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Aligning Forces for Quality Consumer Survey 2.0

Final Methodology Report

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1. Introduction

The report that follows covers the operational methodology of the conduct of AF4Q 2.0. Subsequent sections focus on survey administration, dispositions and response rates, weighting procedures and an assessment of nonresponse bias.

1.1 Background

Aligning Forces for Quality (AF4Q) is a national program of the Robert Wood Johnson Foundation (RWJF) 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 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. The fifteen communities included the following:

1. Greater Cincinnati
2. Cleveland
3. Detroit
4. Humboldt County, California
5. Kansas City
6. The State of Maine
7. Memphis
8. Minneapolis/St. Paul
9. The State of Minnesota outside of the Minneapolis/St. Paul area
10. Seattle
11. Willamette Valley, Oregon
12. Western Michigan
13. Western New York
14. The State of Wisconsin
15. York, Pennsylvania

1.2 AF4Q 2.0

In 2011 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 the Aligning Forces for Quality Consumer Survey 2.0 (AF4Q 2.0). AF4Q 2.0 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.

AF4Q 2.0 Data collection was conducted between July 2011 and November 2012. In addition to the communities listed above and the national comparison sample, RTI also conducted interviews in four

supplemental communities where counties or other areas have been added to the AF4Q communities since baseline, at CHCPR's request. Those communities were:

1. The State of Oregon outside of the Willamette Valley, OR community,
2. Barry County, in Western Michigan,
3. Adams County, in the York, Pennsylvania community,
4. Clinton County in the Greater Cincinnati community.

2. Sample Design

As noted in Section 1, AF4Q 2.0 data collection was made up of two main components across 15 markets with supplemental samples added for markets where counties or other areas have been added to the AF4Q communities since baseline. The sections that follow present details on the creation of sample for both the panel and cross-sectional components of AF4Q 2.0.

2.1 Panel Sample

For the panel component of the survey, respondents from the first round of AF4Q data collection who agreed to a follow-up were sampled and contacted for the AF4Q 2.0. RTI fielded a total of 7,445 sample records. All baseline respondents sampled for the panel component were considered eligible for AF4Q 2.0 except those who were identified as either institutionalized or deceased.

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 RDD Landline Sample

The RDD component of the sample was a dual frame design comprised of landline and cell phone samples. RTI designed new cross-sectional samples for the 16 markets surveyed in the baseline AF4Q study, including 15 AF4Q markets and a national control sample. In addition, RTI designed four supplemental samples for markets where counties have been added to the original AF4Q communities since baseline. Markets are defined by state or county. The eligible geographies in each market are included in **Appendix A**.

For the landline RDD sample, RTI utilized plus-two list-assisted RDD telephone sampling[1] using a two-stage design. A probability sample of adults (18 years of age and older) that is representative of the non-institutionalized, civilian population with landline telephones living in the targeted areas was selected. RTI purchased the sample from Marketing Systems Group (MSG), one of the premier vendors of RDD samples. Prior to delivering the sample to RTI, MSG screened and purged the sample of nonworking and business numbers.

In the six original markets and four supplemental markets without minority oversamples[2], each market was stratified into two mutually-exclusive strata:

1. unlisted phone numbers, and
2. listed phone numbers.

This allowed oversampling of listed numbers, which made sampling more efficient, while controlling the overall unequal weighting effects[3] of design weights.

[1] In a plus-two list-assisted design, the frame is restricted to phone numbers in 100 series banks with two or more listed phone numbers.

[2] Original markets without minority oversamples are: Humboldt County, CA; Maine; Minnesota; Western Michigan; Wisconsin; and South Central, PA

Supplemental markets are: Greater Cincinnati - Clinton County; Oregon - excluding Willamette Valley; Western Michigan-Barry County; South Central PA - Adams County

[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.

In the ten original markets with oversamples, the markets were stratified into either four or five mutually-exclusive strata. In markets where minority surname samples were utilized there were five strata[4]:

1. minority surnames,
2. other listed high minority,
3. other listed low minority,
4. unlisted high minority, and
5. unlisted low minority.

In markets where minority surname samples were not utilized there were four mutually-exclusive strata[5]:

1. listed high minority,
2. listed low minority,
3. unlisted high minority, and
4. unlisted low minority.

For markets without minority oversamples, the samples were allocated across the two strata in a single-phase optimization. For markets with minority oversamples, the samples were allocated across strata in a two-phase optimization. We used a non-linear optimization procedure (Chong and Zak, 1996). The first phase of the optimization was used to determine the optimal percent minority cutoffs between the high and low minority strata. The second phase of the optimization allocated the sample across strata.

2.2.1 RDD Cell Phone Sample

Because there was no minority oversample within the cell phone component of the frame, there was a single cell phone stratum for each market. The stratification of cell phone numbers by geography is done by identifying the location of telephony switch locations that support wireless service. The sampling frame for each market consists of sets of thousand series blocks that are associated with switch locations located in counties within that market[6].

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

[4] Detroit, MI; Kansas City, MO/KS; Minneapolis/St. Paul, MN; Seattle, WA/Puget Sound; Willamette Valley, OR

[5] Greater Cincinnati, OH; Cleveland, OH; Memphis, TN; Western New York; National Comparison

[6] For one of the supplemental markets (South Central, PA – Adams County), there were no cellular switch locations physically located within the county. We combined the Adams County supplemental cell sample with the main South Central PA (York County) cell sample.

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). Following a small scale pilot to allow for system testing in July of 2011, full scale data collection occurred between August 3, 2011 and November 13, 2012.

3.1 Instrumentation

Prior to AF4Q 2.0 data collection, the baseline survey instrument was reviewed by RTI Survey Methodologists who delivered CHCPR with recommendations for updates and adjustments to the survey. In addition, the AF4Q evaluation team contributed substantive adjustments to the survey prior to data collection. The Spanish translation of existing items was reviewed by RTI Language Methodologists, while new items were translated by the same team.

The final AF4Q 2.0 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 Pre-Notification

For all panel cases, and RDD sample records for which a matched address could be obtained, a household level pre-notification letter was sent approximately two to three weeks prior to the first CATI phone call. The purpose of the RDD pre-notification letter was to inform potential participants that their household had been selected randomly to participate in the study and that their participation was voluntary. The letter, which was delivered in both English and Spanish, provided the following information to sampled households:

- An explanation of the purpose of the study,
- An explanation of the data collection procedures,
- Information on respondent rights, confidentiality and privacy, and
- Examples of the potential societal and policy effects of their participation.

Similar pre-notification letters were sent to all sampled baseline respondents who agreed to participate in the follow-up component. In addition to the details described in the RDD component letter, panel component letters contained text reminding the sample member of their past participation in the AF4Q evaluation. See **Appendix C** for the pre-notification letters 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 RDD 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 RDD Component Selection and Screening

The RDD component employed two different screening methods, dependent upon whether or not the sampled telephone number lead to a landline in a household, or a cell phone. Screening respondents were selected within sampled landline households using the most-recent birthday method. In the cell phone sample, 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 RDD screening respondent selection.

Next, the selected (landline) or identified (cell phone) respondents were asked if they were aware of their rights as research participants as described in the pre-notification letter. 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. An adult (18 years of age or older) residing[7] in one of the AF4Q communities, unless the sample member was a part of the National Comparison Sample.
2. 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
3. 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.

[7] Based on state or county of residence.

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.

In an attempt to improve cooperation and response rates in the closing phases of data collection, respondent incentives were increased as follows:

- Panel component – Increase from $20 to $50 for all respondents.
- RDD component – Increase from $20 to $30, and then $30 to $50 for all respondents.

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 2.0 iinterviewers 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 all samples (RDD landline, RDD cell, and panel). Trainers included RTI project staff as well as the DRS call center project supervisor, quality control supervisors, and monitors assigned to the project.

For the RDD and panel component project-specific 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 2.0. 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 RDD landline, cell phone, and panel 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 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 weekly 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 the panel and RDD 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.

Further, during the course of data collection, nonrespondents and refusal cases were also sent tailored letters, when possible, in order to prepare the household or individual for additional follow-up calls and encourage participation (**See Appendix C**).

4. Outcomes, Dispositions and Response Rates

Along with information on the number of completed interviews and final dispositions for each sample, weighted and unweighted response rates at the overall and market level were calculated for both the panel and RDD round 2 samples as described in the sections below.

4.1 Panel Sample

Table 1 presents the number of Round 1 and Round 2 full and partial completes by market.

Table 1: Round 1 Completes and Round 2 Panel Completes, by Market

		Round 1			Round 2 (Panel)		
Market	**Community**	**Full**	**Partial**	**Total**	**Full**	**Partial**	**Total**
1	Puget Sound	604	0	604	328	1	329
2	Detroit	601	1	602	334	0	334
3	Memphis	599	4	603	300	2	302
4	Minnesota - Twin Cities	501	1	502	308	0	308
5	Western New York	604	2	606	341	1	342
6	West Michigan	353	0	353	219	1	220
7	Wisconsin	350	0	350	236	1	237
8	Maine	409	0	409	266	1	267
9	Humboldt County	351	1	352	204	1	205
10	South Central PA	362	1	363	233	0	233
11	Cincinnati	594	0	594	360	0	360
12	Cleveland	599	2	601	360	4	364
13	Kansas City	607	1	608	367	1	368
14	Willamette Valley	605	10	615	379	4	383
15	Minnesota	198	0	198	127	1	128
111	National Comparison Sample	803	9	812	503	2	505
	Total	**8,140**	**32**	**8,172**	**4,865**	**20**	**4,885**

All Round 1 full and partial respondents were classified based on their Round 2 statuses:

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

Round 1 respondents that refused future follow-ups were classified as Round 2 nonrespondents. Because there were so few ineligibles on the panel, all cases with unknown eligibility were assumed to be eligible nonrespondents for the purposes of this calculation. The final Round 2 disposition codes for all Round 1 completes and partial completes are presented in Table 2.

Table 2: Round 2 (Panel) Final Disposition of all Cases

Disposition Category	Cases
R: Full respondents	4,865
P: Partial respondents	20
N: Nonrespondents	2,831
I: Ineligibles	456
Total	**8,172**

Response Rates

Response rates were calculated both unweighted and weighted (with the Round 1 final analysis weight), and were calculated separately for each market and overall. The panel response rates are presented in Table 3 below. Note that these rates do not incorporate the response rates from the Round 1 data collection and are based solely on Round 2 response. In addition, response rates were calculated by demographic and health outcomes from Round 1, and are presented in **Appendix D**.

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

Table 3: Round 2 (Panel) Weighted and Unweighted Response Rates, by Market

Market	Community	Unweighted	Weighted
1	Puget Sound	57.7%	52.1%
2	Detroit	58.8%	56.8%
3	Memphis	52.5%	48.7%
4	Minnesota - Twin Cities	65.1%	64.9%
5	Western New York	60.1%	61.3%
6	West Michigan	67.1%	60.8%
7	Wisconsin	71.4%	71.2%
8	Maine	69.7%	66.5%
9	Humboldt County	62.9%	57.7%
10	South Central PA	67.3%	63.9%
11	Cincinnati	64.6%	60.4%
12	Cleveland	64.9%	62.2%
13	Kansas City	63.7%	62.3%
14	Willamette Valley	65.4%	65.8%
15	Minnesota	69.2%	60.0%
111	National Comparison Sample	64.8%	60.7%
	Overall	63.3%	60.9%

4.2 RDD Sample

The number of cell phone cases fielded and the number of screener and interview completes on landline phones are presented in Table 4 below.

Table 4: Round 2 RDD Sample Fielded, Screener Completes, and Interview Completes by Market and Frame*

		Landline**			Cell***		
Market	Community	Fielded****	Screener Completes	Interview Completes	Fielded****	Screener Completes	Interview Completes
1	Puget Sound	14,267	1,136	296	6,374	491	87
2	Detroit	8,191	619	237	5,598	284	69
3	Memphis	8,844	827	295	8,194	329	77
4	Minnesota - Twin Cities	11,232	1,115	225	3,346	260	41
5	Western New York	6,808	836	264	3,095	279	53
6	West Michigan	5,599	552	196	3,132	143	35
7	Wisconsin	3,431	451	147	2,061	207	38
8	Maine	4,211	645	194	2,391	238	48
9	Humboldt County	3,964	600	184	4,366	258	46
10	South Central PA	5,238	659	222	3,696	186	43
11	Cincinnati	6,807	876	287	2,304	225	67
12	Cleveland	6,375	752	290	5,675	280	63
13	Kansas City	7,569	773	263	8,114	386	66
14	Willamette Valley	11,349	1,280	284	3,337	298	70
15	Minnesota	2,475	305	89	2,029	125	29
19	Oregon	3,012	487	135	950	113	32
111	National Comparison Sample	12,361	1,274	396	4,667	502	84
	Total	**121,733**	**13,187**	**4,004**	**69,329**	**4,604**	**948**

* Counts for each market include supplemental sample counts

** Landline screener and interview completes include cases fielded on the cell frame that reported being on a landline. Interview completes include partial interviews.

*** Cell screener and interview completes include cases fielded on the landline frame that reported being on a cell phone. Interview completes include partial interviews.

**** Fielded cases refer to cases that were sampled and released for production and do not include cases that were sampled and held in reserve.

The targeted number of interviews by type (landline and cell) and the achieved number of interviews are presented in Table 5 below.

Table 5: Round 2 RDD Sample Targets and Interview Completes by Market and Frame*

		Landline**		Cell***		Total	
Market	Community	Target	Interview Completes	Target	Interview Completes	Target	Interview Completes
1	Puget Sound	313	296	62	87	375	383
2	Detroit	242	237	48	69	290	306
3	Memphis	313	295	62	77	375	372
4	Minnesota - Twin Cities	221	225	44	41	265	266
5	Western New York	257	264	51	53	308	317
6	West Michigan	195	196	32	35	227	231
7	Wisconsin	153	147	30	38	183	185
8	Maine	201	194	40	48	241	242
9	Humboldt County	185	184	37	46	222	230
10	South Central PA	229	222	34	43	263	265
11	Cincinnati	279	287	56	67	335	354
12	Cleveland	293	290	58	63	351	353
13	Kansas City	273	263	54	66	327	329
14	Willamette Valley	289	284	58	70	347	354
15	Minnesota	85	89	17	29	102	118
19	Oregon	137	135	28	32	165	167
111	National Comparison Sample	386	396	77	84	463	480
Total		**4,051**	**4,004**	**788**	**948**	**4,839**	**4,952**

*Counts for each market include supplemental sample counts

** Landline screener and interview completes include cases fielded on the cell frame that reported being on a landline

***Cell screener and interview completes include cases fielded on the landline frame that reported being on a cell phone

Table 6 compares the number and percent of minority respondents in each of the markets with minority oversamples to the targeted number and percent of minorities (for the landline sample). Six of the ten markets met or exceeded minority targets and the other four markets were between four and twenty-six minority interviews short of their targets, based solely on the landline sample.

RDD cases were classified based on their response and eligibility for the screener and the full interview. The final disposition codes for all Round 2 RDD cases are presented in Table 7. **Appendix E** contains the final disposition codes for all Round 2 RDD cases by market.

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 I1c.
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.
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 who confirmed that they resided within the targeted market and that someone in the household was 18 or older (for the landline sample) or that they were 18 or older (for the cell sample), but 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 nonworking numbers, numbers associated with businesses or institutions, numbers where residents have confirmed that they reside outside of the targeted market, and numbers that are only associated with persons under the age of 18.
8) Unknown nonrespondents (UNR): unknown nonrespondents are cases where household eligibility could not be determined (e.g. non-contacts or refusals prior to confirmation of geographic or age eligibility).

Response classifications were used to calculate both weighted and unweighted AAPOR 4 and CASRO response rates. Response rates were calculated separately for each frame (landline and cell), and were then combined using the estimated distribution of persons within each frame for each market from the National Health Interview Survey (NHIS).

Table 6: Round 2 RDD Landline Minority Targets and Interview Completes by Market*

			Round 2 Landline Sample			Round 2 Landline Targets	
Market	**Community**	**Targeted Minorities****	**Respondents**	**Minority Respondents**	**Percent Minority**	**Target Number Minority**	**Target Percent Minority**
1	Puget Sound	B,H,A	296	59	20%	85	27%
2	Detroit	B,H	237	113	48%	111	46%
3	Memphis	B	295	209	71%	191	61%
4	Minnesota - Twin Cities	B,H,A	225	58	26%	80	36%
5	Western New York	B	264	115	44%	87	34%
11	Cincinnati	B	287	117	41%	93	37%
12	Cleveland	B	290	170	59%	164	56%
13	Kansas City	B,H	263	116	44%	120	44%
14	Willamette Valley	B,H,A	284	54	19%	75	26%
111	National Comparison Sample	B,H	396	165	42%	154	40%

*Counts for each market include supplemental sample counts
** B=Black/African American; H=Hispanic; A=Asian

Table 7: Round 2 (RDD) Final Disposition of all Cases, by Frame*

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	4,086	786	4,872
P: Partially completed interviews	47	33	80
S: Eligible screen out	523	0	523
R: Known eligible refusal or nonrespondent	1,951	654	2,605
NE: Ineligible respondent	7,015	2,696	9,711
UR: Unknown refusal	4,653	2,081	6,734
NH: Ineligible household	35,205	17,009	52,214
UNR: Unknown nonrespondents	68,253	46,070	114,323
Total	**121,733**	**69,329**	**191,062**

* For RR purposes, cases are classified based on the frame (LL or cell) for which they were sampled, not the frame for which they reported responding.

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:

$$e1 = \frac{\mathrm{I} + \mathrm{P} + \mathrm{S} + \mathrm{R}}{\mathrm{I} + \mathrm{P} + \mathrm{S} + \mathrm{R} + \mathrm{N}E}$$

The eligible household rate (e2) is the estimated percent of phone numbers that are associated with adult households within the targeted markets. It was applied to sampled numbers where household eligibility was not determined (UNRs) in the calculation of response rates.

$$e2 = \frac{\mathrm{I} + \mathrm{P} + \mathrm{S} + \mathrm{R} + \mathrm{NE} + \mathrm{UR}}{\mathrm{I} + \mathrm{P} + \mathrm{S} + \mathrm{R} + \mathrm{NE} + \mathrm{UR} + \mathrm{NH}}$$

The AAPOR 4 response rates were calculated separately for each market and frame (landline and cell) as well as combined. For consistency with Round 1, 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:

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

The RDD AAPOR 4 response rates are presented in Table 8 below, both by frame and combined.

