSR "Address"

CMDI CITYR "City"

CMDI STATER "State"

CMDI ZipR "Zip"

CMDI PHONE "PhoneNumber"

STRTIME1 = SYSTIME (RECORD TIME 1)

STRDATE1 = SYSDATE (RECORD DATE 1)

(ASK cell=2)

(IF NAME GIVEN on Q. GETNAME2 "IF GETNAME2 =1" **INSERT "NAME"**)

(IF Q.GETNAME2 = 3 INSERT "the household member who is 18 years of age or older and most recently celebrated a birthday")

ABS FRONT END

SPEAKTO. Is [INSERT] Available?
1 Respondent is on the phone
2 Will get respondent
3 Respondent not available, Schedule Call Back
4 Refused (ATTEMPT REFUSAL CONVERSION BEFORE CLOSING)

(ASK IF LAND LINE SAMPLE)
(ASK INTRO2 IF SPEAKTO = 2)

INTRO2. Hello, my name is <interviewer name>. I'm calling from RTI International on behalf of (INSERT PARTNER NAME). We are not selling anything. We are conducting a short 2 minute survey on health in your community.
This study hopes to gain information that may help improve health care.

(CHECK INDENT)
(ASK VerLetr IF LETTER RECEIVED OTHERWISE SKIP TO INFORM)

VerLetr. We recently mailed your household a letter describing the survey. Did you receive a letter from us about this study?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK READ IF **VerLetr** = 1)

Read. Did you read the letter?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK RIGHTS IF **Read** = 1)

RIGHTS. Do you understand your rights as a research participant presented in the letter?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK ONLY if cell=1)

CELLNAME

So I know who to ask for in case we get disconnected or I need to call back, may I have your first name?
(RECORD NAME)

(ASK Inform IF Verletr = 2, D, R; OR Read = 2, D, R; OR Rights = 2, D, R OR CELLPHONE SAMPLE OR LETTER = 0)

INFORM. The interview will take about 3 minutes to complete. Approximately 1025 people will also be invited to take part in a longer interview and will receive \$20 as a token of our appreciation for completing that survey. You will first be asked a short series of questions related to your health and yourself in general. The purpose of the study, which is being conducted by researchers at the Pennsylvania State University, is to gain information about health in your community.

Your cooperation is completely voluntary and your answers will be kept strictly confidential. You do not have to answer questions that you don't want to answer and you can stop at any time. Your responses will be stored on a secure computer and only essential research staff will have access. In the event of publication, no personally identifiable information will be disclosed. Completion of the interview implies your consent to participate in this research.

(ASK INFORM2 IF RIGHTS =2, D, R; OR READ = 2, D, R; OR VER_LETR= 2, D, R OR CELLPHONE SAMPLE OR LETTER = 0)

Inform2. The interviews are being conducted at RTI International. Please contact **Brian Head**, the Data Collection Manager at **1-866-784-1958, extension 2-5511** with questions, complaints or concerns about this research study. If you have any questions or concerns about your rights as a research participant, please contact RTI International's Office of Research Protection toll-free at 1-866-214-2043. You must be at least 18 years of age to participate. For quality control purposes, parts of this interview may be monitored.

Aligning Forces for Quality: Regional Market Pilot Evaluation - Consumer Survey

QA. I'd like to begin by asking some general questions about you, your household and your health
Including yourself, how many people currently live or stay in your household?

_____ # of people (ENTER # OF PEOPLE, RANGE 1 - 15)

DD (DO NOT READ) DON'T KNOW

RR (DO NOT READ) REFUSED

(ASK EVERYONE)

QB. Including yourself, how many people in your household are 18 years old or older?

_____ # of people (ENTER # OF PEOPLE, RANGE 1 - 15)

DD (DO NOT READ) DON'T KNOW

RR (DO NOT READ) REFUSED

County . Can you tell me which county you currently live in?
{FILL COUNTY LIST FROM TABLE. INCLUDE OTHER, DK and RF}

(ASK EVERYONE)

ZIP. What is your five digit zip code?

_____ (ENTER ZIP CODE, must be 5 numbers)

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

[IF ABS AND (MARKET = 16, 17, OR 18) AND (COUNTY IN LIST) GO TO L2; ELSE GO TO
CLOSE AND CODE AS INELIGIBLE – GEOGRAPHY]

L2. Of all the telephone calls that you ...<<if QA>1, fill: and the other people in your household>> receive, are

(READ ITEMS)?

(INTERVIEWER: READ ALL RESPONSES (1-3) BEFORE RECORDING AN ANSWER)

[INTERVIEWER NOTE: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE (INCLUDES VONAGE, MAGIC JACK AND OTHER HOME-BASED PHONE SERVICES)].

- 1 All calls received on a cell phone
- 2 Almost all calls received on a cell phone
- 3 Some received on a cell phone and some on a regular home phone
- 4 Almost all calls received on a regular home phone
- 5 All calls received on a regular home phone
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

A1. My next questions are about your health. Has a doctor or health professional ever told you that you had: (Check all that apply)

- a. diabetes or high blood sugar?
- b. hypertension or high blood pressure?
- c. heart disease?
- d. asthma?
- e. depression?

{if list sample, and respondent reported having the disease at baseline, per the sample(A1-A5); show prompt: "Just to confirm, a doctor or other professional has never, in your entire life, told you that you had <<fill condition>>."}

If A1=1 and A1a not selected, prompt. Fill diabetes or high blood sugar
If A2=1 and A1b not selected, prompt. Fill hypertension or high blood pressure
If A3=1 and A1c not selected, prompt. Fill heart disease
If A4=1 and A1d not selected, prompt. Fill asthma
If A5=1 and A1e not selected, prompt. Fill depression }

strtime2 = SYSTIME (RECORD TIME 2)
strdate2 = SYSDATE (RECORD DATE 2)

A2. During the past two years, have you seen a doctor or other health care professional for (Presented as a multiple response, allowing only those items selected in the prior question. Check all that apply):

- a) diabetes or high blood sugar?
- b) hypertension or high blood pressure?
- c) heart disease?
- d) asthma?
- e) depression?

(ASK EVERYONE)

A6. In general, would you say your health is:
(READ LIST, ENTER ONE ONLY)

- 1 Poor
- 2 Fair
- 3 Good
- 4 Very Good
- 5 Excellent
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

A7. Now we would like to ask you a few questions about yourself.
How old were you on your last birthday?

- _____ (ENTER AGE, 18 - 110)
- D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

A8. RECORD RESPONDENT GENDER

- 1 Male
- 2 Female

gender=0
if (a8 = 1) gender = 1
if (a8 = 2) gender = 2

(ASK EVERYONE)

A9. Are you of Hispanic or Latino origin or descent?

- 1 Yes or Either
- 2 No or Neither
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

A10. What race or races do you consider yourself to be?

(READ LIST, CHECK ALL THAT APPLY)

(Created into 9 Dummy Variables as labeled below)

(IF 'white' THEN 'white = 1'; 0 otherwise; one each per option)

- 1 White (Caucasian)
- 2 Black or African American
- 3 Asian
- 4 American Indian or Alaska Native
- 5 Native Hawaiian or Other Pacific Islander
- 6 Hispanic
- 7 Other / OTHER (SPECIY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

A11a. Are you currently married, divorced, separated, widowed, or have you never been married?

- 1 MARRIED
- 2 DIVORCED
- 3 SEPARATED
- 4 WIDOWED
- 5 NEVER MARRIED
- 6 OTHER

contryqs = 0
if (a9 = 1) contryqs = 1
if (a10 = 3) contryqs = 1
if (a10 = 6) contryqs = 1
if (a10 = 5) contryqs = 1
if (a10 = 7) contryqs = 1

HISP = 0
IF (A10 = 6) HISP = 1
IF (A9 = 1) HISP = 1

RACESCR = 0
IF MARKET = 1,4 OR 14 AND (HISP=1 OR A10=2 OR A10=3)RACESCR=1.
IF MARKET = 2,13 OR 111 AND (HISP=1 OR A10=2)RACESCR=1.
MARKET = 3,5,11 OR 12 AND (A10=2) RACESCR=1.

{NOTE: A10 DOES NOT HAVE TO HAVE JUST A SINGLE RACE SELECTED FOR A CASE TO BE INCLUDED IN THIS LOGIC. IF MULTIPLE RACES ARE INDICIATED, AND ANY ONE OF THEM MEETS THE CRITERA ABOVE, THE CASE SHOULD BE INCLUDED.}

A11. What is the highest level of education you have completed?

1. NO SCHOOLING
2. 1st 8th GRADE
3. SOME HIGH SCHOOL
4. HIGH SCHOOL GRADUATE
5. TECHNICAL OR VOCATIONAL SCHOOL (ATTENDED OR GRADUATED)
6. SOME COLLEGE
7. 4-YEAR COLLEGE DEGREE
8. POSTGRADUATE
9. ASSOCIATES DEGREE
10. NURSING SCHOOL DEGREE
11. (VOL) DK
12. (VOL) RF

(ASK IF A11 = 1-3 DD, RR)

A12. Do you have a high school diploma or GED Certificate?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

J1. I'd like to know a little bit about your present job. Last week were you employed full-time, part-time, going to school, retired, keeping house, or something else?

(IF RESPONDENT HAS 2 STATUSES, TAKE THE ONE HIGHEST ON THE LIST)

- 01 Employed at a full time job (30 hours or more)
- 02 Employed at a part time job(s)
- 03 (DELETED)
- 04 Unemployed, laid off, looking for work
- 05 Retired
- 06 In school
- 07 Keeping house
- 08 (DO NOT READ) DISABLED
- 97 (DO NOT READ) OTHER (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

Diabetic = 0
if (ABS & (a1a = 1) & (a2a = 1)) diabetic = 1
if (List & a1a = 1) diabetic = 1

hyperten = 0
if (ABS & (a1b = 1) & (a2b = 1)) hyperten = 1
if (List & a1b = 1) hyperten = 1

hrtldise = 0
if (ABS & (a1c = 1) & (a2c = 1)) hrtldise = 1
if (List & a1c = 1) hrtldise = 1

asthma = 0
if (ABS & (a1d = 1) & (a2d = 1)) asthma = 1
if (List & a1d = 1) asthma = 1

dpresn = 0
if (ABS & (a1e = 1) & (a2e = 1)) dpresn = 1
if (List & a1e = 1) dpresn = 1

COUNT = 0
COUNT = DIABETIC + HYPERTEN + HRTLDISE + ASTHMA + DPRESSN

IF (COUNT = 0 and ABS) GO TO CLOSE – CODE AS INELIGIBLE
IF (COUNT > 0), GO TO CONT
IF (COUNT = 0 and List) GO TO CONT

UNLESS
IF ABS AND MARKET=1 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .10
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=2 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .00
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=3 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .33
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=4 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .85

GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=5 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .85
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=11 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .85
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=12 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .10
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=13 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .50
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=14 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .65
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

IF ABS AND MARKET=111 AND
RACESCR=0 AND
SUBJECT_TO_SUB=1 AND
RANDOM_SELECTION_NUM < .10
GO TO CLOSE – CODE AS ELIGIBLE SCREEN OUT.

(ASK CONT IF ELIGIBLE and ABS)

Cont

Based on what you have just told me, we would like you to take part in another piece of this survey. This part is about how people <<if COUNT>0 with chronic illness>> feel about their health care experiences. As a token of our appreciation, we will send you \$20 upon your completion of the additional questions.

Just as before your continued participation is completely voluntary and your opinions will be kept strictly confidential. This survey will take about 30 minutes.

Completion of the interview implies your consent to participate in this research.

May I begin the survey?

- 1 Yes
- 2 No (ATTEMPT REFUSAL CONVERSION BEFORE CLOSING)

First, I am going to ask you some questions about your health and medical care.

MODULE B: QUALITY/SERVICE USE

(ASK B1A IF Diabetic = 1)

B1A. Can you please tell me, how long ago were you told that you had Diabetes or high blood sugar?

- 01 ANSWER GIVEN IN YEARS _____ (ENTER YEARS, 1 - 110)
- 02 ANSWER GIVEN IN MONTHS _____ (ENTER MONTHS, 1 - 12)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

strtime3 = SYSTIME (RECORD TIME 3)

strdate3 = SYSDATE (RECORD TIME 3)

(ASK B1B IF Hyperten = 1)

B1B. Can you please tell me, how long ago were you told that you had Hypertension or high blood pressure?

- 01 ANSWER GIVEN IN YEARS _____ (ENTER YEARS, 1 - 110)
- 02 ANSWER GIVEN IN MONTHS _____ (ENTER MONTHS, 1 - 12)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK B1C IF Hrtldise = 1)

B1C. Can you please tell me, how long ago were you told that you had heart disease?

- 01 ANSWER GIVEN IN YEARS _____ (ENTER YEARS, 1 - 110)
- 02 ANSWER GIVEN IN MONTHS _____ (ENTER MONTHS, 1 - 12)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK B1D IF Asthma = 1)

B1D. Can you please tell me, how long ago were you told that you had Asthma?

- 01 ANSWER GIVEN IN YEARS _____ (ENTER YEARS, 1 - 110)
- 02 ANSWER GIVEN IN MONTHS _____ (ENTER MONTHS, 1 - 110)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK B1E IF Dpressn = 1)

B1E. Can you please tell me, how long ago were you told that you had Depression?

