
July 28, 2015

Julie Wise
Office of Management and Budget
725 17th Street, N.W.
Washington, DC 20503

Dear Julie Wise:

The Medicare Current Beneficiary Survey (MCBS) Questionnaire Testing and Methodological Research team (OMB No. 0938-1275, exp. 05/31/2018) plans to conduct a cognitive interviewing study to test questions on sexual and gender identity status (LGBT). We propose to start recruiting participants as soon as we receive OMB approval. Our contractor, NORC at the University of Chicago, has also submitted this protocol to the NORC Institutional Review Board for its approval. Our schedule calls for NORC to begin cognitive interviews in July 2015 so timely approval of this letter would be much appreciated.

Background Information about Cognitive Testing of Questionnaires

The methodological design of this proposed study is consistent with the design of typical cognitive testing research. As you know, the purpose of cognitive testing is to obtain information about the processes people use to answer survey questions as well as to identify any potential problems in the questions. The analysis will be qualitative.

Proposed project: MCBS Cognitive Interviewing Study in English and Spanish

It is important to the CMS Office of Enterprise Data and Analytics (OEDA) and the CMS Office of Minority Health (OMH) to understand correlates of health disparities, including among minority groups such as LGBT individuals. Given these priorities, the MCBS will benefit from cognitive interviewing to test measures of sexual identity and gender identity, and measure health care access, utilization, and outcomes. Based on review and analysis and discussions with CMS, NORC will be testing a single sexual identity question (similar to that approved by OMB for use by the National Center for Health Statistics (NCHS) on the National Health Interview Survey (NHIS)) and a two part gender identity question used on the California Health Interview Survey (CHIS) to the MCBS. The objectives of the cognitive interviews are to evaluate the LGBT survey items and refine them for use in the MCBS.

The testing procedure conforms to the cognitive interviewing techniques that have been described in the MCBS Questionnaire Testing and Methodological Research generic OMB clearance package (No. 0938-1275, exp. 05/31/2018).

We propose to conduct the cognitive testing in two phases. In the first phase, we will recruit up to 30 participants who are Medicare beneficiaries aged 18 and over, with roughly 20 of the interviews conducted with heterosexual individuals and 10 of the interviews conducted with LGBT individuals. At least 3 to 5 each of the interviews with each group will be conducted in Spanish. Following the completion of the 30 interviews, we will assess the results of the cognitive testing and, if needed, make changes to the cognitive interview protocol. In particular, we will review the results of the first round of Spanish interviews to identify any language-specific issues, make any necessary changes to the protocol, and conduct up to an additional 30 Spanish interviews if needed. Thus, we are requesting approval to conduct a maximum of 60 cognitive interviews to test these questions.

The English testing materials are included in Attachments A through G and described below. For the Spanish version of the Cognitive Interview Protocol, we have used the current Spanish translations of the MCBS questionnaire items, as well as the existing Spanish translations of the NHIS sexual identity question and CHIS gender identity questions. The Spanish version of the Cognitive Interview Protocol is contained in Attachment H below.

As NORC has done successfully with other studies similar in scope to this, recruitment will be carried out through senior centers, health clinics, community centers, organizations with LGBT focus/members, Craigslist, and through community networks. NORC staff will use personal and professional contacts to spread word about the interviews among acquaintances with older family members who may be eligible for the study. In addition, NORC staff will attempt to reach eligible participants in venues that host events for older adults, such as libraries and community centers; NORC will also try to obtain permission to recruit at senior living centers. Please note that family members of NORC staff are not eligible to participate in this study. The Recruitment Script, Recruitment Message, and Frequently Asked Questions are contained in Attachments A, B, and C. The Eligibility Screener Questionnaire to determine eligibility of interested participants is contained in Attachment D. Administration of the screener questionnaire is estimated at 5 minutes.

The cognitive interviews will be conducted in-person at NORC's Chicago offices with the individual participant and an interviewer for no more than 60 minutes. After participants have been briefed on the purpose of the study and the procedures that NORC routinely takes to protect human subjects, participants will be asked to read (or have read to them) and sign the Participant Consent Form contained in Attachment E. The interviews will be audio recorded to allow researchers to ensure the quality of their interview notes.

The interviewer will then ask the participant to confirm that he/she understands the information in the Participant Consent Form, and then state that we would like to record the interview. The recorder will be turned on once it is clear that the procedures are understood and agreed upon. The interviewer will then administer the Cognitive Interview Protocol contained in Attachment F.

The cognitive interview will be structured into two parts:

- The first portion of the interview will focus on testing the addition of the single NHIS identity question and the two-part gender identity question, which will be integrated into the demographics section of the MCBS survey. This will be administered via a paper-and-pencil instrument. This will take approximately 40 minutes.
- The remaining portion of the survey will contain an informal debriefing which will explore respondent's views of sexual and gender identity, including whether the questions are sensitive, and how comfortable the respondent is when talking to the interviewer about sexual orientation measures. The debriefing will also seek to learn more about Medicare beneficiaries' familiarity with and understanding of transgender. This will take approximately 20 minutes.

Volunteers for this study will need to provide their own transportation to the training location. Study participants will receive the federal statistical agency standard incentive of \$40 (cash) for the one hour cognitive interview. This level was set by the federal statistical agencies to defer some of the expenses associated with traveling and other incidental expenses. We note that the \$40 may only partially defer the cost of travel from downtown and surrounding Chicago suburbs.

- a. By public transit (two trains and a taxi): approximately \$40 round trip.
- b. By taxi: approximately \$80 round trip
- c. By car: approximately \$23 round trip, using the government reimbursement rate of \$.575 for a 40 mile round trip average. Parking would be an additional \$40 per day.

NORC has conducted thousands of cognitive interviews in our Chicago offices and knows from experience that we will not be able to recruit a diverse group of participants if we cannot offer an

incentive that includes deferring some of the travel expenses. Following completion of the interview, participants will each receive \$40 cash and will sign the Participant Receipt Form contained in Attachment G.

Audio recordings and paperwork from the interviews will be stored in secured locked cabinets at NORC's offices and will be destroyed in accordance with Disposition Authority N1-440-95-1, Item 5b.

In total, for this project, the maximum respondent burden will be 66 hours. A burden table for this project is shown below:

Projects	Number of Participants	Number of Responses/ Participant	Average hours per response	Response burden
Eligibility Screener Questionnaire - Medicare Beneficiaries	60	1	0.10	6
2) Cognitive Testing Interview - Medicare Beneficiaries	60	1	1.0	60

If you have any questions or would like to discuss this request, please do not hesitate to contact the CMS Project Contract Officer's Representative, William Long, at 410-786-7927 or by email at william.long@cms.hhs.gov.

Attachments:

- A- Recruitment Message
- B- Recruitment Script
- C- Medicare Beneficiary Study Frequently Asked Questions
- D- Eligibility Screener Questionnaire
- E- Participant Consent Form
- F- Cognitive Interview Protocol
- G- Participant Receipt Form
- H - Spanish Cognitive Interview Protocol

Attachment A: Recruitment Message

On behalf of the Centers for Medicare and Medicaid Services (CMS), NORC at the University of Chicago is conducting research to improve the Medicare Current Beneficiary Survey (MCBS). CMS sponsors the MCBS, a nationally representative survey of Medicare beneficiaries. The MCBS collects information on health status, sources of health care, satisfaction with care, and health care expenditures of Medicare beneficiaries. NORC is working on improving the survey by testing new questions that may add important information about health disparities among small population groups. The question topics range from access to health care and usual sources of care, to basic demographic questions such as race, and education. We are inviting Medicare beneficiaries to participate in an interview; the interview involves first completing the survey and talking with the interviewer about some of the survey items. Hearing what Medicare beneficiaries have to say about the survey will help us to improve the questions. If you are eligible and choose to participate, you will receive \$40 as an incentive for participating in this study. If you are interested in learning more, please contact the Study Coordinator, NAME at NAME@norc.org.

Attachment B: Recruitment Script

Hello. My name is [NAME] and I work for NORC at the University of Chicago. I'm calling about your interest in the Medicare Current Beneficiary Study. Is this a good time?

[IF YES] Let me tell you a little bit about what we are going to do and then you can let me know if you are still interested. First, are you 18 years or older? [IF NO, let individual know we are only interviewing people aged 18 or older and thank them for interest]

[IF YES] We are conducting this study to improve the way information is collected for the Medicare Current Beneficiary Survey (MCBS), which is a survey sponsored by the Centers for Medicare and Medicaid Services. The MCBS is a national survey of Medicare beneficiaries in the United States. It collects information on health status, sources of health care, satisfaction with care, and health care expenditures.