Table 8: Round 2 (RDD) Weighted and Unweighted AAPOR 4 Response Rates, by Market and Frame

		Landline		Cell		Combined	
Market	**Community**	**Unweighted**	**Weighted**	**Unweighted**	**Weighted**	**Unweighted**	**Weighted**
1	Puget Sound	22.9%	22.4%	15.8%	15.8%	17.9%	17.8%
2	Detroit	28.0%	30.0%	26.5%	26.5%	27.0%	27.6%
3	Memphis	28.1%	30.0%	13.6%	13.6%	18.5%	19.1%
4	Minnesota - Twin Cities	35.0%	34.4%	18.8%	18.8%	24.5%	24.3%
5	Western New York	28.6%	25.8%	13.7%	13.7%	20.8%	19.4%
6	West Michigan	26.4%	29.8%	30.8%	28.6%	29.3%	29.0%
7	Wisconsin	26.0%	27.5%	18.6%	18.6%	21.5%	22.1%
8	Maine	22.5%	23.8%	15.6%	15.6%	18.3%	18.8%
9	Humboldt County	24.7%	24.9%	12.4%	12.4%	17.8%	17.9%
10	South Central PA	22.1%	23.5%	11.2%	11.2%	16.0%	16.7%
11	Cincinnati	28.4%	25.6%	17.8%	17.6%	21.7%	20.6%
12	Cleveland	29.0%	27.8%	23.2%	23.2%	25.4%	24.9%
13	Kansas City	30.7%	29.2%	8.5%	8.5%	17.1%	16.5%
14	Willamette Valley	31.4%	31.6%	12.8%	12.8%	19.5%	19.6%
15	Minnesota	26.6%	29.0%	23.9%	23.9%	24.9%	25.9%
19	Oregon	27.4%	29.3%	31.9%	31.9%	30.3%	31.0%
111	National Comparison Sample	12.6%	12.5%	8.1%	8.0%	9.8%	9.7%
	Overall	**23.1%**	**12.9%**	12.4%	8.0%	16.5%	9.9%

CASRO Response Rates

CASRO response rates were calculated using the same classifications defined above. The formula for the CASRO response rates (consistent with the Round 1 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 9.

Table 9: Round 2 (RDD) Weighted and Unweighted CASRO Response Rates, by Market and Frame

		Landline		Cell		Combined	
Market	**Community**	**Unweighted**	**Weighted**	**Unweighted**	**Weighted**	**Unweighted**	**Weighted**
1	Puget Sound	23.2%	22.6%	15.9%	15.9%	18.2%	18.0%
2	Detroit	28.4%	30.3%	26.6%	26.6%	27.2%	27.8%
3	Memphis	28.5%	30.3%	13.7%	13.7%	18.7%	19.3%
4	Minnesota - Twin Cities	35.3%	34.7%	19.1%	19.1%	24.8%	24.6%
5	Western New York	28.9%	26.1%	13.9%	13.9%	21.0%	19.7%
6	West Michigan	26.5%	30.0%	31.1%	28.8%	29.4%	29.2%
7	Wisconsin	26.2%	27.7%	18.7%	18.7%	21.6%	22.2%
8	Maine	22.7%	23.9%	15.6%	15.6%	18.4%	18.9%
9	Humboldt County	24.7%	25.0%	12.7%	12.7%	18.0%	18.1%
10	South Central PA	22.2%	23.6%	11.5%	11.5%	16.3%	16.9%
11	Cincinnati	28.4%	25.7%	18.0%	17.8%	21.8%	20.7%
12	Cleveland	29.2%	27.9%	23.4%	23.4%	25.6%	25.1%
13	Kansas City	31.0%	29.7%	8.6%	8.6%	17.3%	16.8%
14	Willamette Valley	31.7%	31.9%	12.9%	12.9%	19.7%	19.8%
15	Minnesota	26.9%	29.3%	23.9%	23.9%	25.1%	26.0%
19	Oregon	27.6%	29.5%	32.2%	32.2%	30.5%	31.2%
111	National Comparison Sample	30.2%	29.7%	20.2%	20.1%	24.0%	23.7%
	Overall	**28.3%**	**29.5%**	17.0%	20.0%	21.2%	23.6%

5. Procedure for Developing Sampling Weights

Analysis weights were computed separately for the panel and RDD samples. For the panel sample, an interview analysis weight was computed using market-level nonresponse adjustments that adjusted the weights of Round 2 panel respondents to account for panel nonrespondents. For the RDD sample, both screener and interview weights were calculated. Screener weights took into account base probabilities of selection, adjustments for unknown eligibility and nonresponse, adjustments for household size and the number of phone lines, an adjustment for the dual frame design, and poststratificaiton to control totals from the 2010 Census, the American Community Survey (ACS), and the National Health Interview Survey (NHIS). 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 first round of the AF4Q for full and partial respondents. 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 round 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 round 1 (PWEIGHT). Thus, the nonresponse-adjusted weights sum to the same population total as the final AF4Q round 1 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 round 1:

- 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 stabile. 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 round 1 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 10 presents the UWEs for the final analysis weights for Round 1 and Round 2 (panel). As expected, the nonresponse adjustments tended to increase the UWEs.

Table 10: Round 1 and Round 2 (Panel) Unequal Weighting Effects*, by Market

Market	Community	Round 1	Round 2 (Panel)	Change
1	Puget Sound	2.21	2.82	0.61
2	Detroit	3.09	3.55	0.46
3	Memphis	2.48	3.01	0.53
4	Minnesota - Twin Cities	2.60	2.91	0.32
5	Western New York	2.86	2.76	-0.10
6	West Michigan	2.09	2.94	0.85
7	Wisconsin	2.05	2.10	0.05
8	Maine	1.87	1.98	0.11
9	Humboldt County	1.88	2.43	0.55
10	South Central PA	1.97	2.39	0.43
11	Cincinnati	2.75	3.31	0.56
12	Cleveland	2.39	2.59	0.20
13	Kansas City	2.58	2.97	0.39
14	Willamette Valley	2.37	2.60	0.23
15	Minnesota	2.11	2.46	0.35
111	National Comparison Sample	2.62	3.29	0.67

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

5.2 RDD Weights:

Two sets of weights were computed for the RDD sample: screener weights and interview weights. Screener weights were computed for all selected persons who completed the screening interview[8]. 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 phone number based on eligibility and response status
3) Calculate an e-factor within each sampling stratum
4) Adjust weights for eligibility
5) Adjust weights for nonresponse
6) Adjust weights for the number of eligible phone numbers (landline and cell samples) and adults in the HH (landline sample only)
7) Adjust weights for dual frame design
8) Poststratify weights to known population totals

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

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

5.2.1 Screener Weights

Step 1: Calculate design-based weights:

We started by calculating design weights for each stratum separately. Markets without minority oversampling contain 3 strata – listed landline, unlisted landline, and cell. Markets with minority oversampling contain either 5 or 6 strata (depending on whether or not surname sampling was utilized) – listed high minority, listed low minority, unlisted high minority, unlisted low minority, cell, and surname (if applicable). Using the number of phone numbers on the sampling frame within each sampling stratum and the number of phone numbers selected, we calculated each phone number's initial probability of selection. The design weight (W^1) is the inverse of this initial probability of selection.

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

where $W_{i,j}^{1}$ = the initial weight for the j^{th} sample member in stratum i, N_i = the number of records in the stratum and n_i = the number of records selected.

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

Next we classified each sampled phone number into one of four categories: screener respondents, screener nonrespondents, ineligible to complete screener, and unknown screener eligibility. Classifications were based on final status codes and responses to initial eligibility questions.

1) **Screener respondents** are those who were age and geographically eligible and completed the screener through the determination of chronic disease and care eligibility.
2) **Screener nonrespondents** are those who confirmed that they resided within the targeted market and that someone in the household was 18 or older (for the landline sample) or that they were 18 or older (for the cell sample), but did not complete the screener through the determination of chronic disease and care eligibility.
3) **Ineligible to complete screener** include nonworking numbers, numbers associated with businesses or institutions, numbers where residents have confirmed that they reside outside of the targeted market, and numbers that are only associated with persons under the age of 18.
4) **Unknown if eligible to complete screener** include all other numbers (e.g. non-contacts or refusals prior to establishing geographic or age eligibility).

Step 3: Calculate an e-factor within each sampling stratum:

Because only a portion of the phone numbers in the unknown category correspond to eligible households, we adjusted the weights of unknown phone numbers based on the screening eligibility rate of phone numbers with known eligibility status. We first estimated the eligibility rate within each sampling stratum as follows:

$$U_i^{adj} = \frac{n_i^r + n_i^n}{n_i^r + n_i^n + n_i^i}$$

where n_i^r = the number of screener responders in stratum i, n_i^n = the number of known eligible screener nonresponders in stratum i, and n_i^i = the number of screener ineligibles in stratum i.

Step 4: Adjust weights for eligibility:

After estimating the screener eligibility rate in each stratum, ineligible phone numbers were assigned a weight of zero and removed from the file. The weights of phone numbers with unknown screener eligibility were adjusted based on the estimated eligibility rate as follows. The weights of respondents and known eligible nonrespondents were not adjusted for eligibility.

$W_{i,j}^2 = W_{i,j}^1 * U_i^{adj}$, if the j^{th} sample member in stratum i has unknown eligibility

$W_{i,j}^2 = W_{i,j}^1$, if the j^{th} sample member in stratum i 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 stratum as follows. Then the sample members with unknown eligibility status were removed from the file, leaving only cases known to be eligible for the screener.

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

Step 5: Adjust weights for nonresponse:

We then adjusted the weights of respondents in each stratum to represent the weights of nonrespondents using a ratio adjustment of the weights within each stratum. Within each stratum, the weights of the respondents were multiplied by the ratio of the sum of the weights of all known eligible sample members divides by the sum of the weights of the respondents. Following this adjustment, nonrespondents were removed from the file, leaving only respondents.

$$W_{i,j}^4 = \frac{\sum_{\forall r,n} W_i^3}{\sum_{\forall r} W_i^3} W_{i,j}^3$$

Step 6: Adjust weights for the number of eligible phone numbers (landline and cell samples) and adults in the household (landline sample only):

The landline sample used a two-stage selection process. First, the household was selected. Then, within a household one subject was chosen from all household members 18 and over using the most recent birthday method. Additionally, the probability of selecting a landline household was a function of the number of residential lines. So, for respondents sampled on landline phones we adjusted the weights for the number of eligible household members and number of residential phone lines in the household. The maximum number of eligible subjects in a household and the maximum number of residential phone lines allowed in the adjustment was 3. This helps control excess variation due to outliers that can also be due to potential misreporting.

$$W_{i,j}^{5} = \frac{W_{i,j}^{4} * a_{i,j}}{l_{i,j}}$$

Where, $a_{i,j}$ = the number of adults in the household of respondent for the *j*th listed frame member in stratum *i*[9],

$l_{i,j}$ = the number of landlines in the household of respondent for the *j*th listed frame member in stratum *i*[10].

The cell phone frame used a one-stage selection process. We considered cell phones as single user devises. This was expressed in the sampling methodology by sampling the person who answers the cell phone. Consequently, the only adjustment for cell phones at this stage was the number of cell phones (capped at 3). So, for cell phone respondents the fourth weight is equals:

$$W_{i,j}^{5} = \frac{W_{i,j}^{4}}{c_{i,j}}$$

$c_{i,j}$ = the number of cell phones in the used by the *j*th cell phone frame member in stratum *i*[11].

Step 7: Adjust weights for dual-frame design

Next, we classified respondents into three categories: landline only, cell phone only, and dual users, based on their responses to the phone usage questions[12]. To combine the two frames (landline and cell), we first adjusted the weights of dual users to account for the multiplicity between the frames. One common method for combining these weights is to adjust the weights of dual users based on a compositing factor

[9] Cases that did not provide the number of adults in the household were imputed with the mode (2).
[10] Cases that did not provide the number of landlines were imputed with the mode (1).
[11] Cases that did not provide the number of cell phones were imputed with the mode (1).
[12] Cases that did not provide their domains were imputed with the mode domain (dual users).

θ. With this approach, the weights of dual users on the landline frame are multiplied by θ and the weights of dual users on the cell frame are multiplied by 1-θ. Many methods exist for calculating θ, including deterministically choosing 0.5, using the effective sample size of dual users from each frame, or single frame estimation (Kennedy 2012). We calculate θ based on the effective sample size within each frame:

$$\theta_m = \frac{e_{m,l}}{e_{m,l} + e_{m,c}}$$

Where e_{ml} is the effective number of dual use respondents in market m on the landline frame, and e_{mc} is the effective number of dual use respondents in market m on the cell frame. This method is expected to reduce the variance of the integrated weights and accounts for the dynamics of the survey better than the simple 0.5 adjustment. The weight adjustment for dual use is then calculated as follows:

$W_j^6 = W_j^5 * \theta_m$, if respondent j is a dual use respondent on the landline frame in market m

$W_j^6 = W_j^5 * (1 - \theta_m)$, if respondent j is a dual use respondent on the cell frame in market m

$W_j^6 = W_j^5$, if respondent j is a landline only or cell phone only respondent

Step 8: Poststratify weights to known population totals

The last step of calculating screener weights was poststratification to known population estimates from census, the ACS, and the National Health Interview Survey (NHIS)[13]. Within each market we poststratified the weights to population totals for:

- Phone usage (from NHIS)
  - Landline only
  - Cell only
  - Dual use
- Age (from Census):
  - 18-22
  - 23-27
  - 28-32
  - 33-37
  - 38-42
  - 43-47
  - 48-52
  - 53-57

[13] The total number of persons within each market was based on 2010 census counts. Data from other sources (ACS and NHIS) were used to estimate the distribution and then applied to the total count from the census to obtain the counts within each category.

    - 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/Other

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 phone usage and demographic characteristics for each market simultaneously. In addition, it allowed fit criteria to be adjusted and weight trimming to occur within a single step[14] so that the impact of trimming and the poststratification adjustment on the unequal weighting effect could be determined. Models were fit

[14] After poststratification, the distribution of the weights within each market was examined. The top and bottom 5% of weights were trimmed in the following markets to control for extreme outliers and to ensure reasonable variation within the weights: Seattle, Memphis, Minneapolis/St. Paul, Western NY, Western Michigan, Cincinnati, and Willamette Valley.

separately within each market, and each model was tailored by collapsing poststratification cells to achieve a minimum of 20 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.

The estimates for the percent of adults in each of the three phone usage categories are from Blumberg et al 2012: Wireless substitution: State-level estimates from the National Health Interview Survey, 2010-2011[15] and Wireless substitution: Early release of estimates from the National Health Interview Survey, July – December 2011[16]. The percentages for the phone use types were ratio adjusted to sum to 100%. Because these estimates are only available for some sub-state areas, we selected the most appropriate area to represent each market. **Appendix F** lists the markets, the selected NHIS reporting domain that represented each market, and the distribution of cell only, landline only, and dual users that was used in the poststratification.

Appendix G compares the weighted and unweighted sample distributions across poststratification domains to the control totals from Census, ACS, and NHIS. As expected, the weighted sample distributions match the control totals exactly for all domains except those that required collapsing due to small sample sizes (e.g. the NH/PI race category).

5.2.2 Interview Weights

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 ineligibles, and interview eligible screen-outs. Interview respondents include both full and partial interviews[17]. 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 ineligibles 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.

Step 2: Calculate sub-sampling adjustment:

The first adjustment to the screener weight is for non-minority subsampling. In some of the markets with minority oversamples, it was not possible to obtain the desired percent of minority interviews without screening out some eligible non-minorities in the high minority strata. In markets where this sub-sampling occurred, the weights of non-minorities that were sub-sampled were inflated to account for the sub-sampling:

[15] National health statistics report; no 61: October 12, 2012. Hyattsville, MD: National Center for Health Statistics. Estimates derived from Table 2 (all estimates except National Comparison). Available at: http://www.cdc.gov/nchs/data/nhsr/nhsr061.pdf

[16] National health statistics report; June 20, 2012. Hyattsville, MD: National Center for Health Statistics. Estimates derived from Table 1 (National Comparison). Available at: http://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201206.pdf

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

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

Step 3: Adjust weights for nonresponse:

The final interview weight adjustment was to account for eligible screener respondents who did not complete the full 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 20 respondents per cell[18]. Weight trimming was performed within the nonresponse model on an as-needed basis to control for excessive variation in the weights[19].

Table 11 presents the unequal weighting effects (UWEs) for the main weighting stages for the RDD sample. As expected, the UWE increases when weights are combined across frames, and typically increases with poststratification as well.

[18] In the following markets, there were fewer than 20 respondents in the landline only and/or cell only domain, so the phone type for which the respondent reported completing the interview (landline or cell) was used rather than the three phone use domains used in poststratification: Minneapolis/St. Paul, Western NY, Western Michigan, Wisconsin, York PA, and Minnesota.

[19] After the nonresponse adjustment, the distribution of the weights within each market was examined. The top and bottom 5% of weights were trimmed in the following markets to control for extreme outliers and to ensure reasonable variation within the weights: Seattle, Detroit, Memphis, Minneapolis/St. Paul, Western NY, Western Michigan, Wisconsin, Cincinnati, Cleveland, and Willamette Valley.

