Accelerated Benefits Demonstration

Early Use Survey (6-Month Followup)

Draft

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SECTION A: INTRODUCTION

(All)

A1.　　Hello, my name is _____. I'm calling on behalf of the Social Security Administration. May I please speak with (NAME)?

<div align="center">

SPEAKING	01	
(NAME) COMES TO PHONE	02	
CALL BACK LATER	03	(A55)
WANTS MORE INFORMATION	04	(A3)
HUNG UP DURING INTRODUCTION...........	05	(HUDI)
SPANISH INTERVIEWER NEEDED	06	(A4)
LANGUAGE BARRIER (NOT SPANISH)	07	(A5)
POSSIBLE PARTICIPATION PROBLEM	08	(A13)
UNAVAILABLE DURING FIELD PERIOD	09	(A24)
HOSPITALIZED...	10	(A25)
INSTITUTIONALIZED...................................	11	(A25)
INCARCERATED	12	(A27)
(NAME) MOVED..	13	(A28)
(NAME) DECEASED	14	(A65)
SWITCH TO AMPLIFIER/CONTINUE	15	(A18)
NO SUCH PERSON AT THIS NUMBER.......	16	(A69b)
OTHER: SUPERVISOR REVIEW NEEDED.	17	(A69)
LIVING OUTSIDE USA.................................	18	(A24a)
REFUSED	r	(A69)

</div>

SPEAKING TO NAME OR INTERPRETER / NAME OR INTERPRETER COMES TO PHONE / TO NAME AFTER REMAIL

(A1=01 OR 02)

A2.　　{Hello, my name is _____, calling on behalf of the Social Security Administration.} I'm calling to followup and see how {you are/(NAME) is} doing since {you were/he/she was} selected to participate in the Accelerated Benefits (AB) Demonstration in {FILL MONTH}. You should have received a letter telling you that someone from Mathematica Policy Research would be calling. The questions I have will take about 30 minutes to complete. {You/He/She} will receive a check for $25 for completing the interview. I'd like to start now, but if {you get/(NAME) gets} tired or need a break at any time, please tell me and we can take a break or I will call back later to finish the interview. Is that okay?

<div align="center">

YES, CONTINUE..	01	(A56)
(NAME) WILL CALL MPR.............................	02	(A67)
CALL BACK LATER	03	(A55)
DID NOT RECEIVE LETTER/		
DOES NOT RECALL LETTER	04	(A19)
NEEDS/REQUESTS PROXY	05	(A13)
POSSIBLE PARTICIPATION PROBLEM	06	(A13)
REFUSED	r	(A69)

</div>

WANTS MORE INFORMATION

(A1=04)

A3.   The Social Security Administration recently sent {you/(NAME)} a letter saying that someone from Mathematica Policy Research would be calling to see how {you have/he/she has} been doing since we last spoke in {FILL MONTH}. This is in reference to the Accelerated Benefits Demonstration in which {you were/(NAME) was} selected to participate in {FILL MONTH}. We are not selling anything or asking for contributions.

PROGRAMMER: ALLOW INTERVIEWER TO ACCESS FAQs FROM THIS SCREEN.

SPEAKING	01	(A10a)
(NAME) COMES TO PHONE	02	(A10a)
CALL BACK LATER	03	(A55)
HUNG UP DURING INTRODUCTION	05	(HUDI)
SPANISH INTERVIEWER NEEDED	06	
LANGUAGE BARRIER (NOT SPANISH)	07	(A5)
POSSIBLE PARTICIPATION PROBLEM	08	(A13)
UNAVAILABLE DURING FIELD PERIOD	09	(A24)
HOSPITALIZED	10	(A25)
INSTITUTIONALIZED	11	(A25)
INCARCERATED	12	(A27)
(NAME) MOVED	13	(A28)
(NAME) DECEASED	14	(A65)
SWITCH TO AMPLIFIER/CONTINUE	15	(A18)
NO SUCH PERSON AT THIS NUMBER	16	(A69b)
OTHER: SUPERVISOR REVIEW NEEDED.	17	(A69)
LIVING OUTSIDE USA	18	(A24a)
REFUSED	r	(A69)

SPANISH INTERVIEWER NEEDED

(A1=06) (A3=06)

A4.   Please hold on and I will transfer you to a Spanish speaking interviewer. OR, IF NO SPANISH INTERVIEWER AVAILABLE, SAY: I will have a Spanish speaking interviewer call you back. When would be a good time to call?

SPANISH INTERVIEWER AVAILABLE [EXIT CASE AND TRANSFER CALL]	01	
SPANISH INTERVIEWER NOT AVAILABLE [GO TO CALL BACK SCREEN AND SET CALL BACK]	02	(A55)

PROGRAMMER: FLAG AS SPANISH CASE

LANGUAGE BARRIER—NOT SPANISH

(A1=07) (A3=07)

A5.   Can someone there speak <u>English</u>?

ENGLISH SPEAKER COMES TO PHONE	01	
CALL BACK LATER	02	(A55)
NO ONE SPEAKS ENGLISH	03	(A8a)
HUNG UP	04	(HUDI)

REFUSED .... r   (A65a)

POSSIBLE INTERPRETER COMES TO PHONE

(A5=01)

A6.   Hello, my name is _____, calling on behalf of the Social Security Administration. The Social Security Administration recently sent (NAME) a letter saying that someone from Mathematica Policy Research would be calling to see how {he/she has} been doing since we last spoke in {FILL MONTH}. This is in reference to the Accelerated Benefits Demonstration in which {he/she was} selected to participate in {FILL MONTH}. We are looking for someone who is 18 years or older to help (NAME) by interpreting the interview for us. Are you 18 years of age or older?

                    YES 01
                    NO 00   (A6b)
                    HUNG UP 02   (HUDI)
                    REFUSED ....   r   (A6b)

(A6=01)

A6a.   Would you be able to help (NAME) by interpreting the interview?

                    YES 01   (A7)
                    NO 00
                    INTERPRETER REFUSED ....   r

(A6=00 OR r) (A6a=00 OR r)

A6b.   Is there someone else 18 years or older who could come to the phone and help with the interview?

                    YES, PERSON COMES TO PHONE............. 01
                    CALL BACK LATER 02   (A55)
                    NO ONE SPEAKS ENGLISH 03   (A8a)
                    HUNG UP 04   (HUDI)
                    REFUSED ....   r   (A8b)

POSSIBLE INTERPRETER 18+ COMES TO PHONE

(A6b=01)

A6c.   Hello, my name is _____, calling on behalf of the Social Security Administration. Social Security recently sent (NAME) a letter saying that we would be calling to see how {he/she has} been doing since we last spoke in {FILL MONTH}. This is in reference to the Accelerated Benefits Demonstration in which (NAME) was selected to participate in {FILL MONTH}. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project. We are looking for an interpreter who is 18 years or older to help (NAME) with the interview. There are no right or wrong answers. Would you be able to help (NAME) by interpreting the interview?

            PROBE: We are not selling anything or asking for contributions.

                    YES 01
                    NO 00   (A8b)
                    POSSIBLE INTERPRETER REFUSED.........   r   (A8b)

(A6a=01) (A6c=01)

A7. If (NAME) is available and you are ready to interpret, we can begin now. If you or (NAME) get tired or need a break <u>at any time</u>, please tell me and we can take a break or I will call back later to finish the interview.

```
                              CONTINUE ................................................. 01
                              CALL BACK LATER ..................................... 02
                              POSSIBLE INTERPRETER REFUSED.........   r   (A8b)
```

(A7=01 OR 02)

A7a. (Before we begin), please tell me <u>your</u> name (so we can ask for you when we call back later).

PROBE: IF PERSON IS RELUCTANT TO GIVE NAME, SAY: The first name is all we need.

```
                              FIRST, MIDDLE, LAST
                              DON'T KNOW ............................................   d
                              REFUSED ..................................................    r
```

(A7a=ANSWER, d OR r)

A7b. What is {your/their} relationship to (NAME)?

```
                              (NAME's) SPOUSE/PARTNER ..................... 01   (A7c)
                              (NAME'S} MOTHER ................................... 02   (A7c)
                              (NAME's) FATHER ...................................... 03   (A7c)
                              (NAME's) CHILD.......................................... 04   (A7c)
                              GRANDPARENT OF (NAME) ...................... 05   (A7c)
                              BROTHER/SISTER (NATURAL/STEP)
                                OF (NAME)............................................... 06   (A7c)
                              AUNT/UNCLE OF (NAME) ........................... 07   (A7c)
                              OTHER RELATIVE (SPECIFY) .................... 08
                              NOT RELATED............................................ 09   (A7c)
                              STAFF AT RESIDENCE............................... 10   (A7c)
                              DON'T KNOW ............................................   d   (A7c)
                              REFUSED ..................................................    r   (A7c)
```

(A7b=08)

A7b_other. How are you related to (NAME)?

<OPEN>_____

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

(A7b=ANSWER OR d OR r)

A7c. PROGRAMMER:

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                              IF A7 = 01 (CONTINUE)................................ 01   (A10a)
                              IF A7=02:  CALLBACK TO INTERPRETER .. 02   (A55)
```

(A5=03) (A6b=03)

A8a. I will try to find an interpreter to do the interview. Can you tell me what language (NAME) speaks?

YES (RECORD LANGUAGE)........................ 01 (A55)
_____

NO (INTERVIEWER: RECORD YOUR BEST
  GUESS HERE) (SPECIFY) 02 (A65a)
_____

DON'T KNOW .... d (A65a)
REFUSED .... r (A65a)

SEEKING INTERPRETER

(A6b=r) (A6c=00 OR r) (A7=r)

A8b. Is there someone else, 18 years or older who might be able to interpret the questions for (NAME). This could be someone who lives with (NAME) such as a family member or friend, or someone like a social worker or case worker.

YES 01
NO 00 (A65a)
DON'T KNOW .... d (A65a)
POSSIBLE INTERPRETER REFUSED......... r (A65a)

(A8b=01)

A8c. What is that person's name and phone number so we can call and ask for them by name?

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

PROBE IF NEEDED: We only need the first name.

Please give me the telephone number, area code first.

PHONE NUMBER: (__ __ __) __ __ __ - __ __ __ __

GO TO CALL BACK SCREEN (A55) AND SET CALL BACK

DON'T KNOW .... d (A65a)
POSSIBLE INTERPRETER REFUSED......... r (A65a)

CALL BACK TO NAMED INTERPRETER

(A8c=ANSWER AFTER CALL BACK)

A9. Hello, my name is _____, calling on behalf of the Social Security Administration. May I please speak to {INTERPRETER'S NAME}?

SPEAKING 01
INTERPRETER COMES TO PHONE............ 02
GATEKEEPER ASKS WHY CALLING 03
CALL BACK LATER 04 (A55)
HUNG UP DURING INTRODUCTION .... 05 (HUDI)
INTERPRETER REFUSED .... r (A65a)

DRAFT H:\PROJECT\6237\common\Tasks- Active (survey files, task 2)\Survey Files\6-Month-Follow-Up\Current\AB-6 Month Followup-Early Use Survey (lb)-q8.doc 7

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(A9=01 OR 02 OR 03)

A10.   {IF A9=02 DISPLAY: Hello, my name is _____, calling on behalf of the Social Security Administration.} I'm calling {you/INTERPRETER} because {your/his/her} name was given as someone who might be able to help (NAME) participate in a survey we're doing for Social Security by interpreting for {him/her}. Let me tell you about the survey… BRIEF PAUSE. Recently, the Social Security Administration sent (NAME) a letter saying that someone from Mathematica Policy Research would be calling to see how (NAME) has been doing since we last spoke in {FILL MONTH}. This is in reference to the Accelerated Benefits Demonstration which (NAME) was selected to participate in {FILL MONTH}. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are not selling anything or asking for contributions.

If (NAME) is available and you are ready to interpret, we can being now. If you or (NAME) get tired or need a break <u>at any time</u>, please tell me and we can take a break or I will call back later to finish the interview.

YES, CONTINUE	01	
CALL BACK LATER	02	(A55)
WANTS MORE INFORMATION	03	(FAQs, THEN A10a)
HUNG UP DURING INTRODUCTION	04	(HUDI)
INTERPRETER REFUSED	r	(A65a)

PROGRAMMER: MAKE FAQs AVAILABLE FROM THIS SCREEN.

SPEAKING TO NAME OR INTERPRETER/NAME OR INTERPRETER COMES TO PHONE/AMPLIFIER TURNED ON/SPEAKING TO NAME AFTER REMAIL

(A3=01 OR 02) (A7d=01) (A10=01 OR 03)

A10a.   PROGRAMMER: IF A3=02, START HERE: (Hello, my name is _____ calling on behalf of the Social Security Administration.} I'm calling to followup and see how {you are/(NAME) is} doing since {you were/he/she was} selected to participate in the Accelerated Benefits (AB) Demonstration in {FILL MONTH}. You should have received a letter telling you that someone from Mathematica Policy Research would be calling. The questions I have will take about 30 minutes to complete. {You/He/She} will receive a check for $25 for completing the interview. I'd like to start now, but if {you get/(NAME) gets} tired or need a break at any time, please tell me and we can take a break or I will call back later to finish the interview. Is that okay?

PROGRAMMER: IF A3=01, A7c=01, OR A10=01 OR 03, START HERE: The interview will take about 30 minutes to complete. There are no right or wrong answers. If you get tired or need a break <u>at any time</u>, please tell me and we can take a break or I will call back later to finish the interview. Let's start now.

CONTINUE	01	(A56)
(NAME) WILL CALL MPR	02	(A67)
CALL BACK LATER	03	(A55)
DID NOT RECEIVE LETTER/		
DOES NOT RECALL LETTER	04	(A19)
NEEDS/REQUESTS PROXY	05	(A13)
POSSIBLE PARTICIPATION PROBLEM	06	(A13)
REFUSED	r	(A69)

NAME OR UNKNOWN INFORMANT CALLS IN

A11.   INTERVIEWER: WHO CALLED IN? CODE BASED ON SUPERVISOR INSTRUCTION.

                                      (NAME).. 01
                                        (NAME) USING TTY..................................... 02
                                        (NAME) USING RELAY 03
                                        INFORMANT/POSSIBLE PROXY 04 (A13a)

(A11=01, 02, OR 03)

A12.   Hello, my name is _____. Thank you for calling in to complete the survey. The purpose of the survey is to followup and see how (you are/(NAME) is) doing since (you were/he/she was) selected to participate in the Accelerated Benefits (AB) Demonstration in {FILL MONTH}. You should have received a letter telling you that someone from Mathematica Policy Research would be calling. The questions I have will take about 30 minutes to complete. (You/He/She) will receive a check for $25 for completing the interview. I'd like to start now, but if (you get/(NAME) gets) tired or need a break at any time, please tell me and we can take a break or I will call back later to finish the interview. Is that okay?

                                        YES, CONTINUE.. 01 (A56)
                                        WANTS TO SCHEDULE INTERVIEW 02 (A55)
                                        NEEDS/REQUESTS PROXY 03
                                        POSSIBLE PARTICIPATION PROBLEM 04
                                        REFUSED .... r (A69)

DIFFICULTY PARTICIPATING (SPEAKING WITH NAME/INFORMANT/UNKNOWN PROXY WHO CALLS IN)

(A1=08) (A2=05 OR 06) (A3=08) (A10a=05 OR 06) (A12=03 OR 04)
A13.   INTERVIEWER: WHO ARE YOU SPEAKING WITH?

> SAMPLE MEMBER/(NAME).......................... 01
> INTERPRETER 02
> INFORMANT/POSSIBLE PROXY 03

(A11=04) (A13=01, 02, OR 03)
A13a.   INTERVIEWER: IF BARRIER KNOWN, CONFIRM BY SAYING: (Just to Confirm), {You have a/NAME has a}
> OR {You are/(NAME) is} FILL APPROPRIATE CATEGORY.

{PROGRAMMER IF A11=04, USE: Thank you very much for calling and offering to help (because of (NAME's) {FILL KNOWN BARRIER}). IF NEEDED: What problem does (NAME) have that might prevent {him/her} from participating for {himself/herself}?

PROGRAMMER: INSERT A FLAG AFTER NOTING BARRIER, IF KNOWN FROM BASELINE.

PROBE: What kind of difficulty or barrier {do you/does (NAME)} have?

INTERVIEWER: IF MORE THEN ONE PROBLEM, PROBE: What would you say is the main reason {you/(NAME)} cannot participate in this interview.

		CODE ONE
HEARING DIFFICULTY.................................	01	
SPEECH DIFFICULTY	02	
COGNITIVE BARRIER	03	
PHYSICAL BARRIER	04	
HOSPITALIZED...	06	(A25)
INSTITUTIONALIZED...................................	07	(A25)
INCARCERATED	08	(A27)
DECEASED...	09	(A65)
LIVING OUTSIDE USA.................................	10	(A24a)
DON'T KNOW	d	(A14)
REFUSED	r	(A69)

(A13a=01, 02, 03, 04, OR d)

A14. (IF A1=08 OR A3=08 SAY: I'm calling to followup and see how {you are/(NAME) is} doing since {you were/he/she was} selected to participate in the Accelerated Benefits (AB) Demonstration in {FILL MONTH}. You should have received a letter telling you that someone from Mathematica Policy Research would be calling. We'd like to work with you {and (NAME)} to help {you/him/her} participate so that we can find out how {you have /he/she has} been doing. {You/He/She} will receive a check for $25 for completing the interview. To help {you/(NAME)} participate, we can make a few adjustments. Please tell me which <u>one</u> will work best or be the easiest for you. [READ CHOICES 01 TO 07 BELOW] . .

<div align="center">CODE ONE</div>

I can break the interview into a few short calls,.   01   (A17)

{PROGRAMMER: DISPLAY 02 ONLY
  IF A13a=01 OR 02}

I can have someone call you from an amplifier
  phone in a few minutes,............................. 02   (A18)

{PROGRAMMER: DISPLAY 03
  ONLY IF A13a=01}

I can have someone call you in a few minutes
  using Relay or TTY,................................... 03   (A18)

IF IN FIELD SAMPLE: I could send an interviewer
  to {your/(NAME's)} home, ... 04   (A37)

{PROGRAMMER: DISPLAY 06
  ONLY IF A13=03}

IF SPEAKING WITH INFORMANT: You could act
  as a proxy for (NAME), or 05   (A42)

You could give us the name of someone else who
  could assist {you/(NAME)}? 06   (A40)

Or, do you have another way? (SPECIFY) ... 07

DON'T KNOW .... d   (A40)
REFUSED .... r   (A69)

(A14=07)
A15. What way is that?

                 <OPEN>_____

DON'T KNOW .... d   (A40)
REFUSED .... r   (A69)

(A15=ANSWER)
A16. Thank you. I will ask my supervisor if that would work. Someone will call {you/(NAME)} back and let you know.

<div align="center">

GO TO CALL BACK SCREEN AT A55

</div>

(A14=01)

A17.   If {you are/(NAME) is} ready now, we can begin.

                                YES, READY 01 (A56)
                                NO, CALL BACK LATER 00 (A49)

(A1=15) (A3=15) (A14=02 OR 03)

A18.   We will switch to our (amplifier phone/TTY operator/Relay operator) and contact you in a few minutes.

        PROBE: PROBE FOR TTY OR RELAY IF UNCLEAR.

        INTERVIEWER: IF "SWITCH IN A FEW MINUTES," CALL SUPERVISOR FOR HELP.

                        CALL BACK—FEW MINUTES (AMPLIFIER) 01 (A55) FLAG AMP
                        CALL BACK—FEW MINUTES (TTY) .... 02 (A55) STORE TTY
                                                                              INFO
                        CALL BACK—FEW MINUTES (RELAY) .... 03 (A55) STORE
                                RELAY INFO
                        NO, CALL BACK LATER (AMPLIFIER)......... 04 (A55) FLAG AMP
                        NO, CALL BACK LATER (TTY) .... 05 (A55) STORE TTY
                                                                              INFO
                        NO, CALL BACK LATER (RELAY) .... 06 (A55) STORE
                                                                              RELAY INFO
                        NO, CALL BACK (GENERAL) 07 (A55)
                        HUNG UP .... 08 (HUDI)
                        DON'T KNOW .... d (A55)
                        REFUSED .... r (A65a)

┌───┐
│   INTERVIEWER: IF A18=01, EXIT CASE AND TRANSFER   │
│   CALL   │
└───┘

NAME REQUESTS LETTER

(A2=04) (A10a=04)

A19.   The letter was from the Social Security Administration and said that someone from Mathematica Policy
        Research would be calling to see how {you have/(NAME)has} been doing since {you were/he/she was}
        selected to participate in the Accelerated Benefits Demonstration in {FILL MONTH}. I work for Mathematica
        Policy Research. We are conducting a survey for the Social Security Administration about the Accelerated
        Benefits Demonstration. The information you and other participants give us will be used to improve
        programs for disabled persons. We are not selling anything or asking for contributions. If you like, I can
        read the letter to you now and we can start the interview. I will also mail you another copy. You should
        received the letter in about a week. Let's get started. Should I read the letter?

                        DO NOT READ LETTER, CONTINUE 01 (A56)
                        READ LETTER, CONTINUE 02
                        CALL BACK LATER 03 (A55)
                        NO, WANTS LETTER MAILED 00 (A20)
                        REFUSED .... r (A69)

(A19=02)

A19a.   PROGRAMMER: LOAD ADVANCE LETTER HERE.

        INTERVIEWER: READ ADVANCE LETTER TO RESPONDENT.

DRAFT H:\PROJECT\6237\common\Tasks- Active (survey files, task 2)\Survey Files\6-Month-Follow-Up\Current\AB-6 Month Followup-Early Use
Survey (lb)-q8.doc   12
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GO TO A56

(A19=00)

A20.   I want to make sure we have your correct name and address. The records show . . . (READ PRELOADED NAME/ADDRESS). Is this correct?

        PROGRAMMER: DISPLAY NAME FROM PRELOADS

                            NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX
                            ADDRESS 1
                            ADDRESS 2
                            CITY, STATE, ZIP

                            YES 01 (A68)
                            NO 00
                            HUNG UP .... 02 (HUDI)
                            REFUSED .... r (A69)

(A20=00)

A21.   Is the name wrong, the address wrong, or are both wrong?

                            NAME WRONG 01
                            ADDRESS WRONG 02 (A22a)
                            BOTH WRONG.. 03

(A21=01 OR 03)

A22.   What is your correct name? I need to confirm that you are the same (NAME) as in our records.

        PROBE: Did you get married or change your name?

                            RECORD NEW NAME:_____

                            YES, SAME PERSON—CONFIRMED 01
                            NO/NOT CONFIRMED 00 (A22b)
                            HUNG UP .... 02 (HUDI)
                            REFUSED .... r (A69)

        ┌─────────────────────────────────────┐
        │   IF A21=01, GO TO A68   │
        │   IF A21=03, GO TO A22a   │
        └─────────────────────────────────────┘

(A21=02 OR 03)

A22a.   What is your correct address? ENTER BELOW

                            ADDRESS 1 01
                            ADDRESS 2 02
                            CITY, STATE, ZIP 03

                    ┌──────────────────┐
                    │   GO TO A68   │
                    └──────────────────┘

(A22=00)

A22b.   Thank you. I'll need to check with my supervisor and get back to you.

        ┌───┐
        │   PROGRAMMER: FLAG FOR SUPERVISOR REVIEW   │
        └───┘

(A22a=ANSWER)
A23a.   INTERVIEWER: IS STATE IN THE U.S. OR DC?

                                     YES 01 (A56)
                                     NO 00

(A23a=00)
A23b.   I might have recorded the address wrong. Is the correct address outside the United States?

                                     YES 01 (A24a)
                                     NO .... 00 (FIX A20 THEN GO
                                     TO A56)
                                     REFUSED .... r (A69)

| PROGRAMMER: STORE CHANGES IN UPDATE; DO NOT OVERWRITE OLD INFO. |

INELIGIBLE (INTERIM/POSSIBLE FINAL)

(A1=09) (A3=09)
A24.   Please tell me why {you/(NAME)} will not be available to participate in the survey.

        NOTE: PROGRAMMER, THESE CASES ARE INTERIM UNTIL AFTER SUPERVISOR REVIEW. THEY
                WILL NOT CYCLE THROUGH THE SCREENER AGAIN UNLESS SUPERVISOR/
                PROGRAMMER RESETS CASE STATUS.

        INTERVIEWER: PRESS ENTER TO CONTINUE.

                                     WILL BE HOSPITALIZED.............................. 01 (A25)
                                     INCARCERATED 02 (A27)
                                     WILL BE INSTITUTIONALIZED.................... 03 (A25)
                                     NAME NOW LIVING OUTSIDE THE USA 04
                                     DECEASED... 05 (A65)
                                     OTHER BARRIER (SPECIFY)...................... 06 (A66)

                                     _____

(A1=18) (A3=18) (A13a=10) (A23b=01) (A24=04)
A24a.   When do you expect (NAME) to return to live in the U.S.?

                            |__|__| / |_2_|_0_|__|__|
                            MONTH   YEAR

                                     NEVER 00 (A24d)

(A24a=ANSWER)
A24b.   INTERVIEWER: IS DATE DURING FIELD PERIOD – BY MONTH, YEAR?

                                     YES 01 (A24c)
                                     NO 00 (A24d)

A24c.   Thank you. We will call back when (NAME) returns.

                        | GO TO A55 AND SCHEDULE CALL BACK |

DRAFT H:\PROJECT\6237\common\Tasks- Active (survey files, task 2)\Survey Files\6-Month-Follow-Up\Current\AB-6 Month Followup-Early Use
Survey (lb)-q8.doc   15
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(A24a=00) (A24b=00)

A24d.   I'm sorry, but (we are not able to interview persons who live outside the U.S./we will not be interviewing for
         AB at that time). [IF A24a=00, SAY: When did (NAME) move away?] Thank you for your time. Have a nice
         day.

                              |___|___| / |_2_|_0_|___|___|
                               MONTH   YEAR
                              DON'T KNOW .... d
                              REFUSED ....   r

                              ┌─────────────────────────┐
                              │   **EXIT CASE**   │
                              └─────────────────────────┘

NAME INSTITUTIONALIZED/HOSPITALIZED

(A1=10 OR 11) (A3=10 OR 11) (A13a=06 OR 07) (A24=01 OR 03)

A25.   I'm sorry to hear that. Until what date will (NAME) be staying there?

         PROBE: Your best estimate is fine.

                              |___|___| / |_2_|_0_|___|___|
                               MONTH   YEAR
                              PERMANENTLY 01
                              DON'T KNOW .... d
                              REFUSED ....   r

(A25=ANSWER)

A26.   I understand that (NAME) is not able to be at home just now. In order to help {him/her} participate, we could
         make some adjustments. Please tell me what would work best. We could . . .

                                                                               CODE ONE

         **{PROGRAMMER: DISPLAY 01 ONLY
         IF RETURN EXPECTED BY JANUARY 2008}**

                              call after {he/she} returns home and is feeling
                                better, ... 01 (A55)
                              If (NAME) is well enough, we can call {him/her}
                                at the institution or hospital, ... 02
                              We could send an interviewer to visit (NAME)
                                at the institution or hospital, or. 03
                              We could speak to someone who is
                                knowledgeable about (NAME'S) health 04 (A40)
                              (NAME) TOO ILL/SEEK PROXY 05 (A40)
                              DON'T KNOW .... d (A40)
                              REFUSED .... r (A65a)

DRAFT H:\PROJECT\6237\common\Tasks- Active (survey files, task 2)\Survey Files\6-Month-Follow-Up\Current\AB-6 Month Followup-Early Use
Survey (lb)-q8.doc   16
Prepared by Mathematica Policy Research, Inc.

(A1=12) (A3=12) (A13a=08) (A24=02) (A26=02 OR 03)

A27.   Please tell me the name and phone number of the place where I can contact (NAME). If you don't have all the information, please tell me what you can.

NAME OF INSTITUTION/HOSPITAL

Please tell me the telephone number starting with the area code first.

PHONE NUMBER: { __ __ __) __ __ __ - __ __ __ __

DON'T KNOW .... d (A40)
REFUSED .... r (A65a)

```
┌──────────────────────────────────────────────────────────┐
│     PROGRAMMER:  STORE NAME OF HOSPITAL OR INSTITUTION     │
│        AND PHONE NUMBER IN LOCATOR, AND GO TO A70          │
└──────────────────────────────────────────────────────────┘
```

NEW CONTACT INFORMATION FOR NAME

(A1=13) (A3=13)

A28.   Do you know how I can reach (NAME)?

YES 01
NO 00 (A34)
REFUSED .... r (A34)

(A28=01)

A29.   Please tell me {his/her} new address and phone number. Also, if (NAME's) name has changed please tell me the new name.

PROBE: If you don't have all the information please tell me what you can.

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP

Please tell me the telephone number starting with the area code first.

TELEPHONE: |__|__|__|-|__|__|__|-|__|__|__|__|

DON'T KNOW .... d (A32)
REFUSED .... r (A32)

(A29=ADDRESS)

A30.   PROGRAMMER CHECK A29: IS STATE OUTSIDE THE UNITED STATES AND DC?

YES (OUTSIDE USA).................................... 01
NO (INSIDE USA).. 00 (FIX A29, THEN GO TO A32)

(A30=01)
A31a.   When do you expect (NAME) to return to live in the U.S.?

$$|\_\_|\_\_| / |\_2\_|\_0\_|\_\_|\_\_|$$
MONTH   YEAR

NEVER 00 (A31d)

(A31a=ANSWER)
A31b.   INTERVIEWER: IS DATE DURING FIELD PERIOD?

YES 01 (A31c)
NO 00 (A31d)

A31c.   Thank you. We will call back when (NAME) returns.

```
┌─────────────────────────────────────────┐
│     GO TO A55 AND SCHEDULE CALL          │
│                BACK                      │
└─────────────────────────────────────────┘
```

(A31a=00) (A31b=00)
A31d.   I'm sorry, but (we are not able to enroll persons who live outside the U.S. in AB at this time/we will not be interviewing for AB at that time). Thank you for your time. Have a nice day.