If you agree to participate in this interview, we will ask you to answer survey questions asked by a NORC staff member. After you complete the questionnaire, the interviewer will ask you some questions about the survey as well as your understanding of survey concepts that will help us improve the questionnaire. Some people may view some questions as sensitive – the questions you will be asked range from access to health care and usual source of care to demographic questions such as race, and education. The interview will take no more than 60 minutes. You will receive \$40 as an incentive for participating in this survey.

Would you like to participate?

➡ [IF YES] Great. I am going to ask you a few background questions to confirm your eligibility. Then we can schedule an appointment time for you. → GO TO ELIGIBILITY SCREENER QUESTIONNAIRE

➡ [IF NO] That's okay. We appreciate your interest. But for research purposes, we would like to know why you choose not to participate. NOTE TO RECRUITER: IF POTENTIAL RESPONDENT DECIDES AFTER HEARING ABOUT THE STUDY THAT HE/SHE DOES NOT WANT TO PARTICIPATE, ASK WHY NOT AND OFFER TO ANSWER QUESTIONS. RECORD THE RESPONDENT'S REASONS FOR NOT PARTICIPATING BELOW:

Thank you. Have a nice day.

Notes:

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1275. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE or William Long at 410-786-7927.**

Attachment C: Medicare Beneficiary Study Frequently Asked Questions

What is the MCBS?

The Medicare Current Beneficiary Survey (MCBS) is a national survey of Medicare beneficiaries in the United States and Puerto Rico. It collects information on health status, sources of health care, satisfaction with care, and health care expenditures.

What is the study about?

This study is being conducted on behalf of the Centers for Medicare and Medicaid Services (CMS) to try to improve the way information is collected for the MCBS.

What is the Centers for Medicare and Medicaid Services (CMS)?

CMS is a federal agency that is part of the United States Department of Health and Human Services. CMS administers the Medicare, Medicaid, and Child Health Insurance programs as well as the Health Insurance Marketplace. For more information about CMS, please visit the website www.cms.gov.

Why are you testing new questions?

Studying the ways people use the healthcare system in the U.S. population has been a long-standing goal of the U.S. government and in particular the Department of Health and Human Services (DHHS). Your participation in this study will help to improve how these data are collected and analyzed for the MCBS.

Who is NORC?

NORC is a not-for-profit social science research organization affiliated with the University of Chicago. NORC is conducting this study on behalf of the Centers for Medicare and Medicaid Services. You can learn more about NORC at its website, www.norc.org, or by contacting the Study Director, Susan Schechter at schechter-susan@norc.org.

Do I have to participate?

Participation by respondents is voluntary. You may choose whether or not you want to be in this study. If you decide to be in the study, you may choose to skip any question you do not want to answer or stop participating at any time. Your Medicare benefits will not be affected in any way by your decision whether to participate.

Will I receive an incentive for participating?

An incentive of \$40 will be provided to the Medicare beneficiary for participating in the study.

How long will the study take?

The interview will take about one hour.

Why should I participate?

We are testing a new version of the MCBS questionnaire. Input from beneficiaries on how the new questionnaire is working will help improve the data we collect. By participating in this study you can help make sure that CMS collects the most complete and accurate data possible on the experiences of Medicare beneficiaries.

Who do I contact if I have questions about my rights as a study participant?

If you have any questions regarding your rights as a study participant, you may call the NORC IRB Manager, toll-free, at 866-309-0542.

How is my privacy protected?

Your answers will always be kept private, and none of the information that you provide will be used for any purpose other than research. Your name or any information that could identify you will never be used.

What information will be shared with the government/with CMS?

Your name will not be associated with any of the responses you give to the survey questions, and we will not provide the names of any participants to CMS. CMS will receive information about this study in a form that will not lead to the identification of any participants.

Attachment D: Eligibility Screener Questionnaire

PARTICIPANT NUMERIC IDENTIFIER: _____

1. Are you male or female?
 1. MALE
 2. FEMALE

2. I need to confirm, do you receive health insurance through Medicare?
 1. YES
 2. NO→ I am sorry, but only people who receive insurance through Medicare are eligible for this study.

READ IF NECESSARY: Do you have a Medicare card? Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease. Medicare Part A includes coverage for hospital stays and Part B includes coverage for doctor's services. Part C, Medicare Advantage Plans, is offered through private insurance companies under contract with Medicare. Some people opt to add on Part D, which is prescription drug coverage.

3. Would you be able to come in person to one of our offices in Chicago, either downtown or in Hyde Park, to complete an interview?
 1. YES, DOWNTOWN OFFICE
 2. YES, HYDE PARK
 3. NO→FIND OUT WHERE RESPONDENT WOULD LIKE TO BE INTERVIEWED; WE WILL DETERMINE IF TRAVEL ARRANGEMENTS CAN BE MADE; CONTINUE SCREENING.

4. How old are you?

_____ years

5. What is the highest degree or level of school you have completed?
 1. NO SCHOOLING COMPLETED
 2. NURSERY SCHOOL TO 8TH GRADE
 3. 9TH-12TH GRADE, NO DIPLOMA
 4. HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT)
 5. VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND THE HIGH SCHOOL LEVEL)
 6. SOME COLLEGE, BUT NO DEGREE
 7. ASSOCIATE DEGREE
 8. BACHELOR'S DEGREE
 9. MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE
 10. DON'T KNOW
 11. REFUSED

6. Are you of Hispanic, Latino, or Spanish origin?
 1. YES
 2. NO

7. What is your race? Please choose one or more.
 1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or other Pacific Islander
 5. White
 6. DON'T KNOW
 7. REFUSED

8. Do you, personally, identify as lesbian, gay, bisexual, or transgender?
 1. Yes
 2. No

[IF RESPONDENT ASKS WHAT TRANSGENDER MEANS:

SOME PEOPLE DESCRIBE THEMSELVES AS TRANSGENDER WHEN THEY EXPERIENCE A DIFFERENT GENDER IDENTITY FROM THEIR SEX AT BIRTH. FOR EXAMPLE, A PERSON BORN INTO A MALE BODY, BUT WHO FEELS FEMALE OR LIVES AS A WOMAN WOULD BE TRANSGENDER. SOME TRANSGENDER PEOPLE CHANGE THEIR PHYSICAL APPEARANCE SO THAT IT MATCHES THEIR INTERNAL GENDER IDENTITY. SOME TRANSGENDER PEOPLE TAKE HORMONES AND SOME HAVE SURGERY.]

We would like to audio-record the interview so that we may review our conversation as we prepare a summary of our findings. Is this OK with you? [NOTE TO RECRUITER: THIS QUESTION IS NOT MEANT TO ASK FOR CONSENT. RESPONDENTS WILL BE ASKED AGAIN ABOUT RECORDING DURING THE CONSENT PROCESS. THEY WILL HAVE THE OPPORTUNITY TO DECIDE NOT BE RECORDED AND STILL PARTICIPATE IN THE INTERVIEW. WE PREFER TO RECRUIT RESPONDENTS WHO ARE LIKELY TO CONSENT TO RECORDING.]

1. YES
2. NO

- Ok, let's schedule an appointment for you to come in for the interview.
- CONFIRM CONTACT INFORMATION AND SCHEDULE APPOINTMENT

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1275. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE or William Long at 410-786-7927.**

Attachment E: Participant Consent Form

PARTICIPANT NUMERIC IDENTIFIER: _____

The Centers for Medicare and Medicaid Services (CMS) is a federal agency that is part of the United States Department of Health and Human Services. CMS administers the Medicare program and conducts the Medicare Current Beneficiary Survey (MCBS), a national survey of Medicare beneficiaries in the United States. To assure that the MCBS obtains the best information possible, CMS sometimes conducts evaluations of the MCBS questionnaire.

You have volunteered to take part in a study to improve the MCBS. In order to have a complete record of your comments, with your permission, your interview session will be audio taped. The recording will be stored electronically on NORC’s secure servers and destroyed at the conclusion of the study. We plan to use the recording to verify our notes to improve the survey. Only staff directly involved in this research project will have access to the recording. Any quotes used in presentations and publications will not include any names or any information that could identify any participant.

Your participation in this interview is voluntary. Some questions include sensitive topics. You may skip questions or end the interview at any time. You will receive \$40 as an incentive for participating in this study. The information you provide is confidential, consistent with the Privacy Act of 1974. Your Medicare benefits will not be affected in any way by your decision whether to participate. The OMB control number for this study is OMB No. 0938-1275, expiration 05/31/2018.

For questions regarding research subjects’ rights, please contact the NORC IRB Administrator, toll-free at 866-309-0542.

I have volunteered to participate in this study, and I give permission for my tapes to be used for the purposes stated above.