Table 11: Round 2 (RDD) Unequal Weighting Effects[1], by Market, Frame, and Weighting Stage

		Screener Weights						Interview Weights	
		Design Weights		Nonresponse Adjusted Weights		Dual Frame Adjusted Weights	Final Poststratified Weights	Initial Weights	Final Nonresponse Adjusted Weights
Market	Community	Landline	Cell	Landline	Cell				
1	Puget Sound	1.28	1.00	1.45	1.00	2.07	3.15	2.59	2.69
2	Detroit	1.37	1.00	1.77	1.00	1.94	2.83	3.10	3.03
3	Memphis	1.58	1.00	2.08	1.00	2.70	3.29	3.60	3.50
4	Minnesota - Twin Cities	1.47	1.00	1.72	1.00	2.46	3.68	2.83	3.11
5	Western New York	2.07	1.00	2.64	1.00	2.59	3.36	3.28	3.99
6	West Michigan	1.19	1.09	1.15	1.00	1.67	3.05	2.86	2.65
7	Wisconsin	1.04	1.00	1.01	1.00	1.53	2.09	2.13	2.19
8	Maine	1.04	1.00	1.00	1.00	1.48	2.20	1.86	2.23
9	Humboldt County	1.04	1.00	1.01	1.00	1.40	2.11	1.89	1.91
10	South Central PA	1.06	1.00	1.01	1.00	1.33	2.31	2.03	1.98
11	Cincinnati	1.91	1.12	2.22	1.18	2.93	3.62	3.62	3.42
12	Cleveland	1.61	1.00	1.88	1.00	2.10	2.75	2.86	3.00
13	Kansas City	1.71	1.00	1.90	1.00	2.39	2.33	2.44	2.87
14	Willamette Valley	1.41	1.00	1.40	1.00	3.35	3.46	2.86	2.91
15	Minnesota	1.04	1.00	1.02	1.00	1.32	2.05	1.92	2.06
19	Oregon	1.04	1.00	1.00	1.00	1.52	3.14	2.93	2.30
111	National Comparison Sample	1.54	1.00	1.53	1.00	2.41	2.40	2.44	2.63

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

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 round 2 panel and RDD samples. The sections below outline each evaluation and present the results.

6.1 Round 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 round 2 responses for round 2 panel nonrespondents from round 2 respondents, using round 1 responses as imputation class variables along with the market and other key demographics (gender, employment, and age category). This approach is based on the assumption that if we had received responses in round two from the panel members who did not actually respond in round two, their answers would have been similar to those given by the panel members that did respond in round two, adjusted for baseline responses and individual respondent characteristics.

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

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

Where $\bar{X}_R$ is the estimated mean for outcome X among round 2 panel respondents (weighted with the panel weight) and $\bar{X}$ is the estimated mean among all eligible round 2 panel members (respondents and nonrespondents) where the imputed response for outcome X is used for the nonrespondents. The original round 1 analysis weight was used to compute $\bar{X}$.

The estimated bias for each of the 11 outcomes is presented in Table 12 below. The actual estimates computed using only panel respondents ($\bar{X}_R$) are presented in the "Round 2 Actual" column, and the estimates computed with the panel nonrespondents ($\bar{X}$) are presented in the "Round 2 Imputed" column. This analysis shows no evidence of nonresponse bias, as the round 2 actual estimates are in line with what we would expect if the nonrespondents were included in the study. The caveat to this analysis is that the round 2 imputed estimates assume that round 2 nonrespondents would exhibit similarities in response patterns to round 2 respondents (i.e. that persons with the same round 1 outcomes would respond similarly in round 2).

Table 12: Round 2 Panel Nonresponse Bias Estimates

Estimate	Round 2 Actual		Round 2 Imputed		Estimated Bias
	Estimate	SE	Estimate	SE	
Diabetes	29.7%	3.3%	30.3%	2.3%	-0.7%
Hypertension	69.0%	3.3%	69.1%	2.3%	-0.1%
Heart Disease	19.7%	2.9%	18.9%	2.0%	0.9%
Asthma	22.3%	3.2%	22.8%	2.2%	-0.5%
Depression	31.9%	3.3%	29.9%	2.3%	2.0%
Saw Comparisons of Doctors (last year)	47.0%	3.6%	45.1%	2.5%	1.9%
Flu Shot (last year)	58.3%	3.5%	59.0%	2.5%	-0.7%
Never Smoked	51.4%	3.6%	49.9%	2.6%	1.4%
Currently Employed	49.9%	3.6%	52.7%	2.6%	-2.9%
Mean Overall Rating of Health Care (0-10)	8.3	0.1	8.1	0.1	0.2
Self-Reported Health					
Poor	6.3%	1.7%	6.4%	1.2%	-0.1%
Fair	22.3%	2.7%	22.6%	2.0%	-0.3%
Good	41.9%	3.6%	38.8%	2.5%	3.1%
Very Good	26.1%	3.1%	28.7%	2.4%	-2.6%
Excellent	3.5%	1.1%	3.6%	0.8%	-0.1%

6.2 Round 2 RDD Sample

We assessed the potential nonresponse bias in the round 2 RDD sample by comparing weighted estimates obtained in the screening and full interviews to external estimates from the 2011 National Health Interview Survey (NHIS). The NHIS is a large nationally representative sample of the civilian non-institutionalized population that is conducted in-person by the U.S. Census Bureau. Six estimates from the AF4Q screener were compared: health status rated as excellent or very good (for persons 18-64 and 65), diabetes, hypertension, heart disease, asthma, and prevalence of any of these four chronic conditions. There is no measure of self-reported depression on the NHIS for comparison. Estimate comparisons are presented in Table 13. With one exception, estimates between the surveys are quite similar. There are slight differences in question wordings that could account for some of the small differences. **Appendix H** compares the question wordings for each of these estimates for both surveys.

The only screener outcome examined with very different responses is health status rated as excellent or very good for the population 18-64. However, this is not necessarily indicative of nonresponse bias. For the NHIS, the health of each household member was evaluated by a "family respondent" versus the self-reported health statuses from the AF4Q. In addition, response options were presented in opposite orders (excellent to poor on the NHIS, poor to excellent on the AF4Q). Mode differences could also confound this comparison.

In addition to screener items, interview items were also compared. Estimates for the NHIS were limited to persons reporting that they had ever been told that they had diabetes, hypertension, heart disease, or asthma. Question wordings varied from the AF4Q, and there was no way to limit the NHIS to persons who have seen a health care professional for treatment of their conditions in the last two years to make estimates directly comparable to the AF4Q. AF4Q estimates excluded persons only reporting depression, as there was no depression measure for the NHIS. We first compared the weighted populations for each

survey. The restricted NHIS population represents an estimated 98 million persons, while the restricted AF4Q population represents an estimated 69 million persons. The NHIS estimates represent more persons because the NHIS does not have the chronic care restriction that the AF4Q has. While the estimate comparisons below do not represent exactly the same target population, the populations are as close as possible given the limitations of both surveys. Interview estimates comparisons are presented in Table 13.The largest difference is for prevalence of flu shot in the past year. The difference of 10.5% is similar to the difference in round 1 (9.3%). This difference could potentially be explained by the differences in the representative populations between the surveys (care for chronic condition in the past two years), but there is no way to determine whether or not this contributes to the difference.

Table 13: Comparison of AF4Q Round 2 RDD Estimates to 2011 NHIS Estimates

Estimate	AF4Q Estimate	AF4Q 95% CI	NHIS Estimate	AF4Q - NHIS Difference
Screener Items				
Self-Reported Health Status as excellent or very good				
18-64	47.1%	(43.5%, 50.7%)	63.9%	-16.8%
65+	40.4%	(33.9%, 47.0%)	41.6%	-1.2%
Diabetes (2011 PUF)	11.3%	(9.6%, 13.0%)	8.9%	2.4%
Hypertension (2011 PUF)	27.3%	(24.7%, 30.0%)	29.7%	-2.4%
Heart Disease (2011 PUF)	5.6%	(4.4%, 6.7%)	7.4%	-1.8%
Asthma (2011 PUF)	10.7%	(8.8%, 12.5%)	12.6%	-1.9%
Any Chronic (of the 4) (2011 PUF)	38.9%	(35.9%, 41.9%)	42.3%	-3.4%
Interview Items (Limited to persons with diabetes, hypertension, heart disease, or asthma)				
Flu Shot (last year)	58.6%	(52.0%, 65.1%)	48.0%	10.5%
Flu Spray (last year)	3.1%	(0%, 6.4%)	0.7%	2.5%
Never Smoked	50.5%	(43.8%, 57.1%)	52.3%	-1.8%
ER Last 12 Months	34.5%	(28.3%, 40.7%)	26.5%	8.0%
Mean Body Weight (Pounds)	185.2	(178.4, 192.0)	182.9	2.4
Mean Height (Inches)	66.8	(66.3, 67.4)	66.8	0.1

7. Recommendations for Future Efforts

One of the largest challenges that the AF4Q 2.0 data collection faced was observed screener completion, interview completion, and AAPOR response rates lower than those achieved in AF4Q 1.0. While it is difficult to compare AF4Q directly with other studies due to its complex sampling and screening design, response rates in general have decreased for many types of surveys over the past decade (Groves and Peytcheva, 2008), and this is particularly true for random-digit-dial (RDD) surveys (Carley Baxter et al., 2009; Curtin, Presser, & Singer, 2005; Steeh et al., 2001). These lower rates resulted in the need for a significant increase in both samples in order to achieve acceptable (based on power) completed interview goals in all samples. Should an RDD approach be implemented in future efforts, sample sizes should be carefully considered, in order to compensate for the aforementioned declining rates.

In addition, the use of geography as a critical eligibility criterion for AF4Q presents challenges, particularly for RDD cell phone samples. RDD cell phone sampling is based on the locations of switch centers, which do not necessarily correspond with the locations of respondents. This can lead to both overcoverage (inclusion of phone numbers associated with persons residing outside of targeted markets) as well as undercoverage (exclusion of phone numbers associated with persons residing within the targeted markets).

As a result, RTI proposes selecting cross-sectional samples 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.

For AF4Q's unique design and eligibility requirements, ABS poses many advantages over random digit dialing (RDD). Unlike RDD, with ABS, the address of each sampled household is known. This offers several advantages. The ABS design allows lead letters to be mailed to all sampled households rather than just those with listed landline phones, as is the case with the RDD frame. ABS also offers better geographic targeting for populations in small geographic areas, such as AF4Q markets. With an ABS design, the locations of sampled addresses are known, so geographic eligibility can be established at the sample selection stage rather than the screening stage. This means that the ABS design has both better coverage and a more efficient frame (i.e., fewer ineligibles) compared to an RDD design.

In addition, there are several statistical advantages to an ABS design. Because addresses will be selected from a single frame rather than dual frames (landline and cell), the sample design will be more efficient, making resulting survey estimates more precise. Because of this, fewer respondents are needed to achieve the same level of precision as the RDD design. This single frame also simplifies the weighting, because we do not have to deal with multiplicities across frames (e.g., persons with both landlines and cell phones). Because the locations of sampled households are known, we can implement more efficient oversampling of minority populations to target the desired minority percentage in each market. Unlike an RDD frame, with the ABS approach we will know the locations of both responding and non-responding households, so better nonresponse adjustments can be implemented and auxiliary data such as data from Census and the American Community Survey can be used.

Finally, RTI recommends following up on the lessons learned from implementing intensive tracing mid-way through AF4Q 2.0 panel data collection by including interactive or intensive tracing into our future

panel data collections in order to attempt to locate any cases for which supplied contact information and leads have been exhausted. Such efforts can lead to a greater number of viable panel sample records, which could improve yield for the panel sample.

8. References

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Kennedy 2012

Appendix A - AF4Q 2.0 Markets

Market Number	Market Name	State	Eligible Counties	FIPS Code
1	Seattle, WA/Puget Sound	WA	King County	53033
		WA	Kitsap County	53035
		WA	Pierce County	53053
		WA	Snohomish County	53061
		WA	Thurston County	53067
2	Detroit, MI	MI	Livingston County	26093
		MI	Macomb County	26099
		MI	Monroe County	26115
		MI	Oakland County	26125
		MI	St. Clair County	26147
		MI	Washtenaw County	26161
		MI	Wayne County	26163
3	Memphis, TN	TN	Shelby County	47157
4	Minneapolis/St. Paul, MN	MN	Hennepin County	27053
		MN	Isanti County	27059
		MN	Ramsey County	27123
		MN	Scott County	27139
		MN	Washington County	27163
		MN	Wright County	27171
5	Western New York	NY	Allegany County	36003
		NY	Cattaraugus County	36009
		NY	Chautauqua County	36013
		NY	Erie County	36029
		NY	Genesee County	36037
		NY	Niagara County	36063
		NY	Orleans County	36073
		NY	Wyoming County	36121
6	Western Michigan	MI	Allegan County	26005
		MI	Ionia County	26067
		MI	Kent County	26081
		MI	Lake County	26085
		MI	Mason County	26105
		MI	Mecosta County	26107
		MI	Montcalm County	26117
		MI	Muskegon County	26121
		MI	Newaygo County	26123
		MI	Oceana County	26127
		MI	Osceola County	26133
		MI	Ottawa County	26139
6.2	Western Michigan - Barry Co	MI	Barry County	26015

Market Number	Market Name	State	Eligible Counties	FIPS Code
7	Wisconsin	WI	ALL COUNTIES IN WISCONSIN: STATE FIPS=55	
8	Maine	ME	ALL COUNTIES IN MAINE: STATE FIPS=23	
9	Humboldt County, CA	CA	Humboldt County	06023
10	South Central, PA	PA	York County	42133
10.2	South Central PA - Adams Co	PA	Adams County	42001
11	Greater Cincinnati, OH	OH	Adams County	39001
		OH	Brown County	39015
		OH	Butler County	39017
		OH	Clermont County	39025
		OH	Hamilton County	39061
		OH	Highland County	39071
		OH	Warren County	39165
		KY	Boone County	21015
		KY	Campbell County	21037
		KY	Grant County	21081
		KY	Kenton County	21117
		IN	Dearborn County	18029
		IN	Ripley County	18137
11.2	Greater Cincinnati - Clinton Co	OH	Clinton County	39027
12	Cleveland, OH	OH	Cuyahoga County	39035
13	Kansas City, MO/KS	KS	Johnson County	20091
		MO	Clay County	29047
		MO	Jackson County	29095
		MO	Platte County	29165
		KS	Wyandotte County	20209
14	Willamette Valley, OR	OR	Benton County	41003
		OR	Clackamas County	41005
		OR	Lane County	41039
		OR	Linn County	41043
		OR	Marion County	41047
		OR	Multnomah County	41051
		OR	Polk County	41053
		OR	Washington County	41067
		OR	Yamhill County	41071
15	Minnesota	MN	ALL EXCEPT Hennepin, Isanti, Ramsey, Scott, Washington, and Wright	

Market Number	Market Name	State	Eligible Counties	FIPS Code
19	Oregon	OR	ALL EXCEPT Benton, Clackamas, Lane, Linn, Marion, Multnomah, Polk, Washington, and Yamhill	
111	National Comparison	n/a	ALL EXCEPT ABOVE. EXCLUDES ALASKA AND HAWAII	

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

RDD FRONT END

LL = '1' if landline sample, '0' cell sample
ORDD = '1' if oversample, '0' RDD regular sample
LISTED = '1' if Surname listed sample, '0' non-listed

HELLO.
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.

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**

(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

RDD FRONT END

(ASK GETNAME 2 THROUGH RIGHTSIF Cell=2.)
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 GETNATME2 =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"

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)

RDD FRONT END

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. Let me tell you a little bit about the study of approximately 5,000 people. The interview will take about 2 minutes to complete. You will 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. Some people will also be invited to take part in a longer interview.

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. 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

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

QA. 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

(ASK IF RDD and Cell =2, LIST SAMPLE GO TO A1)
L1. Thinking about your telephone use…Does anyone in your household, including yourself, have a working cell phone?

1 Yes, respondent or someone in household has cell phone
2 No
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

(ASK L2 IF (L1=1))
(ROTATE OPTIONS 1-3 AND 3-1)

L2. Of all the telephone calls that you and the other people in your household receive, are (READ ITEMS)?
(INTERVIEWER: READ ALL RESPONSES (1-3) BEFORE RECORDING AN ANSWER)

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

L3.
Including the number I just dialed, how many different telephone numbers do you have in your household that are used for talking, excluding cell phones or telephone lines that are used only for machines like faxes and computers?

[RECORD NUMBER OF TELEPHONE NUMBERS]
[RANGE 1-5]
98 (VOL) DK
99 (VOL) RF

(ASK IF L1 DOES NOT = 2)
L4.
How many working cell phones do you have?

[RECORD NUMBER OF CELL PHONES]
[RANGE 0 - 9]
98 (VOL) DK
99 (VOL) RF

(ASK IF RDD and cell=1, , LIST SAMPLE GO TO A1)
C1. Now thinking about your telephone use, is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

1 Yes, has a home telephone
2 No, no home telephone
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

(ASK C2 IF C1=1)
(ROTATE OPTIONS 1-3 AND 3-1)

C2. Of all the telephone calls that you and the other people in your household receive, are (READ ITEMS)?
(INTERVIEWER: READ ALL RESPONSES (1-3) BEFORE RECORDING AN ANSWER)

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

C3
Including this one, how many working cell phones do you have?

[RECORD NUMBER OF CELL PHONES] {go to C4}
[RANGE 1-9]
98 (VOL) DK
99 (VOL) RF

C4
Now *excluding* cell phones, how many telephone numbers do you have in your household that are used for talking rather than only for machines like faxes and computers?

[RECORD NUMBER OF OTHER PHONE NUMBERS] {go to A1}
[RANGE 0-5]
98 (VOL) DK
99 (VOL) RF

A1. My first 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; show prompt: "Just to confirm, a doctor or other professional has never, in your entire life, told you that you had <<fill condition>>."}

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 = 5) 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

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

(ASK EVERYONE)
A13. What is your five digit zip code?

_____(ENTER ZIP CODE, RANGE)
D (DO NOT READ) Don't know
R (DO NOT READ) Refused
{if market=111, compute disease variables and count variable for eligibility}
{Ask State if market = 7,8,15 or 19}

State. Do you currently live in <<fill state>>?

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

{if RDD and State = No,DK or RF go to close and code as ineligible – geography}

{Ask County if market NE 7,8,111}

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

{if RDD and market = 15 or 19 and county=Other compute disease variables and count variable for eligibility, else go to close and code as ineligible – geography }

{if RDD and market NE7,8,15,19,111 and county=Other, go to close and code as ineligible – geography }

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

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

hrtdise = 0
if (RDD & (a1c = 1) & (a2c = 1)) hrtdise = 1
if (List & a1c = 1) hrtdise = 1

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

dpressn = 0
if (RDD & (a1e = 1) & (a2e = 1)) dpressn = 1
if (List & a1e = 1 dpressn = 1

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

IF (COUNT = 0 and RDD) GO TO **CLOSE**
IF (COUNT > 0), GO TO **CONT**
IF (COUNT = 0 and List) GO TO **CONT**

unless
IF (ORDD = 1)
(RACESCR = 0)
(COUNT > 0)

GO TO **CLOSE**

ELGSCRN = 0
IF (COUNT = 0)
ELGSCRN = 1
ELGRSN = 0
IF (ORDD = 1)
(RACESCR = 0)
(COUNT > 0)
ELGSCRN = 1

(ASK CONT IF ELIGIBLE and RDD)
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 with <<if COUNT>0 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 **Hrtdise = 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 <u>last 4 weeks</u>.