```
┌──────────────────┐
│    EXIT CASE     │
└──────────────────┘
```

(A29=d or r) (A30=00)
A32.   PROGRAMMER CHECK: DOES A29 CONTAIN A VALID PHONE NUMBER?

YES 01 (A70)
NO 00

(A32=00)
A33.   Is there a better telephone number where I can reach (NAME)?

YES, RECORD BELOW 01 (A70)
NO 00 (A65a)

TELEPHONE: |__|__|__|-|__|__|__|-|__|__|__|__|

DON'T KNOW .... d (A65a)
REFUSED .... r (A65a)

```
┌──────────────────────────────────────────────────────┐
│   PROGRAMMER:  IF A33=01 STORE (NAME) CONTACT DATA     │
│            IN LOCATOR, AND GO TO A70                   │
└──────────────────────────────────────────────────────┘
```

PROGRAMMER: FLAG FOR LOCATING.

LEAD INFORMATION

(A28=00 OR r)
A34.   Is there someone else who might know how to reach (NAME)?

> YES 01
> NO 00 (A65a)
> DON'T KNOW .... d (A65a)
> REFUSED .... r (A65a)

(A34=01)
A35.   What's that person's name and phone number?

> PROBE: If you don't have all the information, please tell me what you can.

> PREFIX, FIRST, MIDDLE, LAST, SUFFIX

Please give me the telephone number, starting with the area code first.

> TELEPHONE: |__|__|__|-|__|__|__|-|__|__|__|__| (A70)

> DON'T KNOW .... d (A65a)
> REFUSED .... r (A65a)

> **PROGRAMMER: STORE NAME AND PHONE INFORMATION IN LOCATOR = LEADS;**
> **DO NOT OVERWRITE**

FOR PILOT STUDY ONLY: POSSIBLE IN-PERSON INTERVIEW

NO A36 THIS VERSION.

POSSIBLE IN-PERSON INTERVIEW—MAIN STUDY

(A14=04)
A37.   Our field representative will be working in your area in the near future and will contact you to arrange an interview with you in person.

A38.   Let me confirm your address. Is it still… READ BELOW

> PROGRAMMER: DISPLAY NAME'S CONTACT INFORMATION FROM PRELOADED INFORMATION

> PREFIX, FIRST, MIDDLE, LAST, SUFFIX
> ADDRESS 1
> ADDRESS 2
> CITY, STATE, ZIP
> UPDATE PHONE NUMBER

> YES 01
> NO .... 00 (UPDATE AND GO TO A39)
> REFUSED .... r (A69)

> **PROGRAMMER: STORE UPDATE NAME AND PHONE INFORMATION IN LOCATOR = LEADS;**

(A38=01 OR 00)
A39. If your current address or phone number will change within the next month or so, please tell me the new address and phone number.

NO CHANGES EXPECTED 01 (A70)
ADDRESS OR PHONE WILL CHANGE........ 02
DON'T KNOW .... d (A69)
REFUSED .... r (A69)

```
PROGRAMMER:  STORE UPDATED INFORMATION IN UPDATE ADDRESS BLOCK;
                      DO NOT OVERWRITE
```

(A39=02)
A39a. Please tell me what your new address and/or phone number will be.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP
UPDATE PHONE NUMBER

DON'T KNOW .... d (A65a)
REFUSED .... r (A65a)

(A39a=INFO)
A39b. On what date will we be able to reach you at this new {ADDRESS AND PHONE NUMBER}?

|___|___| / |___|___| / |___|___|___|___| (A70)
MONTH   DAY   YEAR

DON'T KNOW .... d (A65a)
REFUSED .... r (A65a)

SEEKING PROXY

(A14=06 OR d) (A15a=d) (A26=04, 05, OR d) (A27=d)
A40. (IF A14=06 OR d, SAY: Who else/OTHERWISE SAY: Is there someone (else) who) can answer questions about {your/(NAME's)} health and daily activities? This could be someone who lives with {you/(NAME)} such as a family member or friend, or someone like a social worker or case worker.

INFORMANT WILL SERVE AS PROXY........ 01
PROXY COMES TO PHONE 02
PROXY NOT AVAILABLE NOW.................... 03 (A49)
PROXY LIVES ELSEWHERE 04 (A45)
NO PROXY AVAILABLE 05 (A65a)
DON'T KNOW .... d (A65a)
REFUSED .... r (A65a)

PROXY COMES TO PHONE (INFORMANT WILL PROXY)

(A40=01 OR 02)

A41.   {IF A40 =02, USE Hello, my name is _____, calling on behalf of the Social Security Administration.} Are you the person who is most knowledgeable about (NAME's) health and daily activities?

> YES 01
> WANTS MORE INFORMATION 02
> NO 00   (A44)
> DON'T KNOW .... d   (A44)
> REFUSED .... r   (A65a)

```
PROGRAMMER:  MAKE FAQs AVAILABLE FROM THIS SCREEN.
```

(A41=01, 02) (A14=05)

A42.   What is your name?

PROBE IF NEEDED: We only need your first name.

NAME: PREFIX, FIRST, MIDDLE, LAST, SUFFIX

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

```
PROGRAMMER:  STORE PROXY NAME IN UPDATE ADDRESS BLOCK.
```

(A42=ANSWER, d OR r)

A43.   What is your relationship to (NAME)?

> (NAME'S) SPOUSE/PARTNER 01   (A47)
> (NAME'S) MOTHER 02   (A47)
> (NAME'S) FATHER 03   (A47)
> (NAME'S) CHILD 04   (A47)
> GRANDPARENT OF (NAME) 05   (A47)
> BROTHER/SISTER (NATURAL/STEP)
>   OF (NAME) 06   (A47)
> AUNT/UNCLE OF (NAME) 07   (A47)
> OTHER RELATIVE (SPECIFY) 08
> NOT RELATED 09   (A47)
> STAFF AT RESIDENCE 10   (A47)
> DON'T KNOW .... d   (A47)
> REFUSED .... r   (A47)

(A43=08)

A43_other. How are you related to (NAME)?

<OPEN>_____

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

```
GO TO A47
```

RESPONDENT NOT LIKELY PROXY

(A41=00 OR d)
A44. (The Social Security Administration recently sent (NAME) a letter saying that we would be calling to see how {he/she} has been doing since {he/she} was selected to participate in the Accelerated Benefits Demonstration (AB) in [FILL MONTH]. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project. We are not selling anything or asking for contributions.) The questions I have will take about 30 minutes to complete. (NAME) will receive a check for $25 for completing the interview. Is there someone else who knows about {his/her} health and daily activities?

```
YES ......................................................... 01
REQUESTS LETTER .................................. 02  (A68)
NO OTHER PROXY AVAILABLE ................. 00  (A65a)
REFUSED .................................................  r  (A65a)
```

ANOTHER PROXY LIVES ELSEWHERE

(A40=04) (A44=01)
A45. What is this person's name and phone number?

PROBE: If you don't have all the information, please tell me what you have.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

```
DON'T KNOW .............................................  d
REFUSED .................................................  r  (A65a)
```

Please give me the telephone number, starting with the area code first.

TELEPHONE: |__|__|__|-|__|__|__|__|-|__|__|__|__|

```
DON'T KNOW .............................................  d  (A65a)
REFUSED .................................................  r  (A65a)
```

| PROGRAMMER: STORE PROXY CONTACT INFORMATION IN LOCATING DATABASE, GO TO A70 |

(A45=INFO)
A46. PROGRAMMER: IS THERE A VALID PHONE NUMBER AT A45?

```
YES ......................................................... 01  (A70)
NO ........................................................... 00
```

(A46=00)
A46a. Is there a better telephone number where I can reach (NAME)?

```
YES, RECORD BELOW ............................... 01
NO ........................................................... 00
```

TELEPHONE: |__|__|__|-|__|__|__|__|-|__|__|__|__|

```
DON'T KNOW .............................................  d  (A65a)
REFUSED .................................................  r  (A65a)
```

SPEAKING WITH PROXY

(A43=ANSWER, d OR r)

A47.   The interview will take about 30 minutes. If you get tired or need a break <u>at any time</u>, please tell me and we will call back later to finish the interview. Let's start now.

                                CONTINUE 01
                                CALL BACK LATER 02 (A49)
                                PROXY WANTS LETTER 03 (A52)
                                REFUSED .... r (A69)

(A47=01)

A48.   Before we start please tell me your name.

(A17=00) (A40=03) (A47=02)

A49.   Please tell me (that person's name/your name) so we can ask for (you/them) by name when we call back.

        PROBE: Your first name is fine.

                            PREFIX, FIRST, MIDDLE, LAST, SUFFIX

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

                        ┌──────────────────────────────┐
                        │   **IF A47=01, GO TO A50**   │
                        │   **IF A47=02, GO TO A55**   │
                        └──────────────────────────────┘

PROXY COMES TO PHONE

(A47=01)

A50.   {USE Hello, my name is _____, calling on behalf of the Social Security Administration.} Recently, Social Security sent (NAME) a letter saying that we would be calling to see how (NAME) is doing since {he/she was} selected to participate in the Accelerated Benefits (AB) Demonstration in {FILL MONTH}. I work for Mathematica Policy Research, a nationally recognized research company based in Princeton, New Jersey. We are conducting a survey for the Social Security Administration about this special project. We are not selling anything or asking for contributions.)   We were told that you are the most knowledgeable person to respond to the survey on behalf of (NAME).

        The interview will take about 30 minutes. (NAME) will receive a check for $25 for completing the interview. Would you be able to help us?

                                CONTINUE 01
                                CALL BACK LATER 02 (A51)
                                SEEK ANOTHER PROXY 03 (A53)
                                WANTS LETTER SENT 04 (A52)
                                DON'T KNOW .... d (A53)
                                REFUSED .... r (A69)

(A50=01 OR 02)

A51.   {IF (A49=01) Before we start,} Please tell me your name {IF (A49=02) so we can call back and ask for you.}

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

REFUSED ....   r

> **IF A50=01, GO TO A56**
> **IF A50=02, GO TO A55**

(A50=04)

A52.   Please tell me your name and address so we can mail the letter to you.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX
ADDRESS 1
ADDRESS 2
CITY, STATE, ZIP CODE

> **PROGRAMMER: STORE PROXY INFORMATION IN LOCATING DATABASE, GO TO A68**

SEEK ANOTHER PROXY - CONTACT INFORMATION

(A50=03 OR d)

A53.   Can you give me the name and phone number for someone else who might be knowledgeable about (NAME's) health and daily activities?

YES 01
NO 00 (A65a)
DON'T KNOW ....   d (A65a)
REFUSED ....   r (A65a)

(A53=01)

A54.   What is that person's (name and) telephone number?

PROBE FOR A52=01 ONLY: If you don't have all the information, please tell me what you have.

PREFIX, FIRST, MIDDLE, LAST, SUFFIX

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

Please give me the telephone number, starting with the area code first.

TELEPHONE: |__|__|__|-|__|__|__|-|__|__|__|__| (A69)

DON'T KNOW ....   d (A65a)
REFUSED ....   r (A65a)

> **PROGRAMMER: STORE PROXY INFORMATION IN LOCATING DATABASE**

CALL BACK LATER TO SAME NUMBER   (INTERIM)

(A1=03) (A2=03) (A3=03) (A4=02) (A5=02) (A6b=02) (A7d=02) (A8a=01) (A8c=INFO) (A9=04) (A10=02) (A10a=03) (A12=02) (A16=ANSWER) (A18=02, 03, 04, 05, 06, 07, OR d) (A19=03) (A26=01) (A50=02)

A55.   I'd be happy to call {you/(NAME)} back at a more convenient time. Please tell me when I should call again.

          IF A4=02, SAY: I will have a Spanish interviewer call {you/(NAME)} back. When will be a good time to call?

          IF A8a=01, SAY: I will have a {FILL LANGUAGE} interviewer call {you/(NAME)} back. When will be a good time to call?

          PROGRAMMER: SEND TO CALL BACK SCREEN AND INTERVIEWER WILL SET CALL BACK STATUS THERE.

RESPONDENT VERIFICATION

(A2=01) (A10a=01) (A12=01) (A17=01) (A19=01) (A19a=ANSWER) (A23a=01) (A23b=00) (A44b=01) (A50=01) (A51=ANSWER)

A56.   INTERVIEWER: WHO ARE YOU SPEAKING WITH?

                         (NAME)... 01
                         INTERPRETER 02
                         PROXY 03

(A56=ANSWER)
A57.   Before we start, I need to confirm that I've reached the right person. Is {your/(NAME's)} full name {FILL FROM PRELOADS}?

PROGRAMMER: IF A56=01, PRELOAD (NAME'S) INFO. IF A56=02, PRELOAD INTERPRETER'S INFO. IF A56=03, PRELOAD PROXY INFO.

                         YES 01 (A59)
                         NAME CHANGED 02
                         NO 00 (A64)
                         DON'T KNOW .... d
                         REFUSED .... r

(A57=02,00, d, OR r)
A58.   For the record, what is {your/(NAME's)} (new) name?

                         NAME _____

                         IDENTITY CONFIRMED.............................. 01
                         IDENTITY NOT CONFIRMED 02 (A64)
                         DON'T KNOW .... d (A64)
                         REFUSED .... r (A64)

PROGRAMMER: STORE NAME CHANGE IN NAME UPDATE BLOCK

(A57=01)
A59.   And in what state {are you/is (NAME)} now living?

CAPI INTERVIEWER: DO NO READ QUESTION: RECORD STATE BELOW AND CONTINUE.

STATE |__|__| TWO LETTER CODE

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

PROGRAMMER: STORE STATE CHANGE FOR USE IN FUTURE QUESTIONS AT STATE UPDATE BLOCK

A60.   What is {your/(NAME's)} date of birth?

|__|__| |__|__| |__|__|__|__| (A62)
MONTH   DAY   YEAR
(1 – 12)   (1 - 31)   (1939 – 1988)

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

(A60=d OR r)
A60a.   How old {are you/is (NAME)}?

PROBE: Your best guess is fine.

RECORD AGE:...|__|__| YEARS (18 – 67)

DON'T KNOW .... d

(A60=ANSWER OR d)
A61.   PROGRAMMER: IS A60 AGE=+2 OR – 2 YEARS OF NAME'S AGE?

YES 01 (A63)
NO 00

(A60=ANSWER)
A62.   PROGRAMMER CHECK BIRTHDATE: IS MONTH, DAY, YEAR OF BIRTH AT A60=MONTH, DAY, AND YEAR OF BIRTH ON RECORD?

NO MATCH 00
1 MATCHES 01
2 MATCH... 02
3 MATCH... 03

(A61=01)
A63.   PROGRAMMER CHECK: IS (NAME's) IDENTITY VERIFIED AND IS BIRTHDATE VERIFIED?

YES (VERIFIED)... 01 (A71)
NO (FAILED VERIFICATION) 00

(A57=00, d OR r) (A58=02, d OR r) (A63=00)

A64. Thanks for your patience. There seems to be a problem with my information. I need to check with my supervisor about what to do next. Someone from MPR will get back to you. Good-bye. Thank you.

(A1=14) (A3=14) (A13a=09) (A24=05)

A65. I am sorry to hear (NAME) has passed away. I was calling about a study we are conducting for the Social Security Administration. You might have seen a letter we recently sent (NAME) explaining the study. When did (NAME) pass away?

|___|___| |___|___| |___|___|___|___|
MONTH   DAY   YEAR
(1 – 12)   (1 - 31)   (2005 – 2006)

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

Thank you. Please accept my condolences. Good-bye.

(A5=r) (A6b=r) (A6d=r) (A8a=02, d, OR r) (A8b=00, d OR r) (A8c=d OR r) (A9=r) (A10=r) (A18=r) (A26=r) (A27=r) (A33=00, d, OR r)
(A34=00, d, OR r) (A35=d OR r) (A39a=d OR r) (A39b=d OR r) (A40=05, d, OR r) (A41=r) (A45=r) (A46=r) (A46a=d OR r)
(A49=r) (A53=00, d, OR r) (A54=d OR r)

A65a. Please write down my toll free number and give it to someone who might know about (NAME's) health and daily activities so they can get more information about the study. The toll free number is xxx-xxx-xxxx.

GO TO A69

BARRIERS TO PARTICIPATION – (INTERIM NON-RESPONSE/POSSIBLE FINAL NON-RESPONSE)

(A1=18) (A3=18) (A24=06) (A30a=ANSWER) (A31=01)

A66. Thank you very much for explaining. Those are all the questions I have. Thanks for your time. Good-bye.

INTERVIEWER: PRESS ENTER TO CONTINUE

HOSPITALIZED.. 01
INSTITUTIONALIZED.................................... 02
COGNITIVE BARRIER 03
HEARING/SPEECH BARRIER...................... 04
PHYSICAL BARRIER 05
UNAVAILABLE DURING FP 06
FINAL LANGUAGE BARRIER....................... 07

RESPONDENT WILL CALL MPR (INTERIM)

(A2=02) (A10a=02) (A17=05 OR 06)
A67.   Thanks for offering to call in. Please write down our toll-free number. It is xxx-xxx-xxxx. We are available days, evenings, and weekends. Please ask for Abigail Brooks when you call. If you call after hours, please leave a message and we will get back to you the next day.

        INTERVIEWER: PRESS ENTER TO CONTINUE

                        (NAME) WILL CALL...................................... 01
                        (NAME) WILL CALL/TTY.............................. 02
                        (NAME) WILL CALL/RELAY 03

REQUEST FOR LETTER (INTERIM)

(A20=01) (A22=ANSWER) (A22a=ANSWER)
A68.   You should receive the letter in about a week. Thank you for your time. Good-bye.

        INTERVIEWER: PRESS 1 TO CONTINUE

                        (NAME) REQUESTS LETTER 01
                        PROXY REQUESTS LETTER...................... 02

REFUSAL THANKS (INTERIM/FINAL)

(A1=17 OR r) (A2=r) (A3=17 OR r) (A10a=r) (A12=r) (A13a=r) (A14=r) (A15=r) (A19=r) (A20=r) (A22=r) (A23b=r) (A38=r)
(A39=d OR r) (A47=r) (A50=r) (A54=INFO) (A65a=ANSWER)
A69.   Thank you for your time. Have a nice day. Good-bye.

        PROGRAMMER: FLAG FOR SUPERVISOR REVIEW.

(A69=ANSWERED)
A69a.   INTERVIEWER: CODE REFUSAL REASON TO BEST OF KNOWLEDGE.

                        AFRAID TO LOSE BENEFITS 01
                        NO TIME... 02
                        NO INTEREST.. 03
                        TOO SICK 04
                        DON'T TRUST GOVERNMENT/SSA............ 05
                        OPPOSED TO RANDOM ASSIGNMENT 06
                        NONE GIVEN 07
                        OTHER (SPECIFY) 08

                        _____

WRONG NUMBER/NO SUCH PERSON

(A1=16) (A3=16) (A49=08)
A69b.   I'm sorry. Did I reach {NUMBER DIALED}?

                            YES 01   (A69c)
                            NO 00   (A69c)

(A69b=01 OR 00)
A69c.   Sorry to have bothered you. Thank you.

THANKS FOR INFORMATION PROVIDED

(A27=INFO) (A30b=INFO) (A32=01) (A33=01) (A35=INFO) (A39=01) (A39b=INFO) (A46=INFO) (A46a=01)
A70.   Thank you for your time. Have a nice day. Good-bye.

CONTINUE WITH INTERVIEW

(A63=01)
A71.   RESPONDENT CHECK SCREEN

            INTERVIEWER: WE SHOW THE RESPONDENT IS _____.

            INTERVIEWER: IS THIS INFORMATION CORRECT?

                            YES 01   (B1)
                            NO 00

(A71=00)
A72.   INTERVIEWER: WHO IS THE RESPONDENT?

                            SAMPLE MEMBER/(NAME).......................... 01
                            INTERPRETER 02
                            PROXY 03

DRAFT H:\PROJECT\6237\common\Tasks- Active (survey files, task 2)\Survey Files\6-Month-Follow-Up\Current\AB-6 Month Followup-Early Use
Survey (lb)-q8.doc   31
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SECTION B: USE OF MEDICAL SERVICES

(All)

B1.   I'd like to start by asking about {your/(NAME's)} health and usual sources of medical care during the past 6 months. In general, would you say {your/(NAME's)} health now is . . .

excellent, ...	01
very good, ...	02
good, ...	03
fair, or	04
poor?	05
DON'T KNOW	d
REFUSED	r

(All)

B2.   Compared to (MONTH, YEAR SIX MONTHS AGO), how would you rate {your/(NAME's)} health in general
(NBS)   now? Is it . . .

much better now, ...	01
somewhat better now, ...	02
about the same, ...	03
somewhat worse now, or	04
much worse now?	05
DON'T KNOW	d
REFUSED	r

(All)

B3.   During the past 6 months, that is between MONTH and MONTH YEAR, did {you/(NAME)} have a doctor whom {you/he/she} saw or a place {you/he/she} went to regularly to receive medical care?

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)

B4a. Which of the following types of doctors did {you/(NAME)} see or go to for medical care during the past 6 months? Did you see . . .

. . . an internist, general practitioner, or family doctor?

<u>CODE ONE</u>

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

B4b. . . . a specialist?

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

<u>CODE ONE</u>

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

B4c. . . . a psychologist, psychiatrist, or social worker?

<u>CODE ONE</u>

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

B4d. . . . some other kind of doctor?

<u>CODE ONE</u>

YES 01
NO 00 (B5)
DON'T KNOW .... d (B5)
REFUSED .... r (B5)

(B4d=01)

B4_Other. What other type of doctor did {you/(NAME)} go to for medical care during the past 6 months?

<OPEN>_____

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

(All)

B5. In the past 6 months, did {you/(NAME)} change the doctor or place {you usually go/he/she usually goes} to for medical care?

₍₂₀₀₆
_{NHIS)}

PROBE: Between MONTH and MONTH 2008.

YES	01
NO	00 (B7)
DON'T KNOW	d (B7)
REFUSED	r (B7)

(B5=01)

B6. Why did {you/(NAME)} change the doctor or place {you usually go/he/she usually goes} to for medical care in the past 6 months?

PROBE: Were there any other reasons?

CODE ALL THAT APPLY

DOCTOR OR HOSPITAL DID NOT ACCEPT AB/POMCO INSURANCE	01
NAME OR DOCTOR MOVED; NO LONGER ACCESSIBLE	02
TRANSPORTATION PROBLEM	03
FOUND A SPECIALIST FOR CONDITION ...	04
WANTED TO USE AB DOCTORS	05
DID NOT LIKE PREVIOUS DOCTOR	06
DOCTOR/STAFF WAS INSENSITIVE	07
DOCTOR DID NOT WANT TO TREAT PEOPLE WITH {MY/NAME'S} CONDITION	08
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR RAMP, ACCESSIBLE MEDICAL EQUIPMENT)	09
HEALTH GOT WORSE	10
OTHER (SPECIFY)	11
_____	
DON'T KNOW	d
REFUSED	r

(B4a-B4d = MULTIPLE CODES OF 01)
B7.   Of all the (different types of) doctors or places {you/(NAME)} saw or went to for medical care during the past 6 months, which did {you/he/she} see most often? Was it . . .

                                                              <u>CODE ONE</u>

          an internist, general practitioner, or
             family doctor, ... 01   (B8)
          a specialist,.. 02   (B8)
          a psychiatrist, psychologist, or
             social worker, or... 03   (B8)
          some other kind of place or doctor?............... 04
          DON'T KNOW .... d   (B8)
          REFUSED .... r   (B8)

(B7=04)
B7_Other. What other type of doctor or place did {you/(NAME)} see or go to most often for medical care during the past 6 months?

          <OPEN>_____

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

(All)
B8.   How often did {you/(NAME)} see ({this/a} doctor/visit this place) in the past 6 months?

          PROBE: Between MONTH and MONTH 2008.

                          |___|___| NUMBER OF VISITS PAST 6 MONTHS   (B9a)

                          ZERO... 00   (B9a)
                          DON'T KNOW .... d
                          REFUSED .... r

(B8=d OR r)
B8a.   In the past 6 months, would you say {you/(NAME)} saw {(this/a) doctor/visited (this/a)} clinic . . .

          PROBE: Between MONTH and MONTH 2008.

                                                              <u>CODE ONE</u>

                          zero times, ... 00
                          1 to 2 times, ... 01
                          3 to 4 times, ... 02
                          5 to 6 times, or... 03
                          more than 6 times?....................................... 04
                          DON'T KNOW .... d
                          REFUSED .... r

(All)

B9. Now I'm going to ask you to rate the quality of care that {you/(NAME)} received from the [FILL TYPE OF DOCTOR @ B7/B7_OTHER] {you/he/she} saw most often in the past 6 months. Could you please tell me the name of the doctor who you saw or the place that you went to most often for medical care in the past 6 months?

<OPEN>_____

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

B9a. Thinking about the last time {you/(NAME)} saw/went to [FILL RESPONSE @ B9], how would you rate the thoroughness of the examination? Would you say excellent, very good, good, fair or poor?

CODE ONE

EXCELLENT	....	01
VERY GOOD	....	02
GOOD	....	03
FAIR	....	04
POOR	....	05
DON'T KNOW	....	d
REFUSED	....	r

(All)

B9b. How would you rate the care (you/he/she) received in terms of respect and attention to privacy?

PROBE: Would you say the care {you/he/she} received was excellent, very good, good, fair, or poor?

CODE ONE

EXCELLENT	....	01
VERY GOOD	....	02
GOOD	....	03
FAIR	....	04
POOR	....	05
DON'T KNOW	....	d
REFUSED	....	r

(All)

B9c. . . . personal interest?

PROBE: Would you say the care {you/he/she} received was excellent, very good, good, fair, or poor?

CODE ONE

EXCELLENT	....	01
VERY GOOD	....	02
GOOD	....	03
FAIR	....	04
POOR	....	05
DON'T KNOW	....	d
REFUSED	....	r

(All)
B9d.   . . . availability in emergency?

        PROBE: Would you say the care {you/he/she} received was excellent, very good, good, fair, or poor?

                                                                      CODE ONE
                                EXCELLENT.. 01
                                VERY GOOD... 02
                                GOOD.. 03
                                FAIR 04
                                POOR... 05
                                DON'T KNOW .... d
                                REFUSED ....   r

(All)
B9e.   . . . office hours for appointments?

        PROBE: Would you say the care {you/he/she} received was excellent, very good, good, fair, or poor?

                                                                      CODE ONE
                                EXCELLENT.. 01
                                VERY GOOD... 02
                                GOOD.. 03
                                FAIR 04
                                POOR... 05
                                DON'T KNOW .... d
                                REFUSED ....   r

(All)
B9f.   . . . answering questions over the telephone?

        PROBE: Would you say the care {you/he/she} received was excellent, very good, good, fair, or poor?

                                                                      CODE ONE
                                EXCELLENT.. 01
                                VERY GOOD... 02
                                GOOD.. 03
                                FAIR 04
                                POOR... 05
                                DON'T KNOW .... d
                                REFUSED ....   r

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(All)

B9g.   . . . wait time to see the doctor?

PROBE: Would you say the care {you/he/she} received was excellent, very good, good, fair, or poor?

CODE ONE

EXCELLENT.. 01
VERY GOOD.. 02
GOOD... 03
FAIR 04
POOR 05
DON'T KNOW .... d
REFUSED .... r

(All)

B10.   Overall, how would you rate the medical care {you/(NAME)} received in the past 6 months from all of the doctors and other medical providers {you/he/she} saw in terms of overall quality of care and services? Would you say it was excellent, very good, good, fair, or poor?

EXCELLENT.. 01
VERY GOOD.. 02
GOOD... 03
FAIR 04
POOR 05
DID NOT RECEIVE MEDICAL CARE .... n
DON'T KNOW .... d
REFUSED .... r

(All)

B10a.   In the last 6 months, {have you/has (NAME)} seen a medical care provider that was out-of-network for the AB health plan?

PROBE: The amount of money that {you need/he she needs} to pay for services is higher when {you go/he/she goes} out of network.

YES 01
NO 00 (B11)
DON'T KNOW .... d (B11)
REFUSED .... r (B11)

(B10a = 01)
B10b.   Why did {you/(NAME)} go out-of-network for medical care?

            PROBE1 :   The amount of money that {you need/he she needs} to pay for services is higher when {you
                        go/he/she goes} out of network.

            PROBE 2:   Where there any other reasons?

            IF NEEDED: This information will help SSA better address the insurance needs of people in {your/his/her}
                        situation.

            RECORD VERBATIM RESPONSE, THEN CODE ALL THAT APPLY
            <OPEN> _____

                                                                    CODE ALL THAT APPLY
                            DOCTOR I WANTED TO SEE DID NOT
                               ACCEPT AB/AB CARD 01
                            AB CO-PAY TOO HIGH 02
                            AB PAYS TOO SLOWLY............................... 03
                            DON'T LIKE ANY DOCTORS IN AB
                               NETWORK 04
                            AB DOCTORS ARE NOT ACCESSIBLE
                               TO {ME/(NAME)} 05
                            OTHER 06
                            DON'T KNOW ....   d
                            REFUSED ....   r

(All)
B11.   Now, I have some questions about other sources of medical care. {Have you/Has (NAME)} visited an
        emergency room for medical care in the past 6 months?

            PROBE: Between MONTH and MONTH 2008.

                                    YES 01
                                    NO 00   (B13)
                                    DON'T KNOW ....   d   (B13)
                                    REFUSED ....   r   (B13)

(B11=01)
B11a.   How many times {did you/(NAME)} visit an emergency room for medical care in the past 6 months?

            PROBE: Between MONTH and MONTH 2008.

                                    |__|__| NUMBER OF EMERGENCY ROOM VISITS (B12)

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

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(B11a=d OR r)

B11b.   In the past 6 months, would you say {you/(NAME)} visited an emergency room . . .

PROBE: Between MONTH and MONTH 2008.

<u>CODE ONE</u>

zero times, ... 00
1 to 2 times, ... 01
3 to 4 times, ... 02
5 to 6 times, or... 03
more than 6 times? 04
DON'T KNOW .... d
REFUSED .... r

B12a.   When {you/(NAME)} visited the emergency room during the last 6 months, did . . .

. . . {your/his/her} symptoms come on after {your/his/her} doctor's regular office hours?

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

B12b.   . . . {you/he/she} go to the emergency room because this is where {you/he/she} always {go/goes} for medical care?

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

IF AB –BASIC, GO TO B13

(AB PLUS ONLY)

B12c.   . . . {you/he/she} speak with {your/his/her} AB care manager <u>before</u> going to the emergency room?

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

(AB PLUS ONLY)

B12d.   . . .{you/he/she} speak with {your/his/her} AB care manager <u>after</u> {you/he/she} went to the emergency room?

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

(All)

B13. In the last 6 months how many times {were you/was (NAME)} a patient in a hospital overnight? Would {you/he/she} say . . .

Never,	00 (B14)
1 to 2 times,	01
3 to 5 times,	02
6 to 10 times, or	03
More than 10 times?	04
DON'T KNOW	d
REFUSED	r

(B13 NE 01)

B13a. All together, how many nights did {you/(NAME)} spend in the hospital since [FILL 6 MONTHS AGO]?

|___|___| NUMBER OF HOSPITAL NIGHT STAYS

DON'T KNOW	d
REFUSED	r

(All)

B14. How many times in the last 6 months [BETWEEN MONTH AND MONTH 2008] {were you/was (NAME)} a patient overnight in a nursing home, convalescent home, or other long-term health care facility? Please include skilled nursing facilities and rehabilitation facilities. Would {you/he/she} say . . .

Never,	00
1 to 2 times,	01
3 to 5 times,	02
6 to 10 times, or	03
More than 10 times?	04
DON'T KNOW	d
REFUSED	r

(All)

B15. During the past 6 months, did you get any medical treatments such as injections, therapy, blood or urine
(NHIS II) testing, or catheter care at home?

YES	01
NO	00 (C1)
DON'T KNOW	d (C1)
REFUSED	r (C1)

(B15=01)

B16. Did {you/(NAME)} receive these medical treatments and care from a nurse or other health care professional?

YES	01
NO	00 (B19)
DON'T KNOW	d (B19)
REFUSED	r (B19)

(B16=01)

B17.   During how many of the past 6 months did {you/(NAME)} receive care at home from a nurse or other health care professional? Was it one month, two months or all three months?

                      ONE.. 01
                      TWO 02
                      THREE/ALL 03
                      DON'T KNOW .... d
                      REFUSED .... r

(B16=01)

B18.   What was the total number of home visits {you/(NAME)} received from a nurse or other health care professional [between MONTH and MONTH 2008]?

                      |__|__| (0-99) TOTAL HOME VISITS

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

(B15=01)

B19.   Do family members or friends help {you/(NAME)} with these medical treatments at home?

                      YES 01
                      NO 00 (C1)
                      DON'T KNOW .... d (C1)
                      REFUSED .... r (C1)

(B19=01)

B20.   Have these friends or family members been trained by a health care professional to administer these treatments?

                      YES 01
                      NO 00
                      DON'T KNOW .... d
                      REFUSED .... r

(B19=01)

B21.   Do you receive any home medical treatments from friends or relatives that you feel should be administered by a health professional?

                      YES 01
                      NO 00
                      DON'T KNOW .... d
                      REFUSED .... r

SECTION C: UNMET NEEDS

(All)

C1. These next questions are about medical needs that may or may not have been addressed during the last 6 months. In the past 6 months, was there any time when {you/(NAME)} didn't see a doctor or get the medical care {you/he/she} needed?

PROBE: Between MONTH and MONTH 2008.

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

(All)

C2. In the past 6 months, was there any time when {you/(NAME)} put off or postponed seeing a doctor or getting medical care {you/he/she} thought {you/he/she} needed?

PROBE: Between MONTH and MONTH 2008.

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

(C1 OR C2 = 01)

C3.   In the past 6 months, why did {you/(NAME)} not see a doctor or postpone seeing a doctor?

        PROBE: Were there any other reasons?

<u>CODE ALL THAT APPLY</u>

COST/INSURANCE
COULD NOT AFFORD IT/TOO EXPENSIVE 01
NO INSURANCE 02
INSURANCE DID NOT COVER 03
DOCTOR OR HOSPITAL DID NOT ACCEPT INSURANCE   04
DENIED APPROVAL OR REFERRAL TO SEE SPECIALIST BY
    INSURANCE COMPANY 05
AWAITING APPROVAL OR REFERRAL FROM INSURANCE
    COMPANY TO SEE SPECIALIST 06

ACCESS
COULD NOT GET CONVENIENT APPOINTMENT 07
TRANSPORTATION PROBLEM 08
WAITING FOR UPCOMING APPOINTMENT 09
COULD NOT FIND SPECIALISTS KNOWLEDGEABLE
    ABOUT CONDITION 10
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR RAMP,
    ACCESSIBLE MEDICAL EQUIPMENT) 11
DOCTORS DON'T WANT TO TREAT PEOPLE WITH
    {MY/(NAME'S) DISABILITY 12

QUALITY
DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE 13
WENT TO ANOTHER DOCTOR INSTEAD 14
PROBLEMS AT PLACE—LONG WAIT, NO BATHROOM,
    NOT ACCESSIBLE 15
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD 16
DOCTORS DON'T SPEND ENOUGH TIME 17
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL
    STAFF (NEGATIVE ATTITUDES, MISPERCEPTION
    ABOUT DISABILITY) 18
POOR COORDINATION OF CARE WITH OTHER
    MEDICAL PROVIDERS 19

AVOIDANCE/ALTERNATIVES
THOUGHT PROBLEM WOULD GO AWAY, OR
    PROBLEM WENT AWAY 20
USED HOME REMEDY 21
HEALTH GOT WORSE 22
HEALTH OF OTHER FAMILY MEMBER INTERFERED 23

OTHER REASONS
DENIED APPROVAL FOR DURABLE MEDICAL
    EQUIPMENT (DME) OR REPAIR OF DME 24
AWAITING APPROVAL FOR DURABLE MEDICAL
    EQUIPMENT (DME) OR REPAIR OF DME 25
OTHER (SPECIFY) 26

_____

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

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(All)

C4.   In the past 6 months, {were you/was (NAME)} referred to another doctor, specialist, therapist, psychologist, or other medical professional, or sent for tests or x-rays by a doctor or clinic {you/he/she} visited?

      PROBE: Between MONTH and MONTH 2008.

                                  YES 01
                                  NO 00   (C7)
                                  DON'T KNOW ....   d   (C7)
                                  REFUSED ....   r   (C7)

(C4=01)

C5.   Did {you/(NAME)} or will {you/he/she} go for all, some, or none of the visits or tests for which {you were/(he/she) was} referred?

                                  ALL 01   (C7)
                                  SOME 02
                                  NONE 03
                                  DON'T KNOW ....   d   (C7)
                                  REFUSED ....   r   (C7)

(C5=02 OR 03)

C6.   Why did or will {you/(NAME)} not go for all of {your/his/her} recommended visits or tests?

    PROBE: Were there any other reasons?

<u>CODE ALL THAT APPLY</u>

COST/INSURANCE
COULD NOT AFFORD IT/TOO EXPENSIVE 01
NO INSURANCE 02
INSURANCE DID NOT COVER 03
DOCTOR OR HOSPITAL DID NOT ACCEPT INSURANCE   04
DENIED APPROVAL OR REFERRAL TO SEE
    SPECIALIST BY INSURANCE COMPANY 05
AWAITING APPROVAL OR REFERRAL FROM
    INSURANCE COMPANY TO SEE SPECIALIST 06

ACCESS
COULD NOT GET CONVENIENT APPOINTMENT 07
TRANSPORTATION PROBLEM 08
WAITING FOR UPCOMING APPOINTMENT 09
COULD NOT FIND SPECIALISTS KNOWLEDGEABLE
    ABOUT CONDITION 10
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR
    RAMP, ACCESSIBLE MEDICAL EQUIPMENT)............... 11
DOCTORS DON'T WANT TO TREAT PEOPLE WITH
    {MY/(NAME'S) DISABILITY 12

QUALITY
DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE 13
WENT TO ANOTHER DOCTOR INSTEAD......................... 14
PROBLEMS AT PLACE—LONG WAIT, NO BATHROOM,
    NOT ACCESSIBLE... 15
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD 16
DOCTORS DON'T SPEND ENOUGH TIME 17
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL
    STAFF (NEGATIVE ATTITUDES, MISPERCEPTION
    ABOUT DISABILITY).. 18
POOR COORDINATION OF CARE WITH OTHER
    MEDICAL PROVIDERS.. 19

AVOIDANCE/ALTERNATIVES
THOUGHT PROBLEM WOULD GO AWAY, OR
    PROBLEM WENT AWAY 20
USED HOME REMEDY... 21
HEALTH GOT WORSE 22
HEALTH OF OTHER FAMILY MEMBER INTERFERED...... 23

OTHER REASONS
DENIED APPROVAL FOR DURABLE MEDICAL
    EQUIPMENT (DME) OR REPAIR OF DME 24
AWAITING APPROVAL FOR DURABLE MEDICAL
    EQUIPMENT (DME) OR REPAIR OF DME 25
OTHER (SPECIFY) 26

DON'T KNOW .... d

REFUSED .... r

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(All)

C7.   In the past 6 months, did a doctor order or recommend any medical procedures, including surgery for {you/(NAME)}?

   PROBE: Between MONTH and MONTH 2008.

                          YES 01
                          NO 00   (C9)
                          DON'T KNOW ....   d   (C9)
                          REFUSED ....   r   (C9)

(C7=01)

C7a.   Did {you/(NAME)} have the procedure or surgery when the doctor ordered it, did {you/he/she} put off getting the procedure or surgery, or did {you/he/she} not have it at all?

                          YES—GOT PROCEDURE OR SURGERY ... 01   (C9)
                          NO—PUT OFF HAVING PROCEDURE
                            OR SURGERY... 02
                          NO—DIDN'T HAVE IT AT ALL 03
                          DON'T KNOW ....   d   (C9)
                          REFUSED ....   r   (C9)

(C7a=02 OR 03)

C8.   Why did {you/(NAME)} not get or postpone getting the recommended procedure or surgery?

        PROBE: Were there any other reasons?

<u>CODE ALL THAT APPLY</u>

COST/INSURANCE
COULD NOT AFFORD IT/TOO EXPENSIVE....................... 01
NO INSURANCE 02
INSURANCE DID NOT COVER 03
DOCTOR OR HOSPITAL DID NOT ACCEPT INSURANCE   04
DENIED APPROVAL OR REFERRAL TO SEE
    SPECIALIST BY INSURANCE COMPANY 05
AWAITING APPROVAL OR REFERRAL FROM
    INSURANCE COMPANY TO SEE SPECIALIST............... 06

ACCESS
COULD NOT GET CONVENIENT APPOINTMENT 07
TRANSPORTATION PROBLEM 08
WAITING FOR UPCOMING APPOINTMENT 09
COULD NOT FIND SPECIALISTS KNOWLEDGEABLE
    ABOUT CONDITION 10
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR
    RAMP, ACCESSIBLE MEDICAL EQUIPMENT)............... 11
DOCTORS DON'T WANT TO TREAT PEOPLE WITH
    {MY/(NAME'S) DISABILITY 12

QUALITY
DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE 13
WENT TO ANOTHER DOCTOR INSTEAD.......................... 14
PROBLEMS AT PLACE—LONG WAIT, NO BATHROOM,
    NOT ACCESSIBLE.. 15
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD................. 16
DOCTORS DON'T SPEND ENOUGH TIME 17
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL
    STAFF (NEGATIVE ATTITUDES,
    MISPERCEPTION ABOUT DISABILITY) 18
POOR COORDINATION OF CARE WITH OTHER
    MEDICAL PROVIDERS.. 19

AVOIDANCE/ALTERNATIVES
THOUGHT PROBLEM WOULD GO AWAY, OR
    PROBLEM WENT AWAY 20
USED HOME REMEDY.. 21
HEALTH GOT WORSE 22
HEALTH OF OTHER FAMILY MEMBER INTERFERED...... 23

OTHER REASONS
DENIED APPROVAL FOR DURABLE MEDICAL
    EQUIPMENT (DME) OR REPAIR OF DME 24
AWAITING APPROVAL FOR DURABLE MEDICAL
    EQUIPMENT (DME) OR REPAIR OF DME 25
OTHER (SPECIFY) 26

_____

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

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(All)

C9.   In the past 6 months, was there any time when {you/(NAME)} put off or postponed getting mental health care or counseling {you/he/she} thought {you/he/she} needed?

YES 01
NO 00   (C10)
DON'T KNOW ....   d   (C10)
REFUSED ....   r   (C10)

(C9=01)

C9a.   In the past 6 months, why did {you/(NAME)} not get or postpone getting mental health care or counseling?

PROBE: Were there any other reasons?

<u>CODE ALL THAT APPLY</u>

COST/INSURANCE
COULD NOT AFFORD IT/TOO EXPENSIVE........................ 01
NO INSURANCE 02
INSURANCE DID NOT COVER 03
DOCTOR OR HOSPITAL DID NOT ACCEPT
   INSURANCE.. 04
DENIED APPROVAL OR REFERRAL FOR MENTAL
   HEALTH CARE/COUNSELING BY INSURANCE
   COMPANY 05
AWAITING APPROVAL OR REFERRAL FROM
   INSURANCE COMPANY FOR MENTAL HEALTH
   CARE/COUNSELING 06

ACCESS
COULD NOT GET CONVENIENT APPOINTMENT 07
TRANSPORTATION PROBLEM 08
WAITING FOR UPCOMING APPOINTMENT 09
COULD NOT FIND KNOWLEDGEABLE MENTAL
   HEALTH SPECIALIST... 10
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR
   RAMP, ACCESSIBLE MEDICAL EQUIPMENT)............... 11
DOCTORS DON'T WANT TO TREAT PEOPLE WITH
   {MY/(NAME'S) DISABILITY 12

QUALITY
DID NOT LIKE DOCTOR OR DOCTOR'S ADVICE 13
WENT TO ANOTHER DOCTOR INSTEAD.......................... 14
PROBLEMS AT PLACE—LONG WAIT, NO BATHROOM,
   NOT ACCESSIBLE.. 15
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD................. 16
DOCTORS DON'T SPEND ENOUGH TIME 17
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL
   STAFF (NEGATIVE ATTITUDES, MISPERCEPTION
   ABOUT DISABILITY)... 18
POOR COORDINATION OF CARE WITH OTHER
   MEDICAL PROVIDERS... 19

AVOIDANCE/ALTERNATIVES
THOUGHT PROBLEM WOULD GO AWAY, OR
   PROBLEM WENT AWAY 20
USED HOME REMEDY... 21
HEALTH GOT WORSE 22
HEALTH OF OTHER FAMILY MEMBER INTERFERED...... 23

OTHER REASONS
OTHER (SPECIFY) 24

_____

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

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(All)

C10.   In the past 6 months was there any time when {you/(NAME)} needed home health care but did not get it?

                                    YES 01
                                    NO 00 (C11)
                                    DON'T KNOW .... d (C11)
                                    REFUSED .... r (C11)

(C10=01)

C10a.   Why did {you/(NAME)} not get home health care when you needed it in the past 6 months?

        PROBE: Were there any other reasons?

                                                                                CODE ALL THAT APPLY

                                    COULD NOT AFFORD IT/TOO EXPENSIVE 01
                                    NO INSURANCE 02
                                    INSURANCE DID NOT COVER 03
                                    HOME HEALTH AGENCY DID NOT
                                       ACCEPT INSURANCE 04
                                    WAITING FOR UPCOMING
                                       APPOINTMENT 05
                                    FAMILY MEMBER PROVIDED HELP 06
                                    OTHER REASON (SPECIFY) 07
                                    _____
                                    DON'T KNOW .... d
                                    REFUSED .... r

(All)

C11.   The next questions are about prescriptions. {Do you/Does (NAME)} regularly take prescription medications?

                                    YES 01
                                    NO 00 (C17)
                                    DON'T KNOW .... d (C17)
                                    REFUSED .... r (C17)

(C11=01)

C11a.   How many different prescription medications {do you/does (NAME)} regularly take?

                                    |__|__| PRESCRIBED MEDICATIONS   (C13)

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

(C11a=d OR r)

C12.   Would you say that {you/(NAME)} regularly take one to two prescriptions, three to four, five to six, or more than six prescription medicines?

                                    1 TO 2.. 01
                                    3 TO 4.. 02
                                    5 TO 6.. 03
                                    MORE THAN 6 04
                                    DON'T KNOW .... d

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REFUSED ....   r

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(C11=01)

C13.   What is {your/(NAME's)} average monthly out-of-pocket costs for all prescription medications {you/he/she} takes?

PROBE: Your best estimate is fine.

$ |__|__| , |__|__|__| ....   (C15)

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

(C13=d OR r)

C14.   Would {you/(NAME)} say it is . . .

Less than $100 per month, ...   01
$100 - $150 per month, ...   02
$150 - $200 per month, ...   03
$200 - $250 per month, ...   04
$250 - $300 per month, or   05
More than $300 per month?   06
DON'T KNOW ....   d
REFUSED ....   r

(All)

C15.   In the last 6 months, were there any prescription medicines that {you/(NAME)} did not get when first
(NHIS)   prescribed, or that {you/he/she} did not refill immediately when {you/he/she} ran out, or that {you/he/she} got less than the prescribed amount?

YES   01
NO   00   (C17)
DON'T KNOW ....   d   (C17)
REFUSED ....   r   (C17)

(C15=01)

C16.   In the last 6 months, why did {you/(NAME)} not get prescription medicines when they were first prescribed, not refill them immediately when {you/he/she} ran out, or got less than prescribed?

PROBE: Were they any other reasons?

CODE ALL THAT APPLY

COST..   01
SIDE EFFECTS...   02
STIGMA/EMBARRASSED   03
FORGOT TO TAKE   04
TRANSPORTATION PROBLEMS/
   COULD NOT PICK UP   05
OTHER (SPECIFY)   06

_____

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

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SECTION D: HEALTH INSURANCE COVERAGE

(Control)

D1.   Now I have some questions about health insurance. The last time we spoke to {you/(NAME)}, {you/he/she} did not have any health insurance. These next questions are about health insurance coverage that {you/he/she} might have gotten since the last time we spoke.

(AB Basic and AB Plus Only)

D1.   Now, I have some questions about health insurance. The last time we spoke to {you/(NAME)}, {you/he/she} did not have any health insurance. Because {you are/he/she is} participating in the AB study, {you now have/he/she now has} the AB health benefit. These next questions are about health insurance coverage {you/he/she} might have in addition to the AB health benefit.

{Are you/Is (NAME)} currently covered by Med_icaid_?

PROBE: Medicaid is a program that pays for the health care of persons in need. In {your/(NAME's)} state, you may also hear it called {STATEMED FROM (NAME's) CURRENT STATE}. Your Medicaid looks like {DESCRIBE STATE CARD}.

```
YES ............................................................  01
NO ..............................................................  00
DON'T KNOW ..............................................  d
REFUSED ....................................................  r
```

(All)

D2.   {Are you/Is (NAME)} currently covered by military health care, through Armed Forces retirement benefits, the VA, TRICARE, CHAMPUS, or CHAMP-VA?

PROBE: TRICARE is a managed health care program for active duty and retired members of the uniformed services, their families and survivors. CHAMPUS is a health care program for dependents of active or retired military personnel. CHAMP-VA is health insurance for dependents or survivors of disabled veterans.

```
YES ............................................................  01
NO ..............................................................  00
DON'T KNOW ..............................................  d
REFUSED ....................................................  r
```

(All)

D2.   {Are you/Is (NAME)} currently covered by a plan from the Indian Health Service?

```
YES ............................................................  01
NO ..............................................................  00
DON'T KNOW ..............................................  d
REFUSED ....................................................  r
```

(All)
D4.   (Are you/Is (NAME)} currently covered by Workers Compensation?

PROBE: Workers Compensation provides wage replacement benefits, medical treatment, vocational rehabilitation, and other benefits to workers or their dependents who are injured at work or acquire an occupational disease.

YES	01
NO	00
DON'T KNOW	d
REFUSED	r

(All)
D5.   (Are you/Is (NAME)} currently covered by a COBRA plan?

PROBE: COBRA (The Consolidated Omnibus Budget Reconciliation Act) gives workers and their families who lose health benefits the right to continue health benefits provided by their former employer's group plan for a limited period of time.

YES	01	(D7)
NO	00	
DON'T KNOW	d	(D7)
REFUSED	r	(D7)

(D5=00)
D6.   In the past 6 months (BETWEEN MONTH AND MONTH 2008), (were you/was NAME) eligible to participate in a COBRA plan?

YES	01	
NO	00	(D7)
DON'T KNOW	d	(D7)
REFUSED	r	(D7)

(D6=01)
D6a.   Why (aren't you/isn't NAME) covered by a COBRA plan?

PROBE: Are there any other reasons?

	CODE ALL THAT APPLY
TOO EXPENSIVE..........................	01
HAVE AB HEALTH BENEFIT........................	02
MY PRE-EXISTING CONDITIONS ARE NOT COVERED	03
MY DOCTORS/HOSPITALS ARE NOT IN THE PLAN............................	04
MISSED ENROLLMENT DEADLINE.............	05
OTHER (SPECIFY)	06
DON'T KNOW	d
REFUSED	r

(All)

D7. {Are you/Is (NAME)} currently covered by <u>private health insurance</u>, for example, private insurance that {you get/(he/she) gets} through a former employer, a family member, or that {you purchase/(he/she) purchases} on {your/his/her} own? Please do not include COBRA, dental, optical, or prescription coverage here.

YES 01
NO 00 (D10)
DON'T KNOW .... d (D10)
REFUSED .... r (D10)

(D7=01)

D8. Is {your/(NAME's)} private health insurance provided through {your/his/her} current or former employer or through {your/his/her} spouse or partner's current or former employer?

(NAME's) EMPLOYER 01 (D11)
SPOUSE/PARTNER'S EMPLOYER.............. 02 (D11)
NO, NOT PROVIDED BY CURRENT OR
  FORMER EMPLOYER 00
DON'T KNOW .... d
REFUSED .... r

(D8=01)

D9. Is {your/(NAME's)} private health insurance paid for by {you/(NAME)}, a family member, by both {you/(NAME)} and a family member, or by someone else?

<u>CODE ONE ONLY</u>

PAID BY (NAME).. 01 (D11)
PAID BY FAMILY MEMBER(S) 02 (D11)
PAID BY BOTH (NAME) AND FAMILY
  MEMBER... 03 (D11)
OTHER 04
DON'T KNOW .... d (D11)
REFUSED .... r (D11)

(D9=04)

D9_Other. Who or what is the other source that pays for {your/(NAME's)} private insurance?

<OPEN>_____

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

GO TO D11

(D7=01, d OR r)

D10. In the past 6 months {were you/ was (NAME)} eligible for private insurance?

YES 01
NO 00 (D11)
DON'T KNOW .... d (D11)
REFUSED .... r (D11)

(D10=01)

D10a.   Why {aren't you/isn't (NAME)} covered by private insurance?

PROBE: Are there any other reasons?

<div style="text-align:right">CODE ALL THAT APPLY</div>

TOO EXPENSIVE.. 01
HAVE AB HEALTH BENEFIT........................ 02
MY PRE-EXISTING CONDITIONS
   ARE NOT COVERED 03
MY DOCTORS/HOSPITALS
   ARE NOT IN THE PLAN............................ 04
MISSED ENROLLMENT DEADLINE............. 05
OTHER (SPECIFY) 06

_____

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

(All)

D11.   Thinking about the quality of care {you have/(NAME) has} received during the past 6 months, {your/his/her}
(CAHPS Modified) current health, and the AB services {you have/he/she has} received since [FILL 6 MONTHS AGO] please tell
me if {you/he/she} strongly agree{s}, agree{s}, disagree{s} or strongly disagree{s} with the following
statements.

You see {yourself/(NAME)} working for pay in the next year. {Do you/Does (NAME)} strongly agree, agree,
disagree, or strongly disagree?

STRONGLY AGREE 01
AGREE 02
DISAGREE 03 (E1)
STRONGLY AGREE 04 (E1)
DON'T KNOW .... d (E1)
REFUSED .... r (E1)

(D11=01 OR 02)

D12.   You see {yourself/(NAME)} working and earning enough to stop receiving disability benefits in the next year.
{Do you/Does (NAME)} strongly agree, agree, disagree, or strongly disagree?

STRONGLY AGREE 01
AGREE 02
DISAGREE 03
STRONGLY AGREE 04
DON'T KNOW .... d
REFUSED .... r

CONTROL—GO TO F1

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SECTION E: SATISFACTION WITH AB SERVICES

(All)

E1.   Next, I'd like to ask some questions about AB benefits. Please tell me if the following statements regarding AB benefits are true or false.

The AB benefit includes coverage for . .

(All)

E1a.   . . .prescription drugs.

PROBE: {Do you/Does (NAME)} believe this is true or false?

                          TRUE.. 01
                          FALSE 00
                          DON'T KNOW .... d
                          REFUSED .... r

(All)

E1b.   . . .mental health services.

PROBE: {Do you/Does (NAME)} believe this is true or false?

                          TRUE.. 01
                          FALSE 00
                          DON'T KNOW .... d
                          REFUSED .... r

(All)

E1c.   . . .assistive services.

PROBE: {Do you/Does (NAME)} believe this is true or false?

                          TRUE.. 01
                          FALSE 00
                          DON'T KNOW .... d
                          REFUSED .... r

(All)

E1d.   . . .primary care services.

PROBE: {Do you/Does (NAME)} believe this is true or false?

                          TRUE.. 01
                          FALSE 00
                          DON'T KNOW .... d
                          REFUSED .... r

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(All)
E1e.   . . .specialty care services.

PROBE: {Do you/Does (NAME)} believe this is true or false?

TRUE... 01
FALSE 00
DON'T KNOW .... d
REFUSED .... r

(All)
E1f.   . . .dental care.

PROBE: {Do you/Does (NAME)} believe this is true or false?

TRUE... 01
FALSE 00
DON'T KNOW .... d
REFUSED .... r

(All)
E1g.   . . .vision care.

PROBE: {Do you/Does (NAME)} believe this is true or false?

TRUE... 01
FALSE 00
DON'T KNOW .... d
REFUSED .... r

(All)
E1h.   . . .transportation services.

PROBE: {Do you/Does (NAME)} believe this is true or false?

TRUE... 01
FALSE 00
DON'T KNOW .... d
REFUSED .... r

(E1a=01)
E2.   {Have you/Has (NAME)} used the prescription drug benefit available through AB?

YES 01
NO 00 (E2c)
DON'T KNOW .... d (E3)
REFUSED .... r (E3)

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(E2=01)
E2a.   How satisfied {are you/is (NAME)} with the AB prescription drug benefit? {Are you/Is (NAME)} very satisfied,
        satisfied, dissatisfied, or very dissatisfied?

                                VERY SATISFIED 01 (E3)
                                SATISFIED 02 (E3)
                                DISSATISFIED 03
                                VERY DISSATISFIED 04
                                DON'T KNOW .... d (E3)
                                REFUSED .... r (E3)

(E2a=03 OR 04)
E2b.   Please tell me why {you are/(NAME) is} dissatisfied with the AB prescription drug benefit.

        RECORD VERBATIM

        <OPEN>_____

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

                        ┌─────────────────────────────┐
                        │   GO TO E3   │
                        └─────────────────────────────┘

(E2=00)
E2c.   Why {haven't you/has (NAME) used the prescription drug benefit available through AB?

        RECORD VERBATIM, THEN CODE BELOW

        <OPEN>_____

                                                        CODE ALL THAT APPLY

                                DO NOT TAKE ANY Rx DRUGS................... 01
                                ALREADY HAD DRUG COVERAGE............. 02
                                OTHER 03
                                DON'T KNOW .... d
                                REFUSED .... r

(E1b=01)
E3.   {Have you/Has (NAME)} used the mental health benefit available through AB?

                                YES 01
                                NO 00 (E3c)
                                DON'T KNOW .... d (E4)
                                REFUSED .... r (E4)

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(E3=01)
E3a.   How satisfied {are you/is (NAME)} with the AB mental health benefit {Are you/Is (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied?

                                    VERY SATISFIED 01 (E4)
                                    SATISFIED 02 (E4)
                                    DISSATISFIED 03
                                    VERY DISSATISFIED 04
                                    DON'T KNOW .... d (E4)
                                    REFUSED ....   r (E4)

(E3a=03 OR 04)
E3b.   Please tell me why {you are/(NAME) is} dissatisfied with the AB mental health benefit.

        RECORD VERBATIM

        <OPEN>_____

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

                        ┌─────────────────────────────┐
                        │   **GO TO E4**   │
                        └─────────────────────────────┘

(E3=00)
E3c.   Why {haven't you/has (NAME) used the mental health benefit available through AB?

        RECORD VERBATIM, THEN CODE BELOW

        <OPEN>_____

                                                        <u>CODE ALL THAT APPLY</u>

                                    DID NOT NEED SERVICE 01
                                    ALREADY HAD COVERAGE FOR THIS 02
                                    OTHER 03
                                    DON'T KNOW .... d
                                    REFUSED ....   r

(E1c=01)
E4.   {Have you/Has (NAME)} used the assistive services benefit available through AB?

                                    YES 01
                                    NO 00 (E4c)
                                    DON'T KNOW .... d (E5)
                                    REFUSED ....   r (E5)

(E4=01)
E4a. How satisfied {are you/is (NAME)} with the AB assistive services benefit? {Are you/Is (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied?

VERY SATISFIED 01 (E5)
SATISFIED 02 (E5)
DISSATISFIED 03
VERY DISSATISFIED 04
DON'T KNOW .... d (E5)
REFUSED .... r (E5)

(E4a=03 OR 04)
E4b. Please tell me why {you are/(NAME) is} dissatisfied with the AB assistive services benefit.

RECORD VERBATIM

<OPEN>_____

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