Researcher’s Signature

Printed Name

Date

Participant’s Signature

Printed Name

Date

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1275. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE or William Long at 410-786-7927.**

Attachment F: Cognitive Interview Protocol

PARTICIPANT NUMERIC IDENTIFIER: _____

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1275. The time required to complete this information collection is estimated to average 60 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE or William Long at 410-786-7927.**

MATERIALS NEEDED FOR INTERVIEW

- INTERVIEWER PROTOCOL BOOKLET (THIS BOOKLET), WORKSHEET AND SHOWCARDS
- CONSENT FORM (TWO COPIES)
- ENVELOPE WITH \$40 CASH
- RECEIPT FORM
- DIGITAL RECORDER AND EXTRA BATTERIES
- PENS AND PENCILS

STEP 1: INFORMED CONSENT

PROVIDE RESPONDENT WITH A COPY OF THE INFORMED CONSENT FORM. ANSWER ANY QUESTIONS THE BENEFICIARY MAY HAVE, AND HAVE THE BENEFICIARY SIGN A SEPARATE FORM.

SIGNED CONSENT FORM COLLECTED

IF THE BENEFICIARY HAS CONSENTED TO RECORDING, START THE RECORDER.

STEP 2: COMPLETION OF THE QUESTIONNAIRE

The Medicare Current Beneficiary Survey (MCBS) asks Medicare beneficiaries about their health status, sources of health care, satisfaction with care, and health care expenditures. I will complete the survey by asking you questions. After we have finished the survey, I would like to talk with you about some of the questions in the survey. Getting your feedback on the questions will show me how to make the questions better.

STEP 3: DEBRIEFING

Now I would like to talk with you about some of the survey questions you just answered.

GENERAL PROBES: Suggested general neutral probing for issues that arise.

- How did you decide on that answer?
- Can you tell me more about that?
- Can you give me an example of that?
- Tell me what you are thinking.
- What did you think about when I asked that question?
- What did you think about in deciding on your answer?
- What doctors did you include when you answered this question?
- What does [QUESTION/TERM] mean to you?

COGNITIVE INTERVIEW SURVEY ITEMS AND PROBES

1.	<p>The first questions are about health care services you may have used in the past year.</p> <p>In the past year, did you go to a hospital emergency room?</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Observations:	
2.	<p>In the past year, did you go to a hospital clinic or outpatient department? DO NOT INCLUDE HOSPITAL INPATIENT STAYS.</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Observations:	
3.	<p>Next, I want to ask about your visits to doctors in the past year. Have you seen a medical doctor in the past year? Please do not include a doctor seen at home, at an emergency room or outpatient department, or while an inpatient at a hospital. [IF NECESSARY, SAY, 'Please look at show card AC1 for examples of types of medical doctors.']</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Observations:	
4.	<p>SHOW CARD AC1 [I have a few more questions about visits that you had in the past.] Think about the most recent time you saw a medical doctor somewhere other than at home or at a hospital. What was the doctor's specialty?</p> <p>[PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC'</p>

SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]

- (01) ALLERGY/IMMUNOLOGY
- (02) ANESTHESIOLOGY
- (03) CARDIOLOGY (HEART)
- (05) DERMATOLOGY (SKIN)
- (07) ENDOCRINOLOGY/METABOLISM (DIABETES,THYROID)
- (08) FAMILY PRACTICE
- (09) GASTROENTEROLOGY
- (10) GENERAL PRACTICE
- (11) GENERAL SURGERY
- (12) GERIATRICS (ELDERLY)
- (13) GYNECOLOGY - OBSTETRICS
- (14) HEMATOLOGY (BLOOD)
- (15) HOSPITAL RESIDENCE
- (16) INTERNAL MEDICINE (INTERNIST)
- (17) NEPHROLOGY (KIDNEYS)
- (18) NEUROLOGY
- (19) NUCLEAR MEDICINE
- (20) ONCOLOGY (TUMORS, CANCER)
- (21) OPHTHALMOLOGY (EYES)
- (22) ORTHOPEDICS
- (24) OSTEOPATHY (DO)
- (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT)
- (26) PATHOLOGY
- (27) PHYS MED/REHAB
- (28) PLASTIC SURGERY
- (29) PROCTOLOGY
- (30) PSYCHIATRY/PSYCHIATRIST
- (31) PULMONARY (LUNGS)
- (32) RADIOLOGY
- (33) RHEUMATOLOGY (ARTHRITIS)
- (34) THORACIC SURGERY (CHEST)
- (35) UROLOGY
- (91) OTHER DR SPECIALTY (SPECIFY _____)
- (-8) Don't Know
- (-9) Refused

Observations:

5. SHOW CARD SC1
We're interested in how you feel about the health care you have received over the past year from doctors and hospitals. Please tell me how satisfied you have been with the following:

The overall quality of the health care you have received over the past year.

	(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
Observations:	
6.	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The availability of health care at night and on weekends. (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
Observations:	
7.	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .] The ease and convenience of getting to a doctor from where you live. (01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused
Observations:	
8.	SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]

	<p>The out-of-pocket costs you paid for health care.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
9.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The information given to you about what was wrong with you.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
10.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The follow-up care you received after an initial treatment or operation.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
11.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p>

	<p>The concern of doctors for your overall health rather than just for an isolated symptom or disease.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
<p>12.</p>	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>Getting all your health care needs taken care of at the same location.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
<p>13.</p>	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The availability of care by specialists when you feel you need it.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>

Observations:

14. SHOW CARD SC1
[Please tell me how satisfied you have been with . . .]

The ease of obtaining answers to questions over the telephone about your treatment or prescriptions.

- (01) VERY SATISFIED
- (02) SATISFIED
- (03) DISSATISFIED
- (04) VERY DISSATISFIED
- (05) NOT APPLICABLE
- (-8) Don't Know
- (-9) Refused

Observations:

15. SHOW CARD SC1
[Please tell me how satisfied you have been with . . .]

The amount you have to pay for your prescribed medicines.

- (01) VERY SATISFIED
- (02) SATISFIED
- (03) DISSATISFIED
- (04) VERY DISSATISFIED
- (05) NOT APPLICABLE
- (-8) Don't Know
- (-9) Refused

Observations:

16. Please think about all of the health care services you receive, including services provided by doctors, hospitals and pharmacies.

What things, if anything, about the health care services you receive are you dissatisfied with?

- (01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING
- (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW)
- (-8) Don't Know
- (-9) Refused

RESPONDENT VERBATIM:

Observations:

17. Is there a particular medical person or a clinic you usually go to when you are sick or for advice about your health?

(01) YES
(02) NO →GO TO Q40

Observations:

18. What kind of place do you usually go to when you are sick or for advice about your health -- is that a managed care plan or HMO center, a clinic, a doctor's office, a hospital, or some other place?

IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic?
IF SOME OTHER PLACE, ASK: Where is this?

(01) DOCTOR'S OFFICE OR GROUP PRACTICE
(02) MEDICAL CLINIC
(03) MANAGED CARE PLAN CENTER/HMO
(04) NEIGHBORHOOD/FAMILY HEALTH CENTER
(05) FREESTANDING SURGICAL CENTER
(06) RURAL HEALTH CLINIC
(07) COMPANY CLINIC
(08) OTHER CLINIC
(09) WALK-IN URGENT CENTER
(10) DOCTOR COMES TO SP'S HOME
(11) HOSPITAL EMERGENCY ROOM
(12) HOSPITAL OUTPATIENT DEPARTMENT/CLINIC
(13) VA FACILITY
(14) MENTAL HEALTH CENTER
(91) OTHER (SPECIFY _____)
(-8) DON'T KNOW
(-9) REFUSED

Observations:

19. What is the complete name of the place that you go to? WRITE NAME ON WORKSHEET

Observations:	
20.	<p>Is there a particular doctor you usually see at this place?</p> <p>(01) YES (02) NO →GO TO Q24 (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
21.	<p>What is the complete name of that doctor? WRITE NAME ON WORKSHEET</p>
Observations:	
22.	<p>SHOW CARD AC1 What is (PROVIDER NAME FROM Q21)'s specialty?</p> <p>[PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]</p> <p>(01) ALLERGY/IMMUNOLOGY (02) ANESTHESIOLOGY (03) CARDIOLOGY (HEART) (05) DERMATOLOGY (SKIN) (06) EMERGENCY ROOM PHYSICIAN (07) ENDOCRINOLOGY/ METABOLISM (DIABETES, THYROID) (08) FAMILY PRACTICE (09) GASTROENTEROLOGY (10) GENERAL PRACTICE (11) GENERAL SURGERY (12) GERIATRICS (ELDERLY) (13) GYNECOLOGY - OBSTETRICS (14) HEMATOLOGY (BLOOD) (15) HOSPITAL RESIDENCE (16) INTERNAL MEDICINE (INTERNIST) (17) NEPHROLOGY (KIDNEYS)</p>

	(18) NEUROLOGY (19) NUCLEAR MEDICINE (20) ONCOLOGY (TUMORS, CANCER) (21) OPHTHALMOLOGY (EYES) (22) ORTHOPEDICS (24) OSTEOPATHY (DO) (25) OTORHINOLARYNGOLOGY (EAR, NOSE, THROAT) (26) PATHOLOGY (27) PHYS MED/REHAB (28) PLASTIC SURGERY (29) PROCTOLOGY (30) PSYCHIATRY/PSYCHIATRIST (31) PULMONARY (LUNGS) (32) RADIOLOGY (33) RHEUMATOLOGY (ARTHRITIS) (34) THORACIC SURGERY (CHEST) (35) UROLOGY (91) OTHER DR SPECIALTY (-8) DON'T KNOW (-9) REFUSED
--	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Observations:

23.	OTHER DR SPECIALTY (SPECIFY) _____
-----	------------------------------------

24.	Do you usually have someone accompany you there? (01) YES (02) NO →GO TO Q28 (-8) DON'T KNOW (-9) REFUSED
-----	---------------------------------------------------------------------------------------------------------------------------

Observations:

25.	Who usually goes with you? (SPECIFY)_____
-----	--------------------------------------------------

Observations:

26. How often is [RESPONSE FROM Q25] with you while you see the doctor or other medical person? Would you say always, sometimes, or never?