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 NOR 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.
(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 2010-2011 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 2010-2011 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
D (DO NOT READ) Don't know
R (DO NOT READ) Refused

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 <u>past 3 months</u>. <<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 Diease."
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 Diease"
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 3)
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)

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 put off, postponed or did not seek medical care when you needed to?
(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?
(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** program / Smoking **(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. had belonged to a different race or ethnic group
b. were a man/woman (QUESTION SHOWS OPPOSITE GENDER OF RESPONDENT)
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

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 E1 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 C 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 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=2, 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 the 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

I1intr

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)

I1. 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 physician'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,

I4. 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 costs of medical services or procedures

(ASK EVERYONE)
I11. Are there other things you might consider next time you choose a doctor <<if count >0, fill: to treat your condition(s)>> that I have not read?
(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 <u>any</u> 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 <u>any</u> information comparing the <u>quality</u> among different <u>doctors</u> 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)
(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?

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?
(READ LIST)
(CHECK ALL THAT APPLY)

1 I believe the information provided in the reports is not important to discuss with my doctor
2 I do not believe I understand the reports 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?

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?
(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?
(SELECT ALL THAT APPLY)
(DO NOT READ OPTIONS)

1 Satisfied with current health plan
2 Cannot choose different health plan-Ex. Employer only offers this 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. Led 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. [based on social networking users] 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. [Based on twitter users] On Twitter or other status updates (yes, no, don't know, refused)

(if market=111, skip to J_INTRO)
I30. Are you aware of [fill: Name of the Report] sponsored by [fill: Reporting Organization], which is available <<if market=6, fill: at RethinkHealthy.org, else fill: on the web>>?
(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 it/them or used it/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 report(s) 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 it/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

Persons	48 Contiguous	Amount*(1.25)	For Income Question (A15)
in Family or Household (FM)	States and D.C.	Calculation of 125%	Rounded to nearest 1,000 'AMT'
1	$10,830	$13,537.50	$13,000.00
2	$14,570	$18,212.50	$18,000.00
3	$18,310	$22,887.50	$22,000.00
4	$22,050	$27,562.50	$27,000.00
5	$25,790	$32,237.50	$31,000.00
6	$29,530	$36,912.50	$36,000.00
7	$33,270	$41,587.50	$40,000.00
8	$37,010	$46,262.50	$45,000.00
9	$40,750	$50,937.50	$49,000.00
10	$44,490	$55,612.50	$54,000.00
11	$48,230	$60,287.50	$58,000.00
12	$51,970	$64,962.50	$63,000.00
13	$55,710	$69,637.50	$67,000.00
14	$59,450	$74,312.50	$72,000.00
15	$63,190	$78,987.50	$76,000.00

(ASK EVERYONE)

A15. Was the total income in 2010 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 **INSTUCTIONS 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, 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 Latino/a. 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 Domenican 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?

_____ (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 Domenican 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 Domenican 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 English 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 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 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)

(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

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

Finally, 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

Finally, 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

Finally, 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.

We appreciate your time and input.
END INTERVIEW

Appendix C - AF4Q 2.0 Letters

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

Final Versions

RDD Pre-notification Letter, English

Dear Resident,

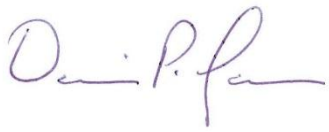
In the next few weeks you will receive a call from an interviewer asking you to participate in an important study called the Aligning Forces for Quality: Assessment of Consumer Engagement, which is being conducted by researchers at The Pennsylvania State University for The Robert Wood Johnson Foundation.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

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 you are selected for the longer interview and 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. Each eligible participant who completes the longer interview 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 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 Derek Stone, Data Collection Task Leader, at RTI International toll-free at 1-800-334-8571, extension 66552. We look forward to talking to you and hope you will agree to participate in our study.

Cordially,



Dennis Scanlon
Principal Investigator

RDD Pre-notification Letter, Spanish

Estimado miembro del hogar,

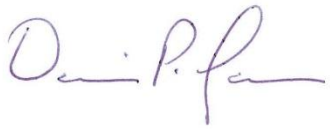
En las próximas semanas usted recibirá una llamada de un(a) entrevistador(a) que le pedirá participar en un importante estudio conocido como Alineación de fuerzas para la calidad: Evaluación del compromiso del usuario, el cual lo realizan personas encargadas de realizar estudios en la Universidad del Estado de Pensilvania para la Fundación Robert Wood Johnson. Queremos saber sobre sus experiencias con el sistema de cuidados de la salud en su comunidad.

Le estamos escribiendo porque tenemos en cuenta que a muchas personas les gusta saber con anticipación para qué los llaman. RTI International, una organización sin fines de lucro que realiza estudios sobre la salud, está coordinando este estudio para la Universidad del Estado de Pensilvania. Un(a) entrevistador(a) de RTI se comunicará con usted por teléfono. La encuesta telefónica puede tomar como máximo, 5 minutos en completarse. También es posible que se invite a algunas personas a participar en otra encuesta de más duración, la cual tomará alrededor de 40 minutos en completarse. Si usted es seleccionado(a) para participar en otra encuesta de más duración y piensa que es inconveniente contestar las preguntas en una sola llamada, podemos hacer fácilmente un arreglo para que complete la entrevista en varias llamadas cortas en el transcurso de un período de tiempo. Cada participante elegible que complete una entrevista de más duración, recibirá $20 dólares como muestra de nuestro agradecimiento.

Por favor, muestre esta carta a otras personas en su hogar que puedan contestar el teléfono cuando llamemos. Si tiene alguna pregunta o preocupación sobre este estudio, puede hacerlas cuando lo(la) llamemos o usted puede hablar con nosotros antes de llamarla(o) a usted. Su participación en este estudio es voluntaria. Los participantes pueden rehusarse a responder cualquier pregunta que no deseen contestar o detener la entrevista en cualquier momento. Las respuestas e información que los participantes proporcionan se mantendrán en forma estrictamente confidencial. Los datos recopilados de estas entrevistas se presentarán sólo en resúmenes estadísticos de todos los participantes. Estos pasos van a prevenir que los participantes sean identificados.

Si tiene alguna pregunta sobre esta encuesta, por favor comuníquese con Derek Stone, la Encargada de recopilación de datos en RTI International, al número de teléfono 1-800-334-8571, anexo 66552. Esperamos poder hablar con usted y que esté de acuerdo con continuar participando en nuestro estudio.

Cordialmente,



Dennis Scanlon
Investigador principal

Panel Pre-notification Letter, English

Dear Name,

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.

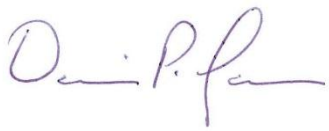
We are writing because we have found that many people like to know ahead of time that they will be called. RTI International, a not-for-profit research organization, is coordinating this research for The Pennsylvania State University. An interviewer from RTI will contact you by telephone. The telephone 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 Kristin Fuller, Data Collection Task Leader, at RTI International toll-free at 1-800-334-8571, extension 28801.

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

Cordially,



Dennis Scanlon
Principal Investigator

Panel Pre-notification Letter, Spanish

Estimado(a) Name,

En las próximas semanas usted recibirá una llamada de un(a) entrevistador(a) que le pedirá participar en un importante estudio conocido como "Alineación de fuerzas para la calidad: Evaluación del compromiso del usuario", el cual lo realizan personas encargadas de realizar estudios en la Universidad del Estado de Pensilvania para la Fundación Robert Wood Johnson. Queremos saber sobre sus experiencias con el sistema de cuidados de la salud en su comunidad. Es posible que usted recuerde haber participado en una fase anterior de este estudio hace como tres años. Le agradeceríamos mucho su continua participación en este estudio. Cada participante elegible que complete la entrevista recibirá $20 dólares como muestra de nuestro agradecimiento.

Le estamos escribiendo porque tenemos en cuenta que a muchas personas les gusta saber con anticipación para qué los llaman. RTI International, una organización sin fines de lucro que realiza estudios sobre la salud, está coordinando este estudio para la Universidad del Estado de Pensilvania. Un(a) entrevistador(a) de RTI se comunicará con usted por teléfono. La encuesta telefónica puede tomar alrededor de 40 minutos en completarse. Si usted piensa que es inconveniente contestar las preguntas en una sola llamada, podemos hacer fácilmente un arreglo para que complete la entrevista en varias llamadas cortas en el transcurso de un período de tiempo.

Su participación en este estudio es voluntaria. Los participantes pueden rehusarse a responder cualquier pregunta que no deseen contestar o detener la entrevista en cualquier momento. Las respuestas e información que los participantes proporcionan se mantendrán en forma estrictamente confidencial. Los datos recopilados de estas entrevistas se presentarán sólo en resúmenes estadísticos de todos los participantes. Estos pasos van a prevenir que los participantes sean identificados.

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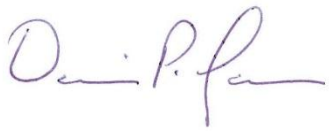
Esperamos poder hablar con usted y que esté de acuerdo en continuar participando en nuestro estudio.

Cordialmente,



Dennis Scanlon
Investigador principal

RDD Nonresponse Letter, English

Dear household member,

We have been trying to contact you in recent weeks to ask you to participate in an important research study on health in your community called "Aligning Forces for Quality." This study is being conducted [FOR MARKET SITES: on behalf of <INSTERT ALLIANCE NAME>] [FOR NATIONAL SAMPLE: by researchers at The Pennsylvania State University] in the hopes of gaining information that may help improve health care. To date we have been unable to reach anyone in your household in order to conduct the study.

We understand that with today's busy schedules time is scarce. We are writing to let you know we appreciate your time and input. The information we're collecting will be used to inform improvement efforts in the health care system. But for our study to fairly represent your community, it is important that we hear from you.

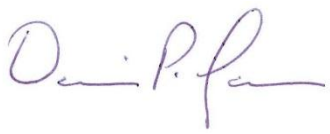
In the next few days, you'll be receiving a call about the survey. You may also call us toll-free at **<<Project 1-800 number>>** to complete the interview with one of our professional telephone interviewers. Interviewers are available Monday through Thursday from 9:00 am to 11 pm Eastern time, Friday from 9:00 am to 9:00 pm Eastern time, Saturday from 10:00 am to 6:00 pm Eastern time, and Sunday from 1:30 pm to 9:30 pm Eastern time.

We have found that the in many cases the survey only takes a couple of minutes. Some people may also be invited to take part in another longer survey which will take about 40 minutes to complete. Each eligible participant who completes the longer interview will receive $20 as a token of our appreciation. Our interviewers are flexible and can call whenever it is convenient for you.

The answers and information that participants provide will be kept strictly confidential. If you have any questions about this survey, please contact Grant Bettinger, Survey Manager, at RTI International toll-free at 1-866-784-1958, extension 23304. If you have any questions about your rights as a research participant, please contact RTI International's Office of Research Protection at 1-866-214-2043 (a toll-free number).

We look forward to talking to you and hope you will agree to participate in the "Aligning Forces for Quality" study.

Cordially,



Dennis Scanlon
Principal Investigator

RDD Nonresponse Letter, Spanish

Estimado miembro del hogar,

Hemos estado tratando de comunicarnos con usted en recientes semanas para
importante estudio sobre la salud conocido como "Alineación de fuerzas para
realiza [FOR MARKET SITES: en nombre de <INSTERT ALLIANCE NAME>] [FOR NATIONAL SAMPLE: por personas encargadas de estudios en la Universidad del Estado de Pensilvania] con la esperanza de obtener información que pueda ayudarnos a mejorar el cuidado de la salud. Hasta el día de hoy no hemos podido comunicarnos con nadie en su hogar con el fin de realizar el estudio.

Entendemos que hoy en día la vida es muy atareada y el tiempo es escaso. Le estamos escribiendo para hacerle saber que apreciamos su tiempo y su opinión. La información que estamos recopilando se usará para informar sobre los esfuerzos para mejorar el sistema de cuidado de la salud. Pero para que nuestro estudio represente de manera justa a su comunidad, es importante que hablemos con usted.

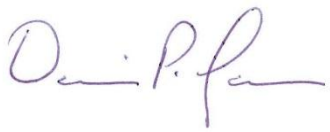
En los próximos días, usted recibirá una llamada sobre la encuesta. Usted también puede llamarnos al número de teléfono gratuito **<<Project 1-800 number>>** para completar la entrevista con uno de nuestros entrevistadores profesionales. Los entrevistadores están disponibles de lunes a jueves, de 9 de la mañana a 11 de la noche, hora del este; los viernes de 9 de la mañana a 9 de la noche, hora del este; los sábados de 10 de la mañana a 6 de la tarde, hora del este; y los domingos de 1:30 de la tarde a 9:30 de la noche, hora del este.

Nos hemos dado cuenta que en muchos casos, la encuesta toma sólo unos pocos minutos. También es posible que se invite a algunas personas a participar en otra encuesta de más duración, la cual tomará alrededor de 40 minutos en completarse. Cada participante elegible que complete la entrevista de más duración, recibirá $20 dólares como muestra de nuestro agradecimiento. Nuestros entrevistadores son flexibles y pueden llamarlo(a) cuando sea conveniente para usted.

Las respuestas e información que los participantes proporcionen se mantendrán en forma estrictamente confidencial. Si tiene alguna pregunta sobre esta encuesta, por favor, comuníquese con Grant Bettinger, Administrador de encuestas en RTI International, al número de teléfono 1-866-784-1958, anexo 23304. Si tiene alguna pregunta sobre sus derechos como participante en un estudio, por favor, comuníquese con la Oficina de Protección de Participantes en Estudios de RTI International al número de teléfono 1-866-214-2043 (número gratuito).

Esperamos poder hablar con usted y que esté de acuerdo en participar en el estudio “Alineación de fuerzas para la calidad”.

Cordialmente,



Dennis Scanlon
Investigador principal

Panel Nonresponse Letter, English

Dear <<Name>>,

We have been trying to contact you in recent weeks to ask you to participate in an important research study on health in your community called "Aligning Forces for Quality." This study is being conducted [FOR MARKET SITES: on behalf of <INSTERT ALLIANCE NAME>] [FOR NATIONAL SAMPLE: by researchers at The Pennsylvania State University] in the hopes of gaining information that may help improve health care. To date we have been unable to reach anyone in your household in order to conduct the study. 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 understand that with today's busy schedules time is scarce. We are writing to let you know we appreciate your time and input. The information we're collecting will be used to inform improvement efforts in the health care system. But for our study to fairly represent your community, it is important that we hear from you.

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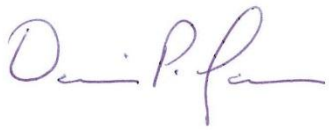
We look forward to talking to you and hope you will agree to participate in the "Aligning Forces for Quality" study.

Cordially,



Dennis Scanlon
Principal Investigator

Panel Nonresponse Letter, Spanish

Estimado <<name>>

Hemos estado tratando de comunicarnos con usted en recientes semanas para pedirle que participe en un importante estudio sobre la salud conocido como "Alineación de fuerzas para la calidad". Este estudio se realiza [FOR MARKET SITES: en nombre de <INSTERT ALLIANCE NAME>] [FOR NATIONAL SAMPLE: por personas encargadas de estudios en la Universidad del Estado de Pensilvania] con la esperanza de obtener información que pueda ayudarnos a mejorar el cuidado de la salud. Hasta el día de hoy no hemos podido comunicarnos con nadie en su hogar con el fin de realizar el estudio. Es posible que usted recuerde haber participado en una fase anterior de este estudio hace como tres años. Le agradeceríamos mucho su continua participación en este estudio. Cada participante elegible que complete una entrevista recibirá $20 dólares como muestra de nuestro agradecimiento.

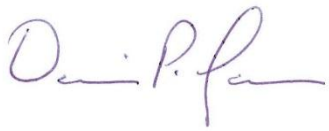
Entendemos que hoy en día la vida es muy atareada y el tiempo es escaso. Le estamos escribiendo para hacerle saber que apreciamos su tiempo y su opinión. La información que estamos recopilando se usará para informar sobre los esfuerzos para mejorar el sistema de cuidado de la salud. Pero para que nuestro estudio represente de manera justa a su comunidad, es importante que hablemos con usted.

En los próximos días, usted recibirá una llamada sobre la encuesta. Usted también puede llamarnos al número de teléfono gratuito **<<Project 1-800 number>>** para completar la entrevista con uno de nuestros entrevistadores profesionales. Los entrevistadores están disponibles de lunes a jueves, de 9 de la mañana a 11 de la noche, hora del este; los viernes de 9 de la mañana a 9 de la noche, hora del este; los sábados de 10 de la mañana a 6 de la tarde, hora del este; y los domingos de 1:30 de la tarde a 9:30 de la noche, hora del este.

Las respuestas e información que los participantes proporcionen se mantendrán en forma estrictamente confidencial. Si tiene alguna pregunta sobre esta encuesta, por favor, comuníquese con Grant Bettinger, Administrador de encuestas en RTI International, al número de teléfono 1-866-784-1958, anexo 23304. Si tiene alguna pregunta sobre sus derechos como participante en un estudio, por favor, comuníquese con la Oficina de Protección de Participantes en Estudios de RTI International al número de teléfono 1-866-214-2043 (número gratuito).

Esperamos poder hablar con usted y que esté de acuerdo en participar en el estudio “Alineación de fuerzas para la calidad”.

Cordialmente,



Dennis Scanlon
Investigador principal

RDD Refusal Conversion Letter, English

Dear household member,

Recently your household received a call from one of our interviewers asking you to participate in an important research study on health in your community called "Aligning Forces for Quality." This study is being conducted [FOR MARKET SITES: on behalf of <INSTERT ALLIANCE NAME>] [FOR NATIONAL SAMPLE: by researchers at The Pennsylvania State University] in the hopes of gaining information that may help improve health care

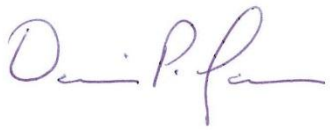
We understand that with today's busy schedules time is scarce. We are writing to let you know we appreciate your time and input. The information we're collecting will be used to inform improvement efforts in the health care system. But for our study to fairly represent your community, it is important that we hear from you.