```
GO TO E5
```

(E4=00)
E4c. Why {haven't you/has (NAME) used the assistive services benefit available through AB?

RECORD VERBATIM, THEN CODE BELOW

<OPEN>_____

CODE ALL THAT APPLY

DID NOT NEED SERVICE 01
ALREADY HAD COVERAGE FOR THIS 02
OTHER 03
DON'T KNOW .... d
REFUSED .... r

(E1d=01)
E5. {Have you/Has (NAME)} used the primary care service benefit available through AB?

YES 01
NO 00 (E5c)
DON'T KNOW .... d (E6)
REFUSED .... r (E6)

(E5=01)

E5a. How satisfied {are you/is (NAME)} with the AB primary care service benefit? {Are you/Is (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied?

VERY SATISFIED 01 (E6)
SATISFIED 02 (E6)
DISSATISFIED 03
VERY DISSATISFIED 04
DON'T KNOW .... d (E6)
REFUSED .... r (E6)

(E5a=03 OR 04)

E6b. Please tell me why {you are/(NAME) is} dissatisfied with the AB primary care service benefit.

RECORD VERBATIM

<OPEN>_____

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

| GO TO E6 |

(E5=00)

E5c. Why {haven't you/has (NAME) used the primary care service benefit available through AB?

RECORD VERBATIM, THEN CODE BELOW

<OPEN>_____

<u>CODE ALL THAT APPLY</u>

DID NOT NEED SERVICE 01
ALREADY HAD COVERAGE FOR THIS 02
OTHER 03
DON'T KNOW .... d
REFUSED .... r

(E1e=01)

E6. {Have you/Has (NAME)} used the specialty care services benefit available through AB?

YES 01
NO 00 (E6c)
DON'T KNOW .... d (E7)
REFUSED .... r (E7)

(E6=01)
E6a.   How satisfied {are you/is (NAME)} with the AB specialty care benefit? {Are you/Is (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied?

                                        VERY SATISFIED 01 (E7)
                                        SATISFIED 02 (E7)
                                        DISSATISFIED 03
                                        VERY DISSATISFIED 04
                                        DON'T KNOW .... d (E7)
                                        REFUSED .... r (E7)

(E6a=03 OR 04)
E6b.   Please tell me why {you are/(NAME) is} dissatisfied with the AB specialty care benefit.

        RECORD VERBATIM

        <OPEN>_____

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

                        ┌─────────────────────────┐
                        │   **GO TO E7**   │
                        └─────────────────────────┘

(E6=00)
E6c.   Why {haven't you/has (NAME) used the specialty care benefit available through AB?

        RECORD VERBATIM, THEN CODE BELOW

        <OPEN>_____

                                                        CODE ALL THAT APPLY

                                        DID NOT NEED SERVICE 01
                                        ALREADY HAD COVERAGE FOR THIS 02
                                        OTHER 03
                                        DON'T KNOW .... d
                                        REFUSED .... r

(E1f=01)
E7.   {Have you/Has (NAME)} used the dental care benefit available through AB?

                                        YES 01
                                        NO 00 (E7c)
                                        DON'T KNOW .... d (E8)
                                        REFUSED .... r (E8)

(E7=01)
E7a.   How satisfied {are you/is (NAME)} with the AB dental care benefit? {Are you/Is (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied?

VERY SATISFIED 01 (E8)
SATISFIED 02 (E8)
DISSATISFIED 03
VERY DISSATISFIED 04
DON'T KNOW .... d (E8)
REFUSED .... r (E8)

(E7a=03 OR 04)
E7b.   Please tell me why {you are/(NAME) is} dissatisfied with the AB dental care benefit.

RECORD VERBATIM

<OPEN>_____

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

| GO TO E8 |

(E7=00)
E7c.   Why {haven't you/has (NAME) used the dental care benefit available through AB?

RECORD VERBATIM, THEN CODE BELOW

<OPEN>_____

<u>CODE ALL THAT APPLY</u>

DID NOT NEED SERVICE 01
ALREADY HAD COVERAGE FOR THIS 02
OTHER 03
DON'T KNOW .... d
REFUSED .... r

(E1g=01)
E8.   {Have you/Has (NAME)} used the vision care benefit available through AB?

YES 01
NO 00 (E8c)
DON'T KNOW .... d (E9)
REFUSED .... r (E9)

(E8=01)
E8a.   How satisfied {are you/is (NAME)} with the AB vision care benefit? {Are you/Is (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied?

                                            VERY SATISFIED 01 (E9)
                                            SATISFIED 02 (E9)
                                            DISSATISFIED 03
                                            VERY DISSATISFIED 04
                                            DON'T KNOW .... d (E9)
                                            REFUSED .... r (E9)

(E8a=03 OR 04)
E8b.   Please tell me why {you are/(NAME) is} dissatisfied with the AB vision care benefit.

        RECORD VERBATIM

        <OPEN>_____

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

                            ┌─────────────────────────┐
                            │   **GO TO E9**   │
                            └─────────────────────────┘

(E8=00)
E8c.   Why {haven't you/has (NAME) used the vision care benefit available through AB?

        RECORD VERBATIM, THEN CODE BELOW

        <OPEN>_____

                                                            CODE ALL THAT APPLY

                                            DID NOT NEED SERVICE 01
                                            ALREADY HAD COVERAGE FOR THIS 02
                                            OTHER 03
                                            DON'T KNOW .... d
                                            REFUSED .... r

(E1h=01)
E9.   The AB health plan includes help with transportation to doctors' offices, clinics, or other medical facilities. This help can be a shuttle bus, tokens or vouchers for a bus or taxi, or payments for mileage. In the past 6 months did {you/(NAME)} call the AB health plan to get help with transportation?

                                            YES 01
                                            NO 00 (E9e)
                                            DON'T KNOW .... d (E10)
                                            REFUSED .... r (E10)

(E9=01)

E9a.   In the past 6 months, when {you/(NAME)} called to get help with transportation from {your/his/her} health plan, how often did {you/he/she} get it? Would {you/he/she} say . . .

<div style="text-align:center">

never... 00
sometimes 01
usually, or 02
always?... 03
DON'T KNOW .... d
REFUSED ....   r

</div>

(E9=01)

E9b.   In the past 6 months, how often did the help with transportation meet {your/(NAME's)} needs? Would {you/he/she} say . . .
(CAHPS)

<div style="text-align:center">

never... 00
sometimes 01
usually, or 02
always?... 03
DON'T KNOW .... d

</div>

(E9=01)

E9c.   How satisfied {are you/is (NAME)} with the AB transportation benefit? {Are you/Is (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied?

<div style="text-align:center">

VERY SATISFIED 01 (E10)
SATISFIED 02 (E10)
DISSATISFIED 03
VERY DISSATISFIED 04
DON'T KNOW .... d (E10)
REFUSED ....   r (E10)

</div>

(E9c=03 OR 04)

E9d.   Please tell me why {you are/(NAME) is} dissatisfied with the transportation benefit.

RECORD VERBATIM

<OPEN>_____

<div style="text-align:center">

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

</div>

<div style="text-align:center">

GO TO E10

</div>

(E9=00)
E9e.   Why {haven't you/has (NAME) used the transportation benefit available through AB?

        RECORD VERBATIM, THEN CODE BELOW

        <OPEN>_____

                                                        CODE ALL THAT APPLY

                    DID NOT NEED SERVICE 01
                    ALREADY HAD COVERAGE FOR THIS 02
                    OTHER 03
                    DON'T KNOW .... d
                    REFUSED .... r

(All)
E10.   Did someone at POMCO explain the benefits available through AB to {you/(NAME)}?
(CAHPS)
                    YES 01
                    NO 00 (E11)
                    DON'T KNOW .... d (E11)
                    REFUSED .... r (E11)

(E10=01)
E10a.   How satisfied {were you/was (NAME)} with the explanation of plan benefits provided by POMCO? {Were
        you/Was (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied with the explanation?

                    VERY SATISFIED 01 (E11)
                    SATISFIED 02 (E11)
                    DISSATISFIED 03
                    VERY DISSATISFIED 04
                    DON'T KNOW .... d (E11)
                    REFUSED .... r (E11)

(E10a=03 or 04)
E10b.   Why {were you/was (NAME)} dissatisfied with the POMCO explanation of AB benefits?

        RECORD VERBATIM

        <OPEN>_____

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

(All)
E11.   Did {you/(NAME)} receive written materials explaining the AB plan from POMCO?

                    YES 01
                    NO 00 (E12)
                    DON'T KNOW .... d (E12)
                    REFUSED .... r (E12)

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(E11=01)

E11a.   How satisfied {were you/was (NAME)} with the written materials {you/he/she} received explaining the AB health benefit? {Were you/Was (NAME)} very satisfied, satisfied, dissatisfied, or very dissatisfied with the explanation?

                                    VERY SATISFIED 01 (E12)
                                    SATISFIED 02 (E12)
                                    DISSATISFIED 03
                                    VERY DISSATISFIED 04
                                    DON'T KNOW .... d (E12)
                                    REFUSED .... r (E12)

(E11a=03 or 04)

E11b.   Why {were you/was (NAME)} dissatisfied with the written materials {you/he/she} received about the AB health benefit?

        RECORD VERBATIM

        <OPEN>_____

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

        ┌───┐
        │ **PROGRAMMER: IF AB PLUS MEMBER, GO TO E12, ELSE GO TO E26.** │
        └───┘

AB PLUS ONLY

(All)

E12.   These next questions are about the services {you/(NAME)} receive from Care Guide as part of your participation in AB. As part of AB, {you were/he/she was} assigned to a care manager. Our records indicate that {your/his/her} care manager's name is [FILL NAME]. Is this correct?

                                    YES 01 (E13)
                                    NO 00
                                    DON'T KNOW .... d (E12b)
                                    REFUSED .... r (E12b)

(E12=00)

E12a.   What is the name of your AB care manager?

        RECORD VERBATIM RESPONSE
        <OPEN>
        _____ (E13)

                                    NO CARE MANAGER .... n
                                    DON'T KNOW .... d
                                    REFUSED .... r

(E12=d OR r OR E12a = n, d OR r)
E12b.   The care manager is the nurse or other medically trained person who would have contacted {you/(NAME)} about the treatment and care plan for {your/his/her} condition. The care manager would call {you/(NAME)} on a regular basis to discuss {your/his/her} treatment plan. He or she is affiliated with Care Guide. {Have you/Has (NAME)} been in touch with such a person?

YES 01
NO 00 (E18)
DON'T KNOW .... d (E18)
REFUSED .... r (E18)

(E12 OR E12b = 01)
E13.   {Do you/Does (NAME)} have regularly scheduled appointments to talk with {CARE MANAGER/{his/her} care manager} by telephone?

YES 01
NO 00 (E14a)
DON'T KNOW .... d (E14a)
REFUSED .... r (E14a)

(E13=01)
E14.   How often {are you/is (NAME)} scheduled to talk with {CARE MANAGER/{his/her} care manager}?

PROBE: Your best estimate is fine.

|__|__| TIMES PER

CODE ONE
WEEK... 01
MONTH 02
OTHER (SPECIFY) 03

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

GO TO E14b

(E13=00, d, OR r)
E14a.   How often {do you/does (NAME)} usually talk with {CARE MANAGER/{his/her} care manager}?

PROBE: Your best estimate is fine.

|__|__| TIMES PER

CODE ONE
WEEK... 01
MONTH 02
OTHER (SPECIFY) 03

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

(E12 OR E12b = 01)

E14b. {Do you/Does (NAME)} know how to reach {CARE MANAGER/{his/her} care manager}?

> YES 01
> NO 00
> DON'T KNOW .... d
> REFUSED .... r

PROGRAMMER: IF E13=01, GO TO E15, ELSE GO TO E16.

(E13=01)

E15. During the past 6 months {were you/was (NAME)} able to keep all scheduled appointments with {CARE MANAGER/{his/her} care manager}?

> YES 01 (E16)
> NO 00
> DON'T KNOW .... d (E16)
> REFUSED .... r (E16)

(E15=00)

E15a. Why {were you/was (NAME)} not able to keep all scheduled appointments with {CARE MANAGER/{his/her} care manager}?

<div align="right">CODE ALL THAT APPLY</div>

ACCESS

COULD NOT GET CONVENIENT APPOINTMENT	01
TELEPHONE WAS DISCONNECTED	02
WAITING FOR UPCOMING APPOINTMENT	03
OTHER TECHNICAL PROBLEM (NO TTY, RELAY AVAILABLE)	04

QUALITY

DID NOT LIKE CARE MANAGER'S ADVICE.......................	05
RECOMMENDED CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD..	06
CARE MANAGER DID NOT KEEP APPOINTMENT...........	07
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL STAFF (NEGATIVE ATTITUDES, MISPERCEPTION ABOUT DISABILITY)...	08
POOR COORDINATION OF CARE WITH OTHER MEDICAL PROVIDERS..	09

AVOIDANCE/ALTERNATIVES

USED A DIFFERENT TREATMENT PLAN	10
HEALTH GOT WORSE/TOO SICK	11
HEALTH OF OTHER FAMILY MEMBER INTERFERED......	12
OTHER (SPECIFY)	13
_____	
DON'T KNOW	d
REFUSED	r

(All)

E16. Did {CARE MANAGER/your/(NAME's) care manager} work out a treatment or care plan for {your/his/her} condition with {you/him/her}?

YES	01
NO	00 (E17a)
DON'T KNOW	d (E17a)
REFUSED	r (E17a)

(E16=01)

E16a. {Have you/Has (NAME)} been able to follow the recommended treatment and care plans suggested by {CARE MANAGER/{his/her} care manager}?

YES	01 (E16c)
NO	00
DON'T KNOW	d (E16c)
REFUSED	r (E16c)

(E16a=00)
E16b.   Why {haven't you/hasn't (NAME)} been able to follow the recommended treatment and care plan suggested by {CARE MANAGER/{his/her} care manager}?

<div align="right">CODE ALL THAT APPLY</div>

NO CARE PLAN RECOMMENDED 00

ACCESS
COULD NOT GET CONVENIENT APPOINTMENT............. 01
TRANSPORTATION PROBLEM 02
WAITING FOR UPCOMING APPOINTMENT 03
COULD NOT FIND SPECIALISTS KNOWLEDGEABLE
   ABOUT CONDITION 04
PHYSICAL ACCESS PROBLEM (E.G., WHEELCHAIR
   RAMP, ACCESSIBLE MEDICAL EQUIPMENT)............... 05
RECOMMENDED DOCTORS DON'T WANT TO TREAT
   PEOPLE WITH {MY/(NAME'S) DISABILITY 06

QUALITY
DID NOT LIKE CARE MANAGER'S ADVICE....................... 07
PROBLEMS AT PLACE—LONG WAIT, NO BATHROOM,
   NOT ACCESSIBLE.. 08
RECOMMENDED CLINIC/OFFICE IN UNSAFE
   NEIGHBORHOOD.. 09
INSENSITIVE/DISRESPECTFUL DOCTORS/MEDICAL
   STAFF (NEGATIVE ATTITUDES, MISPERCEPTION
   ABOUT DISABILITY)... 10
POOR COORDINATION OF CARE WITH OTHER
   MEDICAL PROVIDERS.. 11

AVOIDANCE/ALTERNATIVES
THOUGHT PROBLEM WOULD GO AWAY, OR PROBLEM
   WENT AWAY.. 12
USED A DIFFERENT TREATMENT PLAN 13
HEALTH GOT WORSE/TOO SICK 14
HEALTH OF OTHER FAMILY MEMBER INTERFERED...... 15
OTHER (SPECIFY) 16

_____

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

(All)
E16c.   To what extent {do you/does (NAME)} feel that {your/his/her} goals, needs, and overall input are represented in the treatment plan that was developed for {you/him/her}? Would you say . . .

Completely,... 01   (E17a)
Quite a bit, ... 02
Somewhat, or 03
Not at all? 04
DON'T KNOW .... d   (E17a)
REFUSED .... r   (E17a)

(E16b = 02, 03 OR 04)

E16d.   From {your/her/his} perspective, how can {your/his/her} treatment plan be improved?

RECORD VERBATIM RESPONSE
<OPEN>

_____

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

(All)

E17a.   Overall, how would {you/(NAME)} rate the quality of {your/his/her} interaction with {CARE MANAGER/{your/his/her} care manager} in terms of . . .

. . . respect and attention to privacy?

PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

<u>CODE ONE</u>

EXCELLENT... 01
VERY GOOD.. 02
GOOD.. 03
FAIR 04
POOR... 05
DON'T KNOW .... d
REFUSED .... r

(All)

E17b.   . . . personal interest?

PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

<u>CODE ONE</u>

EXCELLENT... 01
VERY GOOD.. 02
GOOD.. 03
FAIR 04
POOR... 05
DON'T KNOW .... d
REFUSED .... r

(All)

E17c.   . . . availability in emergency?

PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

<u>CODE ONE</u>

EXCELLENT... 01
VERY GOOD.. 02
GOOD.. 03
FAIR 04
POOR... 05
DON'T KNOW .... d

REFUSED .... r

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(All)
E17d.   . . . answering questions over the telephone?

    PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

                                                                CODE ONE
                        EXCELLENT... 01
                        VERY GOOD... 02
                        GOOD... 03
                        FAIR 04
                        POOR.. 05
                        DON'T KNOW .... d
                        REFUSED ....   r

(All)
E17e.   . . . coordinating care across providers and services?

    PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

                                                                CODE ONE
                        EXCELLENT... 01
                        VERY GOOD... 02
                        GOOD... 03
                        FAIR 04
                        POOR.. 05
                        DON'T KNOW .... d
                        REFUSED ....   r

┌───┐
│   **PROGRAMMER: IF ANY E17a THROUGH E17e=04 OR 05,** │
│   **GO TO E17_OTHER, ELSE GO TO E18.**   │
└───┘

(ANY OF E17a TO E17e = 04 OR 05)