(01) ALWAYS
(02) SOMETIMES
(03) NEVER
(-8) DON'T KNOW
(-9) REFUSED

Observations:

27. What are the reasons this person accompanies you there? What does this person do?

[PROBE: Any other reason?]
CHECK ALL THAT APPLY.

(01) WRITES DOWN WHAT DOCTOR SAYS/RECORDS INSTRUCTIONS/TAKES NOTES/REMEMBERS
(02) GIVES INFORMATION/EXPLAINS SP'S MEDICAL CONDITION OR NEEDS TO THE DOCTOR
(03) EXPLAINS DOCTOR'S INSTRUCTIONS TO SP
(04) ASKS QUESTIONS
(05) TRANSLATES LANGUAGE
(06) SCHEDULES APPOINTMENTS
(07) NOTHING/KEEPS SP COMPANY/SITS WITH SP/MORAL SUPPORT
(08) TRANSPORTATION
(09) SP NEEDS PHYSICAL ASSISTANCE
(91) OTHER (SPECIFY _____)
(-8) DON'T KNOW
(-9) REFUSED

Observations:

28. SHOW CARD US1

How long have you been seeing (PROVIDER NAME FROM Q21)/going to (PLACE NAME FROM Q19)]?

(01) LESS THAN 1 YEAR
(02) 1 YEAR TO LESS THAN 3 YEARS
(03) 3 YEARS TO LESS THAN 5 YEARS
(04) 5 YEARS TO LESS THAN 10 YEARS
(05) 10 YEARS OR MORE
(-8) DON'T KNOW
(-9) REFUSED

Observations:

29.	<p>SHOW CARD US3</p> <p>Now I am going to read some statements people have made about their health care. Think about the care you receive from (PROVIDER NAME FROM Q21/ PLACE NAME FROM Q19). For each statement, please tell me whether you strongly agree, agree, disagree, or strongly disagree.</p> <p>[(PROVIDER NAME FROM Q21) is/The doctors at (PLACE NAME FROM Q19) are] very careful to check everything when examining you.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
30.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) is/The doctors at (PLACE NAME FROM Q19) are] competent and well-trained.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
31.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) has/The doctors at (PLACE NAME FROM Q19) have] a complete understanding of the things that are wrong with you.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE</p>

	<p>(-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
32.	<p>SHOW CARD US3 [(PROVIDER NAME FROM Q21) often seems/The doctors at (PLACEFROM Q19) often seem] to be in a hurry.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
33.	<p>SHOW CARD US3</p> <p>[Think about the care you receive from [(PROVIDER NAME FROM Q21)/(PLACE NAME FROM Q19)].]</p> <p>[(PROVIDER NAME FROM Q21) often does/The doctors at (PLACE NAME FROM Q19) often do] not explain your medical problems to you.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
34.	<p>SHOW CARD US3 You often have health problems that should be discussed but are not.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE</p>

	<p>(05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
35.	<p>SHOW CARD US3 [(PROVIDER NAME FROM Q21) often acts/The doctors at (PLACE NAME FROM Q19) often act] as though [(he/she) was/they were] doing you a favor by talking to you.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
36.	<p>SHOW CARD US3 [(PROVIDER NAME FROM Q21) tells/The doctors at (PLACE NAME FROM Q19) tell] you all you want to know about your condition and treatment.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
37.	<p>SHOW CARD US3 [(PROVIDER NAME FROM Q21) answers/The doctors at (PLACE NAME FROM Q19) answer] all your questions.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know</p>

	(-9) Refused
Observations:	
38.	<p>SHOW CARD US3</p> <p>[Think about the care you receive from (PROVIDER NAME FROM Q21)/PROVIDER NAME FROM PLACE].]</p> <p>You have great confidence in [(PROVIDER NAME FROM Q21)/the doctors at (PLACE NAME FROM Q19)].</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
39.	<p>SHOW CARD US3</p> <p>You depend on [(PROVIDER NAME FROM Q21)/the doctors at (PLACE NAME FROM Q19)] in order to feel better both physically and emotionally.</p> <p>(01) STRONGLY AGREE (02) AGREE (03) DISAGREE (04) STRONGLY DISAGREE (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p> <p>ALL RESPONSES →GO TO Q47</p>
Observations:	
40.	<p>[IF NO USUAL SOURCE OF CARE]</p> <p>I am going to read some reasons that people have given for not having a usual source of health care. For each one, please tell me whether or not it is a reason you do not have a usual place for health care.</p>

	<p>There is no reason to have a usual source of health care because you seldom or never get sick. [Is that a reason you do not have a usual source of health care?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
41.	<p>You recently moved into the area. [Is that a reason you do not have a usual source of health care?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
42.	<p>Your usual source of health care in this area is no longer available. [Is that a reason you do not have a usual source of health care?]</p> <p>(01) YES (02) NO →GO TO Q44 (-8) DON'T KNOW →GO TO Q44 (-9) REFUSED →GO TO Q44</p>
Observations:	
43.	<p>Why is your usual source of health care no longer available?</p> <p>(01) PREVIOUS DOCTOR RETIRED (02) PREVIOUS DOCTOR DIED (03) PREVIOUS DOCTOR MOVED (04) RESPONDENT MOVED (05) PREVIOUS DR/PLACE TOO FAR AWAY (91) OTHER (SPECIFY _____) (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	

44.	<p>Thinking about other possible reasons that people have for not having a usual source of health, please tell me if this statement applies to you:</p> <p>You like to go to different places for different health care needs. [Is that a reason you do not have a usual source of health care?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
45.	<p>The places where you can receive health care are too far away. [Is that a reason you do not have a usual source of health care?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
46.	<p>The cost of health care is too expensive. [Is that a reason you do not have a usual source of health care?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
47.	<p>I would like to get a little information about your background. Are you of Hispanic, Latino, or Spanish origin?</p> <p>(01) YES (02) NO →GO TO Q49 (-8) Don't Know →GO TO Q49 (-9) Refused →GO TO Q49</p>
Observations:	

48. SHOW CARD DI1
 Looking at this card, are you Mexican, Mexican American, or Chicano/Chicana, Puerto Rican, Cuban, or of another Hispanic, Latino/Latina or Spanish origin?

CHECK ALL THAT APPLY.

(01) MEXICAN/MEXICAN AMERICAN/CHICANO(A)
 (02) PUERTO RICAN
 (03) CUBAN
 (91) OTHER HISPANIC, LATINO(A), OR SPANISH ORIGIN (SPECIFY _____)
 (-8) Don't Know
 (-9) Refused

Observations:

49. SHOW CARD DI2
 Looking at this card, what is your race?

[ASK IF NECESSARY: Are there any options from this card that you would like me to record?]

(01) AMERICAN INDIAN OR ALASKA NATIVE
 (02) ASIAN
 (03) BLACK OR AFRICAN AMERICAN
 (04) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 (05) WHITE
 (-8) Don't Know
 (-9) Refused

IF RACE INCLUDES ASIAN, GO TO Q50.

ELSE IF RACE INCLUDES NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, GO TO Q51.
 ELSE GO TO Q52.

Observations:

50. SHOW CARD DI3
 Looking at this card, are you Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group?

You can choose more than one group.
 CHECK ALL THAT APPLY.

(01) ASIAN INDIAN
 (02) CHINESE
 (03) FILIPINO

(04) JAPANESE
(05) KOREAN
(06) VIETNAMESE
(91) OTHER ASIAN GROUP (SPECIFY _____)
(-8) Don't Know
(-9) Refused

IF RACE AT Q49 INCLUDES NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, GO TO Q51.
ELSE GO TO Q52.