We have found that the in many cases the survey only takes a couple of minutes. . Some people may also be invited to take part in another longer survey which will take about 40 minutes to complete. Each eligible participant who completes the longer interview will receive $20 as a token of our appreciation**.** Our interviewers are flexible and can call whenever it is convenient for you. In the next few days, you'll be receiving a call about the survey.

Please let our interviewers know if you have any questions or concerns about this research. The answers and information that participants provide will be kept strictly confidential. If you have any questions about this survey, please contact Derek Stone, Data Collection Task Leader, at RTI International toll-free at 1-800-334-8571, extension 66552. If you have any questions about your rights as a research participant, please contact RTI International's Office of Research Protection at 1-866-214-2043 (a toll-free number).

We look forward to talking to you and hope you will agree to participate in the "Aligning Forces for Quality" study.

Cordially,



Dennis Scanlon
Principal Investigator

RDD Refusal Conversion Letter, Spanish

Estimado miembro del hogar,

Hace poco su hogar recibió una llamada de uno(a) de nuestros(as) entrevistadores(as) para pedirle que participe en un importante estudio sobre la salud en su comunidad conocido como "Alineación de fuerzas para la calidad". Este estudio se realiza [FOR MARKET SITES: en nombre de <INSTERT ALLIANCE NAME>] [FOR NATIONAL SAMPLE: por personas encargadas de estudios en la Universidad del Estado de Pensilvania] con la esperanza de obtener información que pueda ayudar a mejorar el cuidado de la salud.

Entendemos que hoy en día la vida es muy atareada y el tiempo es escaso. Le estamos escribiendo para hacerle saber que apreciamos su tiempo y su opinión. La información que estamos recopilando se usará para informar sobre los esfuerzos para mejorar el sistema de cuidado de la salud. Pero para que nuestro estudio represente de manera justa a su comunidad, es importante que hablemos con usted.

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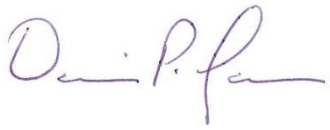
Por favor, dígales a nuestros entrevistadores si tiene alguna pregunta o preocupación acerca de este estudio. Las respuestas e información que los participantes proporcionen se mantendrán en forma estrictamente confidencial. Si tiene alguna pregunta sobre esta encuesta, por favor, comuníquese con Derek Stone, la Encargada de recopilación de datos en RTI International, al número de teléfono 1-800-334-8571, anexo 66552. Si tiene alguna pregunta sobre sus derechos como participante en un estudio, por favor, comuníquese con la Oficina de Protección de Participantes en Estudios de RTI International al número de teléfono 1-866-214-2043 (número gratuito).

Esperamos poder hablar con usted y que esté de acuerdo en participar en el estudio "Alineación de fuerzas para la calidad".

Cordialmente,



Dennis Scanlon
Investigador principal

Panel Refusal Conversion Letter, English

Dear Name,

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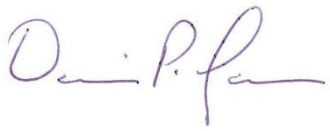
Cordially,



Dennis Scanlon
Principal Investigator

Panel Refusal Conversion Letter, Spanish

Estimado(a) Name,

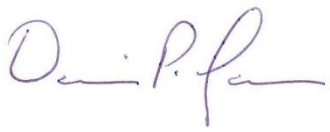
Hace poco su hogar recibió una llamada de uno(a) de nuestros(as) entrevistadores(as) para pedirle que participe en un importante estudio sobre la salud en su comunidad conocido como "Alineación de fuerzas para la calidad". Este estudio se realiza [FOR MARKET SITES: en nombre de <INSTERT ALLIANCE NAME>] [FOR NATIONAL SAMPLE: por personas encargadas de estudios en la Universidad del Estado de Pensilvania] con la esperanza de obtener información que pueda ayudar a mejorar el cuidado de la salud. Es posible que usted recuerde haber participado en una fase anterior de este estudio hace como tres años. Le agradeceríamos mucho su continua participación en este estudio. Cada participante elegible que complete una entrevista recibirá $20 dólares como muestra de nuestro agradecimiento.

Entendemos que hoy en día la vida es muy atareada y el tiempo es escaso. Le estamos escribiendo para hacerle saber que apreciamos su tiempo y su opinión. La información que estamos recopilando se usará para informar sobre los esfuerzos para mejorar el sistema de cuidado de la salud. Pero para que nuestro estudio represente de manera justa a su comunidad, es importante que hablemos con usted.

Nuestros entrevistadores son flexibles y pueden llamarlo(a) cuando sea conveniente para usted. En los próximos días, usted recibirá una llamada sobre la encuesta. Por favor, dígales a nuestros entrevistadores si tiene alguna pregunta o preocupación acerca de este estudio. Las respuestas e información que los participantes proporcionen se mantendrán en forma estrictamente confidencial. Si tiene alguna pregunta sobre esta encuesta, por favor, comuníquese con Derek Stone, Administrador de encuestas en RTI International, al número de teléfono 1-866-784-1958, anexo 66552. Si tiene alguna pregunta sobre sus derechos como participante en un estudio, por favor, comuníquese con la Oficina de Protección de Participantes en Estudios de RTI International al número de teléfono 1-866-214-2043 (número gratuito).

Esperamos poder hablar con usted y que esté de acuerdo en participar en el estudio "Alineación de fuerzas para la calidad".

Cordialmente,



Dennis Scanlon
Investigador principal

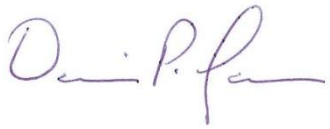
All Respondent Incentive Letter, English

Dear «final_first»,

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 Derek Stone, Survey Manager, at RTI International toll-free at 1-800-334-8571, extension 66552. 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,



Dennis Scanlon
Principal Investigator

All Respondent Incentive Letter, Spanish

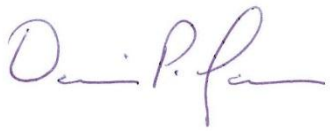
Estimado(a) «final_first»,

En nombre del personal de estudios de la universidad Penn Sate, me gustaría
participar en una reciente encuesta sobre la salud del consumidor como parte del proyecto conocido como "Alineación de fuerzas para la calidad", un programa nacional patrocinado por la Fundación Robert Wood Johnson. Tal como se lo prometimos, adjuntamos a la presente un cheque por $20 dólares.

Si tiene alguna pregunta sobre esta encuesta, por favor, comuníquese con Derek Stone, Administrador de encuestas en RTI International, al número de teléfono 1-866-784-1958, anexo 66552.

Tal como lo mencionamos durante la entrevista, queremos hacer seguimientos en unos pocos años y esperamos que usted esté de acuerdo en participar en una entrevista similar cuando se presente esa oportunidad. Hasta entonces, ¡le deseamos que tenga buena salud!

Sinceramente,



Dennis Scanlon
Investigador principal

Appendix D - Panel Response Rates by Round 1 Outcomes

Round 1 Domain	Unweighted RR	Weighted RR
GENDER		
Male	63.88%	57.03%
Female	63.04%	63.70%
AGE CATEGORY		
18-22	33.33%	18.53%
23-27	46.92%	17.16%
28-32	50.22%	45.27%
33-37	44.90%	51.81%
38-42	57.14%	58.59%
43-47	60.85%	62.77%
48-52	65.48%	60.51%
53-57	69.26%	65.97%
58-62	70.69%	76.68%
63-67	69.38%	74.02%
68-72	67.52%	54.55%
73-77	66.88%	69.85%
78-82	59.46%	59.41%
83+	44.06%	42.53%
DIABETES		
No	63.83%	61.79%
Yes	62.18%	58.41%
HYPERTENSION		
No	61.99%	60.33%
Yes	63.90%	61.14%
HEART DISEASE		
No	63.65%	60.05%
Yes	61.77%	65.12%
ASTHMA		
No	63.63%	61.48%
Yes	62.15%	58.82%
DEPRESSION		
No	63.86%	61.47%
Yes	62.20%	59.62%

Round 1 Domain	Unweighted RR	Weighted RR
SELF-REPORTED HEALTH STATUS		
Poor	57.48%	54.59%
Fair	60.17%	49.75%
Good	64.42%	61.95%
Very Good	66.79%	70.40%
Excellent	63.57%	66.09%
RACE/ETHNICITY		
Non-Hispanic White	65.78%	63.75%
Non-Hispanic Black	61.20%	57.72%
Non-Hispanic AI/AN	58.73%	25.67%
Non-Hispanic Asian	48.65%	48.22%
Non-Hispanic NH/PI	72.73%	81.04%
Non-Hispanic Other	62.16%	77.72%
Non-Hispanic Multiple Races	61.54%	83.37%
Hispanic	51.89%	39.96%
EDUCATION		
Grade 8 or less	45.39%	31.99%
Grade 9+, no diploma	55.14%	56.85%
High school graduate	61.09%	61.43%
Some college, but less than 1 year	63.61%	53.65%
One or more years of college, no degree	64.79%	62.38%
Associate's or Bachelor's degree	66.69%	67.95%
Master's or Professional school degree	70.95%	75.45%
Doctorate degree	66.43%	86.39%
PAMSTAGE		
1	60.73%	53.17%
2	61.39%	55.39%
3	62.14%	63.50%
4	65.73%	63.00%
EMPLOYED		
No	63.36%	61.66%
Yes	63.26%	60.56%

Appendix E - Final Dispositions for all RDD Cases by Market

Market 1: Puget Sound

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	309	68	377
P: Partially completed interviews	4	2	6
S: Eligible screen out	15	0	15
R: Known eligible refusal or nonrespondent	170	52	222
NE: Ineligible respondent	687	320	1,007
UR: Unknown refusal	19	7	26
NH: Ineligible household	3,836	1,329	5,165
UNR: Unknown nonrespondents	9,227	4,596	13,823
Total	**14,267**	**6,374**	**20,641**

Market 2: Detroit

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	240	59	299
P: Partially completed interviews	4	3	7
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	115	40	155
NE: Ineligible respondent	282	160	442
UR: Unknown refusal	10	2	12
NH: Ineligible household	2,779	2,191	4,970
UNR: Unknown nonrespondents	4,761	3,143	7,904
Total	**8,191**	**5,598**	**13,789**

Market 3: Memphis

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	301	67	368
P: Partially completed interviews	0	4	4
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	186	54	240
NE: Ineligible respondent	355	189	544
UR: Unknown refusal	14	3	17
NH: Ineligible household	3,233	1,665	4,898
UNR: Unknown nonrespondents	4,755	6,212	10,967
Total	**8,844**	**8,194**	**17,038**

Market 4: Minnesota - Twin Cities

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	231	32	263
P: Partially completed interviews	3	0	3
S: Eligible screen out	150	0	150
R: Known eligible refusal or nonrespondent	101	32	133
NE: Ineligible respondent	687	139	826
UR: Unknown refusal	14	4	18
NH: Ineligible household	3,836	1,075	4,911
UNR: Unknown nonrespondents	6,210	2,064	8,274
Total	**11,232**	**3,346**	**14,578**

Market 5: Western New York

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	259	49	308
P: Partially completed interviews	7	2	9
S: Eligible screen out	74	0	74
R: Known eligible refusal or nonrespondent	115	52	167
NE: Ineligible respondent	404	153	557
UR: Unknown refusal	14	4	18
NH: Ineligible household	1,774	611	2,385
UNR: Unknown nonrespondents	4,161	2,224	6,385
Total	**6,808**	**3,095**	**9,903**

Market 6: Western Michigan

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	197	31	228
P: Partially completed interviews	2	1	3
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	67	14	81
NE: Ineligible respondent	304	79	383
UR: Unknown refusal	3	1	4
NH: Ineligible household	1,410	1,274	2,684
UNR: Unknown nonrespondents	3,616	1,732	5,348
Total	**5,599**	**3,132**	**8,731**

Market 7: Wisconsin

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	153	30	183
P: Partially completed interviews	1	1	2
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	63	34	97
NE: Ineligible respondent	259	117	376
UR: Unknown refusal	5	1	6
NH: Ineligible household	789	627	1,416
UNR: Unknown nonrespondents	2,161	1,251	3,412
Total	**3,431**	**2,061**	**5,492**

Market 8: Maine

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	202	37	239
P: Partially completed interviews	1	2	3
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	133	38	171
NE: Ineligible respondent	326	144	470
UR: Unknown refusal	6	1	7
NH: Ineligible household	917	516	1,433
UNR: Unknown nonrespondents	2,626	1,653	4,279
Total	**4,211**	**2,391**	**6,602**

Market 9: Humboldt County

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	184	41	225
P: Partially completed interviews	2	3	5
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	77	49	126
NE: Ineligible respondent	346	156	502
UR: Unknown refusal	3	7	10
NH: Ineligible household	778	923	1,701
UNR: Unknown nonrespondents	2,574	3,187	5,761
Total	**3,964**	**4,366**	**8,330**

Market 10: South Central PA

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	228	35	263
P: Partially completed interviews	0	2	2
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	100	32	132
NE: Ineligible respondent	350	98	448
UR: Unknown refusal	5	6	11
NH: Ineligible household	995	624	1,619
UNR: Unknown nonrespondents	3,560	2,899	6,459
Total	**5,238**	**3,696**	**8,934**

Market 11: Cincinnati

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	292	59	351
P: Partially completed interviews	1	2	3
S: Eligible screen out	62	0	62
R: Known eligible refusal or nonrespondent	139	39	178
NE: Ineligible respondent	393	114	507
UR: Unknown refusal	4	4	8
NH: Ineligible household	1,807	467	2,274
UNR: Unknown nonrespondents	4,109	1,619	5,728
Total	**6,807**	**2,304**	**9,111**

Market 12: Cleveland

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	295	54	349
P: Partially completed interviews	2	2	4
S: Eligible screen out	1	0	1
R: Known eligible refusal or nonrespondent	134	35	169
NE: Ineligible respondent	339	170	509
UR: Unknown refusal	6	2	8
NH: Ineligible household	1,926	1,897	3,823
UNR: Unknown nonrespondents	3,672	3,515	7,187
Total	**6,375**	**5,675**	**12,050**

Market 13: Kansas City

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	268	58	326
P: Partially completed interviews	2	1	3
S: Eligible screen out	56	0	56
R: Known eligible refusal or nonrespondent	100	58	158
NE: Ineligible respondent	368	248	616
UR: Unknown refusal	14	4	18
NH: Ineligible household	2,277	1,021	3,298
UNR: Unknown nonrespondents	4,484	6,724	11,208
Total	**7,569**	**8,114**	**15,683**

Market 14: Willamette Valley

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	302	45	347
P: Partially completed interviews	5	2	7
S: Eligible screen out	129	0	129
R: Known eligible refusal or nonrespondent	134	39	173
NE: Ineligible respondent	774	148	922
UR: Unknown refusal	17	3	20
NH: Ineligible household	3,358	553	3,911
UNR: Unknown nonrespondents	6,630	2,547	9,177
Total	**11,349**	**3,337**	**14,686**

Market 15: Minnesota

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	90	27	117
P: Partially completed interviews	1	0	1
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	42	18	60
NE: Ineligible respondent	176	76	252
UR: Unknown refusal	5	0	5
NH: Ineligible household	663	687	1,350
UNR: Unknown nonrespondents	1,498	1,221	2,719
Total	**2,475**	**2,029**	**4,504**

Market 19: Oregon

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	140	25	165
P: Partially completed interviews	2	0	2
S: Eligible screen out	0	0	0
R: Known eligible refusal or nonrespondent	90	5	95
NE: Ineligible respondent	275	63	338
UR: Unknown refusal	5	1	6
NH: Ineligible household	850	274	1,124
UNR: Unknown nonrespondents	1,650	582	2,232
Total	**3,012**	**950**	**3,962**

Market 111: National Comparison Sample

Disposition Category	Landline Frame	Cell Frame	Total
I: Completed interviews	395	69	464
P: Partially completed interviews	10	6	16
S: Eligible screen out	36	0	36
R: Known eligible refusal or nonrespondent	185	63	248
NE: Ineligible respondent	690	322	1,012
UR: Unknown refusal	4,509	2,031	6,540
NH: Ineligible household	3,977	1,275	5,252
UNR: Unknown nonrespondents	2,559	901	3,460
Total	**12,361**	**4,667**	**17,028**

Appendix F - Phone Use Domain Estimates Used in Poststratification

Market	NHIS Reporting Domain	Cell Only Percent	Landline Only Percent	Dual Users Percent
Greater Cincinnati, OH	OH – Rest of Ohio (excludes Cuyahoga and Franklin counties)	33.6	6.9	59.6
Cleveland, OH	OH – Cuyahoga county	31.7	7.1	61.2
Detroit, MI	MI – Wayne county	40.8	6.0	53.2
Humboldt County, CA	CA – Northern counties	25.9	13.6	60.6
Kansas City, MO/KS	KS – Johnson/Wyandotte counties	29.1	6.4	64.5
Maine	Maine	32.1	11.1	56.9
Memphis, TN	TN – Shelby county	41.4	8.6	50.1
Minnesota	MN – Rest of Minnesota (excludes Twin Cities counties)	30.8	8.9	60.3
Minneapolis/St. Paul, MN	Twin Cities counties[20]	34.4	5.3	60.3
Seattle, WA/Puget Sound	WA – King county	43.6	5.0	51.4
Willamette Valley, OR	Oregon	38.9	11.4	49.7
Oregon - excluding Willamette Valley	Oregon	38.9	11.4	49.7
Western Michigan	MI – Rest of Michigan (excludes Wayne)	36.3	7.3	56.4
Western New York	NY – Rest of New York (excludes City of New York counties)	17.5	12.1	70.4
Wisconsin	Wisconsin	34.3	11.4	54.4
South Central, PA	PA – Rest of Pennsylvania (excludes Allegheny and Philadelphia counties)	21.2	10.4	68.4
National Comparison	National estimate	33.0	8.5	58.5

[20] Includes Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, and Washington counties