- 01 ANSWER GIVEN IN YEARS _____ (ENTER YEARS, 1 - 110)
- 02 ANSWER GIVEN IN MONTHS _____ (ENTER MONTHS 1 - 12)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

B2. Now, think about the last 4 weeks.

During the last 4 weeks, how much did physical health problems limit your usual physical activities such as walking or climbing stairs? Did they limit your usual physical activities not at all, a little bit, some, quite a lot, or could you not do physical activities at all?

- 1 Not at all
- 2 A little bit
- 3 Some
- 4 Quite a lot
- 5 (DO NOT READ) Could not do daily physical activities
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B3. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- 1 Not at all
- 2 A little bit
- 3 Some
- 4 Quite a lot
- 5 (DO NOT READ) Could not do daily work
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B4. During the past 4 weeks, how much did your health problems limit your usual social activities with family or friends?

- 1 Not at all
- 2 A little bit
- 3 Some
- 4 Quite a lot
- 5 (DO NOT READ) Could not do social activities
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B5. Where do you usually go when you are sick or need health care? To a doctor's office or private clinic, a community health center or other public clinic, a hospital outpatient department, an urgent care clinic, a hospital emergency room, or some other place?

- 01 Doctor's offices or private clinics
- 02 Community health center or other public clinic
- 03 Hospital outpatient department
- 04 Urgent care clinic
- 05 Hospital emergency room
- 06 (DO NOT READ) Dialysis Center
- 07 (DO NOT READ) No regular place of care
- 11 (DO NOT READ) VA (Veterans' Administration)
- 97 Some other place, such as an alternative health practitioner (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

B6. Do you have a regular doctor or other health care professional, such as a nurse, nurse practitioner, or physician's assistant you usually go to when you are sick or need health care?

- 1 Yes
- 2 No
- 3 (DO NOT READ) Has more than one regular doctor
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B6c. Now I would like to ask you about complementary or alternative therapies. I am going to read a list of medicines and/or therapies that you might not receive in a Doctor's office. Please tell me for which of these you have seen someone during the last 12 months. [PROBE: "Any Others?"]

(READ LIST - DO NOT READ OPTIONS IN CAPS) (CHECK ALL THAT APPLY)

- 01 Acupuncture / (Ak-you-punk-ture)
- 02 Chiropractic Care / (k-eye-row-prak-tik) Care
- 03 Massage
- 04 Homeopathy / (Ho-ME-O-path-E)
- 05 Herbal Medicine / (Ur-bal) Medicine
- 06 Naturopathy / (Nat-you-ro-path-E)
- 08 AYURVEDA / (I-YER-VAY-DA)
- 09 BIOFEEDBACK
- 10 CHELATION THERAPY / (KEY-LAY-SHUN) THERAPY
- 11 ENERGY HEALING/REIKI (RAY-KEY)
- 12 HYPNOSIS / (HIP-NO-SIS)
- 13 FOLK MEDICINE
- 16 NO ALTERNATIVE THERAPIES RECEIVED (DO NOT READ)
- 97 Some other therapy (SPECIFY _____)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

B7. Now I am going to ask you about the past 12 months.

In the past 12 months, how many times did you go to the emergency room to get care for yourself?

_____ (ENTER NUMBER, RANGE 0-49)

- 50 50 or more
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

B8. In the past 12 months, how many separate times were you hospitalized for an overnight stay or longer?

_____ (ENTER NUMBER, 0-364)

- 365 365 or more
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK B8a-B8d IF B8 >=1)

B8a. Now I'd like to read you a few statements pertaining to your most recent hospitalization. Please tell me whether or not you Strongly Disagree, Disagree, Agree, or Strongly Agree.

(Scale: Strongly Disagree, Disagree, Agree, Strongly Agree, or Don't Know/Don't Remember/Not Applicable)

1. The hospital staff took my preferences and those of my family or caregiver into account in deciding what my health care needs would be when I left the hospital.
2. When I left the hospital, I had a good understanding of the things I was responsible for in managing my health.
3. When I left the hospital, I clearly understood the purpose for taking each of my medications.
4. When I left the hospital, I had a readable and easily understood written list of the appointments or tests I needed to complete within the next several weeks.

B8c. After you left the hospital did you return to the place you were previously living? (yes/no)

B8d. After you left the hospital, did you go directly to:

- 1 Your own home (yes/no)
 - 1a. (If 1=yes) Did you receive home health services? (yes/no)
- 2 Someone else's home (yes/no)
 - 2a. (If 2=yes) Did you receive home health services? (yes/no)
- 3 Nursing home
- 4 Assisted living or other senior housing where you can receive help with meals, medications, and other services (yes/no)
- 5 Another health facility (yes/no)

(ASK EVERYONE)

B9A1. During the past 12 months, several kinds of flu vaccines have been available. I will ask you about your most recent flu vaccination.

DURING THE PAST 12 MONTHS, have you had a flu shot? A flu shot is usually given in the fall and protects against influenza for the flu season.

Read if necessary: A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.

Read if necessary: Your most recent flu vaccination could have been the new 2013-2014 flu vaccine available starting this fall, or either of the two types available last season, one called "seasonal" and the other called "H1N1" or "swine" flu vaccine.

- 1 Yes
- 2 No
- 7 Refused
- 9 Don't know

B9a_1a. [Ask if answered “Yes” to B9a] During what month and year did you receive your most recent flu shot?

01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October
11 November 12 December

97 Refused
99 Don't know

B9a_1b. [Ask if answered “1-12” to B9a_1a] Enter year of most recent flu shot.

Year _____

97 Refused
99 Don't know

B9a2. DURING THE PAST 12 MONTHS, have you had a flu vaccine sprayed in your nose by a doctor or other health professional? A health professional may have let you spray it. This vaccine is usually given in the fall and protects against influenza for the flu season.

Read if necessary: This influenza vaccine is called FluMist (trademark).

Read if necessary: Your most recent flu vaccination could have been the new 20132-20134 flu vaccine available starting this fall, or either of the two types available last season, one called “seasonal” and the other called “H1N1” or “swine” flu vaccine.

1 Yes
2 No
7 Refused
9 Don't know

B9a2a. [Ask if answered “Yes” to B9a2] During what month and year did you receive your most recent flu nasal spray

01 January 02 February 03 March 04 April 05 May 06 June 07 July 08 August 09 September 10 October
11 November 12 December

97 Refused
99 Don't know

B9a2b. [Ask if answered “1-12” to B9a2a] Enter year of most recent flu nasal spray.

Year _____

97 Refused
99 Don't know

(ASK EVERYONE)

B9b. Do you currently smoke tobacco or have you in the past smoked tobacco?

- 1 Yes, currently
- 2 Yes, in the past
- 3 No
- 4 (DO NOT READ) I use smokeless tobacco
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

B9c. Have you ever consumed alcoholic beverages?

Yes

No (Skip to B10 int)

D (DO NOT READ) Don't know (Skip to B10 int)

R (DO NOT READ) Refused (Skip to B10 int)

B9d. Do you presently drink alcoholic beverages?

Yes → If Yes, go to B9e

No → If No, go to B10int.

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

B9e. How many alcoholic beverages do you usually drink every week? (One alcoholic beverage is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.)

Number _____

(ASK EVERYONE)

B10int. Now, please think about the past 3 months. <<IF count >0, fill: When we refer to "your condition(s)" we are referring to your (INSERT)>>

if ((diabetic = 1) & (COUNT = 1)) SHOW "Diabetes/high blood sugar."

if ((hyperten = 1) & (COUNT = 1)) SHOW "Hypertension/high blood pressure."

if ((hrtdise = 1) & (COUNT = 1)) SHOW "Heart Disease."

if ((asthma = 1) & (COUNT = 1)) SHOW "Asthma."

if ((dpressn = 1) & (COUNT = 1)) SHOW "Depression."

if ((diabetic = 1) & (COUNT > 1)) SHOW "Diabetes/high blood sugar"

if ((hyperten = 1) & (COUNT > 1)) SHOW "Hypertension/high blood pressure"

if ((hrtdise = 1) & (COUNT > 1)) SHOW "Heart Disease"

if ((asthma = 1) & (COUNT > 1)) SHOW "Asthma"

if ((dpressn = 1) & (COUNT > 1)) SHOW "Depression"

(ASK EVERYONE)

B10. In the past 3 months, about how many visits have you made to health care providers <<if count >0, fill: to treat your condition(s)>>?

_____ (ENTER NUMBER, 0-179)

180 180 or more

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(INTERVIEWER NOTE: FOR EXAMPLE IF RESPONDENT ANSWERS 'EVERY THREE WEEKS' PLEASE SELECT 4)

ONCE A MONTH = 3

EVERY THREE WEEKS = 4

EVERY TWO WEEKS = 6

ONCE A WEEK = 12

(ASK EVERYONE)

B11. In the past 12 months, have you changed the health care provider(s) you see<<if count >0, fill: to care for your condition(s)>>?

1 Yes

2 No

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK EVERYONE)

B12. These next questions are about your health care professionals. By health care professionals we mean doctors, nurses, nurse practitioners, physician's assistants, therapists, pharmacists and others who help you manage your <<if count =0, fill: health. If count >0, fill: condition(s)>>".

In general, do you think that coordination among all of the different health care professionals that you see is a major problem, a minor problem, or not a problem at all?

1 Major problem

2 Minor problem

3 Not a problem at all

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK IF B6c = 01-13, 97)

B12b. In general, do you think that coordination among your health care professional(s) and alternative health care practitioner(s) is a major problem, a minor problem, or not a problem at all?

1 Major problem

2 Minor problem

3 Not a problem at all

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK EVERYONE)

B13. Now we would like to know if you have had any problems getting the health care recommended by any of your health care professionals.

During the past 12 months, was there any time when you had a medical problem but put off, postponed or did not seek medical care when you needed to?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK B14 IF B13=1)

B14. What was the main reason or reasons that you put off, postponed or did not seek medical care when you needed to? (SELECT ALL THAT APPLY)

(DO NOT READ LIST) [PROBE: Anything else?"]

- 1 Cost
- 2 Did not have time
- 3 Health insurance did not cover
- 4 Did not agree with doctor's recommendation
- 7 Some other reason (SPECIFY) _____
- D Don't know
- R Refused

B14a Does your current health insurance pay the entire cost of the prescription drugs you need <<if count >0, fill: to treat your condition(s)"?

- 1. Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B15. During the past 12 months was there any time when you did not fill a prescription for medicine?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK B16 IF B15 = 1)

B16. What was the main reason or reasons that you did not fill a prescription for medicine?

[PROBE: "Any Others?"]

(CHECK ALL THAT APPLY)

(DO NOT READ OPTIONS IN CAPS)

(DO NOT READ LIST)

- 1 Cost
- 2 Did not have time
- 3 Health Insurance did not cover
- 4 Did not agree with doctor's recommendation
- 5 Do not like to take medications
- 7 Some other reason (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

B17intr

Next are some statements about experiences with health care professionals who help you <<if count>0, fill: care for your condition(s), if count = 0, fill: take care of your health.>>.. Here health care professionals are defined as the doctors, nurses, nurse practitioners, physician's assistants, therapists, pharmacists and others who help you manage your condition(s).

(ASK EVERYONE)

B17. Thinking about the last six months, please tell us whether you strongly agree, agree, disagree, or strongly disagree with each statement about your health care professionals.

Thinking about the last six months, my health care professionals (INSERT):

- 1 Strongly Agree
- 2 Agree
- 3 Disagree
- 4 Strongly Disagree
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Explained things in a way I could understand
- b. Spent enough time with me
- c. Treated me with respect and dignity
- d. Helped me set specific goals to improve my diet
- e. Help me set specific goals for exercise
- f. Taught me how to monitor my <<if count >0, fill: condition(s), if count = 0, fill: health>> so I could tell how I am doing

(ASK EVERYONE)

The next questions ask about communication between you and your health care professionals.

B23. In the past 12 months, did you receive a phone call from any of your health care professionals or your health insurance company to see how you were doing without you calling them first?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B25. In the past 12 months, did you get a letter, a postcard, an email or a call from any of your health care professionals or your health insurance company reminding you that you may be due for an appointment?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B27. In the past 12 months, did you get any materials from your health care professionals or your health insurance company, like a newsletter, magazine, email, pamphlet, or videotape on how to care for YOUR <<if count >0, fill: CONDITION(s), if count = 0, fill: HEALTH>>?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

B29. In the past 12 months, did your doctor or nurse arrange for you to see or attend any of the following for help to improve your health? [PROBE: "Any Others?"]

(READ AND RECORD ALL THAT APPLY)

(INTERVIEWER NOTE)

ALTERNATIVE HEALTH: ACUPUNCTURE AYURVEDA, BIOFEEDBACK, CHELATION THERAPY, CHIROPRACTIC CARE, ENERGY HEALING THERAPY/REIKI, FOLK MEDICINE (SUCH AS, CURANDERISMO/(Q-RON-DAY-REECE-MO), NATIVE AMERICAN HEALING), HYPNOSIS, MASSAGE, HOMEOPATHY, HERBAL MEDICINE OR NATUROPATHY

- 01 Dietician/Nutritionist (Di-et-i-Shun / New-tri-Shun-ist)
- 02 Support group
- 03 Health coach
- 04 Social Worker
- 05 Smoking cessation (Sea-say-Shun) program
- 06 Exercise consultant
- 07 Health related classes
- 08 Alternative health practitioners (SEE NOTE ABOVE)
- 97 Or something else, other (SPECIFY) _____
- 10 (DO NOT READ) NONE
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

B30. We want to know your overall rating of all your care in the past 12 months from all health care professionals who helped you take care of your <<if count >0, fill: condition(s), if count = 0, fill: health>>. Use any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible.