Observations:

51. SHOW CARD DI4

Looking at this card, are you Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group?

You can choose more than one group.
CHECK ALL THAT APPLY.

(01) NATIVE HAWAIIAN
(02) GUAMANIAN OR CHAMORRO
(03) SAMOAN
(91) OTHER PACIFIC ISLANDER GROUP (SPECIFY _____)
(-8) Don't Know
(-9) Refused

Observations:

52. SHOW CARD DI5

[FOR MALE RESPONDENTS]
Which of the following best represents how you think about yourself?
(01) Gay
(02) Straight, that is, not gay
(03) Bisexual
(04) Something else
(05) I don't know how to answer
(-9) Refused

[FOR FEMALE RESPONDENTS]
Which of the following best represents how you think about yourself?
(01) Lesbian or Gay
(02) Straight, that is, not lesbian or gay

(03) Bisexual
(04) Something else
(05) I don't know how to answer
(-9) Refused

Probes

- What did you think about when I asked that question?
- What did you think about in deciding on your answer?
- How did you decide on that answer?
 - Can you tell me more about that?
- Did you have any trouble deciding on that answer?
 - If YES, What were you concerned about?
- Were there any words that you were uncertain about?
 - Which ones?
 - How did this affect your answer?
- What does [Bisexual] mean to you?
- [IF R ANSWERED: SOMETHING ELSE:]
 - What else would best represent how you think about yourself?
- [IF R ANSWERED: I don't know how to answer:]
 - What makes it difficult for you to answer this question?

Note to Interviewers

How does the R interpret these questions and decide on their answer? Are there terms or words that cause any confusion? Even if there are words that they were uncertain about how did they decide which answer to give? For example, some respondents may not be sure about "straight" or "bisexual". What process did they use to decide which response to give? If they said that "don't know," what would they want to know to be able to choose a response?

Observations:

53. What sex were you assigned at birth, on your original birth certificate?

(01) FEMALE
(02) MALE

Observations:

54. SHOW CARD DI6
How do you describe yourself? (select one)

(01) Female

- (02) Male
- (03) Transgender
- (04) Do not identify as female, male, or Transgender

Probes

- What did you think about when I asked that question?
- What did you think about in deciding on your answer?
- How did you decide on that answer?
 - o Can you tell me more about that?
- Did you have any trouble deciding on that answer?
 - o If YES, What were you concerned about?
- Were there any words that you were uncertain about?
 - o Which ones?
 - o How did this affect your answer?
- IF R ANSWERED “Do not identify as female, male, or Transgender”:
 - o How do you describe yourself?
 - o Is there some other term that you would use?
- What does [Transgender] mean to you?

Note to Interviewers

How does the R interpret these questions and decide on their answer? Are there terms or words that cause any confusion? Even if there are words that they were uncertain about how did they decide which answer to give? For example, some respondents may not be sure about “Transgender”. What process did they use to decide which response to give? If they said that “don’t know,” what would they want to know to be able to choose a response?

Observations:

55. The next two questions are about education and income.

SHOW CARD DI7

What is the highest degree or level of school you have completed?
 [IF THE SAMPLE PERSON ATTENDED SCHOOL IN A FOREIGN COUNTRY, IN AN UNGRADED SCHOOL, HOME SCHOOLING, OR UNDER OTHER UNIQUE CIRCUMSTANCES, REFER THE RESPONDENT TO THE SHOWCARD AND ASK FOR THE NEAREST EQUIVALENT.]

- (01) NO SCHOOLING COMPLETED
- (02) NURSERY SCHOOL TO 8TH GRADE
- (03) 9TH-12TH GRADE, NO DIPLOMA
- (04) HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR THE EQUIVALENT)
- (05) VOCATIONAL/TECHNICAL/BUSINESS/TRADE SCHOOL CERTIFICATE OR DIPLOMA (BEYOND

THE HIGH SCHOOL LEVEL)
(06) SOME COLLEGE, BUT NO DEGREE
(07) ASSOCIATE DEGREE
(08) BACHELOR'S DEGREE
(09) MASTER'S, PROFESSIONAL OR DOCTORATE DEGREE
(-8) Don't Know
(-9) Refused

Observations:

56. SHOW CARD DI8

Looking at this card, which letter best represents your total income before taxes during the past 12 months? Include income from jobs, Social Security, Railroad Retirement, other retirement income, and the other sources of income we just talked about.

[EXPLAIN IF NECESSARY: Income is important in analyzing the information we collect. For example, this information helps us learn whether persons in one income group use certain types of medical care services or have certain medical conditions more or less often than those in another group.]

(01) A. Less than \$5,000
(02) B. \$5,000 - 9,999
(03) C. \$10,000 - 14,999
(04) D. \$15,000 - 19,999
(05) E. \$20,000 - 24,999
(06) F. \$25,000 - 29,999
(07) G. \$30,000 - 39,999
(08) H. \$40,000 - 49,999
(09) I. \$50,000 or more
(-8) Don't Know
(-9) Refused

Observations:

Attachment G: Participant Receipt Form

**National Opinion Research Center (NORC)
Participant Receipt Form**

Instructions: Please check box below. Sign your name indicating you have read this Receipt and have received \$40 as an incentive for participating in this survey.

I have received \$40.00 (cash) from an NORC staff member as an incentive for participating in this survey.

Participant Signature

|_|_|_|_| | |_|_|_|_|_| | |_|_|_|_|_|
Month Day Year

Attachment H: Spanish Cognitive Interview Protocol

PARTICIPANT NUMERIC IDENTIFIER: _____

PRA Disclosure Statement

Según lo establece la Ley de Reducción del Papeleo de 1995, ninguna persona tiene obligación de responder a un pedido de información si el mismo no tiene un número de control de OMB que esté vigente. El número de control de OMB vigente para este pedido de información es 0938-1275. Se calcula que el tiempo necesario para completar este pedido de información es de 60 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, buscar fuentes existentes de datos, juntar los datos necesarios, y completar y revisar el pedido de información. Si tiene comentarios con respecto al cálculo de tiempo o sugerencias para mejorar este formulario, por favor escriba a: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Por favor no envíe solicitudes, reclamos, pagos, expedientes médicos ni ningún otro documento que contenga información privilegiada a la Oficina 'PRA Reports Clearance'. Por favor note que cualquier correspondencia que no tenga que ver con el tiempo de obtención de información aprobado bajo el número de control de OMB que aparece en este formulario no será revisada, reenviada, ni retenida. Si tiene alguna pregunta o inquietud sobre dónde enviar sus documentos, por favor contacte a 1-800-MEDICARE o a William Long llamando al 410-786-7927.**

MATERIALS NEEDED FOR INTERVIEW

- INTERVIEWER PROTOCOL BOOKLET (THIS BOOKLET), WORKSHEET AND SHOWCARDS
- CONSENT FORM (TWO COPIES)
- ENVELOPE WITH \$40 CASH
- PAYMENT RECEIPT FORM
- DIGITAL RECORDER AND EXTRA BATTERIES
- PENS AND PENCILS

STEP 1: INFORMED CONSENT

PROVIDE RESPONDENT WITH A COPY OF THE INFORMED CONSENT FORM. ANSWER ANY QUESTIONS THE BENEFICIARY MAY HAVE, AND HAVE THE BENEFICIARY SIGN A SEPARATE FORM.

SIGNED CONSENT FORM COLLECTED

IF THE BENEFICIARY HAS CONSENTED TO RECORDING, START THE RECORDER.

STEP 2: COMPLETION OF THE QUESTIONNAIRE

La Encuesta de los Beneficiarios Actuales de Medicare (MCBS por sus siglas en inglés) hace preguntas a los beneficiarios de Medicare sobre el estado de salud, las fuentes de atención médica, la satisfacción con los servicios y los gastos en la atención de la salud. Después que hayamos terminado la encuesta,

me gustaría conversar con usted sobre alguna de las preguntas de la encuesta. Saber sus comentarios nos ayudará a mejorar las preguntas.

STEP 3: DEBRIEFING

Ahora me gustaría hablar con usted sobre algunas de las preguntas de la encuesta que acaba de responder.

GENERAL PROBES: Suggested general neutral probing for issues that arise.

- ¿Cómo decidió qué responder?
- ¿Puede contarme un poco más sobre eso?
- ¿Podría darme un ejemplo?
- Dígame qué está pensando.
- ¿En qué estaba pensando cuando le hice esa pregunta?
- ¿En qué estaba pensando cuando decidió dar esa respuesta?
- ¿A qué doctores incluyó cuando respondió esta pregunta?
- ¿Qué quiere decir para usted [QUESTION/TERM]?