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

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Gender**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	Male	646	39.7	1,500,846	49.3	1,500,846	49.3
		Female	981	60.3	1,541,946	50.7	1,541,946	50.7
2	Detroit	Male	285	31.6	1,703,992	47.7	1,703,992	47.7
		Female	618	68.4	1,869,716	52.3	1,869,716	52.3
3	Memphis	Male	366	31.7	318,442	46.6	318,442	46.6
		Female	790	68.3	364,460	53.4	364,460	53.4
4	Minnesota - Twin Cities	Male	522	38.0	806,920	48.6	806,920	48.6
		Female	853	62.0	854,895	51.4	854,895	51.4
5	Western New York	Male	415	37.2	581,577	48.1	581,577	48.1
		Female	700	62.8	627,457	51.9	627,457	51.9
6	West Michigan	Male	235	33.8	555,475	49.1	555,475	49.1
		Female	460	66.2	576,881	50.9	576,881	50.9
7	Wisconsin	Male	244	37.1	2,136,810	49.2	2,136,810	49.2
		Female	414	62.9	2,210,684	50.8	2,210,684	50.8
8	Maine	Male	357	40.4	509,004	48.3	509,004	48.3
		Female	526	59.6	544,824	51.7	544,824	51.7
9	Humboldt County	Male	366	42.7	53,729	50.0	53,729	50.0
		Female	492	57.3	53,833	50.0	53,833	50.0
10	South Central PA	Male	321	38.0	200,552	48.7	200,552	48.7
		Female	524	62.0	211,375	51.3	211,375	51.3
11	Cincinnati	Male	363	33.0	799,476	48.2	799,476	48.2
		Female	738	67.0	860,514	51.8	860,514	51.8
12	Cleveland	Male	385	37.3	460,073	46.5	460,073	46.5
		Female	647	62.7	529,787	53.5	529,787	53.5
13	Kansas City	Male	422	36.4	600,455	47.9	600,455	47.9
		Female	737	63.6	653,959	52.1	653,959	52.1
14	Willamette Valley	Male	606	38.4	1,010,887	48.8	1,010,887	48.8
		Female	972	61.6	1,058,640	51.2	1,058,640	51.2

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Gender**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
15	Minnesota	Male	170	39.5	1,168,619	49.6	1,168,619	49.6
		Female	260	60.5	1,189,428	50.4	1,189,428	50.4
19	Oregon	Male	221	36.8	441,271	49.3	441,271	49.3
		Female	379	63.2	453,823	50.7	453,823	50.7
111	National Comparison Sample	Male	669	37.7	100,189,609	48.5	100,189,609	48.5
		Female	1,107	62.3	106,344,776	51.5	106,344,776	51.5

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Household Size**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	1	385	23.7	435,780	14.3	435,780	14.3
		2+	1,242	76.3	2,607,012	85.7	2,607,012	85.7
2	Detroit	1	247	27.4	532,680	14.9	532,680	14.9
		2+	656	72.6	3,041,028	85.1	3,041,028	85.1
3	Memphis	1	322	27.9	99,495	14.6	99,495	14.6
		2+	834	72.1	583,407	85.4	583,407	85.4
4	Minnesota - Twin Cities	1	413	30.0	261,701	15.7	261,701	15.7
		2+	962	70.0	1,400,114	84.3	1,400,114	84.3
5	Western New York	1	383	34.3	200,445	16.6	200,445	16.6
		2+	732	65.7	1,008,589	83.4	1,008,589	83.4
6	West Michigan	1	159	22.9	139,298	12.3	139,298	12.3
		2+	536	77.1	993,058	87.7	993,058	87.7
7	Wisconsin	1	181	27.5	642,507	14.8	642,507	14.8
		2+	477	72.5	3,704,987	85.2	3,704,987	85.2
8	Maine	1	225	25.5	159,533	15.1	159,533	15.1
		2+	658	74.5	894,295	84.9	894,295	84.9
9	Humboldt County	1	231	26.9	17,824	16.6	17,824	16.6
		2+	627	73.1	89,738	83.4	89,738	83.4
10	South Central PA	1	183	21.7	48,177	11.7	48,177	11.7
		2+	662	78.3	363,750	88.3	363,750	88.3
11	Cincinnati	1	338	30.7	238,337	14.4	238,337	14.4
		2+	763	69.3	1,421,653	85.6	1,421,653	85.6
12	Cleveland	1	371	35.9	193,371	19.5	193,371	19.5
		2+	661	64.1	796,489	80.5	796,489	80.5

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Household Size**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
13	Kansas City	1	319	27.5	191,607	15.3	191,607	15.3
		2+	840	72.5	1,062,807	84.7	1,062,807	84.7
14	Willamette Valley	1	383	24.3	290,108	14.0	290,108	14.0
		2+	1,195	75.7	1,779,419	86.0	1,779,419	86.0
15	Minnesota	1	99	23.0	322,307	13.7	322,307	13.7
		2+	331	77.0	2,035,740	86.3	2,035,740	86.3
19	Oregon	1	173	28.8	126,639	14.1	126,639	14.1
		2+	427	71.2	768,455	85.9	768,455	85.9
111	National Comparison Sample	1	422	23.8	27,132,852	13.1	27,132,852	13.1
		2+	1,354	76.2	179,401,533	86.9	179,401,533	86.9

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	18-22	69	4.2	256,272	8.4	256,272	8.4
		23-27	80	4.9	292,045	9.6	292,045	9.6
		28-32	113	6.9	298,578	9.8	298,578	9.8
		33-37	85	5.2	274,324	9.0	274,324	9.0
		38-42	139	8.5	297,774	9.8	297,774	9.8
		43-47	131	8.1	292,453	9.6	292,453	9.6
		48-52	173	10.6	302,851	10.0	302,851	10.0
		53-57	185	11.4	280,855	9.2	280,855	9.2
		58-62	175	10.8	233,139	7.7	233,139	7.7
		63-67	174	10.7	170,982	5.6	170,982	5.6
		68-72	121	7.4	110,422	3.6	110,422	3.6
		73-77	82	5.0	81,453	2.7	81,453	2.7
		78-82	45	2.8	65,552	2.2	65,552	2.2
		83+	55	3.4	86,092	2.8	86,092	2.8
2	Detroit	18-22	37	4.1	319,637	8.9	319,637	8.9
		23-27	31	3.4	283,792	7.9	283,792	7.9
		28-32	37	4.1	285,618	8.0	285,618	8.0
		33-37	51	5.6	285,578	8.0	285,578	8.0
		38-42	44	4.9	334,490	9.4	334,490	9.4
		43-47	74	8.2	351,094	9.8	351,094	9.8
		48-52	98	10.9	371,142	10.4	371,142	10.4
		53-57	104	11.5	345,185	9.7	345,185	9.7
		58-62	116	12.8	291,641	8.2	291,641	8.2
		63-67	106	11.7	215,587	6.0	215,587	6.0
		68-72	68	7.5	149,836	4.2	149,836	4.2
		73-77	52	5.8	114,792	3.2	114,792	3.2
		78-82	45	5.0	101,550	2.8	101,550	2.8
		83+	40	4.4	123,766	3.5	123,766	3.5

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
3	Memphis	18-22	45	3.9	67,500	9.9	67,500	9.9
		23-27	42	3.6	67,145	9.8	67,145	9.8
		28-32	56	4.8	65,573	9.6	65,573	9.6
		33-37	71	6.1	60,266	8.8	60,266	8.8
		38-42	77	6.7	64,259	9.4	64,259	9.4
		43-47	81	7.0	64,215	9.4	64,215	9.4
		48-52	103	8.9	66,751	9.8	66,751	9.8
		53-57	150	13.0	63,113	9.2	63,113	9.2
		58-62	146	12.6	52,818	7.7	52,818	7.7
		63-67	131	11.3	35,895	5.3	35,895	5.3
		68-72	87	7.5	24,757	3.6	24,757	3.6
		73-77	70	6.1	18,609	2.7	18,609	2.7
		78-82	54	4.7	14,719	2.2	14,719	2.2
		83+	43	3.7	17,282	2.5	17,282	2.5
4	Minnesota - Twin Cities	18-22	44	3.2	145,659	8.8	145,659	8.8
		23-27	36	2.6	172,507	10.4	172,507	10.4
		28-32	66	4.8	168,826	10.2	168,826	10.2
		33-37	94	6.8	142,574	8.6	142,574	8.6
		38-42	104	7.6	151,984	9.1	151,984	9.1
		43-47	122	8.9	158,028	9.5	158,028	9.5
		48-52	140	10.2	167,041	10.1	167,041	10.1
		53-57	168	12.2	148,355	8.9	148,355	8.9
		58-62	164	11.9	124,499	7.5	124,499	7.5
		63-67	136	9.9	86,619	5.2	86,619	5.2
		68-72	114	8.3	59,570	3.6	59,570	3.6
		73-77	63	4.6	45,322	2.7	45,322	2.7
		78-82	58	4.2	38,643	2.3	38,643	2.3
		83+	66	4.8	52,188	3.1	52,188	3.1

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
5	Western New York	18-22	44	3.9	119,129	9.9	119,129	9.9
		23-27	36	3.2	99,089	8.2	99,089	8.2
		28-32	48	4.3	87,376	7.2	87,376	7.2
		33-37	59	5.3	79,901	6.6	79,901	6.6
		38-42	53	4.8	98,398	8.1	98,398	8.1
		43-47	93	8.3	110,975	9.2	110,975	9.2
		48-52	112	10.0	124,110	10.3	124,110	10.3
		53-57	145	13.0	115,951	9.6	115,951	9.6
		58-62	145	13.0	98,833	8.2	98,833	8.2
		63-67	116	10.4	76,258	6.3	76,258	6.3
		68-72	93	8.3	56,794	4.7	56,794	4.7
		73-77	80	7.2	47,516	3.9	47,516	3.9
		78-82	48	4.3	42,067	3.5	42,067	3.5
		83+	43	3.9	52,637	4.4	52,637	4.4
6	West Michigan	18-22	27	3.9	146,846	13.0	116,295	10.3
		23-27	16	2.3	67,739	6.0	98,290	8.7
		28-32	42	6.0	95,241	8.4	95,241	8.4
		33-37	42	6.0	88,705	7.8	88,705	7.8
		38-42	47	6.8	98,386	8.7	98,386	8.7
		43-47	47	6.8	106,743	9.4	106,743	9.4
		48-52	79	11.4	114,597	10.1	114,597	10.1
		53-57	81	11.7	105,305	9.3	105,305	9.3
		58-62	73	10.5	88,492	7.8	88,492	7.8
		63-67	72	10.4	66,285	5.9	66,285	5.9
		68-72	40	5.8	49,357	4.4	49,357	4.4
		73-77	58	8.3	37,182	3.3	37,182	3.3
		78-82	39	5.6	30,897	2.7	30,897	2.7
		83+	32	4.6	36,581	3.2	36,581	3.2

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
7	Wisconsin	18-22	24	3.6	398,794	9.2	398,794	9.2
		23-27	25	3.8	373,417	8.6	373,417	8.6
		28-32	28	4.3	365,147	8.4	365,147	8.4
		33-37	29	4.4	331,968	7.6	331,968	7.6
		38-42	54	8.2	371,047	8.5	371,047	8.5
		43-47	49	7.4	414,012	9.5	414,012	9.5
		48-52	72	10.9	447,257	10.3	447,257	10.3
		53-57	73	11.1	408,281	9.4	408,281	9.4
		58-62	67	10.2	348,009	8.0	348,009	8.0
		63-67	64	9.7	257,481	5.9	257,481	5.9
		68-72	50	7.6	190,148	4.4	190,148	4.4
		73-77	46	7.0	151,374	3.5	151,374	3.5
		78-82	39	5.9	129,894	3.0	129,894	3.0
		83+	38	5.8	160,665	3.7	160,665	3.7
8	Maine	18-22	31	3.5	86,187	8.2	86,187	8.2
		23-27	26	2.9	73,290	7.0	73,290	7.0
		28-32	36	4.1	73,043	6.9	73,043	6.9
		33-37	43	4.9	73,062	6.9	73,062	6.9
		38-42	55	6.2	88,772	8.4	88,772	8.4
		43-47	75	8.5	100,918	9.6	100,918	9.6
		48-52	92	10.4	111,685	10.6	111,685	10.6
		53-57	110	12.5	107,033	10.2	107,033	10.2
		58-62	118	13.4	96,484	9.2	96,484	9.2
		63-67	92	10.4	74,402	7.1	74,402	7.1
		68-72	75	8.5	52,717	5.0	52,717	5.0
		73-77	46	5.2	41,802	4.0	41,802	4.0
		78-82	42	4.8	34,507	3.3	34,507	3.3
		83+	42	4.8	39,926	3.8	39,926	3.8

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
9	Humboldt County	18-22	30	3.5	12,121	11.3	12,121	11.3
		23-27	34	4.0	10,929	10.2	10,929	10.2
		28-32	44	5.1	10,197	9.5	10,197	9.5
		33-37	53	6.2	8,295	7.7	8,295	7.7
		38-42	56	6.5	7,450	6.9	7,450	6.9
		43-47	58	6.8	7,837	7.3	7,837	7.3
		48-52	98	11.4	9,539	8.9	9,539	8.9
		53-57	103	12.0	10,403	9.7	10,403	9.7
		58-62	119	13.9	9,920	9.2	9,920	9.2
		63-67	98	11.4	6,826	6.3	6,826	6.3
		68-72	55	6.4	4,570	4.2	4,570	4.2
		73-77	40	4.7	3,307	3.1	3,307	3.1
		78-82	38	4.4	2,728	2.5	2,728	2.5
		83+	32	3.7	3,440	3.2	3,440	3.2
10	South Central PA	18-22	29	3.4	33,869	8.2	33,869	8.2
		23-27	27	3.2	29,852	7.2	29,852	7.2
		28-32	26	3.1	30,795	7.5	30,795	7.5
		33-37	42	5.0	31,393	7.6	31,393	7.6
		38-42	48	5.7	38,886	9.4	38,886	9.4
		43-47	79	9.3	41,422	10.1	41,422	10.1
		48-52	87	10.3	43,171	10.5	43,171	10.5
		53-57	104	12.3	39,451	9.6	39,451	9.6
		58-62	111	13.1	34,331	8.3	34,331	8.3
		63-67	100	11.8	27,028	6.6	27,028	6.6
		68-72	62	7.3	19,452	4.7	19,452	4.7
		73-77	62	7.3	15,356	3.7	15,356	3.7
		78-82	32	3.8	12,314	3.0	12,314	3.0
		83+	36	4.3	14,607	3.5	14,607	3.5

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
11	Cincinnati	18-22	40	3.6	152,262	9.2	152,262	9.2
		23-27	28	2.5	143,634	8.7	143,634	8.7
		28-32	50	4.5	144,717	8.7	144,717	8.7
		33-37	64	5.8	134,253	8.1	134,253	8.1
		38-42	75	6.8	151,874	9.1	151,874	9.1
		43-47	92	8.4	161,117	9.7	161,117	9.7
		48-52	117	10.6	171,186	10.3	171,186	10.3
		53-57	141	12.8	155,144	9.3	155,144	9.3
		58-62	118	10.7	130,709	7.9	130,709	7.9
		63-67	115	10.4	95,024	5.7	95,024	5.7
		68-72	83	7.5	70,666	4.3	70,666	4.3
		73-77	76	6.9	54,458	3.3	54,458	3.3
		78-82	55	5.0	45,040	2.7	45,040	2.7
		83+	47	4.3	49,906	3.0	49,906	3.0
12	Cleveland	18-22	44	4.3	81,228	8.2	81,228	8.2
		23-27	35	3.4	81,169	8.2	81,169	8.2
		28-32	56	5.4	79,912	8.1	79,912	8.1
		33-37	49	4.7	72,071	7.3	72,071	7.3
		38-42	56	5.4	82,256	8.3	82,256	8.3
		43-47	74	7.2	88,986	9.0	88,986	9.0
		48-52	113	10.9	101,734	10.3	101,734	10.3
		53-57	167	16.2	95,854	9.7	95,854	9.7
		58-62	118	11.4	82,175	8.3	82,175	8.3
		63-67	95	9.2	59,104	6.0	59,104	6.0
		68-72	67	6.5	46,406	4.7	46,406	4.7
		73-77	53	5.1	38,582	3.9	38,582	3.9
		78-82	53	5.1	34,688	3.5	34,688	3.5
		83+	52	5.0	45,695	4.6	45,695	4.6

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
13	Kansas City	18-22	52	4.5	95,917	7.6	95,917	7.6
		23-27	49	4.2	121,570	9.7	121,570	9.7
		28-32	63	5.4	124,689	9.9	124,689	9.9
		33-37	78	6.7	111,974	8.9	111,974	8.9
		38-42	96	8.3	117,024	9.3	117,024	9.3
		43-47	98	8.5	119,972	9.6	119,972	9.6
		48-52	144	12.4	126,765	10.1	126,765	10.1
		53-57	119	10.3	113,770	9.1	113,770	9.1
		58-62	127	11.0	96,431	7.7	96,431	7.7
		63-67	109	9.4	70,291	5.6	70,291	5.6
		68-72	75	6.5	48,682	3.9	48,682	3.9
		73-77	48	4.1	37,729	3.0	37,729	3.0
		78-82	48	4.1	31,283	2.5	31,283	2.5
		83+	53	4.6	38,317	3.1	38,317	3.1
14	Willamette Valley	18-22	41	2.6	192,325	9.3	192,325	9.3
		23-27	43	2.7	195,000	9.4	195,000	9.4
		28-32	85	5.4	201,964	9.8	201,964	9.8
		33-37	80	5.1	185,527	9.0	185,527	9.0
		38-42	135	8.6	189,105	9.1	189,105	9.1
		43-47	127	8.0	178,234	8.6	178,234	8.6
		48-52	150	9.5	188,980	9.1	188,980	9.1
		53-57	213	13.5	188,638	9.1	188,638	9.1
		58-62	193	12.2	167,419	8.1	167,419	8.1
		63-67	161	10.2	122,489	5.9	122,489	5.9
		68-72	135	8.6	82,258	4.0	82,258	4.0
		73-77	78	4.9	59,623	2.9	59,623	2.9
		78-82	51	3.2	49,909	2.4	49,909	2.4
		83+	86	5.4	68,056	3.3	68,056	3.3

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
15	Minnesota	18-22	14	3.3	115,349	4.9	215,372	9.1
		23-27	19	4.4	291,401	12.4	191,378	8.1
		28-32	26	6.0	195,144	8.3	195,144	8.3
		33-37	24	5.6	176,226	7.5	176,226	7.5
		38-42	24	5.6	197,637	8.4	197,637	8.4
		43-47	39	9.1	223,359	9.5	223,359	9.5
		48-52	49	11.4	247,118	10.5	247,118	10.5
		53-57	47	10.9	223,423	9.5	223,423	9.5
		58-62	47	10.9	187,848	8.0	187,848	8.0
		63-67	32	7.4	142,612	6.0	142,612	6.0
		68-72	34	7.9	109,088	4.6	109,088	4.6
		73-77	28	6.5	86,071	3.7	86,071	3.7
		78-82	29	6.7	111,873	4.7	71,674	3.0
		83+	18	4.2	50,898	2.2	91,097	3.9
19	Oregon	18-22	8	1.3	65,167	7.3	65,840	7.4
		23-27	14	2.3	63,614	7.1	62,941	7.0
		28-32	23	3.8	64,282	7.2	64,282	7.2
		33-37	29	4.8	61,972	6.9	61,972	6.9
		38-42	28	4.7	67,654	7.6	67,654	7.6
		43-47	28	4.7	72,214	8.1	72,214	8.1
		48-52	51	8.5	84,575	9.4	84,575	9.4
		53-57	86	14.3	90,513	10.1	90,513	10.1
		58-62	74	12.3	88,098	9.8	88,098	9.8
		63-67	85	14.2	72,891	8.1	72,891	8.1
		68-72	61	10.2	54,730	6.1	54,730	6.1
		73-77	50	8.3	40,511	4.5	40,511	4.5
		78-82	29	4.8	31,489	3.5	31,489	3.5
		83+	34	5.7	37,384	4.2	37,384	4.2

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Age Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
111	National Comparison Sample	18-22	74	4.2	19,722,162	9.5	19,722,162	9.5
		23-27	84	4.7	18,660,622	9.0	18,660,622	9.0
		28-32	85	4.8	18,246,081	8.8	18,246,081	8.8
		33-37	109	6.1	17,165,541	8.3	17,165,541	8.3
		38-42	130	7.3	18,566,211	9.0	18,566,211	9.0
		43-47	152	8.6	19,244,955	9.3	19,244,955	9.3
		48-52	196	11.0	19,937,787	9.7	19,937,787	9.7
		53-57	213	12.0	18,259,667	8.8	18,259,667	8.8
		58-62	205	11.5	15,851,821	7.7	15,851,821	7.7
		63-67	183	10.3	12,435,121	6.0	12,435,121	6.0
		68-72	122	6.9	9,130,437	4.4	9,130,437	4.4
		73-77	89	5.0	7,047,881	3.4	7,047,881	3.4
		78-82	79	4.4	5,677,567	2.7	5,677,567	2.7
		83+	55	3.1	6,588,532	3.2	6,588,532	3.2

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Race Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	NH White	1,159	71.2	2,212,594	72.7	2,212,594	72.7
		NH Black	80	4.9	144,886	4.8	144,886	4.8
		NH AI/AN	14	0.9	29,834	1.0	27,791	0.9
		NH Asian	116	7.1	325,726	10.7	325,726	10.7
		NH NH/PI	8	0.5	19,457	0.6	21,500	0.7
		NH Other	41	2.5	5,163	0.2	5,163	0.2
		NH Multiple Races	73	4.5	89,266	2.9	89,266	2.9
		Hispanic	136	8.4	215,866	7.1	215,866	7.1
2	Detroit	NH White	452	50.1	2,535,438	70.9	2,535,438	70.9
		NH Black	344	38.1	738,222	20.7	738,222	20.7
		NH AI/AN	7	0.8	61,349	1.7	10,374	0.3
		NH Asian	15	1.7	63,677	1.8	123,954	3.5
		NH NH/PI	0	0.0	0	0.0	738	0.0
		NH Other	25	2.8	3,090	0.1	3,090	0.1
		NH Multiple Races	19	2.1	57,538	1.6	47,498	1.3
		Hispanic	41	4.5	114,394	3.2	114,394	3.2
3	Memphis	NH White	303	26.2	288,373	42.2	288,373	42.2
		NH Black	773	66.9	337,955	49.5	337,955	49.5
		NH AI/AN	2	0.2	304	0.0	1,357	0.2
		NH Asian	6	0.5	10,242	1.5	15,643	2.3
		NH NH/PI	1	0.1	199	0.0	218	0.0
		NH Other	12	1.0	3,897	0.6	529	0.1
		NH Multiple Races	16	1.4	8,715	1.3	5,610	0.8
		Hispanic	43	3.7	33,217	4.9	33,217	4.9

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Race Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
4	Minnesota - Twin Cities	NH White	1,060	77.1	1,308,917	78.8	1,308,917	78.8
		NH Black	115	8.4	132,385	8.0	132,385	8.0
		NH AI/AN	11	0.8	9,524	0.6	10,517	0.6
		NH Asian	41	3.0	102,405	6.2	102,405	6.2
		NH NH/PI	0	0.0	0	0.0	622	0.0
		NH Other	25	1.8	3,642	0.2	2,027	0.1
		NH Multiple Races	30	2.2	24,089	1.4	24,089	1.4
		Hispanic	93	6.8	80,853	4.9	80,853	4.9
5	Western New York	NH White	681	61.1	1,024,583	84.7	1,024,583	84.7
		NH Black	315	28.3	104,836	8.7	104,836	8.7
		NH AI/AN	9	0.8	5,680	0.5	8,303	0.7
		NH Asian	6	0.5	15,426	1.3	21,447	1.8
		NH NH/PI	1	0.1	1,247	0.1	219	0.0
		NH Other	24	2.2	8,563	0.7	947	0.1
		NH Multiple Races	23	2.1	10,499	0.9	10,499	0.9
		Hispanic	56	5.0	38,200	3.2	38,200	3.2
6	West Michigan	NH White	606	87.2	968,520	85.5	968,520	85.5
		NH Black	35	5.0	64,952	5.7	64,952	5.7
		NH AI/AN	4	0.6	15,903	1.4	5,122	0.5
		NH Asian	1	0.1	102	0.0	16,530	1.5
		NH NH/PI	0	0.0	0	0.0	246	0.0
		NH Other	10	1.4	6,759	0.6	687	0.1
		NH Multiple Races	16	2.3	11,745	1.0	11,924	1.1
		Hispanic	23	3.3	64,375	5.7	64,375	5.7

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Race Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
7	Wisconsin	NH White	573	87.1	3,753,673	86.3	3,753,673	86.3
		NH Black	26	4.0	234,526	5.4	234,526	5.4
		NH AI/AN	4	0.6	23,301	0.5	34,419	0.8
		NH Asian	8	1.2	44,731	1.0	86,610	2.0
		NH NH/PI	1	0.2	13,760	0.3	1,200	0.0
		NH Other	6	0.9	37,682	0.9	2,113	0.0
		NH Multiple Races	9	1.4	39,998	0.9	35,131	0.8
		Hispanic	31	4.7	199,822	4.6	199,822	4.6
8	Maine	NH White	799	90.5	1,007,023	95.6	1,007,023	95.6
		NH Black	9	1.0	6,120	0.6	9,034	0.9
		NH AI/AN	13	1.5	9,846	0.9	6,079	0.6
		NH Asian	0	0.0	0	0.0	9,784	0.9
		NH NH/PI	0	0.0	0	0.0	234	0.0
		NH Other	22	2.5	8,670	0.8	603	0.1
		NH Multiple Races	24	2.7	10,546	1.0	10,546	1.0
		Hispanic	16	1.8	11,623	1.1	10,525	1.0
9	Humboldt County	NH White	679	79.1	86,867	80.8	86,867	80.8
		NH Black	3	0.3	253	0.2	1,136	1.1
		NH AI/AN	31	3.6	4,776	4.4	4,776	4.4
		NH Asian	6	0.7	979	0.9	2,080	1.9
		NH NH/PI	2	0.2	151	0.1	241	0.2
		NH Other	33	3.8	2,364	2.2	291	0.3
		NH Multiple Races	49	5.7	3,466	3.2	3,466	3.2
		Hispanic	55	6.4	8,705	8.1	8,705	8.1

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Race Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
10	South Central PA	NH White	747	88.4	368,528	89.5	368,528	89.5
		NH Black	36	4.3	16,348	4.0	16,348	4.0
		NH AI/AN	1	0.1	354	0.1	623	0.2
		NH Asian	4	0.5	1,167	0.3	4,420	1.1
		NH NH/PI	0	0.0	0	0.0	98	0.0
		NH Other	6	0.7	1,433	0.3	411	0.1
		NH Multiple Races	15	1.8	5,757	1.4	3,158	0.8
		Hispanic	36	4.3	18,341	4.5	18,341	4.5
11	Cincinnati	NH White	720	65.4	1,394,738	84.0	1,394,738	84.0
		NH Black	296	26.9	180,185	10.9	180,185	10.9
		NH AI/AN	8	0.7	11,608	0.7	2,800	0.2
		NH Asian	5	0.5	5,222	0.3	30,003	1.8
		NH NH/PI	1	0.1	11,763	0.7	778	0.0
		NH Other	14	1.3	6,316	0.4	1,328	0.1
		NH Multiple Races	24	2.2	15,815	1.0	15,815	1.0
		Hispanic	33	3.0	34,343	2.1	34,343	2.1
12	Cleveland	NH White	419	40.6	640,799	64.7	640,799	64.7
		NH Black	518	50.2	270,756	27.4	270,756	27.4
		NH AI/AN	5	0.5	2,605	0.3	1,595	0.2
		NH Asian	7	0.7	7,600	0.8	25,552	2.6
		NH NH/PI	1	0.1	367	0.0	180	0.0
		NH Other	18	1.7	17,803	1.8	1,047	0.1
		NH Multiple Races	22	2.1	10,600	1.1	10,600	1.1
		Hispanic	42	4.1	39,331	4.0	39,331	4.0

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Race Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
13	Kansas City	NH White	709	61.2	935,244	74.6	935,244	74.6
		NH Black	274	23.6	167,426	13.3	167,426	13.3
		NH AI/AN	12	1.0	5,783	0.5	5,017	0.4
		NH Asian	11	0.9	19,508	1.6	31,724	2.5
		NH NH/PI	0	0.0	0	0.0	1,842	0.1
		NH Other	16	1.4	14,507	1.2	1,215	0.1
		NH Multiple Races	31	2.7	17,282	1.4	17,282	1.4
		Hispanic	106	9.1	94,664	7.5	94,664	7.5
14	Willamette Valley	NH White	1,248	79.1	1,653,921	79.9	1,653,921	79.9
		NH Black	41	2.6	43,204	2.1	43,204	2.1
		NH AI/AN	21	1.3	23,325	1.1	16,490	0.8
		NH Asian	44	2.8	99,589	4.8	99,589	4.8
		NH NH/PI	2	0.1	494	0.0	7,329	0.4
		NH Other	22	1.4	2,940	0.1	2,940	0.1
		NH Multiple Races	45	2.9	45,494	2.2	45,494	2.2
		Hispanic	155	9.8	200,560	9.7	200,560	9.7
15	Minnesota	NH White	393	91.4	2,153,727	91.3	2,153,727	91.3
		NH Black	5	1.2	14,677	0.6	42,303	1.8
		NH AI/AN	3	0.7	37,109	1.6	27,493	1.2
		NH Asian	3	0.7	14,136	0.6	43,609	1.8
		NH NH/PI	0	0.0	0	0.0	729	0.0
		NH Other	7	1.6	23,514	1.0	1,235	0.1
		NH Multiple Races	9	2.1	38,108	1.6	20,968	0.9
		Hispanic	10	2.3	76,777	3.3	67,983	2.9

			Sample Unweighted		Sample Weighted		Census Control Totals	
Market	**Community**	**Race Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
19	Oregon	NH White	518	86.3	778,914	87.0	778,914	87.0
		NH Black	1	0.2	365	0.0	3,742	0.4
		NH AI/AN	10	1.7	10,142	1.1	15,372	1.7
		NH Asian	1	0.2	856	0.1	8,634	1.0
		NH NH/PI	2	0.3	1,284	0.1	1,484	0.2
		NH Other	9	1.5	17,430	1.9	845	0.1
		NH Multiple Races	23	3.8	16,915	1.9	16,915	1.9
		Hispanic	36	6.0	69,188	7.7	69,188	7.7
111	National Comparison Sample	NH White	971	54.7	135,362,614	65.5	135,362,614	65.5
		NH Black	367	20.7	24,799,978	12.0	24,799,978	12.0
		NH AI/AN	18	1.0	1,447,168	0.7	1,349,943	0.7
		NH Asian	37	2.1	9,878,829	4.8	9,878,829	4.8
		NH NH/PI	2	0.1	115,913	0.1	213,138	0.1
		NH Other	34	1.9	354,493	0.2	354,493	0.2
		NH Multiple Races	37	2.1	2,619,065	1.3	2,619,065	1.3
		Hispanic	310	17.5	31,956,325	15.5	31,956,325	15.5

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Education Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	No School-8th Grade	24	1.5	90,128	3.0	90,128	3.0
		Some High School	42	2.6	198,950	6.5	198,950	6.5
		High School Graduate	311	19.1	708,443	23.3	708,443	23.3
		Some College	396	24.3	772,676	25.4	772,676	25.4
		Associate's or Bachelor's degree	490	30.1	930,760	30.6	930,760	30.6
		Postgraduate	364	22.4	341,834	11.2	341,834	11.2
2	Detroit	No School-8th Grade	17	1.9	73,703	2.1	118,872	3.3
		Some High School	64	7.1	376,715	10.5	331,546	9.3
		High School Graduate	249	27.6	1,021,951	28.6	1,021,951	28.6
		Some College	232	25.7	905,334	25.3	905,334	25.3
		Associate's or Bachelor's degree	215	23.8	830,634	23.2	830,634	23.2
		Postgraduate	126	14.0	365,371	10.2	365,371	10.2
3	Memphis	No School-8th Grade	27	2.3	33,410	4.9	33,410	4.9
		Some High School	102	8.8	76,246	11.2	76,246	11.2
		High School Graduate	365	31.6	197,003	28.8	197,003	28.8
		Some College	271	23.4	169,168	24.8	169,168	24.8
		Associate's or Bachelor's degree	224	19.4	145,866	21.4	145,866	21.4
		Postgraduate	167	14.4	61,209	9.0	61,209	9.0
4	Minnesota - Twin Cities	No School-8th Grade	25	1.8	52,956	3.2	52,956	3.2
		Some High School	31	2.3	90,396	5.4	90,396	5.4
		High School Graduate	270	19.6	381,243	22.9	381,243	22.9
		Some College	324	23.6	390,177	23.5	390,177	23.5
		Associate's or Bachelor's degree	447	32.5	547,936	33.0	547,936	33.0
		Postgraduate	278	20.2	199,108	12.0	199,108	12.0

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Education Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
5	Western New York	No School-8th Grade	27	2.4	39,770	3.3	39,770	3.3
		Some High School	71	6.4	106,786	8.8	106,786	8.8
		High School Graduate	368	33.0	401,943	33.2	401,943	33.2
		Some College	245	22.0	252,195	20.9	252,195	20.9
		Associate's or Bachelor's degree	255	22.9	292,380	24.2	292,380	24.2
		Postgraduate	149	13.4	115,960	9.6	115,960	9.6
6	West Michigan	No School-8th Grade	7	1.0	29,916	2.6	41,898	3.7
		Some High School	29	4.2	111,269	9.8	99,287	8.8
		High School Graduate	210	30.2	368,506	32.5	368,506	32.5
		Some College	156	22.4	290,360	25.6	290,360	25.6
		Associate's or Bachelor's degree	183	26.3	255,010	22.5	255,010	22.5
		Postgraduate	110	15.8	77,296	6.8	77,296	6.8
7	Wisconsin	No School-8th Grade	14	2.1	179,157	4.1	147,746	3.4
		Some High School	21	3.2	295,293	6.8	326,705	7.5
		High School Graduate	204	31.0	1,471,461	33.8	1,471,461	33.8
		Some College	150	22.8	1,009,228	23.2	1,009,228	23.2
		Associate's or Bachelor's degree	168	25.5	1,061,955	24.4	1,061,955	24.4
		Postgraduate	101	15.3	330,399	7.6	330,399	7.6
8	Maine	No School-8th Grade	20	2.3	36,590	3.5	36,590	3.5
		Some High School	34	3.9	75,824	7.2	75,824	7.2
		High School Graduate	262	29.7	369,840	35.1	369,840	35.1
		Some College	189	21.4	226,100	21.5	226,100	21.5
		Associate's or Bachelor's degree	226	25.6	257,128	24.4	257,128	24.4
		Postgraduate	152	17.2	88,345	8.4	88,345	8.4

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Education Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
9	Humboldt County	No School-8th Grade	11	1.3	1,975	1.8	3,126	2.9
		Some High School	39	4.5	8,732	8.1	7,580	7.0
		High School Graduate	179	20.9	28,722	26.7	28,722	26.7
		Some College	244	28.4	34,435	32.0	34,435	32.0
		Associate's or Bachelor's degree	223	26.0	25,914	24.1	25,914	24.1
		Postgraduate	162	18.9	7,785	7.2	7,785	7.2
10	South Central PA	No School-8th Grade	22	2.6	16,680	4.0	16,680	4.0
		Some High School	60	7.1	40,091	9.7	40,091	9.7
		High School Graduate	296	35.0	171,002	41.5	171,002	41.5
		Some College	169	20.0	74,096	18.0	74,096	18.0
		Associate's or Bachelor's degree	199	23.6	82,788	20.1	82,788	20.1
		Postgraduate	99	11.7	27,270	6.6	27,270	6.6
11	Cincinnati	No School-8th Grade	28	2.5	56,848	3.4	56,848	3.4
		Some High School	96	8.7	159,845	9.6	159,845	9.6
		High School Graduate	346	31.4	543,306	32.7	543,306	32.7
		Some College	234	21.3	363,223	21.9	363,223	21.9
		Associate's or Bachelor's degree	250	22.7	387,820	23.4	387,820	23.4
		Postgraduate	147	13.4	148,947	9.0	148,947	9.0
12	Cleveland	No School-8th Grade	16	1.6	20,515	2.1	32,932	3.3
		Some High School	101	9.8	120,991	12.2	108,575	11.0
		High School Graduate	304	29.5	299,807	30.3	299,807	30.3
		Some College	248	24.0	224,513	22.7	224,513	22.7
		Associate's or Bachelor's degree	217	21.0	223,066	22.5	223,066	22.5
		Postgraduate	146	14.1	100,968	10.2	100,968	10.2

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Education Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
13	Kansas City	No School-8th Grade	27	2.3	38,929	3.1	38,929	3.1
		Some High School	62	5.3	95,187	7.6	95,187	7.6
		High School Graduate	321	27.7	332,351	26.5	332,351	26.5
		Some College	291	25.1	301,377	24.0	301,377	24.0
		Associate's or Bachelor's degree	286	24.7	350,262	27.9	350,262	27.9
		Postgraduate	172	14.8	136,308	10.9	136,308	10.9
14	Willamette Valley	No School-8th Grade	43	2.7	86,424	4.2	86,424	4.2
		Some High School	62	3.9	154,606	7.5	154,606	7.5
		High School Graduate	323	20.5	495,523	23.9	495,523	23.9
		Some College	428	27.1	573,576	27.7	573,576	27.7
		Associate's or Bachelor's degree	426	27.0	545,302	26.3	545,302	26.3
		Postgraduate	296	18.8	214,095	10.3	214,095	10.3
15	Minnesota	No School-8th Grade	11	2.6	95,060	4.0	78,671	3.3
		Some High School	12	2.8	135,089	5.7	151,478	6.4
		High School Graduate	118	27.4	739,304	31.4	739,304	31.4
		Some College	121	28.1	604,577	25.6	604,577	25.6
		Associate's or Bachelor's degree	114	26.5	626,612	26.6	626,612	26.6
		Postgraduate	54	12.6	157,404	6.7	157,404	6.7
19	Oregon	No School-8th Grade	18	3.0	48,272	5.4	32,842	3.7
		Some High School	22	3.7	70,214	7.8	85,644	9.6
		High School Graduate	188	31.3	285,146	31.9	285,146	31.9
		Some College	177	29.5	250,826	28.0	250,826	28.0
		Associate's or Bachelor's degree	118	19.7	182,378	20.4	182,378	20.4
		Postgraduate	77	12.8	58,258	6.5	58,258	6.5

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Education Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
111	National Comparison Sample	No School-8th Grade	88	5.0	12,512,564	6.1	12,512,564	6.1
		Some High School	96	5.4	20,071,707	9.7	20,071,707	9.7
		High School Graduate	468	26.4	60,295,540	29.2	60,295,540	29.2
		Some College	408	23.0	46,875,372	22.7	46,875,372	22.7
		Associate's or Bachelor's degree	434	24.4	48,131,521	23.3	48,131,521	23.3
		Postgraduate	282	15.9	18,647,681	9.0	18,647,681	9.0

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Employment Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	Employed	809	49.7	1,956,352	64.3	1,956,352	64.3
		Not Employed	818	50.3	1,086,440	35.7	1,086,440	35.7
2	Detroit	Employed	369	40.9	2,008,321	56.2	2,008,321	56.2
		Not Employed	534	59.1	1,565,387	43.8	1,565,387	43.8
3	Memphis	Employed	532	46.0	408,814	59.9	408,814	59.9
		Not Employed	624	54.0	274,088	40.1	274,088	40.1
4	Minnesota - Twin Cities	Employed	752	54.7	1,121,122	67.5	1,121,122	67.5
		Not Employed	623	45.3	540,693	32.5	540,693	32.5
5	Western New York	Employed	494	44.3	693,812	57.4	693,812	57.4
		Not Employed	621	55.7	515,222	42.6	515,222	42.6
6	West Michigan	Employed	291	41.9	666,744	58.9	666,744	58.9
		Not Employed	404	58.1	465,612	41.1	465,612	41.1
7	Wisconsin	Employed	359	54.6	2,785,252	64.1	2,785,252	64.1
		Not Employed	299	45.4	1,562,242	35.9	1,562,242	35.9
8	Maine	Employed	430	48.7	639,310	60.7	639,310	60.7
		Not Employed	453	51.3	414,518	39.3	414,518	39.3
9	Humboldt County	Employed	387	45.1	59,820	55.6	59,820	55.6
		Not Employed	471	54.9	47,742	44.4	47,742	44.4
10	South Central PA	Employed	419	49.6	263,545	64.0	263,545	64.0
		Not Employed	426	50.4	148,382	36.0	148,382	36.0
11	Cincinnati	Employed	472	42.9	1,025,373	61.8	1,025,373	61.8
		Not Employed	629	57.1	634,617	38.2	634,617	38.2
12	Cleveland	Employed	429	41.6	569,886	57.6	569,886	57.6
		Not Employed	603	58.4	419,974	42.4	419,974	42.4
13	Kansas City	Employed	585	50.5	824,681	65.7	824,681	65.7
		Not Employed	574	49.5	429,733	34.3	429,733	34.3
14	Willamette Valley	Employed	714	45.2	1,262,015	61.0	1,262,015	61.0
		Not Employed	864	54.8	807,512	39.0	807,512	39.0

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Employment Category**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
15	Minnesota	Employed	230	53.5	1,537,806	65.2	1,537,806	65.2
		Not Employed	200	46.5	820,241	34.8	820,241	34.8
19	Oregon	Employed	228	38.0	480,814	53.7	480,814	53.7
		Not Employed	372	62.0	414,280	46.3	414,280	46.3
111	National Comparison Sample	Employed	886	49.9	123,082,497	59.6	123,082,497	59.6
		Not Employed	890	50.1	83,451,888	40.4	83,451,888	40.4

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Marital Status**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	Married	846	52.0	1,644,736	54.1	1,644,736	54.1
		Never Married	317	19.5	819,296	26.9	819,296	26.9
		Separated/Widowed/Divorced	464	28.5	578,760	19.0	578,760	19.0
2	Detroit	Married	352	39.0	1,821,637	51.0	1,821,637	51.0
		Never Married	209	23.1	1,031,302	28.9	1,031,302	28.9
		Separated/Widowed/Divorced	342	37.9	720,769	20.2	720,769	20.2
3	Memphis	Married	403	34.9	294,422	43.1	294,422	43.1
		Never Married	281	24.3	231,903	34.0	231,903	34.0
		Separated/Widowed/Divorced	472	40.8	156,577	22.9	156,577	22.9
4	Minnesota - Twin Cities	Married	688	50.0	875,146	52.7	875,146	52.7
		Never Married	314	22.8	511,267	30.8	511,267	30.8
		Separated/Widowed/Divorced	373	27.1	275,402	16.6	275,402	16.6
5	Western New York	Married	415	37.2	608,427	50.3	608,427	50.3
		Never Married	303	27.2	349,252	28.9	349,252	28.9
		Separated/Widowed/Divorced	397	35.6	251,355	20.8	251,355	20.8
6	West Michigan	Married	412	59.3	650,924	57.5	650,924	57.5
		Never Married	98	14.1	277,461	24.5	277,461	24.5
		Separated/Widowed/Divorced	185	26.6	203,971	18.0	203,971	18.0
7	Wisconsin	Married	347	52.7	2,433,035	56.0	2,433,035	56.0
		Never Married	121	18.4	1,133,233	26.1	1,133,233	26.1
		Separated/Widowed/Divorced	190	28.9	781,226	18.0	781,226	18.0
8	Maine	Married	478	54.1	583,690	55.4	583,690	55.4
		Never Married	138	15.6	241,160	22.9	241,160	22.9
		Separated/Widowed/Divorced	267	30.2	228,977	21.7	228,977	21.7
9	Humboldt County	Married	412	48.0	49,195	45.7	49,195	45.7
		Never Married	158	18.4	35,089	32.6	35,089	32.6
		Separated/Widowed/Divorced	288	33.6	23,278	21.6	23,278	21.6

			Sample Unweighted		Sample Weighted		ACS Control Totals	
Market	**Community**	**Marital Status**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
10	South Central PA	Married	508	60.1	246,925	59.9	246,925	59.9
		Never Married	118	14.0	85,859	20.8	85,859	20.8
		Separated/Widowed/Divorced	219	25.9	79,144	19.2	79,144	19.2
11	Cincinnati	Married	467	42.4	899,094	54.2	899,094	54.2
		Never Married	235	21.3	426,331	25.7	426,331	25.7
		Separated/Widowed/Divorced	399	36.2	334,566	20.2	334,566	20.2
12	Cleveland	Married	332	32.2	442,552	44.7	442,552	44.7
		Never Married	307	29.7	316,564	32.0	316,564	32.0
		Separated/Widowed/Divorced	393	38.1	230,744	23.3	230,744	23.3
13	Kansas City	Married	514	44.3	684,250	54.5	684,250	54.5
		Never Married	252	21.7	313,625	25.0	313,625	25.0
		Separated/Widowed/Divorced	393	33.9	256,538	20.5	256,538	20.5
14	Willamette Valley	Married	846	53.6	1,088,209	52.6	1,088,209	52.6
		Never Married	230	14.6	568,232	27.5	568,232	27.5
		Separated/Widowed/Divorced	502	31.8	413,086	20.0	413,086	20.0
15	Minnesota	Married	256	59.5	1,409,272	59.8	1,409,272	59.8
		Never Married	63	14.7	551,146	23.4	551,146	23.4
		Separated/Widowed/Divorced	111	25.8	397,629	16.9	397,629	16.9
19	Oregon	Married	307	51.2	518,906	58.0	518,906	58.0
		Never Married	73	12.2	167,966	18.8	167,966	18.8
		Separated/Widowed/Divorced	220	36.7	208,221	23.3	208,221	23.3
111	National Comparison Sample	Married	890	50.1	109,408,425	53.0	109,408,425	53.0
		Never Married	352	19.8	56,034,026	27.1	56,034,026	27.1
		Separated/Widowed/Divorced	534	30.1	41,091,934	19.9	41,091,934	19.9

			Sample Unweighted		Sample Weighted		NHIS Control Totals	
Market	**Community**	**Phone Use Domain**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
1	Puget Sound	LL Only	141	8.7	151,521	5.0	151,521	5.0
		Dual Use	1,245	76.5	1,564,688	51.4	1,564,688	51.4
		Cell Only	241	14.8	1,326,583	43.6	1,326,583	43.6
2	Detroit	LL Only	107	11.8	213,466	6.0	213,466	6.0
		Dual Use	647	71.7	1,902,788	53.2	1,902,788	53.2
		Cell Only	149	16.5	1,457,455	40.8	1,457,455	40.8
3	Memphis	LL Only	149	12.9	58,594	8.6	58,594	8.6
		Dual Use	837	72.4	341,800	50.1	341,800	50.1
		Cell Only	170	14.7	282,508	41.4	282,508	41.4
4	Minnesota - Twin Cities	LL Only	195	14.2	87,641	5.3	87,641	5.3
		Dual Use	1,055	76.7	1,002,819	60.3	1,002,819	60.3
		Cell Only	125	9.1	571,354	34.4	571,354	34.4
5	Western New York	LL Only	189	17.0	146,363	12.1	146,363	12.1
		Dual Use	795	71.3	851,121	70.4	851,121	70.4
		Cell Only	131	11.7	211,550	17.5	211,550	17.5
6	West Michigan	LL Only	82	11.8	83,024	7.3	83,024	7.3
		Dual Use	538	77.4	638,824	56.4	638,824	56.4
		Cell Only	75	10.8	410,508	36.3	410,508	36.3
7	Wisconsin	LL Only	85	12.9	493,833	11.4	493,833	11.4
		Dual Use	466	70.8	2,363,344	54.4	2,363,344	54.4
		Cell Only	107	16.3	1,490,317	34.3	1,490,317	34.3
8	Maine	LL Only	96	10.9	116,617	11.1	116,617	11.1
		Dual Use	677	76.7	599,131	56.9	599,131	56.9
		Cell Only	110	12.5	338,081	32.1	338,081	32.1
9	Humboldt County	LL Only	118	13.8	14,583	13.6	14,583	13.6
		Dual Use	624	72.7	65,129	60.6	65,129	60.6
		Cell Only	116	13.5	27,850	25.9	27,850	25.9

			Sample Unweighted		Sample Weighted		NHIS Control Totals	
Market	**Community**	**Phone Use Domain**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
10	South Central PA	LL Only	102	12.1	42,987	10.4	42,987	10.4
		Dual Use	670	79.3	281,713	68.4	281,713	68.4
		Cell Only	73	8.6	87,227	21.2	87,227	21.2
11	Cincinnati	LL Only	152	13.8	113,838	6.9	113,838	6.9
		Dual Use	828	75.2	988,858	59.6	988,858	59.6
		Cell Only	121	11.0	557,294	33.6	557,294	33.6
12	Cleveland	LL Only	156	15.1	70,345	7.1	70,345	7.1
		Dual Use	751	72.8	605,975	61.2	605,975	61.2
		Cell Only	125	12.1	313,539	31.7	313,539	31.7
13	Kansas City	LL Only	158	13.6	80,150	6.4	80,150	6.4
		Dual Use	794	68.5	809,135	64.5	809,135	64.5
		Cell Only	207	17.9	365,129	29.1	365,129	29.1
14	Willamette Valley	LL Only	215	13.6	235,796	11.4	235,796	11.4
		Dual Use	1,199	76.0	1,029,500	49.7	1,029,500	49.7
		Cell Only	164	10.4	804,231	38.9	804,231	38.9
15	Minnesota	LL Only	40	9.3	210,241	8.9	210,241	8.9
		Dual Use	332	77.2	1,421,518	60.3	1,421,518	60.3
		Cell Only	58	13.5	726,288	30.8	726,288	30.8
19	Oregon	LL Only	111	18.5	101,984	11.4	101,984	11.4
		Dual Use	420	70.0	445,271	49.7	445,271	49.7
		Cell Only	69	11.5	347,839	38.9	347,839	38.9
111	National Comparison Sample	LL Only	222	12.5	17,510,065	8.5	17,510,065	8.5
		Dual Use	1,298	73.1	120,882,740	58.5	120,882,740	58.5
		Cell Only	256	14.4	68,141,580	33.0	68,141,580	33.0

Appendix H - Comparisons of NHIS and AF4Q Question Wording

All NHIS outcomes, with the exception of health status, were taken from the 2011 NHIS public use file (adult-level file). Documentation for this file is located here: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2011/familyxx_layout.pdf.

Screener Items:

Health Status

AF4Q: "In general, would you say your health is: Poor, Fair, Good, Very Good, Excellent?"
NHIS: "Would you say [subject's name] health in general is excellent, very good, good, fair, or poor?"
NOTES: NHIS question is asked of the "family respondent" about each household member. Estimate used in comparison came from the following report:
http://www.cdc.gov/nchs/data/nhis/earlyrelease/201203_11.pdf

Diabetes

AF4Q: "My first questions are about your health. Has a doctor or health professional ever told you that you had: diabetes or high blood sugar?"
NHIS: "[If Female, Other than during pregnancy] Have you EVER been told by a doctor or health professional that you have diabetes or sugar diabetes?"

Hypertension

AF4Q: "My first questions are about your health. Has a doctor or health professional ever told you that you had: hypertension or high blood pressure?"
NHIS: "Now I am going to ask you about certain medical conditions. Have you EVER been told by a doctor or other health professional that you had... Hypertension, also called high blood pressure?"

Heart Disease

AF4Q: "My first questions are about your health. Has a doctor or health professional ever told you that you had: heart disease?"
NHIS: "Have you EVER been told by a doctor or other health professional that you had ...Any kind of heart condition or heart disease (other than the ones I just asked about)?"

NOTES: This question is preceded by questions about coronary heart disease, angina pectoris, and heart attack in the NHIS.

Asthma

AF4Q: "My first questions are about your health. Has a doctor or health professional ever told you that you had: heart asthma?"
NHIS: "Have you EVER been told by a doctor or other health professional that you had asthma?"

Any Chronic (of the 4)

AF4Q: Respondent indicated having either diabetes, hypertension, heart disease, or asthma in the questions above.
NHIS: Respondent indicated having either diabetes, hypertension, heart disease, or asthma in the questions above.

Interview Items:

AF4Q estimates are limited to persons completing the full interview (i.e. persons with one of the five chronic conditions who have seen a health care professional about their chronic condition(s) in the last two years. AF4Q estimates exclude persons reporting only depression as there is no comparable question in the NHIS. NHIS estimates are limited to persons reporting one of the four chronic conditions above. There was no way to limit the NHIS to persons who have seen a health care professional for treatment of their conditions in the last two years to make estimates directly comparable to the AF4Q.

Flu Shot (last year)

AF4Q: "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 2010-2011 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."

NHIS: "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. [A flu shot is injected in the arm. Do not include an influenza vaccine sprayed in the nose.] [Your most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting last fall, or either of the two types available last season, one called "seasonal" and the other called "H1N1" or "swine" flu vaccine.]"

Flu Spray (last year)

AF4Q: "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 2010-2011 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."

NHIS: “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. [This influenza vaccine is called FluMist.]

[Your most recent flu vaccination could have been the new 2010-2011 flu vaccine available starting last fall, or either of the two types available last season, one called “seasonal” and the other called "H1N1” or “swine” flu vaccine.]”

Never Smoked

AF4Q: “Do you currently smoke tobacco or have you in the past smoked tobacco?

1 Yes, currently
2 Yes, in the past
3 No”

NHIS: Smoking status recode:

1 Current every day smoker
2 Current some day smoker
3 Former smoker
4 Never smoker
5 Smoker, current status unknown
9 Unknown if ever smoked

NOTE: Estimates consider persons responding (3) to the AF4Q question or coded as (4) for the NHIS as “Never Smoked.”

ER Last 12 Months

AF4Q: “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?”

NHIS: “DURING THE PAST 12 MONTHS, HOW MANY TIMES have you gone to a HOSPITAL EMERGENCY ROOM about your own health? (This includes emergency room visits that resulted in a hospital admission.)”

NOTE: Persons reporting one or more visits to the ER were coded as having been to the ER in the last year for both surveys.

Mean Body Weight (Pounds)

AF4Q: "About how much do you weigh without shoes?"

NHIS: Weight without shoes (pounds)

NOTE: Low and high AF4Q weights were truncated by gender, consistent with the NHIS. Persons reporting weight in other measurements were excluded from these estimates.

Mean Height (Inches)

AF4Q: "About how tall are you without shoes?"
NHIS: Total height in inches

NOTE: AF4Q estimates were truncated by gender, consistent with the NHIS. Persons reporting height in measurements other than feet and inches were excluded from these estimates.