How would you rate all of your care in the past 12 months?

- _____ (ENTER NUMBER, RANGE = 0 - 10)
- DD (DO NOT READ) Don't know
 - RR (DO NOT READ) Refused

(ASK EVERYONE)

B31. Thinking about all of the experiences you have had with health care visits, have you EVER felt that the doctor or medical staff you saw judged you unfairly or treated you with disrespect because (INSERT)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ROTATE)

- a. of your ability to pay for the care or the type of health insurance you have
- b. of how you speak English
- c. your race or ethnic background
- d. of your gender
- e. of your age

(ASK EVERYONE)

B32. Do you think there was ever a time when you would have gotten better medical care if you (INSERT)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ROTATE)

- a) a) had belonged to a different race or ethnic group
- b) were a <<if gender =2, fill man if gender = 1 fill woman>>
- c) were younger
- d) spoke English more fluently

(ASK EVERYONE)

B33.

The following are statements that may or may not be true for you.

Please tell me whether you disagree or agree with the statements as they relate to your situation.

(NSERT)

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. When I do not understand, I am persistent in asking a doctor to explain something until I understand it.
- b. I am able to maintain a low fat diet.
- c. I read the label on food bought at the grocery store to see what it contains.
- d. Friends or family members ask me for advice on health care issues.
- e. I exercise on a regular basis. Exercise would be such things as walking, running, swimming, doing aerobics, or using exercise equipment.
- f. Most days of the week I eat at least 5 servings of fruits or vegetables.

(DISEASE SPECIFIC MODULES: CHOICE OF THE FOLLOWING DISEASE SPECIFIC QUESTIONS WILL BE BASED ON THE ANSWERS TO THE CHRONIC DISEASE SCREENING QUESTIONS 1 THROUGH 5 IN MODULE A.)

(ASK C1-C9 IF diabetic = 1)

MODULE C: DIABETES OR HIGH BLOOD SUGAR

C1intr

Now we have some questions about your diabetes or high blood sugar.

- C1. In the past month, how often were you able to take your diabetes medications as your doctor has recommended? This means you took the recommended doses at the right time.

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C3. In the past month, how often were you able to take your cholesterol and/or triglyceride [try-GLI-ser-ide] (lipid) lowering medications as your doctor has recommended? This means you took the recommended doses at the right time.

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C4. Do you know what your recommended cholesterol level should be?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C4a: Do you know the daily salt intake your health professional would like to see you have?

- 1. Yes [Go to C4b]
- 2. No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C4b: [Ask if answered "Yes" to C4a] How often do you follow your health professional's recommendation of daily salt intake?

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C2. In the past month, did you check your blood sugar at least once a week?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C5. Now, think about your diabetes care in the past 12 months.
About how many times in the past 12 months has a doctor, nurse, or other health care professional checked your cholesterol level?

- 1 At least one time
- 2 Two or more times
- 3 I have not had my cholesterol checked in the past 12 months
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C6. A test for "A one C" (H, B A 1 C or HEMOGLOBIN A1c) measures the average level of blood sugar over the past three months.
About how many times in the past 12 months has a doctor, nurse, or other health care professional checked you for "A one C"?

- 1 At least one time
- 2 Two or more times
- 3 I have not had my "A one C" checked in the past 12 months
- 4 Never heard of "A one C" test
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C6a: Do you know what A1c or blood sugar level your health professional would like to see you have?
[Modified version of D3]

- 1. Yes
- 2. No
- 3. Don't know
- 4. Refused

C7. Have you had an eye screening or eye exam by an eye care professional (optometrist/(Op-tom-eh-trist) or ophthalmologist/(op-thul-mall-O-gist)) in the past 12 months?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

C8. Have you had a foot exam by a health care professional to look for circulation problems in the past 12 months?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK C9 IF B9b = 1)

C9. In the past 12 months, did you get information about quitting smoking from your Doctor or other health professional?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

GO TO NEXT CHRONIC CONDITION OR MODULE H WHICHEVER IS APPROPRIATE

(ASK D1-D5b IF hyperten = 1)

MODULE D: HYPERTENSION OR HIGH BLOOD PRESSURE

D1intr

Now we have some questions about your hypertension or high blood pressure.

D1. In the past month, how often were you able to take your blood pressure medications as your doctor has recommended? This means you took the recommended doses at the right time.

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

D2. In the past month, did you check your blood pressure at least once a week?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

D3. Do you know what blood pressure your doctor would like to see you have?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK D4 IF B9b = 1) AND;

(ASK D4 IF diabetic = 0)

D4. In the past 12 months, did you get information about quitting smoking from your Doctor or other health professional?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK D5a IF diabetic=0)

D5a: Do you know the daily salt intake your health professional would like to see you have?

- 1. Yes [Go to D5b]
- 2. No
- 3. Don't Know
- 4. Refused

D5b: [Ask if answered "Yes" to D5a] How often do you follow your health professional's recommendation of daily salt intake?

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

GO TO NEXT CHRONIC CONDITION OR MODULE H WHICHEVER IS APPROPRIATE

(ASK E1-E5 IF hrtdise = 1)

MODULE E: CORONARY HEART DISEASE

E1intr

Now we have some questions about your heart disease.

E4. In the past month, how often were you able to take your heart medication(s) as your doctor has recommended? This means you took the recommended doses at the right time.

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK E1 IF diabetic = 0)

E1. In the past month, how often were you able to take your cholesterol and/or triglyceride [try-GLI-ser-ide] (lipid) lowering medications as your doctor has recommended? This means you took the recommended doses at the right time.

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK E2 IF diabetic = 0)

E2. Do you know what your recommended cholesterol level should be?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

E3. Do you have your blood pressure checked at least once a year?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

E3a: Do you know what blood pressure your health professional would like to see you have?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Refused

(ASK E5 IF B9b = 1) AND;

(ASK E5 IF diabetic = 0) AND;

(ASK E5 IF hyperten = 0)

E5. In the past 12 months, did you get information about quitting smoking from your Doctor or other health professional?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

GO TO NEXT CHRONIC CONDITION OR MODULE H WHICHEVER IS APPROPRIATE

(ASK F1-F4b IF asthma = 1)

MODULE F: ASTHMA

F1intr

Now we have some questions about your asthma in the last month.

F1. In the past month, how often were you able to take your asthma medications, including inhalers, as your doctor has recommended? This means you took the recommended doses at the right time.

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

F2. In the past month, how often did you avoid things that make your asthma worse?
Would you say:

- 1 Always
- 2 Sometimes
- 3 Rarely
- 4 Never
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK F3 IF B9b = 1) AND;
(ASK F3 IF diabetic = 0); AND
(ASK F3 IF hyperten = 0); AND
(ASK F3 IF hrtdise = 0)

F3. In the past 12 months, did you get information about quitting smoking from your Doctor or other health professional?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

F4a: Has a health professional ever taught you or your caregiver:

What to do during an asthma episode or attack?

- (1) YES
- (2) NO
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

F4b: Has a doctor or other health professional ever taught you or your caregiver:

How to use a peak flow meter, a device that measures how much air you can blow out of your lungs, to adjust daily medications?

(1) YES

(2) NO

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

GO TO NEXT CHRONIC CONDITION OR MODULE H WHICHEVER IS APPROPRIATE

MODULE G DEPRESSION

(ASK G57 IF dpressn = 1)

G57intr

Now we have some questions about your depression.

G57. In the past month, how often were you able to take your depression medications as your doctor has recommended? This means you took the recommended doses at the right time.

1 Always

2 Usually

3 About Half the time

4 Rarely

5 Never

7 (DO NOT READ) NOT APPLICABLE

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK G58 IF dpressn = 1)

G58. In the past three months, how often were you able to attend counseling sessions for your depression exactly as your doctor recommended? By exactly recommended, I mean making it to all of the sessions. Was it

1 None of the sessions

2 A few of the sessions

3 Some of the sessions

4 Most of the sessions

5 All of the sessions

7 (DO NOT READ) NOT APPLICABLE (My doctor did not recommend counseling sessions)

D (DO NOT READ) DON'T KNOW

R (DO NOT READ) REFUSED

(ASK G59 IF B9b = 1) AND;

(ASK G59 IF diabetic = 0); AND

(ASK G59 IF hyperten = 0); AND

(ASK G59IF hrtldise = 0); AND
(ASK G59 IF asthma = 0)

G59. In the past 12 months, did you get information about quitting smoking from your Doctor or other health professional?

- 1 Yes
- 2 No
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

MODULE H: CONSUMER ENGAGEMENT

h1rand = randnum (1 2) (ASK HALF SAMPLE H1_1 AND HALF SAMPLE H1_2)

(ASK H1_1 IF (h1rand = 1))

H1_1. I'm going to read you some statements that people sometimes make when they talk about their health. Please tell me how much you agree or disagree with each statement as it applies to you personally.

(INSERT)

- 4 Strongly Agree
- 3 Agree
- 2 Disagree
- 1 Strongly Disagree
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. When all is said and done, I am the person who is responsible for managing my health condition(s).
- b. Taking an active role in my own health care is the most important factor in determining my health and ability to function.
- c. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
- d. I know what each of my prescribed medications does.
- e. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
- f. I am confident I can tell a doctor my concerns even when he or she does not ask.
- g. I am confident that I can follow through on medical treatments I need to do at home.
- h. I understand the nature and causes of my health condition(s).
- i. I know the different medical treatment options available for my health condition(s).
- j. I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
- k. I know how to prevent further problems with my health condition(s).
- l. I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
- m. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.

(ASK H1_2 IF (h1rand = 2))

H1_2. I'm going to read you some statements that people sometimes make when they talk about their health. Please tell me how much you agree or disagree with each statement as it applies to you personally.

(INSERT)

(NOTE THAT THE ORDERING OF THE OPTION CHOICES IS DIFFERENT. H1_1 BEGINS WITH 'STRONGLY AGREE' AND H1_2 BEGINS WITH 'STRONGLY DISAGREE'; THE ORDERING IS REVERSED)

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. When all is said and done, I am the person who is responsible for managing my health condition(s).
- b. Taking an active role in my own health care is the most important factor in determining my health and ability to function.
- c. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition(s).
- d. I know what each of my prescribed medications does.
- e. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
- f. I am confident I can tell a doctor my concerns even when he or she does not ask.
- g. I am confident that I can follow through on medical treatments I need to do at home.
- h. I understand the nature and causes of my health condition(s).
- i. I know the different medical treatment options available for my health condition(s).
- j. I have been able to maintain the lifestyle changes for my health condition(s) that I have made.
- k. I know how to prevent further problems with my health condition(s).
- l. I am confident I can figure out solutions when new situations or problems arise with my health condition(s).
- m. I am confident that I can maintain lifestyle changes, like diet and exercise, even during times of stress.

H2. Now thinking about the past 2 years, when receiving care for a medical problem, was there EVER a time when [INSERT ITEM]?

- 1 Yes;
- 2 No;
- 3 Not Applicable (V);
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- 1. Test results or medical records were not available at the time of your scheduled medical care appointment
- 2. You received conflicting information from different doctors or health care professionals
- 3. Doctors or health care professionals ordered a medical test that you felt was unnecessary because the test had already been done

H3. In the past 12 months, has a doctor/health care professional or other staff at your regular place of care...?

- 1 Yes;
- 2 No;
- 3 Not Applicable (V);
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- 1. Reviewed with you any medications you take, including those prescribed by other doctors or health care professionals
- 2. Explained the potential side effects of any medication that was prescribed [IHP 2004]
- 3. Given you a written list of all your prescribed medications

H4. In the last 12 months, did you visit a specialist to get care for yourself?

- 1 Yes
- 2 No

(IF H4=1, ASK H4a AND H4b)

H4a. In the last 12 months, how often did your regular doctor or health care provider seem informed and up-to-date about the care you got from specialists?

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

H4b. In the last 12 months, how often did the specialists you saw seem to know the important information about your medical history?

- 1 Always
- 2 Usually
- 3 About Half the time
- 4 Rarely
- 5 Never
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

H5. I'm going to read you a list of statements, and I'd like you to tell me if each one is not at all true, barely true, mostly true or exactly true.

<<if count >0, fill: For my XXX [populate with all chronic illnesses identified in screening], overall>>
I am quite sure that I can keep doing the activities to manage my health even if...

- a) ...it takes a long time to develop the necessary routines.
- b) ...I have worries and troubles.
- c) ...I don't succeed at once.
- d) ...I am tired.
- e) ...I am stressed out.
- f) ...I feel tense.
- g) ...I don't receive a great deal of support from others.
- h) ...I have to start all over again several times until I succeed.
- i) ...I have already paused for several weeks.

Scale: 1-4 where 1= Not at all true; 2 = Barely true; 3 = Mostly true; 4 = Exactly true, DK/RF.

H6. I'm going to read you some statements that people sometimes make when they talk about their health. Please tell me how much you agree or disagree with each statement as it applies to you personally. <<if count >0, fill: For my XXXX [populate with all chronic illnesses – e.g. diabetes, hypertension, etc identified in survey screen]>>

- 1 Strongly Disagree
- 2 Disagree
- 3 Neither Disagree or Agree
- 4 Agree
- 5 Strongly Agree
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a) I prefer to make the decision about which treatment and what care I will receive
- b) I prefer to make the final decision about my treatments and care after seriously considering my doctor's opinion
- c) I prefer that my doctor and I share responsibility for deciding which treatment and what care is best for me
- d) I prefer that my doctor make the final decision about which treatment and what care will be used but seriously consider my opinion
- e) I prefer to leave all decisions regarding my care to my doctor

(ASK EVERYONE)

MODULE I: PUBLIC REPORTING

I|intr

I am going to read several statements about the quality of health care. By quality health care, I mean care that is safe, effective, and responds to your needs.

(ASK EVERYONE)

11. For each statement, please tell me whether you strongly disagree, disagree, agree, or strongly agree. (INSERT)

- 4 Strongly Agree
- 3 Agree
- 2 Disagree
- 1 Strongly Disagree
- 7 (DO NOT READ) NOT APPLICABLE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Doctors in my community are all pretty much the same in terms of the quality of the care they provide.
- b. I would consider going to a different doctor than the one I normally see if the new doctor's quality was higher and my costs were about the same.
- c. I would consider going to a different Doctor than the one I normally see if the new Doctor's performance in treating <<if count>0, fill: people with my condition, if count >0, fill: patients>> was about the same and my costs were lower.

(ASK EVERYONE)

I4intr

Now I am going to read a list of things that you might consider the next time you choose a doctor <<if count >0, fill: to treat your condition(s)>>. Please tell me whether each item would be: Very Important, Important, Somewhat Important, or Not Important,

14. The next time you choose a doctor <<if count >0, fill: to treat your condition(s)>>, how important might you consider (INSERT)...?

- 1 Very Important
- 2 Important
- 3 Somewhat Important
- 4 Not Important
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Recommendations from family and friends
- b. Recommendations from a doctor, nurse, or other health professional
- c. The general reputation of the doctor
- d. The convenience of seeing the doctor, such as travel, scheduling, etc
- e. A report that shows which doctors follow recommended approaches to treat <<if count > 0, fill: your if count = 0, fill: chronic>> conditions
- f. For people with <<if count >0, fill: conditions similar to yours if count = 0, fill: chronic conditions>>, a report that shows the outcomes for patients treated by different doctors
- g. A report that compares how satisfied other patients are with their doctor or medical group
- h. Your share of the costs of medical services or procedures

(ASK EVERYONE)

I11. Are there other things you might consider the next time you choose a doctor <<if count >0, fill: to treat your condition(s)>> that I have not read? [PROBE: Any Others?"]

(CHECK ALL THAT APPLY)

(DO NOT READ)

- 01 No nothing else
- 02 Doctor's ability to communicate or listen to me
- 03 Personal relationship with doctor is important
- 04 Doctor's experiences or time in practice
- 05 The hospitals that the doctor works with
- 06 Doctor is open to alternative therapies
- 07 Cost
- 08 Doctor's Hours (OPEN EVENINGS/WEEKENDS)
- 97 OTHER (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

I13. Information comparing different doctors, hospitals, and health insurance plans is available in different places. For example, it might be given out at work, come to your home by mail, appear in a newspaper or magazine, or be found on an Internet web site.

IN THE past 12 months, do you remember seeing any information comparing different doctors, hospitals or health plans?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I14A IF I13 = 1)

I14A. Did you see any information comparing the quality among different doctors in the past 12 months?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I15 IF I14A = 1)

I15. Did you personally USE the information you saw comparing quality among doctors in making any decisions about doctors?

- 1 Yes, used
- 2 No, did not use
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I16 IF I15 = 2)

I16 Why did you not use the information?

(CHECK ALL THAT APPLY) [PROBE: "Any other reasons?"]

(DO NOT READ)

- 01 Satisfied with current doctor
- 02 Cannot choose different doctor because of insurance or other restrictions
- 03 I did not need to see a doctor /Did not need medical care
- 04 Different doctor would have cost more
- 05 The report did not apply to doctors in my area
- 06 I did not understand the information
- 07 Unsure how accurate/Trustworthy the information was
- 97 Other (SPECIFY) _____
- DD Don't know
- RR Refused

(ASK I17 IF I14A = 1)

I17. Did you talk with your doctor about the report(s)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I18 IF I17 = 2)

I18. Why did you not talk to your doctor about the report(s)? [PROBE: "Any other reasons?"]

(READ LIST)

(CHECK ALL THAT APPLY)

- 1 I believe the information provided in the report(s) is not important to discuss with my doctor
- 2 I do not believe I understand the report(s) well enough to talk to my doctor about them
- 3 I would feel uncomfortable talking with my doctor about this information
- 4 I trust my doctor to do what is best for me
- 97 (DO NOT READ) OTHER (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I19 IF I14A = 1)

I19. Did you talk with your friends and family about the information in the report(s)?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I14B IF I13 = 1)

I14B. Did you see any information comparing the quality among different hospitals in the past 12 months?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I20 IF I14B = 1)

I20. Did you personally use the information you saw comparing quality among hospitals in making any decisions about hospitals?

- 1 Yes, used
- 2 No, did not use
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I21 IF I20 = 2)

I21. Why did you not use the information? [PROBE: "Any other reasons?"]

(CHECK ALL THAT APPLY)

(DO NOT READ)

- 1 Satisfied with current hospital
- 2 I did not need to use a hospital
- 3 Cannot choose different hospital because of insurance or other restrictions
- 4 Different hospital would have cost more
- 5 The report did not apply to hospitals in my area
- 6 I did not understand the information
- 7 Other (SPECIFY) _____
- DD Don't know
- RR Refused

(ASK I14C IF I13 = 1)

I14C. Did you see any information comparing the quality among different health insurance companies in the past 12 months?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF I14C = 1)

I22. Did you personally USE the information you saw comparing quality among health insurance companies in making any decisions about health insurance plans?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF I22 = 2)

I23. Why did you not use the information? [PROBE: "Any other reasons?"]

(SELECT ALL THAT APPLY)

(DO NOT READ OPTIONS)

- 1 Satisfied with current health plan
- 2 Cannot choose different health plan-Ex. Employer only offers one / a single plan
- 3 Different health plans would have cost more
- 4 (DELETED)
- 5 The report did not apply to health plans available to me
- 6 I did not understand the information
- 7 Other (SPECIFY) _____
- D Don't know
- R Refused

(ASK EVERYONE)

I24intr

I am going to read a list of people or organizations that provide information about the health care quality provided by doctors. For each one, please tell me if you would trust the information about health care quality provided by doctors from this source a lot, trust it a little or not trust it at all

(ASK EVERYONE)

I24a. (INSERT OPTION AND THEN ASK) Would you trust the information about health care quality provided by doctors from this source a lot, a little or not at all?

- 1 A lot
- 2 A little
- 3 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ROTATE)

- a. Family, friends or coworkers
- b. Your doctor
- c. Your hospital
- d. Your health insurance company
- e. Your employer
- f. A federal, state or local government agency
- g. An Internet web site
- h. A newspaper or magazine

(ASK EVERYONE EXCEPT MARKET 111)

I24H. (FILL REPORTING ORGANIZATION FOR COMMUNITY FROM MARKET TABLE)

Would you trust the information about health care quality provided by doctors from this source a lot, a little or not at all?

- 1 A lot
- 2 A little
- 3 Not at all
- 7 Not aware of organization
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

I24I_1. Do you know of any other local not-for-profit organizations that provide information about the health care quality provided by doctors?

- 1 Yes; (RECORD NAME) _____
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK I24I IF I24I_1 = 1)

I24I.

Would you trust the information about health care quality provided by doctors from this source a lot, a little or not at all?

- 1 A lot
- 2 A little
- 3 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

I25. Do you use the Internet at any location?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK QI26 IF QI25 = 1)

I26. How often do you use the Internet?

- 1 Several times a day
- 2 About once a day
- 3 Once every 3-5 days
- 4 Once a week
- 5 Once every few weeks
- 6 Or less often
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK QI27a IF QI25 = 1)

I27a. Now, we'd like to ask if you've looked for information ONLINE about certain health or medical issues. In the past 12 months, have you looked ONLINE for (MULTIPLE RESPONSE)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

1. Information about a specific disease or medical problem
2. Information about a certain medical treatment or procedure
3. Information about doctors or other health professionals
4. Information about hospitals or other medical facilities
5. Information related to health insurance, including private insurance, Medicare or Medicaid
6. Information about end-of-life decisions
7. Information about long-term care for an elderly or disabled person
8. Information about how to manage chronic pain
9. Information about medical test results
10. Information about any other health issue

(ASK QI27b IF QI25 = 1)

I27b. Now, we'd like to ask if you've looked for information ONLINE about some more health or medical issues. In the past 12 months, have you looked ONLINE for (MULTIPLE RESPONSE)

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

1. Information about exercise or fitness
2. Information about prescription or over-the-counter drugs
3. Information about depression, anxiety, stress or mental health issues
4. Information about how to lose weight or how to control your weight
5. Information about diet, nutrition, vitamins, or nutritional supplements
6. Information about immunizations or vaccinations
7. Information about how to quit smoking

(ASK QI28 IF ANY PART OF I27a OR I27b = 1)

I28. In which of the following ways, if any, did the information you found online affect your own health care or the way you care for someone else? Did the information you found online [INSERT; ROTATE]?

- a. affect a decision about how to treat an illness or condition (Yes, No, Don't Know, Refused)
- b. change your overall approach to maintaining your health or the health of someone you help take care of (Yes, No, Don't Know, Refused)
- c. change the way you cope with a chronic condition or manage pain (Yes, No, Don't Know, Refused)
- d. Affect a decision about whether you see a doctor or health care professional (Yes, No, Don't Know, Refused)
- e. Lead you to ask a doctor or healthcare professional new questions, or to get a second opinion from another doctor (Yes, No, Don't Know, Refused)
- f. Change the way you think about diet, exercise, or stress management (Yes, No, Don't Know, Refused)

(ASK QI29 IF QI25 = 1)

I29. Have you ever posted comments, queries or information about health or medical matters in any of these places online? [INSERT ITEM; RANDOMIZE]...

- a. In an online discussion, listserve, or other online group forum (yes, no, don't know, refused)
- b. On a blog (yes, no, don't know, refused)
- c. On a social networking site such as Facebook, MySpace, or LinkedIn. (yes, no, don't know, refused)
- d. On a website of any kind, such as a health site or news site that allows comments and discussion (yes, no, don't know, refused)
- e. On Twitter or other status updates (yes, no, don't know, refused)

(if market=111, skip to J_INTRO)

I30. (IF MARKET =16) Are you aware of Clinical Quality Measures sponsored by Quality Health First Program, Indiana Health Information Exchange which is available at <http://www.ihie.org/public-reporting> or Healthcare Reports sponsored by Central Indiana Alliance for Health which is available at <http://www.centralindianaallianceforhealth.org/>

(IF MARKET = 17) Are you aware of Quality Insights reports sponsored by Massachusetts Quality Partners which is available on their website at <http://www.mhqp.org?>

These reports provide the public with information about Clinical Quality in Primary Care and Patients Experiences in Primary Care.

(IF MARKET =18) Are you aware of Medical Group Snapshot or Hospital Snapshot sponsored by the Albuquerque Coalition for Healthcare quality which is available at <http://www.abqhealthcarequality.org/?>

(READ IF ASKED: The website for this report is {Fill: Website})

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ask only if market=3 and i30=YES)

I30a

Are you aware of the public reports available there or the Take Charge for Better Health message on billboards in your community?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ask only if market=7 and i30=YES)

I30b

Which of the following quality reports from WCHQ are you aware of?

(SELECT ALL THAT APPLY)

- 1. Performance and Progress Report
- 2. WI Health Reports (AKA Bob and Helen's Story)
- 3. Check Point
- 4. Price Point
- 5. NONE OF THESE (DO NOT READ)
 - D (DO NOT READ) Don't know
 - R (DO NOT READ) Refused

I31 [Ask if answered "YES" to I30 or I30a, or if I30b=1,2,3 or 4]:

Have you ever seen <<if only one selected on I30b, fill it; if more than one selected on i30b, fill them>> or used <<if only one selected on I30b, fill it; if more than one selected on i30b, fill them>> for yourself?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

I32 [Ask if answered "YES" to I31]:

How useful was the information in the <<if only one selected on I30b, fill report; if more than one selected on i30b, fill reports>> for you?

- 1. Very useful [Go to I33]
- 2. Somewhat useful [Go to I33]
- 3. Not very useful [Go to I34]
- 4. Not at all useful [Go to I34]
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

I33 [Ask if answered “VERY USEFUL or SOMEWHAT USEFUL” to I32]:

What did you use <<if only one selected on I30b, fill it; if more than one selected on I30b, fill them>>for?
[Do not read response options but have some of the responses pre-coded as below. Add additional response options based on common answers provided]:

- a. TO CHOOSE A DOCTOR
- b. TO CHOOSE A HOSPITAL
- c. TO COMPARE MY CURRENT HEALTHCARE PROVIDER AGAINST OTHERS IN COMMUNITY
- d. Other [specify]

I34 [Ask if answered “Not Very Useful” or “Not at All Useful” to I32]:

Why was the information not useful for you? [Do not read responses options but have some of the response precoded as below]:

- a. THE INFORMATION WAS NOT RELEVANT TO ME OR TO MY CONDITION(S)
- b. I DID NOT UNDERSTAND IT
- c. I DO NOT HAVE THE ABILITY TO CHOOSE HEALTH CARE PROVIDERS
- d. I DID NOT TRUST THE REPORT
- e. Other [specify]:

MODULE J: DEMOGRAPHICS

J_INTRO

Now I have just a few questions about yourself. This will help us describe the group who took part in this survey.

(ASK J3 IF J1= 01, 02 OR 97)

J3. Including all jobs, how many hours do you typically work each week?

_____ HOURS (1-100)

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

J2. Do you currently have health insurance?

1 Yes

2 No

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK J3A IF J2 = 1)

J3A. I will list several types of health insurance or health coverage plans. For each one, please tell me if you are currently covered by that type of plan.

- 1 Yes, currently covered
- 2 No, not currently covered
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

- a. Health insurance plan from your current or former employer or union or from another household member's current or former employer or union
- c. Health insurance plan bought on your own or bought by another household member
- d. Medicare
- f. Medicaid
- h. Any other government assistance programs that help to pay for health care expenses?
- i. The Indian Health Service
- j. Any other health insurance plan that I have not mentioned (SPECIFY NAME OF THE PLAN)_____

INSURD= 0
 IF (J3A = 1) INSURD = 1
 IF (J3C = 1) INSURD = 1
 IF (J3D = 1) INSURD = 1
 IF (J3F = 1) INSURD = 1
 IF (J3H = 1) INSURD = 1
 IF (J3I = 1) INSURD = 1
 IF (J3J = 1) INSURD = 1

(ASK J4 if INSURD = 0)

J4. At any time during the last 12 months were you covered by a health insurance plan?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

J7. About how much do you weigh without shoes?

- 01 ANSWER GIVEN IN POUNDS _____ (ENTER WEIGHT, RANGE 70lbs – 400lbs)
- 02 ANSWER GIVEN IN KILOGRAMS _____ (ENTER WEIGHT, RANGE 31kg – 182kg)
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

J8A. About how tall are you without shoes?

(IF FEET/INCHES)

(INTERVIEWER NOTE: ENTER "SIX ONE" AS '6' FEET AND '1' INCH, or "FIVE FOOT"
AS '5' FEET AND '0' INCHES)

_____ (RECORD FEET, RANGE 3ft – 9ft)

_____ (RECORD INCHES, RANGE 0 inches -11 inches)

(IF METERS/CENTIMETERS)

(INTERVIEWER NOTE: ENTER "ONE EIGHTY" AS '1' METER AND '80'
CENTEMETERS, or "TWO METERS" AS '2' METERS AND '00' CENTIMETERS)

_____ (RECORD METERS, RANGE 1m – 3m)

_____ (RECORD CENTIMETERS, RANGE 0cm - 99cm)

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(If QA + DK/Refused Skip to A16)

A15. Was the total income in 2012 2013 from all sources in your household greater or less than
(INSERT AMT)?

1 GREATER THAN (INSERT AMT)

2 LESS THAN (INSERT AMT)

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(INSTRUCTIONS/SKIP PATTERN FOR QUESTION A16)

For all LESS THAN responses please show options in descending order, for example: (IF A15=Less than
'AMT 1' then SHOW options 3 and down; 3 first, 2 second and 1 last)

IF A15= Greater than 'AMT 1' then SHOW options 3 and up [3-12, D, R]

IF A15=Less than 'AMT 1' then SHOW options 3 and down [3-1, D, R]

IF A15= Greater than 'AMT 2' then SHOW options 4 and up [4-12, D, R]

IF A15=Less than 'AMT 2' then SHOW options 4 and down [4-1, D, R]

IF A15= Greater than 'AMT 3' then SHOW options 5 and up [5-12, D, R]

IF A15=Less than 'AMT 3' then SHOW options 5 and down [5-1, D, R]

IF A15= Greater than 'AMT 4' then SHOW options 6 and up [6-12, D, R]

IF A15=Less than 'AMT 4' then SHOW options 6 and down [6-1, D, R]

IF A15= Greater than 'AMT 5' then SHOW options 7 and up [7-12, D, R]

IF A15=Less than 'AMT 5' then SHOW options 7 and down [7-1, D, R]

IF A15= Greater than 'AMT 6' then SHOW options 7 and up [7-12, D, R]
IF A15=Less than 'AMT 6' then SHOW options 7 and down [7-1, D, R]

IF A15= Greater than 'AMT 7' then SHOW options 8 and up [8-12, D, R]
IF A15=Less than 'AMT 7' then SHOW options 7 and down [7-1, D, R]

IF A15= Greater than 'AMT 8' then SHOW options 8 and up [8-12, D, R]
IF A15=Less than 'AMT 8' then SHOW options 8 and down [8-1, D, R]

IF A15= Greater than 'AMT 9' then SHOW options 8 and up [8-12, D, R]
IF A15=Less than 'AMT 9' then SHOW options 8 and down [8-1, D, R]

IF A15= Greater than 'AMT 10' then SHOW options 9 and up [9-12, D, R]
IF A15=Less than 'AMT 10' then SHOW options 9 and down [9-1, D, R]

IF A15= Greater than 'AMT 11' then SHOW options 9 and up [9-12, D, R]
IF A15=Less than 'AMT 11' then SHOW options 9 and down [9-1, D, R]

IF A15= Greater than 'AMT 12' then SHOW options 10 and up [10-12, D, R]
IF A15=Less than 'AMT 12' then SHOW options 10 and down [10-1, D, R]

IF A15= Greater than 'AMT 13' then SHOW options 10 and up [10-12, D, R]
IF A15=Less than 'AMT 13' then SHOW options 10 and down [10-1, D, R]

IF A15= Greater than 'AMT 14' then SHOW options 10 and up [10-12, D, R]
IF A15=Less than 'AMT 14' then SHOW options 10 and down [10-1, D, R]

IF A15= Greater than 'AMT 15' then SHOW options 11 and up [11-12, D, R]
IF A15=Less than 'AMT 15' then SHOW options 11 and down [11-1, D, R]

(ASK EVERYONE FOLLOWING THE INSTRUCTIONS GUIDELINE)

(SHOW ALL RANGES IF A15 = D, R; OR QA = D, R)

A16. I am going to mention a number of income categories. When I mention the category which describes your total family income in 2010/2013, please stop me.

- 1 Under \$5,000
- 2 \$ 5,000 - \$ 9,999
- 3 \$10,000 - \$14,999
- 4 \$15,000 - \$19,999
- 5 \$20,000 - \$24,999
- 6 \$25,000 - \$29,999
- 7 \$30,000 - \$39,999
- 8 \$40,000 - \$49,999
- 9 \$50,000 - \$59,999
- 10 \$60,000 - \$74,999
- 11 \$75,000 - \$100,000
- 12 \$100,000 OR MORE
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK IF A9 = 1 or A10= 6)

J11a. Earlier you said you are Hispanic or <<if gender = 1, fill Latino if gender=2, fill Latina. What specific ethnic group are you, such as Mexican, Puerto Rican, Cuban, Dominican, Salvadoran? If you are more than one, tell me all of them.

(SELECT ALL THAT APPLY)

- 01 Mexican (Mexico)
- 02 Puerto Rican (Puerto Rico)
- 03 Cuban (Cuba)
- 04 Dominican / (Doe-min-i-can) / (the Dominican Republic)
- 05 Salvadoran / Sal-va-door-an / (El Salvador)
- 06 Other Central American (Central America)
- 07 Other South American (South America)
- 97 (DO NOT READ) OTHER (SPECIFY) _____ (you and your family's country of origin)
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK J12 IF contryqs = 1) AND;

(ASK J12 IF A10 = 3 and hisp = 0)

J12. Earlier you said you are Asian. What specific ethnic group are you, such as Chinese, Filipino, Vietnamese? If you are more than one, tell me all of them.

(RECORD ALL THAT APPLY)

- 1 Chinese
- 2 Filipino / (Fil-i-P-no)
- 3 Vietnamese / (V-et-nu-ME-z)
- 7 Other (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK J13 IF contryqs = 1) AND;

(ASK J13 if A10 = 5 and hisp = 0)

J13. Earlier you said you are Pacific Islander. What specific ethnic group are you, such as Samoan, Tongan, or Guamanian? If you are more than one, tell me all of them. (RECORD ALL THAT APPLY)

- 1 Samoan / (Su-mow-an)
- 2 Tongan
- 3 Guamanian / (gwa - main - e - an)
- 4 Filipino
- 7 Other (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK OF EVERYONE)

J14. Were you born in the United States, on the Island of Puerto Rico or in another country?

- 1 U.S.
- 2 Puerto Rico
- 3 Another Country
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK J14b IF J14 = 3)

J14b. In what country were you born?

(DO NOT READ)

- 01 Brazil
- 02 Canada
- 03 China/HK/Taiwan(Tie-wan)
- 04 Colombia
- 05 Cuba
- 06 Dominican Rep.
- 07 Mexico
- 08 Ecuador (Ek-qua-door)
- 09 El Salvador
- 10 Great Britain
- 11 Germany
- 12 Guatemala (Gaw-tay-mal-a)
- 13 Haiti (Hay-tee)
- 14 Honduras (Hon-dur-as)
- 15 India
- 16 Italy
- 17 Iran(E-ron) OR (Eye-Ran)
- 18 Jamaica
- 19 Japan
- 20 Korea
- 21 Philippines (Fil-i-peens)
- 22 Peru
- 23 Poland
- 24 Vietnam
- 25 Russia
- 97 other (SPECIFY) _____
- DD Don't know
- RR Refused

(ASK J14C IF J14 = 3)

J14C. How old were you when you arrived to the United States?

NOTE: FOR <1 YEAR OLD, PLEASE CODE AS 0

_____ (ENTER RANGE 0-97)

- 01 AGED OLDER THAN 97
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

J15. Were either of your parents born outside the U.S., in another country or in Puerto Rico?

- 1 Both were born outside the U.S.
- 2 One born in the U.S. one born in another country
- 3 No, both were born in the U.S.
- 4 Both were born in Puerto Rico
- 5 One born in the U.S. one born in Puerto Rico
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK J1 IF J15 = 1 or 2)

J16. In what country was your father born?

(DO NOT READ)

- 01 Brazil
- 02 Canada
- 03 China/HK/Taiwan(Tie-wan)
- 04 Colombia
- 05 Cuba
- 06 Dominican Rep.
- 07 Mexico
- 08 Ecuador (Ek-qua-door)
- 09 El Salvador
- 10 Great Britain
- 11 Germany
- 12 Guatemala (Gaw-tay-mal-a)
- 13 Haiti (Hay-tee)
- 14 Honduras (Hon-dur-as)
- 15 India
- 16 Italy
- 17 Iran(E-ron) OR (Eye-Ran)
- 18 Jamaica
- 19 Japan
- 20 Korea
- 21 Philippines (Fil-i-peens)
- 22 Peru
- 23 Poland
- 24 Vietnam
- 25 Russia
- 26 United States U.S.
- 97 other (SPECIFY) _____
- DD Don't know
- RR Refused

(ASK J1 IF J15 = 1 or 2)

J17. In what country was your mother born?
(DO NOT READ)

- 01 Brazil
- 02 Canada
- 03 China/HK/Taiwan(Tie-wan)
- 04 Colombia
- 05 Cuba
- 06 Dominican Rep.
- 07 Mexico
- 08 Ecuador (Ek-qua-door)
- 09 El Salvador
- 10 Great Britain
- 11 Germany
- 12 Guatemala (Gaw-tay-mal-a)
- 13 Haiti (Hay-tee)
- 14 Honduras (Hon-dur-as)
- 15 India
- 16 Italy
- 17 Iran(E-ron) OR (Eye-Ran)
- 18 Jamaica
- 19 Japan
- 20 Korea
- 21 Philippines (Fil-i-peens)
- 22 Peru
- 23 Poland
- 24 Vietnam
- 25 Russia
- 26 United States U.S.
- 97 other (SPECIFY) _____
- DD Don't know
- RR Refused

LANGUAGE

(ASK EVERYONE)

L1. How would you rate your ability to speak and understand English?

- 1 Very Well
- 2 Well
- 3 Not Well
- 4 Not at all
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

L2. What language do you feel most comfortable speaking with your doctor or nurse?

(DO NOT READ)

- 1 African languages
- 2 American Sign Language
- 3 Arabic
- 4 Armenian
- 5 Chinese
- 6 English
- 7 French
- 8 French Creole
- 9 German
- 10 Greek
- 11 Gujarathi
- 12 Hebrew
- 13 Hindi
- 14 Hungarian
- 15 Italian
- 16 Japanese
- 17 Korean
- 18 Laotian
- 19 Miao Hmong
- 20 Mon-Khmer
- 21 Cambodian
- 22 Navajo
- 23 Other Native North American languages
- 24 Persian
- 25 Polish
- 26 Portuguese
- 27 Portuguese Creole
- 28 Russian
- 29 Scandinavian languages
- 30 Serbo-Croatian
- 31 Spanish
- 32 Tagalog
- 33 Thai
- 34 Urdu
- 35 Vietnamese
- 36 Yiddish
- 37 Availability of Sign Language or other auxiliary aids or services
- 97 (DO NOT READ) other (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

(ASK EVERYONE)

L3. Do you speak a language other than <<if interview is in English, fill English; if interview is in Spanish, fill Spanish>> at home?

1 Yes

2 No

D (DO NOT READ) Don't know

R (DO NOT READ) Refused

(ASK EVERYONE)

L4. In which language would you feel most comfortable reading medical or health care instructions?
(please check latest ACS language list)

- 1 African languages
- 2 American Sign Language
- 3 Arabic
- 4 Armenian
- 5 Chinese
- 6 English
- 7 French
- 8 French Creole
- 9 German
- 10 Greek
- 11 Gujarathi
- 12 Hebrew
- 13 Hindi
- 14 Hungarian
- 15 Italian
- 16 Japanese
- 17 Korean
- 18 Laotian
- 19 Miao Hmong
- 20 Mon-Khmer
- 21 Cambodian
- 22 Navajo
- 23 Other Native North American languages
- 24 Persian
- 25 Polish
- 26 Portuguese
- 27 Portuguese Creole
- 28 Russian
- 29 Scandinavian languages
- 30 Serbo-Croatian
- 31 Spanish
- 32 Tagalog
- 33 Thai
- 34 Urdu
- 35 Vietnamese
- 36 Yiddish
- 37 Availability of Sign Language or other auxiliary aids or services
- 97 (DO NOT READ) other (SPECIFY) _____
- DD (DO NOT READ) Don't know
- RR (DO NOT READ) Refused

MODULE K: PHYSICIAN INFORMATION

(ASK EVERYONE)

K1_intr

Part of our study relates to seeing if doctor's offices and groups improve the care they provide by following specific care management plans.

We are trying to learn more about the things that doctor's offices and medical clinics do to improve the quality of medical care.

(INTERVIEWER NOTE: INTERVIEWERS PLEASE BE VERY CAREFUL AND ATTENTIVE TO DETAIL WHEN ENTERING DATA FOR K1 TO K3B AND ON SPECIFIC SPELLING OF NAMES AND LOCATIONS)

(ASK EVERYONE)

K1. Can you please tell me the name of the doctor you see most frequently?

_____ (ENTER NAME)

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(ASK EVERYONE)

K3a. Can you please tell me what town the doctor (or group/clinic) is located in?

_____ (ENTER TOWN)

97 other (SPECIFY) _____

DD Don't know

RR Refused

{Fill with Market Lists}

(ASK EVERYONE)

K3b. Can you please tell me what state the doctor (or group/clinic) is located in?

_____ (ENTER STATE)

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(ASK EVERYONE)

K2. Can you please tell me the name of the group or clinic the doctor belongs to? If you are not sure of the exact name, just tell me the name as best you can.

_____ (ENTER NAME)

DD (DO NOT READ) Don't know

RR (DO NOT READ) Refused

(ASK EVERYONE)
THANK

Thank you for participating in our survey. We appreciate your time and responses. In order to send your \$20, may I have your full name and mailing address?

First name _____ (Enter First Name)
Last name _____ (Enter Last Name)
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

(ASK VERADD if LETTER = 1)
VERADD

I have your address as (INSERT ADDRESS)...

(SHOW ADDRESSR)
(SHOW CITYR)
(SHOW STATER)
(SHOW ZIPR)

1 ADDRESS IS CORRECT
2 ADDRESS IS INCORRECT
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

(ASK ADDRESS2 IF VERADD = 2, R)
ADDRESS2

What is your mailing address?

Street: _____ (ENTER STREET)
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

City: _____
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

State _____ (ENTER CITY AND STATE)
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

Zip code: _____ (ENTER ZIP CODE)
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

RECORD CITY2

RECORD STATE2

RECORD ZIPCOD2

SHOW ADDRESS2

SHOW CITY2

SHOW STATE2

(ASK EVERYONE)

TRACK

(IF RESPONDENT ACCEPTED INCENTIVE: You can expect to receive the \$20 in the next two to three weeks.)

This interview is part of a long-range study of health care in your community. I want to emphasize that your answers are completely confidential and your name will not be used, nor will any information be released that will permit people to identify you. In the event that we would need to contact you again in the future, we would like to verify your contact information.

(ASK EVERYONE)

HPhone

I have your home telephone number as (INSER TELEPHONE NUMBER)

Is that correct?

- 1 YES
- 2 NO
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK Phn IF HPhone = 2, R)

Phn. May I have your correct home telephone number?

Telephone number: _____ (ENTER TELEPHONE NUMBER '(999) 999 9999')

- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK EVERYONE)

AltPhn

Are there any other phone numbers we could reach you at if we need to get in contact with you with instructions or questions? This might be a cell phone number.

Telephone number: _____ (ENTER TELEPHONE NUMBER)

R REFUSED

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

(ASK EVERYONE)

Email

Do you have an email address that we could use to contact you?

Email: _____ (ENTER EMAIL ADDRESS)

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

(ASK EVERYONE)

REFER

People move unexpectedly or can be difficult to contact. Could you give us the name of someone who could help us get in touch with you in case we are not able to reach you with the address and telephone number you just gave me? For example, a parent, sibling, or very close friend?

1. RESPONDENT PROVIDES OTHER CONTACTS

2. RESPONDENT REFUSES TO PROVIDE OTHER CONTACT (ATTEMPT REFUSAL CONVERSION)

(ASK REF1 IF REFER 1)

REF1

May I have their name?

First name _____ (Enter First Name)

Last name _____ (Enter Last Name)

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

(ASK RefPhn1 IF REFER = 1)

RefPhn1

And what is their telephone number?

Telephone number: _____ (ENTER TELEPHONE NUMBER)

D (DO NOT READ) Don't Know

R (DO NOT READ) Refused

(ASK RefRel1 IF REFER = 1)

RefRel1

What is their relationship to you?

- 1 (DO NOT READ) NO REFERENCE GIVEN
- 2 Parent
- 3 Spouse/Significant other
- 4 Other family member
- 5 Friend
- 7 Other (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK ELSE IF REFER = 1)

ELSE

Is there anyone else?

- 1 YES
- 2 NO
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK REF2 IF ELSE = 1)

REF2

May I have their name?

First name _____ (Enter First Name)

Last name _____ (Enter Last Name)

- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK RefPhn2 IF ELSE = 1)

RefPhn2

And what is their telephone number?

Telephone number: _____ (ENTER TELEPHONE NUMBER)

- R REFUSED
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK RefRel2 IF ELSE = 1)

RefRel2

What is their relationship to you?

- 1 (DO NOT READ) NO REFERENCE GIVEN
- 2 Parent
- 3 Spouse/Significant other
- 4 Other family member
- 5 Friend
- 7 Other (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK ELSE2 IF ELSE=1)

ELSE2

Is there anyone else?

- 1 YES
- 2 NO
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

(ASK REF3 IF ELSE2 = 1)

REF3

May I have their name?

- First name _____ (Enter First Name)
Last name _____ (Enter Last Name)
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

(ASK RefPhn3 IF ELSE2 = 1)

RefPhn3

And what is their telephone number?

- Telephone number: _____ (ENTER TELEPHONE NUMBER)
D (DO NOT READ) Don't Know
R (DO NOT READ) Refused

(ASK RefRel3 IF ELSE2 = 1)

RefRel3

What is their relationship to you?

- 1 (DO NOT READ) NO REFERENCE GIVEN
- 2 Parent
- 3 Spouse/Significant other
- 4 Other family member
- 5 Friend
- 7 Other (SPECIFY) _____
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK EVERYONE)

FOLLOW-UP1

We'd like to contact you again in the future for a planned follow-up to this survey. May we have your permission to contact you in the future for a follow-up survey?

- 1 YES
- 2 NO
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

FOLLOW-UP 2

We'd also like to contact you again in the future for a new health survey. Like this study, your participation in that survey would be completely voluntary. May we have your permission to contact you in the future to see if you're interested in participating in a new survey?

- 1 YES
- 2 NO
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

FOLLOW-UP3

Finally, we'd like your permission to link some of your responses to this survey <<fill if List; "and the survey you participated in last time">> to geographic information related to health issues such as the location of parks, access to fresh fruits and vegetables, etc. We will not link your data to this type of information without your permission. May we have your permission to link some of your responses to this survey to geographic information ?

- 1 YES
- 2 NO
- D (DO NOT READ) Don't Know
- R (DO NOT READ) Refused

CLOSE

Thank you for participating in this survey about health care in your community. [IF INELIGIBLE FILL:
The computer has determined that you are not eligible for the longer survey.

We appreciate your time and input.

LANGUAGE

What language did you use to finish this interview?

- 1 ENGLISH
- 2 SPANISH

END INTERVIEW

Appendix C - AF4Q 2.2 Letters

Pre-notification, Nonresponse, Refusal Conversion, & Incentive "Thank You"
Final Versions

AF4Q 2.2 Lead Letter for Panel Sample

<<date>>
Respondent Number: <zrid>

<<Panelfirst_upper>> <<Panellast_upper>>
<<Paneladdress_upper>>
<<Panelcity_upper>>, <<PanelState>> <<PanelZip>>

Dear <<Panelfirst>> <<Panellast>>,

In the next few weeks you will receive a call from an interviewer asking you to participate in an important study called the Aligning Forces for Quality: Assessment of Consumer Engagement, which is being conducted by researchers at The Pennsylvania State University for The Robert Wood Johnson Foundation. We want to know about your experiences with the health care system in your community. You may recall that you participated in the previous phase of this study about three years ago. We would greatly appreciate your continued participation in this study. Each eligible participant who completes an interview will receive \$20 as a token of our appreciation.

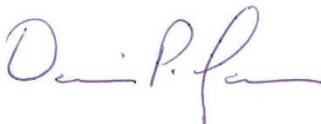
We are writing because we have found that many people like to know ahead of time that they will be called. RTI International, a not-for-profit research organization, is coordinating this research for The Pennsylvania State University. An interviewer from RTI will contact you by telephone. The telephone survey itself may take about 40 minutes to complete. If you find it inconvenient to answer the questions in one call, we can easily arrange to have you complete the interview in shorter calls over a period of time.

Participation in this study is voluntary. Participants may refuse to answer any question or stop the interview at any time. The answers and information that participants provide will be kept strictly confidential. Data from these interviews will only be presented in statistical summaries across all participants. These steps will prevent individual participants from ever being identified.

If you have any questions about this survey, please contact Brian Head, Data Collection Task Leader, at RTI International toll-free at 1-800-334-8571, extension 25511.

We look forward to talking to you and hope you will agree to continue to participate in our study.

Cordially,



Dennis Scanlon
Principal Investigator

AF4Q 2.2 Lead Letter for ABS Matched Sample

Case ID: «caseid»

«CTYNAME_CAPS» COUNTY RESIDENT
«address1» «address2»
«City_Name», «State_Postal» «ZIP»-«ZIP4»

Dear «CTYNAME» County Resident,

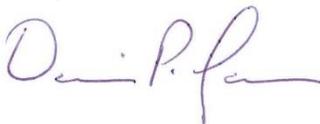
In the next few weeks you will receive a call from an interviewer asking you to participate in an important study called the Aligning Forces for Quality: Assessment of Consumer Engagement, which is being conducted for The Robert Wood Johnson Foundation by researchers at The Pennsylvania State University. We want to know about your experiences with the health care system in your community.

We are writing because we have found that many people like to know ahead of time that they will be called. RTI International, a not-for-profit research organization, is coordinating this research for The Pennsylvania State University. An interviewer from RTI will contact you by telephone. The telephone survey itself may take as little as 5 minutes to complete. Some people may also be invited to take part in another, longer, survey, which will take about 40 minutes to complete. If someone in your household is selected for the longer interview and finds it inconvenient to answer the questions in one call, we can easily arrange to complete the survey in shorter calls over a period of time. Each eligible participant who completes the longer survey will receive \$20 as a token of our appreciation.

Please show this letter to other people in the household who may answer the telephone when we call. If you have any questions or concerns about this research, you can raise them when we call or you can talk to us before we call you. Participation in this study is voluntary. Participants may refuse to answer any question or stop the interview at any time. The answers and information that participants provide will be kept strictly confidential. Data from these interviews will be presented only in statistical summaries across all participants. These steps will prevent individual participants from ever being identified.

If you have any questions about this survey, please contact Brian Head, Survey Manager, at RTI International (toll-free at 1-866-784-1958, extension 2-5511). We look forward to talking to you and hope you will agree to participate in our study.

Cordially,



Dennis Scanlon
Principal Investigator

AF4Q 2.2 Introductory Letter for ABS Unmatched Sample

«CTYNAME_CAPS» COUNTY RESIDENT
«caseid»
«address1» «address2»
«City_Name», «State_Postal» «ZIP»-«ZIP4»

Case ID:

Dear «CTYNAME» County Resident,

Your household has been randomly selected to participate in an important study called the Aligning Forces for Quality: Assessment of Consumer Engagement, which is being conducted for The Robert Wood Johnson Foundation by researchers at The Pennsylvania State University. We want to know about your experiences with the health care system in your community. A sheet with some background information on the study is included with this letter.

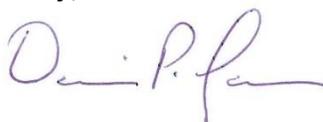
This letter is addressed to “«CTYNAME» County Resident” because all households, including yours, were selected based on the address listed. The study team does not know for sure who lives at the address, but it values your opinions as being representative of others in your area. RTI International, a not-for-profit research organization, is coordinating this research for The Pennsylvania State University.

To participate, you can call RTI toll-free at 1-877-294-1301, or you can fill out and return the household information sheet in the postage-paid envelope included with this letter. If you decide to call in, we will ask a few simple questions to determine if your household is eligible for the survey and provide more information about the survey to help you decide whether or not you would like to participate. If you return the information sheet, an RTI interviewer will call to determine if your household is eligible to participate in the study.

The telephone survey itself takes as little as 5 minutes to complete. We are including \$2 as a token of our appreciation for your participation in that part of the study. Some people may also be invited to take part in another, longer, survey, which will take about 40 minutes to complete. If someone in your household is selected for the longer interview and finds it inconvenient to answer the questions in one call, we can easily arrange to complete the survey in shorter calls over a period of time. Eligible participants who complete the longer survey will receive an additional \$20 as a token of our appreciation. Participation in this study is voluntary. Participants may refuse to answer any question or stop the interview at any time. The answers and information that participants provide will be kept strictly confidential. Data from these interviews will be presented only in statistical summaries across all participants. These steps will prevent individual participants from ever being identified.

If you have any questions about this survey, please contact Brian Head, Survey Manager, at RTI International (toll-free at 1-866-784-1958, extension 2-5511). We look forward to talking to you and hope you will agree to participate in our study.

Cordially,



Dennis Scanlon,
Principal Investigator

AF4Q 2.2 Household Information Sheet for ABS Unmatched Sample

Household Information Sheet
0213912.000.003

Respondent Number: «caseid»

Please write the best phone number(s) where we can reach someone in your household below. If there is a best time of the day to call, please also let us know. Please return this form to us in the enclosed prepaid envelope.

If you would prefer not to provide the information below, but would like to participate please call us at 1-877-294-1301. One of our interviewers will be happy to conduct the survey with you.

If you have any questions about the study, please call Brian Head, Survey Manager, toll-free at 1-866-784-1958, extension 2-5511.

Best Phone number: (___ ___) ___ ___ - ___ ___ ___

Alternate Phone number: (___ ___) ___ ___ - ___ ___ ___

Weekday Weekend

Time of day: _____ AM/PM (please circle one)

AF4Q 2.2 Postcard Reminder Text for ABS Unmatched Sample

Dear <<fill county name>> County Resident,

About a week ago we sent you a letter to inform you that your household was selected to participate in a short survey called the Aligning Forces for Quality: Assessment of Consumer Engagement. It is being conducted by The Pennsylvania State University. RTI International is coordinating this research for The Pennsylvania State University.

Your household was randomly selected to participate based on your address. The study team does not know who lives at the address, but we value your opinions. In order for the results of the study to be valid we need the participation of all selected households. For this study, we are interviewing by telephone.

The letter we sent about a week ago included a form on which you can provide this information as well as a pre-paid business reply envelope. If you've already returned this form, thank you. If not, please do so today. An interviewer will call at a time that you indicate is convenient. If you prefer, you can call RTI toll-free at 1-877-294-1301 to begin the study.

If you did not receive the letter, or misplaced the corresponding materials, please call Brian Head, the study manager, toll free at 1-866-784-1958, extension 2-5511 between 8:15am and 5:00pm, Eastern Time.

Cordially,
Dennis Scanlon
Principal Investigator

AF4Q 2.2 Final Reminder Letter for ABS Unmatched Sample

«CTYNAME_CAPS» COUNTY RESIDENT
«address1» «address2»
«City_Name», «State_Postal» «ZIP»-«ZIP4»

Case ID: «caseid»

Dear «ctyname» County Resident

Over the past few weeks we've sent your household two pieces of mail about an ongoing research study—the Aligning Forces for Quality: Assessment of Consumer Engagement. The study aims to learn about the experiences of individuals in your community to help improve overall health care quality. We are attempting to contact your household again because your participation is vital to this important effort.

To participate, you can call RTI toll-free at 1-877-294-1301, or you can fill out and return the household information sheet in the postage-paid envelope included with this letter. If you decide to call in, we will ask a few simple questions to determine if your household is eligible for the survey and provide more information about the survey to help you decide whether or not you would like to participate. If you return the information sheet, an RTI interviewer will call to determine if your household is eligible to participate in the study.

We will only use any household information you return to us for this study. It will never be used for anything else.

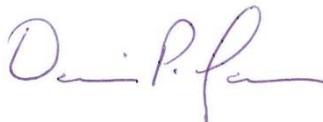
There is an initial telephone survey that takes about 5 minutes. This will involve a few simple questions to determine whether your household is eligible. During this part of the call, interviewers will also be able to answer any questions you might have about participation.

During the 5 minute survey, someone in your household may be selected to take part in a longer interview that takes about 40 minutes. It can be completed all at one time or during more than one call, if that is more convenient. Each eligible participant who completes the longer survey will receive \$20 as a token of our appreciation. Participation in this study is voluntary. Participants may refuse to answer any question or stop the interview at any time. The answers and information that participants provide will be kept strictly confidential. Data from these interviews will be presented only in statistical summaries across all participants. These steps will prevent individual participants from ever being identified.

This study is being conducted by The Pennsylvania State University on behalf of the Robert Wood Johnson Foundation. RTI International, a not-for-profit research organization, is coordinating this research for The Pennsylvania State University.

If you have any questions about the study, please contact Brian Head, Survey Manager, at RTI International (toll-free at 1-866-784-1958, extension 2-5511). We look forward to talking to you and hope you will agree to participate in our study.

Cordially,



Dennis Scanlon
Principal Investigator

AF4Q 2.2 Final Thank You Letter for All Respondents

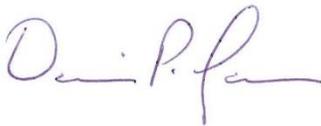
<uname>
<uaddress>
<citystate zip>

Dear <pname>,

On behalf of the research team at Penn State, “thank you” for participating in a recent consumer health survey as part of the project entitled, “Aligning Forces for Quality,” a national program sponsored by The Robert Wood Johnson Foundation. As promised, a \$20 check is enclosed.

If you have any questions about the study or the interview, you may contact Brian Head, Data Collection Task Leader, at RTI International toll-free at 1-800-334-8571, extension 2-5511. As we mentioned in the interview, we will want to follow-up in a few years, and hope that you will agree to participate in a similar interview at that point. Until then we wish you good health!

Sincerely,

A handwritten signature in blue ink that reads "Dennis Scanlon". The signature is fluid and cursive, with the first name "Dennis" and last name "Scanlon" clearly distinguishable.

Dennis Scanlon
Principal Investigator

Appendix D - Panel Response Rates by Round 1 Outcomes

| Round 1 Domain | Unweighted RR | Weighted RR |
|-----------------------|----------------------|--------------------|
| GENDER | | |
| Male | 46.1% | 48.3% |
| Female | 40.8% | 39.2% |
| AGE CATEGORY | | |
| 18-22 | 15.6% | 19.2% |
| 23-27 | 27.5% | 36.2% |
| 28-32 | 31.3% | 30.0% |
| 33-37 | 27.2% | 30.9% |
| 38-42 | 30.8% | 37.2% |
| 43-47 | 37.5% | 35.3% |
| 48-52 | 45.4% | 56.0% |
| 53-57 | 53.9% | 51.0% |
| 58-62 | 47.6% | 48.5% |
| 63-67 | 47.9% | 48.5% |
| 68-72 | 42.2% | 43.7% |
| 73-77 | 49.6% | 49.3% |
| 78-82 | 38.2% | 34.4% |
| 83+ | 38.9% | 41.1% |
| DIABETES | | |
| No | 43.1% | 43.4% |
| Yes | 41.3% | 40.8% |
| HYPERTENSION | | |
| No | 39.0% | 35.8% |
| Yes | 44.2% | 46.2% |
| HEART DISEASE | | |
| No | 43.2% | 43.4% |
| Yes | 38.3% | 38.4% |
| ASTHMA | | |
| No | 43.5% | 44.8% |
| Yes | 38.8% | 35.6% |
| DEPRESSION | | |
| No | 45.1% | 46.5% |
| Yes | 37.7% | 36.6% |

| Round 1 Domain | Unweighted RR | Weighted RR |
|------------------------------------|----------------------|--------------------|
| SELF-REPORTED HEALTH STATUS | | |
| Poor | 32.8% | 35.2% |
| Fair | 42.2% | 39.5% |
| Good | 42.4% | 42.1% |
| Very Good | 45.6% | 49.9% |
| Excellent | 45.7% | 49.1% |
| RACE/ETHNICITY | | |
| Non-Hispanic White | 47.4% | 45.3% |
| Non-Hispanic Black | 43.9% | 40.6% |
| Non-Hispanic AI/AN | 33.3% | 19.4% |
| Non-Hispanic Asian | 34.1% | 18.9% |
| Non-Hispanic NH/PI | 100.0% | 100.0% |
| Non-Hispanic Other | 20.0% | 15.1% |
| Non-Hispanic Multiple Races | 45.5% | 48.0% |
| Hispanic | 34.9% | 33.3% |
| EDUCATION | | |
| Grade 8 or less | 30.9% | 35.6% |
| Some High School | 35.9% | 37.5% |
| High school Graduate | 35.4% | 32.8% |
| Some college (Less than 4 years) | 44.1% | 49.3% |
| College (4 years) | 48.7% | 49.4% |
| Post-Graduate (More than 4 years) | 54.1% | 59.8% |
| PAMSTAGE | | |
| 1 | 37.8% | 43.8% |
| 2 | 42.6% | 46.9% |
| 3 | 42.8% | 39.6% |
| 4 | 43.0% | 43.3% |
| EMPLOYED | | |
| No | 42.8% | 43.7% |
| Yes | 42.2% | 41.3% |

Appendix E - Final Dispositions for all RDD Cases by Market

Albuquerque

| Disposition Category | Matched | Unmatched | Total |
|--|----------------|------------------|---------------|
| I: Completed interviews | 239 | 111 | 350 |
| P: Partially completed interviews | 8 | 2 | 10 |
| S: Eligible screen out | - | - | - |
| R: Known eligible refusal or nonrespondent | 69 | 10 | 79 |
| NE: Ineligible respondent | 432 | 191 | 623 |
| UR: Unknown refusal | 293 | 238 | 531 |
| NH: Ineligible household | 98 | 530 | 628 |
| UNR: Unknown nonrespondents | 3,159 | 5,167 | 8,326 |
| Total | 4,298 | 6,249 | 10,547 |

¹ Phone append status is based on whether or not the case initially had a phone number appended to it, regardless of the accuracy of the phone append.

Boston

| Disposition Category | Matched | Unmatched | Total |
|--|----------------|------------------|---------------|
| I: Completed interviews | 255 | 107 | 362 |
| P: Partially completed interviews | 3 | 1 | 4 |
| S: Eligible screen out | - | - | - |
| R: Known eligible refusal or nonrespondent | 107 | 11 | 118 |
| NE: Ineligible respondent | 373 | 154 | 527 |
| UR: Unknown refusal | 448 | 246 | 694 |
| NH: Ineligible household | 124 | 229 | 353 |
| UNR: Unknown nonrespondents | 5,818 | 6,543 | 12,361 |
| Total | 7,128 | 7,291 | 14,419 |

¹ Phone append status is based on whether or not the case initially had a phone number appended to it, regardless of the accuracy of the phone append.

Indianapolis

| Disposition Category | Matched | Unmatched | Total |
|--|----------------|------------------|--------------|
| I: Completed interviews | 228 | 92 | 320 |
| P: Partially completed interviews | 3 | 1 | 4 |
| S: Eligible screen out | 83 | - | 83 |
| R: Known eligible refusal or nonrespondent | 82 | 6 | 88 |
| NE: Ineligible respondent | 317 | 91 | 408 |
| UR: Unknown refusal | 322 | 192 | 514 |
| NH: Ineligible household | 139 | 876 | 1,015 |
| UNR: Unknown nonrespondents | 2,685 | 3,417 | 6,102 |
| Total | 3,859 | 4,675 | 8,534 |

¹ Phone append status is based on whether or not the case initially had a phone number appended to it, regardless of the accuracy of the phone append.