COGNITIVE INTERVIEW SURVEY ITEMS AND PROBES

57.	<p>Las siguientes preguntas son sobre servicios de cuidado de salud que usted puede haber usado durante el año pasado.</p> <p>Durante el año pasado, ¿fue usted a la sala de emergencias de un hospital?</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Observations:	
58.	<p>Durante el año pasado, ¿fue usted a la clínica o departamento de pacientes externos o ambulatorios de un hospital?</p> <p>NO INCLUYA HOSPITALIZACIONES.</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Observations:	
59.	<p>A continuación, quiero preguntarle sobre sus visitas a médicos en el último año.</p> <p>¿Ha visto usted un médico durante el año pasado? Por favor no incluya médicos que haya visto en el hogar, en una sala de emergencia, departamento de pacientes externos o ambulatorios, o mientras era un paciente interno en un hospital.</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
Observations:	
60.	<p>SHOW CARD AC1</p> <p>Tengo unas preguntas más sobre las visitas que usted ha tenido en el pasado.</p>

Piense acerca de la vez más reciente en que usted vio un médico en algún lugar distinto al hogar u hospital. ¿Cuál era la especialidad del médico?

[PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALTY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]

1. ALERGIA/INMUNOLOGÍA
2. ANESTESIOLOGÍA
3. CARDIOLOGIA (CORAZÓN)
5. DERMATOLOGÍA (PIEL)
6. MÉDICO DE SALA DE EMERGENCIA
7. ENDOCRINOLOGÍA/METABOLISMO (DIABETES, TIROIDE)
8. PRÁCTICA FAMILIAR
9. GASTROENTEROLOGÍA
10. PRÁCTICA GENERAL
11. CIRUGÍA GENERAL
12. GERIATRÍA (ENVEJECIENTES)
13. GINECOLOGÍA - OBSTETRICIA
14. HEMATOLOGÍA (SANGRE)
15. RESIDENCIA EN HOSPITAL
16. MEDICINA INTERNA (INTERNISTA)
17. NEFROLOGÍA (RIÑONES)
18. NEUROLOGÍA
19. MEDICINA NUCLEAR
20. ONCOLOGÍA (TUMORES, CÁNCER)
21. OFTALMOLOGÍA (OJOS)
22. ORTOPEDIA
24. OSTEOPATÍA
25. OTORRINOLARINGOLOGÍA
26. PATOLOGÍA
27. FISIOLOGÍA/REHABILITACIÓN
28. CIRUGÍA PLÁSTICA
29. PROCTOLOGÍA
30. PSIQUIATRÍA/PSIQUIATRA
31. PULMONAR (PULMONES)
32. RADIOLOGÍA
33. REUMATOLOGÍA (ARTRITIS)
34. CIRUGÍA DEL TÓRAX (PECHO)
35. UROLOGÍA
36. OTRA ESPECIALIDAD MÉDICA
- (91) OTHER DR SPECIALTY
- (-8) DON'T KNOW
- (-9) REFUSED

Observations:

61.	<p>SHOW CARD SC1</p> <p>Estamos interesados en saber qué piensa acerca de los servicios de salud que usted ha recibido durante el año pasado de los médicos y hospitales. Por favor dígame qué tan satisfecho(a) se ha sentido con lo siguiente:</p> <p>La calidad general de los servicios de salud que usted ha recibido durante el año pasado.</p> <ol style="list-style-type: none"> 1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE <p>(-8) Don't Know (-9) Refused</p>
Observations:	
62.	<p>SHOW CARD SC1</p> <p>[Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>La disponibilidad de los servicios de salud en la noche y los fines de semana.</p> <ol style="list-style-type: none"> 1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE <p>(-8) Don't Know (-9) Refused</p>
Observations:	
63.	<p>SHOW CARD SC1</p> <p>[Por favor dígame qué tan satisfecho(a) se ha sentido con lo siguiente:]</p> <p>La facilidad y conveniencia de llegar donde un médico desde donde usted vive.</p> <ol style="list-style-type: none"> 1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A)

	<p>5. NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
64.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>Los costos que usted paga de su propio dinero por los servicios de cuidado de salud.</p> <p>1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
65.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>La información que le dan a usted sobre lo que está mal con usted.</p> <p>1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
66.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>Los cuidados de seguimiento que usted recibe después de un tratamiento o cirugía inicial.</p> <p>1. MUY SATISFECHO(A) 2. SATISFECHO(A)</p>

	<p>3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
67.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>El interés de los médicos por su salud en general en lugar del interés sólo por un síntoma o enfermedad aislada.</p> <p>1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
68.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>Recibir el cuidado para todas sus necesidades de salud en el mismo lugar.</p> <p>1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
69.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>La disponibilidad de cuidado de salud de especialistas cuando usted piensa que los necesita.</p>

	1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused
Observations:	
70.	SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...] La facilidad para obtener respuestas por teléfono a preguntas sobre su tratamiento o medicinas. 1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused
Observations:	
71.	SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...] La cantidad que usted ha tenido que pagar por sus medicinas recetadas. 1. MUY SATISFECHO(A) 2. SATISFECHO(A) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused
Observations:	
72.	Por favor piense acerca de todos los servicios de cuidado de salud que usted recibe, incluyendo los servicios proporcionados por los médicos, hospitales y farmacias.

¿Con qué cosas, si hay algo, acerca de los servicios de salud que usted recibe, está insatisfecho(a)?

(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING
 (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW)
 (-8) Don't Know
 (-9) Refused

RESPONDENT VERBATIM:

Observations:

73. ¿Hay alguna persona de profesión médica o una clínica en particular a la cuál usted va habitualmente cuando está enfermo(a) o necesita consejo sobre su salud?

(01) YES
 (02) NO →GO TO Q40

Observations:

74. ¿A qué tipo de lugar va habitualmente usted cuando está enfermo(a) o necesita consejo sobre su salud -- es ése un centro de un plan de cuidado administrado o HMO, una clínica, el consultorio de un médico, un hospital o algún otro lugar?

IF CLINIC, ASK: ¿Es ésta una clínica de pacientes externos o ambulatorios, o algún otro tipo de clínica?
 IF SOME OTHER PLACE, ASK: ¿Dónde es esto?

(1) CONSULTORIO DE UN MÉDICO O PRÁCTICA DE GRUPO
 (2) CLÍNICA MÉDICA
 (3) CENTRO DE UN PLAN DE SERVICIOS DE CUIDADO ADMINISTRADO/HMO
 (4) CENTRO DE SALUD DEL VECINDARIO/FAMILIAR
 (5) CENTRO DE CIRUGÍA INDEPENDIENTE
 (6) CLÍNICA RURAL DE SALUD
 (7) CLÍNICA DE UNA COMPAÑÍA
 (8) OTRA CLÍNICA
 (9) CENTRO DE EMERGENCIAS
 (10) MÉDICO VA A LA CASA DE SP
 (11) SALA DE EMERGENCIA DE UN HOSPITAL
 (12) DEPARTAMENTO DE PACIENTES EXTERNOS O AMBULATORIOS DE UN HOSPITAL/CLÍNICA
 (13) ESTABLECIMIENTO DE LA ADMINISTRACIÓN DE VETERANOS (V.A.).

	<p>(14) CENTRO DE SALUD MENTAL (91) OTHER (SPECIFY _____) (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
75.	¿Cuál es el nombre completo del lugar al que usted va? WRITE NAME ON WORKSHEET
Observations:	
76.	<p>¿Hay un médico en particular que usted ve normalmente en este lugar?</p> <p>(01) YES (02) NO → GO TO Q24 (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
77.	¿Cuál es el nombre completo de ese médico? WRITE NAME ON WORKSHEET
Observations:	
78.	<p>SHOW CARD AC1 ¿Cuál es la especialidad de (PROVIDER NAME FROM Q21)?</p> <p>[PROBE FOR RESPONDENT TO SELECT A CHOICE FROM THE CARD IF THEY MENTION A 'GENERIC' SPECIALITY LIKE 'HEART DOCTOR.' IF RESPONDENT ONLY GIVES A 'GENERIC' SPECIALTY AND THE GENERIC WORD IS SHOWN IN PARENTHESES FOLLOWING ONE OF THE RESPONSES, SELECT THE RESPONSE CATEGORY FOR THAT SPECIALTY (E.G., 'CARDIOLOGY'). OTHERWISE SELECT 'OTHER DR SPECIALTY'.]</p> <p>1. ALERGIA/INMUNOLOGÍA 2. ANESTESIOLOGÍA 3. CARDIOLOGIA (CORAZÓN)</p>