E17_Other   What could be done to improve the quality of interaction with {CARE MANAGER/{your/his/her} care
             manager}?

        RECORD VERBATIM RESPONSE
        <OPEN>

        _____

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

(MIS INDICATES STARTED PGAP INTERVENTION)
E18.   Now I'd like to talk about the part of the AB program that provides a counselor to help {you/(NAME)} set
        goals that will help {you/him/her} become more active, and prepare to return to work. Our records show that
        the counselor assigned to work with {you/him/her} in this area is {FILL PGAP COUNSELOR NAME]. Is this
        correct?

                        YES 01 (E19)
                        NO 00
                        DON'T KNOW .... d (E18b)
                        REFUSED ....   r (E18b)

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(E18=00)
E18a.   What is the name of the counselor who helps you with goal setting?

            RECORD VERBATIM RESPONSE
            <OPEN>
            _____   (E19)
                                    NO PGAP COUNSELOR...............................   n
                                    DON'T KNOW ....   d
                                    REFUSED ....   r

(E18 = d OR r) (E18a = n, d OR r)
E18b.   This person would be a counselor who would contact {you/(NAME)} regularly to help {you/him/her} set goals
            and plan regular activities that would help {you/him/her} become more active, and get ready to return to
            work. He or she is affiliated with Care Guide. {Have you/Has (NAME)} been in touch with such a person?

                                    YES   01
                                    NO   00   (E27)
                                    DON'T KNOW ....   d   (E27)
                                    REFUSED ....   r   (E27)

(All)
E19.   {Do you/Does (NAME)} have regularly scheduled appointments to talk with {PGAP COUNSELOR
            NAME/{your/his/her} counselor} by telephone?

                                    YES   01
                                    NO   00   (E20a)
                                    DON'T KNOW ....   d   (E20a)
                                    REFUSED ....   r   (E20a)

(E19=01)
E20.   How often {are you/is (NAME)} scheduled to talk with {PGAP COUNSELOR NAME/{your/his/her}
            counselor}?

            PROBE: Your best estimate is fine.

                            |__|__| TIMES PER

                                                            CODE ONE
                                    WEEK...   01
                                    MONTH   02
                                    OTHER (SPECIFY)   03
                            _____
                                    DON'T KNOW ....   d
                                    REFUSED ....   r

                            ┌─────────────────────┐
                            │   GO TO E20b   │
                            └─────────────────────┘

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(E19=00, d OR r)

E20a.   How often {do you/does (NAME)} usually talk with {PGAP COUNSELOR NAME/{your/his/her} counselor}?

PROBE: Your best estimate is fine.

|__|__| TIMES PER

CODE ONE

WEEK 01
MONTH 02
OTHER (SPECIFY) 03

_____

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

(All)

E20b.   {Do you/Does (NAME)} know how to reach {PGAP COUNSELOR NAME/{your/his/her} counselor}?

YES 01
NO 00
DON'T KNOW .... d
REFUSED .... r

> PROGRAMMER: IF E19=01, GO TO E21, ELSE GO TO E22.

(E19=01)

E21.   During the past 6 months {were you/was (NAME)} able to keep all scheduled appointments with {PGAP COUNSELOR NAME/{your/his/her} counselor}?

YES 01   (E22)
NO 00
DON'T KNOW .... d   (E22)
REFUSED .... r   (E22)

(E21=00)

E21a.   Why {were you/was (NAME)} not able to keep all scheduled appointments with {PGAP COUNSELOR NAME/{your/his/her} counselor}?

CODE ALL THAT APPLY

ACCESS

COULD NOT GET CONVENIENT APPOINTMENT 01
TELEPHONE DISCONNECTED 02
WAITING FOR UPCOMING APPOINTMENT 03
OTHER TECHNICAL PROBLEM (NO TTY/RELAY
    AVAILABLE) 04

QUALITY

DID NOT LIKE EMPLOYMENT COUNSELOR'S ADVICE ... 05
CLINIC/OFFICE IN UNSAFE NEIGHBORHOOD 06
INSENSITIVE/DISRESPECTFUL COUNSELOR/STAFF
    (NEGATIVE ATTITUDES, MISPERCEPTION ABOUT
    DISABILITY) 07
PGAP COUNSELOR DID NOT KEEP APPOINTMENT 08

AVOIDANCE/ALTERNATIVES

USED OTHER ACTIVITIES/(MY/(NAME'S) OWN
    STRATEGIES TO PREPARE 09
HEALTH GOT WORSE 10
HEALTH OF OTHER FAMILY MEMBER INTERFERED...... 11
OTHER (SPECIFY) 12

_____

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

(All)

E22.   Did {PGAP COUNSELOR NAME/{your/his/her} counselor} help you set goals and plan activities that would help {you/him/her} prepare to return to work?

YES 01
NO 00   (E25a)
DON'T KNOW .... d   (E25a)
REFUSED .... r   (E25a)

(E22=01)

E23.   {Have you/Has (NAME)} been able to follow the recommended activities and achieve the goals that {you/he/she} set with {PGAP COUNSELOR NAME/{your/his/her} counselor}?

YES 01   (E24)
NO 00
DON'T KNOW .... d   (E24)
REFUSED .... r   (E24)

(E23=00)

E23a.   Why {haven't you/hasn't (NAME)} been able to follow the recommended activities and achieve the goals that {you/he/she} set with {PGAP COUNSELOR NAME/{your/his/her} counselor}?

<div style="text-align: right">CODE ALL THAT APPLY</div>

NO ACTIVITIES RECOMMENDED 00
DID NOT LIKE PGAP COUNSELOR'S ADVICE 01
ACTIVITIES TOO HARD 02
GOALS ARE UNREASONABLE/NOT ATTAINABLE 03
USED OTHER ACTIVITIES/MY OWN STRATEGIES
   TO PREPARE... 04
TRANSPORTATION PROBLEM 05
HEALTH GOT WORSE 06
HEALTH OF OTHER FAMILY MEMBER INTERFERED. 07
OTHER (SPECIFY) 08

_____

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

(E22=01)

E24.   To what extent {do you/does (NAME)} feel that {your/his/her} goals, needs, and overall input are represented in the plan developed for {you/him/her}? Would you say . . .

Completely,.. 01   (E25a)
Quite a bit, ... 02
Somewhat, or 03
Not at all? 04
DON'T KNOW .... d   (E25a)
REFUSED .... r   (E25a)

(E24 = 02, 03, OR 04)

E24a.   From {your/(NAME's} perspective, how could {your/his/her} plan be improved?

RECORD VERBATIM RESPONSE
<OPEN>_____

_____

_____

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

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(All)

E25a. Overall, how would {you/(NAME)} rate the quality of {your/his/her} interaction with {PGAP COUNSELOR NAME/{your/his/her} counselor} in terms of . . .

. . . respect and attention to privacy?

PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

<u>CODE ONE</u>

EXCELLENT..	01
VERY GOOD..	02
GOOD...	03
FAIR	04
POOR	05
DON'T KNOW	d
REFUSED	r

(All)

E25b. . . . personal interest?

PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

<u>CODE ONE</u>

EXCELLENT..	01
VERY GOOD..	02
GOOD...	03
FAIR	04
POOR	05
DON'T KNOW	d
REFUSED	r

(All)

E25c. . . . availability in emergency?

PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

<u>CODE ONE</u>

EXCELLENT..	01
VERY GOOD..	02
GOOD...	03
FAIR	04
POOR	05
DON'T KNOW	d
REFUSED	r

(All)

E25d.   . . . answering questions over the telephone?

PROBE: Would {you/(NAME)} say it was excellent, very good, good, fair, or poor?

<u>CODE ONE</u>

EXCELLENT... 01
VERY GOOD.. 02
GOOD.. 03
FAIR 04
POOR 05
DON'T KNOW .... d
REFUSED .... r

> PROGRAMMER: IF ANY OF E25a THROUGH E25d=04 OR 05,
> GO TO E25_OTHER, ELSE GO TO E27.

(ANY OF E25a TO E25d = 04 OR 05)

E25_Other   What could be done to improve the quality of interaction with {PGAP COUNSELOR NAME/{your/his/her} counselor}?

RECORD VERBATIM RESPONSE
<OPEN>

_____

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

> GO TO E27

(MIS SHOWS NO AB)

E26.   The program records show that {you have not/(NAME) has not} participated in any of the services provided by AB. Please tell me why {you have/he/she has} not used the health plan services, (IF AB PLUS SAY: or any of the services offered by a care manager or counselor through AB.)

RECORD VERBATIM RESPONSE
<OPEN>

_____

_____

_____

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

(All)

E27.   What would {you/(NAME)} do or add to AB benefits and services to make it more helpful to {you/him/her}?

RECORD VERBATIM RESPONSE
<OPEN>

_____

_____

_____

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

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SECTION F: CLOSING AND CONTACT INFORMATION

(All)

F1.   PROGRAMMER: IF WE HAVE NAME, ADDRESS, AND PHONE NUMBER FROM EITHER THE SCREENER OR FROM THE OTHER PRELOADED INFORMATION DISPLAY THAT NAME, ADDRESS, AND PHONE NUMBER.

That concludes this interview. Please verify {your/(NAME's)} current contact information so that I can send {you/him/her} the $25 check for completing this survey. Is {your/(NAME's)} current address and phone number… READ FROM PRELOADS?

SAME AS PROVIDED 00 (F3)
INCORRECT INFORMATION ABOVE,
   NEED TO ENTER NEW INFORMATION ... 01
DON'T KNOW .... d
REFUSED .... r

(F1=01, d, OR r)

F2.   UPDATE INFORMATION BELOW

What is the correct spelling of {your/(NAME's)} name and {your/(NAME's)} current mailing address and phone number?

PROBE: Is there an apartment number?

NAME (VERIFY SPELLING) _____

ADDRESS LINE 1_____

ADDRESS LINE 2_____

CITY/TOWN_____

STATE_____

ZIP CODE_____

TELEPHONE_____

(All)

F3.   {Do you have/Does (NAME) have} an email address?

YES 01
NO 00 (F5)
DON'T KNOW .... d (F5)
REFUSED .... r (F5)

(F3=01)

F4. What is {your/(NAME's)} email address?

        <OPEN>_____

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

(All)

F5. INTERVIEWER: ARE YOU SPEAKING WITH (NAME), AN INTERPRETER, OR A PROXY?

                                          NAME 01 (F10)
                                          INTERPRETER 02
                                          PROXY 03

(F5=2)

F6. What is your full name?

        INTERVIEWER: PRESS 1 TO CONTINUE

        NAME: DISPLAY PROXY'S/INTERPRETER'S FULL NAME FROM SCREENER OR PRELOADED INFORMATION WITH FIRST NAME BOLD}

                                    FIRST NAME: <OPEN>_____

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

(F5=02)

F7. What is the correct spelling of your name and your current mailing address and phone number?

        PROGRAMMER: DISPLAY PROXY'S FULL ADDRESS IF AVAILABLE

        PROBE: Is there an apartment number?

                                    NAME (VERIFY SPELLING) _____

                                    ADDRESS LINE 1_____

                                    ADDRESS LINE 2_____

                                    CITY/TOWN_____

                                    STATE_____

                                    ZIP CODE_____

                                    TELEPHONE_____

(F5=02)
F8.   Do you have an email address?

                                        YES 01
                                        NO 00 (F10)
                                        DON'T KNOW .... d (F10)
                                        REFUSED .... r (F10)

(F8=01)
F9.   What is your email address?

        <OPEN>_____

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

(All)
F10.   To whom should we make the $25.00 check for completing the interview payable?

                                        SAMPLE MEMBER 01 (F12)
                                        INTERPRETER 02 (F12)
                                        PROXY 03 (F12)
                                        SOMEONE ELSE 04
                                        DON'T KNOW .... d (F12)
                                        REFUSED .... r (F12)

(F10=04)
F11.   What is the name and address of the person we should send the check to?

                                        NAME_____

                                        ADDRESS LINE 1_____

                                        ADDRESS LINE 2_____

                                        CITY/TOWN_____

                                        STATE_____

                                        ZIP CODE_____

                                        TELEPHONE_____

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F11a. What is {FILL NAME FROM H11} relationship to {you/(NAME)}?

$$
\begin{array}{ll}
\text{(NAME's) SPOUSE/PARTNER} & 01 \\
\text{(NAME's) MOTHER} & 02 \\
\text{(NAME's) FATHER} & 03 \\
\text{(NAME's) CHILD} & 04 \\
\text{GRANDPARENT OF (NAME)} & 05 \\
\text{BROTHER/SISTER OF (NAME)} & 06 \\
\text{AUNT/UNCLE OF (NAME)} & 07 \\
\text{OTHER RELATIVE OF (NAME)} & 08 \\
\text{NOT RELATED} & 09 \\
\text{STAFF AT RESIDENCE} & 10 \\
\text{DON'T KNOW} & d \\
\text{REFUSED} & r
\end{array}
$$

F12. We will mail (NAME) the check for $25.00 to {him/her} at {FILL ADDRESS} within the next two weeks. We would like to contact {you/(NAME)} again in about _____ months to see how {you are/he/she is} doing and update our information. In case we have trouble reaching {you/him/her}, what is the name, address, and phone number of a close relative or friend who is not living with {you/(NAME)} and is likely to know {your/his/her} location in the future? For example, a mother, father, brother, sister, aunt, uncle, or close friend.

{Do you/Does (NAME)} have a contact person?

CONTACT PERSON 1

$$
\begin{array}{lll}
\text{YES} & 01 & \\
\text{NO} & 00 & \text{(THNX2)} \\
\text{DON'T KNOW} & d & \text{(THNX2)} \\
\text{REFUSED} & r & \text{(THNX2)}
\end{array}
$$

(F12=01)
F13. What is that person's name, address, and telephone number?

NAME_____

ADDRESS LINE 1_____

ADDRESS LINE 2_____

CITY/TOWN_____

STATE_____

ZIP CODE_____

(F12=01)
F13a.   TELEPHONE

         TELEPHONE NUMBER: Please give me the telephone number, area code first.

         <OPEN>_____

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

(F12=01)
F13b.   Do you have a cell phone, pager number or email address for CP1?

                                        YES 01
                                        NO 00 (F14)
                                        DON'T KNOW .... d (F14)
                                        REFUSED .... r (F14)

(F13b=01)
F13c.   What is CP1's cell phone number? Please give me the number, area code first.

         <OPEN>_____

         What is CP1's pager number? Please give me the number, area code first.

         <OPEN>_____

         What is CP1's email address?

         <OPEN>_____

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

(F12=01)
F14.   How is CP1 related to {you/(NAME)}, if at all?

                          (NAME's) SPOUSE/PARTNER 01 (F15)
                          (NAME's) MOTHER...................................... 02 (F15)
                          (NAME's) FATHER....................................... 03 (F15)
                          (NAME's) CHILD.. 04 (F15)
                          GRANDPARENT OF (NAME) 05 (F15)
                          BROTHER/SISTER OF (NAME)................... 06 (F15)
                          AUNT/UNCLE OF (NAME) 07 (F15)
                          OTHER RELATIVE OF (NAME) 08
                          NOT RELATED... 09 (F15)
                          STAFF AT RESIDENCE............................... 10 (F15)
                          DON'T KNOW .... d (F15)
                          REFUSED .... r (F15)

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(F14=08)
F14_Other. How is CP1 related to {you/(NAME)}?

<OPEN>_____

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

CONTACT PERSON 2

F15.   Can you give me the name, address, and phone number of a second person who would always know how to reach {you/(NAME)}?

YES 01
NO 00 (THNX2)
DON'T KNOW .... d (THNX2)
REFUSED .... r (THNX2)

NAME_____
ADDRESS LINE 1_____
ADDRESS LINE 2_____
CITY/TOWN_____
STATE_____
ZIP CODE_____
FIRST NAME: <OPEN>_____

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

(F15=01)
F15a.   TELEPHONE

TELEPHONE NUMBER: Please give me the telephone number, area code first?

<OPEN>_____

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

(F15=01)
F15b.   Do you have a cell phone, pager number or email address for CP2?

YES 01
NO 00 (F16)
DON'T KNOW .... d (F16)
REFUSED .... r (F16)

(F15b=01)
F15c. What is CP2's cell phone number? Please give me the number, area code first.

        <OPEN>_____

What is CP2's pager number? Please give me the number, area code first.

        <OPEN>_____

What is CP2's email address?

        <OPEN>_____

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

(F15=01)
F16. How is CP2 related to {you/(NAME)}, if at all?

(NAME's) SPOUSE/PARTNER	....	01 (THNX2)
(NAME's) MOTHER	....	02 (THNX2)
(NAME's) FATHER	....	03 (THNX2)
(NAME's) CHILD	....	04 (THNX2)
GRANDPARENT OF (NAME)	....	05 (THNX2)
BROTHER/SISTER OF (NAME)	....	06 (THNX2)
AUNT/UNCLE OF (NAME)	....	07 (THNX2)
OTHER RELATIVE OF (NAME)	....	08
NOT RELATED	....	09 (THNX2)
STAFF AT RESIDENCE	....	10 (THNX2)
DON'T KNOW	....	d (THNX2)
REFUSED	....	r (THNX2)

(F16=08)
F16_Other. How is CP2 related to {you/(NAME)}?

        <OPEN>_____

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

> **PROGRAMMER: IF E1b AND E9b =01, d, OR r, GO TO THNX1, ELSE GO TO THNX2.**

(E1b AND E7B = 00, d, OR r)
THNX1. Thank you very much for your time. I will refer {your/(NAME'S)} case to the AB Demonstration office so that someone can contact {you/him/her} and arrange to have {you/him/her} meet with a care manager and/or an employment counselor. Best wishes to {you/(NAME)}.

THNX2. That was my last question. Thanks very much for your time. Best wishes to {you/(NAME)}.