Appendix F - Comparison of AF4Q Unweighted and Weighted Screener Items with Control Totals (Census and ACS)

| Community | Gender | Sample Unweighted | | Sample Weighted | | Census Control Totals | |
|--------------|--------|-------------------|---------|-----------------|---------|-----------------------|---------|
| | | Count | Percent | Count | Percent | Count | Percent |
| Albuquerque | Male | 402 | 37.9 | 234,740 | 48.3 | 234,740 | 48.3 |
| | Female | 660 | 62.1 | 251,314 | 51.7 | 251,314 | 51.7 |
| Boston | Male | 356 | 35.2 | 545,500 | 47.4 | 545,500 | 47.4 |
| | Female | 655 | 64.8 | 605,605 | 52.6 | 605,605 | 52.6 |
| Indianapolis | Male | 310 | 34.3 | 649,936 | 47.9 | 649,936 | 47.9 |
| | Female | 593 | 65.7 | 705,668 | 52.1 | 705,668 | 52.1 |

| Community | Household Size | Sample Unweighted | | Sample Weighted | | Census Control Totals | |
|--------------|----------------|-------------------|---------|-----------------|---------|-----------------------|---------|
| | | Count | Percent | Count | Percent | Count | Percent |
| Albuquerque | 1 | 353 | 33.2 | 78,687 | 16.2 | 78,687 | 16.2 |
| | 2+ | 709 | 66.8 | 407,367 | 83.8 | 407,367 | 83.8 |
| Boston | 1 | 368 | 36.4 | 190,831 | 16.6 | 190,831 | 16.6 |
| | 2+ | 643 | 63.6 | 960,274 | 83.4 | 960,274 | 83.4 |
| Indianapolis | 1 | 301 | 33.3 | 193,917 | 14.3 | 193,917 | 14.3 |
| | 2+ | 602 | 66.7 | 1,161,687 | 85.7 | 1,161,687 | 85.7 |

| Community | Age Category | Sample Unweighted | | Sample Weighted | | Census Control Totals | |
|--------------|--------------|-------------------|---------|-----------------|---------|-----------------------|---------|
| | | Count | Percent | Count | Percent | Count | Percent |
| Albuquerque | 18-22 | 24 | 2.3 | 55,086 | 11.3 | 47,872 | 9.8 |
| | 23-27 | 27 | 2.5 | 42,438 | 8.7 | 49,652 | 10.2 |
| | 28-32 | 40 | 3.8 | 39,066 | 8.0 | 47,566 | 9.8 |
| | 33-37 | 46 | 4.3 | 49,246 | 10.1 | 40,746 | 8.4 |
| | 38-42 | 56 | 5.3 | 41,314 | 8.5 | 41,314 | 8.5 |
| | 43-47 | 56 | 5.3 | 42,601 | 8.8 | 42,601 | 8.8 |
| | 48-52 | 105 | 9.9 | 45,603 | 9.4 | 45,603 | 9.4 |
| | 53-57 | 146 | 13.7 | 42,357 | 8.7 | 42,357 | 8.7 |
| | 58-62 | 134 | 12.6 | 37,533 | 7.7 | 37,533 | 7.7 |
| | 63-67 | 150 | 14.1 | 28,148 | 5.8 | 28,148 | 5.8 |
| | 68-72 | 85 | 8.0 | 20,028 | 4.1 | 20,028 | 4.1 |
| | 73-77 | 83 | 7.8 | 15,327 | 3.2 | 15,327 | 3.2 |
| | 78-82 | 57 | 5.4 | 12,729 | 2.6 | 12,729 | 2.6 |
| | 83+ | 53 | 5.0 | 14,577 | 3.0 | 14,577 | 3.0 |
| Boston | 18-22 | 19 | 1.9 | 124,373 | 10.8 | 143,171 | 12.4 |
| | 23-27 | 44 | 4.4 | 175,446 | 15.2 | 156,649 | 13.6 |
| | 28-32 | 64 | 6.3 | 131,753 | 11.4 | 131,753 | 11.4 |
| | 33-37 | 56 | 5.5 | 100,606 | 8.7 | 100,606 | 8.7 |
| | 38-42 | 68 | 6.7 | 93,494 | 8.1 | 93,494 | 8.1 |
| | 43-47 | 87 | 8.6 | 91,384 | 7.9 | 91,384 | 7.9 |
| | 48-52 | 99 | 9.8 | 88,562 | 7.7 | 88,562 | 7.7 |
| | 53-57 | 120 | 11.9 | 81,316 | 7.1 | 81,316 | 7.1 |
| | 58-62 | 110 | 10.9 | 71,791 | 6.2 | 71,791 | 6.2 |
| | 63-67 | 112 | 11.1 | 55,441 | 4.8 | 55,441 | 4.8 |
| | 68-72 | 83 | 8.2 | 39,826 | 3.5 | 39,826 | 3.5 |
| | 73-77 | 67 | 6.6 | 32,653 | 2.8 | 32,653 | 2.8 |
| | 78-82 | 50 | 4.9 | 37,627 | 3.3 | 28,355 | 2.5 |
| | 83+ | 32 | 3.2 | 26,833 | 2.3 | 36,104 | 3.1 |
| Indianapolis | 18-22 | 15 | 1.7 | 84,838 | 6.3 | 112,414 | 8.3 |
| | 23-27 | 31 | 3.4 | 113,142 | 8.3 | 127,545 | 9.4 |
| | 28-32 | 40 | 4.4 | 174,325 | 12.9 | 132,346 | 9.8 |
| | 33-37 | 47 | 5.2 | 166,098 | 12.3 | 124,137 | 9.2 |
| | 38-42 | 45 | 5.0 | 90,004 | 6.6 | 131,965 | 9.7 |
| | 43-47 | 70 | 7.8 | 134,777 | 9.9 | 134,777 | 9.9 |
| | 48-52 | 93 | 10.3 | 137,044 | 10.1 | 137,044 | 10.1 |
| | 53-57 | 100 | 11.1 | 120,094 | 8.9 | 120,094 | 8.9 |
| | 58-62 | 118 | 13.1 | 99,847 | 7.4 | 99,847 | 7.4 |
| | 63-67 | 117 | 13.0 | 73,356 | 5.4 | 73,356 | 5.4 |
| | 68-72 | 84 | 9.3 | 52,617 | 3.9 | 52,617 | 3.9 |
| | 73-77 | 56 | 6.2 | 39,851 | 2.9 | 39,851 | 2.9 |
| | 78-82 | 45 | 5.0 | 36,286 | 2.7 | 32,141 | 2.4 |
| | 83+ | 42 | 4.7 | 33,325 | 2.5 | 37,470 | 2.8 |

| Community | Race Category | Sample Unweighted | | Sample Weighted | | Census Control Totals | |
|--------------|-------------------|-------------------|---------|-----------------|---------|-----------------------|---------|
| | | Count | Percent | Count | Percent | Count | Percent |
| Albuquerque | NH White | 563 | 53.0 | 221,680 | 45.6 | 221,680 | 45.6 |
| | NH Black | 26 | 2.4 | 10,716 | 2.2 | 12,659 | 2.6 |
| | NH AI/AN | 15 | 1.4 | 10,186 | 2.1 | 16,720 | 3.4 |
| | NH Asian | 16 | 1.5 | 10,486 | 2.2 | 11,485 | 2.4 |
| | NH NH/PI | 2 | 0.2 | 5,872 | 1.2 | 384 | 0.1 |
| | NH Other | 18 | 1.7 | 3,277 | 0.7 | 1,011 | 0.2 |
| | NH Multiple Races | 21 | 2.0 | 8,342 | 1.7 | 6,620 | 1.4 |
| | Hispanic | 401 | 37.8 | 215,495 | 44.3 | 215,495 | 44.3 |
| Boston | NH White | 588 | 58.2 | 739,250 | 64.2 | 739,250 | 64.2 |
| | NH Black | 215 | 21.3 | 135,168 | 11.7 | 135,168 | 11.7 |
| | NH AI/AN | 4 | 0.4 | 1,544 | 0.1 | 1,635 | 0.1 |
| | NH Asian | 38 | 3.8 | 80,480 | 7.0 | 108,596 | 9.4 |
| | NH NH/PI | 1 | 0.1 | 572 | 0.0 | 302 | 0.0 |
| | NH Other | 21 | 2.1 | 28,151 | 2.4 | 13,522 | 1.2 |
| | NH Multiple Races | 23 | 2.3 | 34,454 | 3.0 | 21,146 | 1.8 |
| | Hispanic | 121 | 12.0 | 131,486 | 11.4 | 131,486 | 11.4 |
| Indianapolis | NH White | 548 | 60.7 | 1,053,133 | 77.7 | 1,053,133 | 77.7 |
| | NH Black | 281 | 31.1 | 188,147 | 13.9 | 188,147 | 13.9 |
| | NH AI/AN | 2 | 0.2 | 6,572 | 0.5 | 2,836 | 0.2 |
| | NH Asian | 5 | 0.6 | 4,004 | 0.3 | 28,503 | 2.1 |
| | NH NH/PI | 2 | 0.2 | 2,661 | 0.2 | 447 | 0.0 |
| | NH Other | 15 | 1.7 | 11,197 | 0.8 | 1,277 | 0.1 |
| | NH Multiple Races | 23 | 2.5 | 22,320 | 1.6 | 13,578 | 1.0 |
| | Hispanic | 27 | 3.0 | 67,570 | 5.0 | 67,683 | 5.0 |

| Community | Education Category | Sample Unweighted | | Sample Weighted | | ACS Control Totals | |
|--------------|----------------------------------|-------------------|---------|-----------------|---------|--------------------|---------|
| | | Count | Percent | Count | Percent | Count | Percent |
| Albuquerque | No School-8th Grade | 20 | 1.9 | 19,169 | 3.9 | 25,596 | 5.3 |
| | Some High School | 47 | 4.4 | 47,988 | 9.9 | 41,561 | 8.6 |
| | High School Graduate | 189 | 17.8 | 118,641 | 24.4 | 118,641 | 24.4 |
| | Some College | 263 | 24.8 | 130,347 | 26.8 | 130,347 | 26.8 |
| | Associate's or Bachelor's degree | 258 | 24.3 | 110,435 | 22.7 | 110,435 | 22.7 |
| | Postgraduate | 285 | 26.8 | 59,475 | 12.2 | 59,475 | 12.2 |
| Boston | No School-8th Grade | 28 | 2.8 | 21,302 | 1.9 | 61,274 | 5.3 |
| | Some High School | 57 | 5.6 | 107,157 | 9.3 | 67,185 | 5.8 |
| | High School Graduate | 214 | 21.2 | 244,659 | 21.3 | 244,659 | 21.3 |
| | Some College | 159 | 15.7 | 219,896 | 19.1 | 219,896 | 19.1 |
| | Associate's or Bachelor's degree | 248 | 24.5 | 325,666 | 28.3 | 325,666 | 28.3 |
| | Postgraduate | 305 | 30.2 | 232,425 | 20.2 | 232,425 | 20.2 |
| Indianapolis | No School-8th Grade | 12 | 1.3 | 38,100 | 2.8 | 47,103 | 3.5 |
| | Some High School | 66 | 7.3 | 136,861 | 10.1 | 127,858 | 9.4 |
| | High School Graduate | 224 | 24.8 | 404,846 | 29.9 | 404,846 | 29.9 |
| | Some College | 227 | 25.1 | 298,366 | 22.0 | 298,366 | 22.0 |
| | Associate's or Bachelor's degree | 211 | 23.4 | 352,810 | 26.0 | 352,810 | 26.0 |
| | Postgraduate | 163 | 18.1 | 124,622 | 9.2 | 124,622 | 9.2 |

| Community | Employment Category | Sample Unweighted | | Sample Weighted | | ACS Control Totals | |
|--------------|---------------------|-------------------|---------|-----------------|---------|--------------------|---------|
| | | Count | Percent | Count | Percent | Count | Percent |
| Albuquerque | Employed | 463 | 43.6 | 297,241 | 61.2 | 297,241 | 61.2 |
| | Not Employed | 599 | 56.4 | 188,813 | 38.8 | 188,813 | 38.8 |
| Boston | Employed | 504 | 49.9 | 744,302 | 64.7 | 744,302 | 64.7 |
| | Not Employed | 507 | 50.1 | 406,803 | 35.3 | 406,803 | 35.3 |
| Indianapolis | Employed | 420 | 46.5 | 861,639 | 63.6 | 861,639 | 63.6 |
| | Not Employed | 483 | 53.5 | 493,965 | 36.4 | 493,965 | 36.4 |

| Community | Marital Status | Sample Unweighted | | Sample Weighted | | ACS Control Totals | |
|--------------|----------------------------|-------------------|---------|-----------------|---------|--------------------|---------|
| | | Count | Percent | Count | Percent | Count | Percent |
| Albuquerque | Married | 481 | 45.3 | 227,627 | 46.8 | 227,627 | 46.8 |
| | Never Married | 203 | 19.1 | 152,486 | 31.4 | 152,486 | 31.4 |
| | Separated/Widowed/Divorced | 378 | 35.6 | 105,940 | 21.8 | 105,940 | 21.8 |
| Boston | Married | 386 | 38.2 | 458,854 | 39.9 | 458,854 | 39.9 |
| | Never Married | 319 | 31.6 | 515,263 | 44.8 | 515,263 | 44.8 |
| | Separated/Widowed/Divorced | 306 | 30.3 | 176,988 | 15.4 | 176,988 | 15.4 |
| Indianapolis | Married | 384 | 42.5 | 716,045 | 52.8 | 716,045 | 52.8 |
| | Never Married | 182 | 20.2 | 359,673 | 26.5 | 359,673 | 26.5 |
| | Separated/Widowed/Divorced | 337 | 37.3 | 279,887 | 20.6 | 279,887 | 20.6 |