	<p>5. DERMATOLOGÍA (PIEL) 6. MÉDICO DE SALA DE EMERGENCIA 7. ENDOCRINOLOGÍA/METABOLISMO (DIABETES, TIROIDE) 8. PRÁCTICA FAMILIAR 9. GASTROENTEROLOGÍA 10. PRÁCTICA GENERAL 11. CIRUGÍA GENERAL 12. GERIATRÍA (ENVEJECIENTES) 13. GINECOLOGÍA - OBSTETRICIA 14. HEMATOLOGÍA (SANGRE) 15. RESIDENCIA EN HOSPITAL 16. MEDICINA INTERNA (INTERNISTA) 17. NEFROLOGÍA (RIÑONES) 18. NEUROLOGÍA 19. MEDICINA NUCLEAR 20. ONCOLOGÍA (TUMORES, CÁNCER) 21. OFTALMOLOGÍA (OJOS) 22. ORTOPEDIA 24. OSTEOPATÍA 25. OTORRINOLARINGOLOGÍA 26. PATOLOGÍA 27. FISIOLOGÍA/REHABILITACIÓN 28. CIRUGÍA PLÁSTICA 29. PROCTOLOGÍA 30. PSIQUIATRÍA/PSIQUIATRA 31. PULMONAR (PULMONES) 32. RADIOLOGÍA 33. REUMATOLOGÍA (ARTRITIS) 34. CIRUGÍA DEL TÓRAX (PECHO) 35. UROLOGÍA 36. OTRA ESPECIALIDAD MÉDICA (91) OTHER DR SPECIALTY (-8) DON'T KNOW (-9) REFUSED</p>
<p>Observations:</p>	
<p>79.</p>	<p>OTHER DR SPECIALTY (SPECIFY) _____</p>
<p>80.</p>	<p>Normalmente, ¿tiene alguien que le acompañe a usted para ir ahí?</p> <p>(01) YES (02) NO →GO TO Q28 (-8) DON'T KNOW</p>

	(-9) REFUSED
Observations:	
81.	<p>¿Quién va normalmente con usted?</p> <p>(SPECIFY) _____</p>
Observations:	
82.	<p>¿Con qué frecuencia está esa persona con usted mientras está con el médico u otro personal médico? ¿Diría que siempre, algunas veces o nunca?</p> <p>(01) SIEMPRE (02) ALGUNAS VECES (03) NUNCA (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
83.	<p>¿Cuáles son las razones por las que esta persona le acompaña cuando usted va ahí? ¿Qué hace esta persona?</p> <p>[PROBE: ¿Cualquier otra razón? CHECK ALL THAT APPLY.</p> <p>(1) ANOTA LO QUE EL MÉDICO DICE/ANOTA LAS INSTRUCCIONES/TOMA NOTAS/RECUERDA (2) DA INFORMACIÓN/EXPLICA LA CONDICIÓN MÉDICA O NECESIDADES SUYAS AL MÉDICO (3) LE EXPLICA A USTED LAS INSTRUCCIONES DEL MÉDICO (4) HACE PREGUNTAS (5) TRADUCE (6) HACE LAS CITAS (7) NADA/LE ACOMPAÑA A USTED/SE SIENTA CON USTED/LE DA APOYO MORAL (8) TRANSPORTACIÓN (9) USTED NECESITA AYUDA FÍSICA (91) OTHER (SPECIFY _____) (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	

84.	<p>SHOW CARD US1</p> <p>¿Cuánto tiempo hace que usted ha estado [(viendo a (PROVIDER NAME FROM Q21)/yendo a ((PLACE NAME FROM Q19))]?</p> <p>(1) MENOS DE 1 AÑO (2) DE 1 AÑO A MENOS DE 3 AÑOS (3) DE 3 AÑOS A MENOS DE 5 AÑOS (4) DE 5 AÑOS A MENOS DE 10 AÑOS (5) 10 AÑOS O MÁS (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
85.	<p>SHOW CARD US3</p> <p>Ahora le voy a leer algunas afirmaciones que algunas personas han hecho sobre el cuidado de salud de ellos. Piense sobre el cuidado de salud que usted recibe de (PROVIDER NAME FROM Q21/ PLACE NAME FROM Q19)]. Para cada afirmación, por favor dígame si usted está totalmente de acuerdo, de acuerdo, en desacuerdo, o totalmente en desacuerdo.</p> <p>[(PROVIDER NAME FROM Q21) es /Los médicos en (PLACE NAME FROM Q19) son] muy cuidadoso(s) de chequear todo cuando lo examinan a (usted/él/ella).</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
86.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) es /Los médicos en (PLACE NAME FROM Q19) son] competente(s) y bien capacitados.</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO</p>

	<p>(05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
87.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) tiene /Los médicos en (PLACE NAME FROM Q19) tienen] una idea completa de los problemas de (usted/él/ella).</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
88.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) con frecuencia parece/Los médicos en (PLACE NAME FROM Q19) con frecuencia parecen] estar apurados.</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
89.	<p>SHOW CARD US3</p> <p>Piense sobre el cuidado de salud que usted recibe de [(PROVIDER NAME FROM Q21)/(PLACE NAME FROM Q19)].</p> <p>[(PROVIDER NAME FROM Q21)/Los médicos en ((PLACE NAME FROM Q19))] no le explica(n) a (usted/él/ella) sus problemas médicos.</p>

	<p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
90.	<p>SHOW CARD US3 Frecuentemente usted tiene problemas de salud que deberían ser discutidos pero no se discuten.</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
91.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) /Los médicos en (PLACE NAME FROM Q19)] con frecuencia actúa(n) como si [(él/ella) le estuviera/le estuvieran] haciendo un favor a usted al hablar con (usted/él/ella).</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
92.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) le dice/Los médicos en (PLACE NAME FROM Q19) le dicen] a (usted/él/ella) todo lo que (usted/él/ella) desea saber acerca de su problema de salud y</p>

	<p>tratamiento.</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
93.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) le contesta/Los médicos en (PLACE NAME FROM Q19) le contestan] a (usted/él/ella) todas sus preguntas.</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
94.	<p>SHOW CARD US3</p> <p>Piense sobre el cuidado de salud que usted recibe de [(PROVIDER NAME FROM Q21/PLACE NAME FROM Q19)].</p> <p>Usted le tiene mucha confianza a [(PROVIDER NAME FROM Q21)/los médicos en (PLACE NAME FROM Q19)].</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	

95.	<p>SHOW CARD US3</p> <p>Usted depende de [(PROVIDER NAME FROM Q21)/los médicos en (PLACE NAME FROM Q19)] para sentirse bien tanto física como emocionalmente.</p> <p>(01) TOTALMENTE DE ACUERDO (02) DE ACUERDO (03) EN DESACUERDO (04) TOTALMENTE EN DESACUERDO (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p> <p>ALL RESPONSES →GO TO Q47</p>
Observations:	
96.	<p>[IF NO USUAL SOURCE OF CARE]</p> <p>Le voy a leer algunas razones que las personas han dado para no tener una fuente habitual para cuidado de salud. Para cada una, por favor dígame si esta es o no una razón por la cual usted no tiene un lugar habitual para cuidado de salud.</p> <p>No hay razón para tener una fuente habitual de cuidado de salud porque usted rara vez o nunca se enferma. [¿Es esa una razón por la cual usted no tiene una fuente habitual de cuidado de salud?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
97.	<p>Usted se mudó recientemente al área. [¿Es esa una razón por la cual usted no tiene una fuente habitual de cuidado de salud?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	

98.	<p>Su fuente habitual de cuidado de salud ya no está disponible en esta área. [¿Es esa una razón por la cual usted no tiene una fuente habitual de cuidado de salud?]</p> <p>(01) YES (02) NO →GO TO Q44 (-8) DON'T KNOW →GO TO Q44 (-9) REFUSED →GO TO Q44</p>
Observations:	
99.	<p>¿Por qué su fuente habitual de cuidado de salud ya no está disponible?</p> <p>(01) MÉDICO ANTERIOR SE RETIRÓ (02) MÉDICO ANTERIOR FALLECIÓ (03) MÉDICO ANTERIOR SE MUDÓ (04) SP SE MUDÓ (05) MÉDICO/LUGAR ANTERIOR ES MUY LEJOS (91) OTHER (SPECIFY _____) (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
100.	<p>Pensando sobre otras posibles razones que las personas tienen para no tener una fuente habitual de cuidado de salud, por favor dígame si esta afirmación es válida para usted:</p> <p>A usted le gusta ir a diferentes lugares para diferentes necesidades de salud. [¿Es esa una razón por la cual usted no tiene una fuente habitual de cuidado de salud?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
101.	<p>Los lugares en que usted puede recibir cuidados de salud están muy lejos. [¿Es esa una razón por la cual usted no tiene una fuente habitual de cuidado de salud?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW</p>

	(-9) REFUSED
Observations:	
102.	<p>El costo del cuidado de salud es muy caro. [¿Es esa una razón por la cual usted no tiene una fuente habitual de cuidado de salud?]</p> <p>(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
103.	<p>Me gustaría obtener un poco de información general acerca de usted.</p> <p>¿Es usted de origen hispano, latino o español?</p> <p>(01) YES (02) NO →GO TO Q49 (-8) Don't Know →GO TO Q49 (-9) Refused →GO TO Q49</p>
Observations:	
104.	<p>SHOW CARD DI1</p> <p>Mire esta tarjeta. ¿Es usted mexicano(a), mexicano(a) americano(a) o chicano(a), puertorriqueño(a), cubano(a) o de otro origen hispano, latino o español?</p> <p>CHECK ALL THAT APPLY.</p> <p>(01) MEXICAN/MEXICAN AMERICAN/CHICANO(A) (02) PUERTO RICAN (03) CUBAN (91) OTHER HISPANIC, LATINO(A), OR SPANISH ORIGIN (SPECIFY _____) (-8) Don't Know (-9) Refused</p>
Observations:	

<p>105.</p>	<p>SHOW CARD DI2</p> <p>Mirando esta tarjeta, ¿cuál es su raza?</p> <p>[EXPLAIN IF NECESSARY: Para esta encuesta, los orígenes hispanos no son una raza.]</p> <p>(01) AMERICAN INDIAN OR ALASKA NATIVE (02) ASIAN (03) BLACK OR AFRICAN AMERICAN (04) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (05) WHITE (-8) Don't Know (-9) Refused</p> <p>IF RACE INCLUDES ASIAN, GO TO Q50.</p> <p>IF RACE INCLUDES NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, GO TO Q51. ELSE GO TO Q52.</p>
<p>Observations:</p>	
<p>106.</p>	<p>SHOW CARD DI3</p> <p>Mire esta tarjeta. ¿Es usted hindú, chino(a), filipino(a), japonés, coreano(a), vietnamita o de otro origen asiático?</p> <p>Puede seleccionar más de un grupo. CHECK ALL THAT APPLY</p> <p>(01) ASIAN INDIAN (02) CHINESE (03) FILIPINO (04) JAPANESE (05) KOREAN (06) VIETNAMESE (91) OTHER ASIAN GROUP (SPECIFY _____) (-8) Don't Know (-9) Refused</p> <p>IF RACE INCLUDES NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, GO TO Q51. ELSE GO TO Q52.</p>
<p>Observations:</p>	
<p>107.</p>	<p>SHOW CARD DI4</p>

Mire esta tarjeta. ¿Es usted nativo de Hawái, guameño(a) o chamorro(a), samoano(a) o de otro origen de las Islas del Pacífico?

Puede seleccionar más de un grupo.

CHECK ALL THAT APPLY.

(01) NATIVE HAWAIIAN
 (02) GUAMANIAN OR CHAMORRO
 (03) SAMOAN
 (91) OTHER PACIFIC ISLANDER GROUP (SPECIFY _____)
 (-8) Don't Know
 (-9) Refused

Observations:

108. SHOW CARD DI5

[PARA HOMBRES PARTICIPANTES]
 ¿Cuál de las siguientes mejor representa su manera de pensar en sí mismo?

(01) Gay
 (02) Heterosexual, o sea, no gay
 (03) Bisexual
 (04) Otra cosa
 (05) No sé la respuesta
 (-9) Refused

[PARA MUJERES PARTICIPANTES]
 ¿Cuál de las siguientes mejor representa su manera de pensar en sí misma?

(01) Lesbiana o Gay
 (02) Heterosexual, o sea, no gay o lesbiana
 (03) Bisexual
 (04) Otra cosa
 (05) No sé la respuesta
 (-9) Refused

- Probes**
- ¿En qué pensó cuando le hice esta pregunta?
 - ¿En qué pensó para decidir qué contestar?
 - ¿Cómo decidió dar esa respuesta?
 - o ¿Podría contarme un poco más de eso?
 - ¿Tuvo algún problema para decidir qué contestar?
 - o If YES, ¿Qué le preocupaba?

- ¿Hubo alguna palabra de la que no estuviera seguro(a)?
 - o ¿Cuál o cuáles?
 - o ¿Cómo influyó eso en su respuesta?
- ¿Qué quiere decir [bisexual] para usted?
- [IF R ANSWERED: SOMETHING ELSE:]
 - o ¿Qué otra cosa representaría mejor cómo se considera usted?
- [IF R ANSWERED: No sé cómo contestar:]
 - o ¿Qué le dificulta contestar esta pregunta?

Note to Interviewer

How does the R interpret these questions and decide on their answer? Are there terms or words that cause any confusion? Even if there are words that they were uncertain about how did they decide which answer to give? For example, some respondents may not be sure about “straight” (“Heterosexual, o sea, no gay o lesbian”) or “bisexual”. What process did they use to decide which response to give? If they said that “don’t know,” what would they want to know to be able to choose a response?

Observations:

109. ¿Qué sexo le asignaron al nacer, en su acta de nacimiento original?

- (01) MALE
- (02) FEMALE

Observations:

110. SHOW CARD DI6

¿Actualmente se describe a sí mismo(a) como hombre, mujer o transgénero?

- (01) Hombre
- (02) Mujer
- (03) Transgénero
- (04) No me identifico como mujer, hombre ni transgénero

Probes

- ¿En qué pensó cuando le hice esta pregunta?
- ¿En qué pensó para decidir qué contestar?
- ¿Cómo decidió dar esa respuesta?
 - o ¿Podría contarme un poco más de eso?
- ¿Tuvo algún problema para decidir qué contestar?

- o If YES, ¿Qué le preocupaba?
- ¿Hubo alguna palabra de la que no estuviera seguro(a)?
 - o ¿Cuál o cuáles?
 - o ¿Cómo influyó eso en su respuesta?
- IF R ANSWERED “No me identifico como mujer, hombre ni transgénero”:
 - o ¿Cómo se describe usted?
 - o ¿Hay algún otro término que usted usaría?
- ¿Qué quiere decir [transgénero] para usted?

Note to Interviewers

How does the R interpret these questions and decide on their answer? Are there terms or words that cause any confusion? Even if there are words that they were uncertain about how did they decide which answer to give? For example, some respondents may not be sure about “Transgender” (“transgénero”). What process did they use to decide which response to give? If they said that “don’t know,” what would they want to know to be able to choose a response?

Observations:

111. Las dos siguientes preguntas son acerca de educación e ingresos.

SHOW CARD DI7

¿Cuál es el grado o nivel de escuela más alto que usted ha completado?

[IF THE SAMPLE PERSON ATTENDED SCHOOL IN A FOREIGN COUNTRY, IN AN UNGRADED SCHOOL, HOME SCHOOLING, OR UNDER OTHER UNIQUE CIRCUMSTANCES, REFER THE RESPONDENT TO THE SHOWCARD AND ASK FOR THE NEAREST EQUIVALENT.]

1. NO TIENE ESTUDIOS
2. PREESCOLAR A 8°. GRADO
3. 9° -12° GRADO, SIN DIPLOMA
4. GRADUADO(A) DE HIGH SCHOOL (CON DIPLOMA DE HIGH SCHOOL O SU EQUIVALENTE)
5. VOCACIONAL/TÉCNICO/DE NEGOCIOS/CERTIFICADO O DIPLOMA DE ESCUELA DE OFICIOS (MÁS ALLÁ DEL NIVEL DE HIGH SCHOOL)
6. ALGO DE COLLEGE O UNIVERSIDAD, PERO SIN DIPLOMA
7. GRADUADO DE UNIVERSIDAD DE 2 AÑOS CON GRADO DE ASOCIADO
8. GRADUADO DE UNIVERSIDAD DE 4 AÑOS CON GRADO DE BACHILLERATO
9. MAESTRÍA, TÍTULO PROFESIONAL O DOCTORAL
10. DON'T KNOW
11. REFUSED

Observations:

112. SHOW CARD DI8

Mirando esta tarjeta dígame, ¿qué letra representa mejor el ingreso total (suyo y de su

cónyuge/suyo) antes de impuestos durante los últimos 12 meses?

Incluya ingresos de empleos, Seguro Social, Retiro de Ferroviarios, otro ingreso de retiro, y de las otras fuentes de ingreso de las cuales acabamos de hablar.

[EXPLAIN IF NECESSARY:] El ingreso es importante para analizar la información que recolectamos. Por ejemplo, esta información nos ayuda a saber si las personas de un grupo de ingreso determinado usa cierto tipo de servicios de cuidado médico o tienen ciertas condiciones médicas más o menos frecuentemente que las personas de otros grupos.

- (01) A. Less than \$5,000
- (02) B. \$5,000 - 9,999
- (03) C. \$10,000 - 14,999
- (04) D. \$15,000 - 19,999
- (05) E. \$20,000 - 24,999
- (06) F. \$25,000 - 29,999
- (07) G. \$30,000 - 39,999
- (08) H. \$40,000 - 49,999
- (09) I. \$50,000 or more
- (-8) Don't Know
- (-9) Refused

Observations: