
Care Coordination Quality Measure for Primary Care (CCQM-PC)

Computer Assisted Telephone Interview (CATI) Script



Interviewer/CATI Programmer Formatting Conventions

- CATI programmer instructions appear in [ENGLISH UPPERCASE LETTERS ENCLOSED IN BRACKETS].
- Inserts or fills from the sample frame appear in {ENGLISH UPPERCASE LETTERS ENCLOSED IN CURLY BRACKETS}.
- Text in UPPERCASE LETTERS should not be read aloud. For example, “DON’T KNOW” and “REFUSED” answer categories appear in uppercase and should not be read to the respondent, but may be used for coding a response.
- Text that is underlined should be emphasized by the interviewer.

[VOICEMAIL SCRIPT]

Hello this message is for {PATIENT FIRST NAME}. This is {INTERVIEWER NAME} calling from {SURVEY VENDOR}. We are calling to ask you to take part in a confidential survey to better understand how people feel about their health care and how it is coordinated. Recently, we sent you a survey about your experiences with the health care you received from your doctor's office. We will try to contact you again later. If you have any questions about the survey, please contact us at {INBOUND CUSTOMER SERVICE NUMBER}.

[HELLO]

Hello, may I please speak to {PATIENT NAME}?

- | | | |
|---|---------------|-----------------------|
| 1 | YES | → [GO TO INTRO1] |
| 2 | NOT AVAILABLE | → [SCHEDULE CALLBACK] |
| 3 | NO / REFUSAL | → [CODE AS REFUSAL] |

IF ASKED WHO IS CALLING AND IF NOT SPEAKING TO SAMPLED INDIVIDUAL: This is {INTERVIEWER NAME} calling from {SURVEY VENDOR}.

[CALLBACK] When would be a convenient time to call back?
(RECORD CALLBACK TIME ON CALLBACK/APPOINTMENT SCREEN).

[INTRO 1]

Hello, I'm {INTERVIEWER NAME} from {SURVEY VENDOR} on behalf of and {PRACTICE NAME}. We are asking you to complete a confidential survey about how people feel about their health care and how it is coordinated. The interview should take approximately 30 minutes to complete, and I'll do my best/be sure to move things along, as we want to be respectful of your time. This call may be monitored or recorded for quality control purposes. If this is a convenient time, I'd like to tell you a little more about the study and begin the interview now.

IF SAMPLE MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN THE INTERVIEW NOW, GO TO CALLBACK SCRIPT AND ARRANGE AN APPOINTMENT TO CALL BACK.

IF SAMPLE MEMBER AGREES TO PARTICIPATE, CONTINUE WITH CONSENT SCRIPT.

[CONSENT]

We recently sent you a letter and survey about this study, but just in case you didn't receive it, let me tell you a little about it. Your doctor's office is participating in our study to help us better understand people's experiences with their health care and how it is coordinated. What you say is private. Your answers will be part of a pool of information that will be used to improve health care provided by primary care providers.

Your participation is voluntary and will not affect any benefits you get. You can stop at any time, and you do not have to answer any question you don't want to. What you respond will be used only by this study. Your doctor's office will not know your individual answers, and they will not know if you answer the survey or not. Your survey will not be returned to your doctor(s). It will be returned to survey researchers at an independent research firm.

May we begin with the survey now?

IF SAMPLE MEMBER DOES NOT HAVE TIME TO PARTICIPATE IN THE INTERVIEW NOW, GO TO CALLBACK SCRIPT, AND ARRANGE AN APPOINTMENT TO CALL BACK.

IF SAMPLE MEMBER AGREES TO PARTICIPATE AND CONSENTS, CONTINUE WITH SURVEY QUESTIONS SCRIPT.

This survey asks about your experience with care coordination. Care coordination refers to health care that is provided in a planned way that meets the needs and preferences of the patient. Your answers to this survey will help us learn more about people's experiences with care coordination.

58. Interviewer: Enter respondent Gender—if unsure, ask: Are you male or female?

¹ Male

² Female

To begin, we would like to ask you about the care you have received care in the last 12 months. First, let me go over what we mean by certain terms used in this survey:

When we say "Your primary care provider," we are referring to: the doctor or other provider who cares for most of your usual health care needs and who you normally see when you need care.

When we say "Other primary care professionals in this office," we are referring to: doctors, nurse practitioners, physician assistants, nurses, and others who work in the same office or group as your primary care provider.

When we say "Primary care office," we are referring to: a group of primary care professionals and the staff that work with them in an office.

1. In the last 12 months, how many times did you visit your primary care provider's office to get care for yourself from your primary care provider or other primary care professionals? Would you say... [READ ANSWERS]

1 None
2 1
3 2
4 3
5 4
6 5 to 9
7 10 or more times
8 DON'T KNOW
9 REFUSED

2. In the last 12 months, apart from scheduling appointments, how many times did you contact your primary care provider or other primary care professionals in this office about your health—for example by, email or phone call? Would you say... [READ ANSWERS]

1 None
2 1
3 2
4 3
5 4
6 5 to 9, or
7 10 or more times
8 DON'T KNOW
9 REFUSED

3. In the last 12 months, including your primary care provider, how many different primary care professionals at your primary care provider's office have you seen for a health reason? Would you say... [READ ANSWERS]

1 1
2 2
3 3 or more, or
4 You did not get care from this primary care provider's office in the last 12 months.
5 DON'T KNOW
6 REFUSED

4. In the last 12 months, how many health care professionals outside of your primary care provider's office have you seen for a health reason? Would you say... [READ ANSWERS]
- 1 None
 - 2 1
 - 3 2
 - 4 3 or more
 - 5 DON'T KNOW
 - 6 REFUSED

Next, we would like to ask you a few questions about responsibility for your health care. This is, who is responsible for, or who will carry out, each step of your care. Different people on the health care team have different roles and responsibilities.

When we mention your "health care team" this includes your primary care provider, other primary care professionals, and other health care professionals who care for you. It also includes people who are not primary care professionals—for example, the people in your life such as yourself, family members, or friends that help you get the care you need to feel better or stay healthy.

5. In the last 12 months, how often did you know what aspects of your care you were responsible for? Would you say... [READ ANSWERS]
- 1 Never
 - 2 Sometimes
 - 3 Usually, or
 - 4 Always
 - 5 DON'T KNOW
 - 6 REFUSED
6. In the last 12 months, if you had health problems, how often did your primary care provider or other primary care professionals in this office talk with you about what to do if your condition got worse or came back? Would you say... [READ ANSWERS]
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always, or
 - 5 I did not have a health problem in the last 12 months.
 - 6 DON'T KNOW
 - 7 REFUSED

7. In the last 12 months, if you saw more than one health care professional for your health care needs, how often did you know which one to get in touch with when you needed medical care? [READ ANSWERS IF NEEDED]
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always, or
 - 5 I did not see more than one health care professional for my health care needs in the last 12 months.
 - 6 DON'T KNOW
 - 7 REFUSED

The next few questions ask about communication with your health care providers.

8. In the last 12 months, if you called your primary care provider's office with a medical question during regular office hours, how often did you get an answer that same day? [READ ANSWERS IF NEEDED]
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always, or
 - 5 I did not call my primary care provider's office with a medical question during regular office hours in the last 12 months.
 - 6 DON'T KNOW
 - 7 REFUSED
9. In the last 12 months, if you called your primary care provider's office **after regular office hours**, how often did you get the help or advice you needed? [READ ANSWERS IF NEEDED]
- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always, or
 - 5 I did not call my primary care provider's office after regular office hours in the last 12 months.
 - 6 DON'T KNOW
 - 7 REFUSED

10. In the last 12 months, if you emailed your primary care provider's office with a question, how often did you get an answer as soon as you needed it? [READ ANSWERS IF NEEDED]

1 Never

2 Sometimes

3 Usually

4 Always, or

5 I did not email my primary care provider's office with a question in the last 12 months.

6 DON'T KNOW

7 REFUSED

11. In the last 12 months, how often did the primary care professionals in your primary care provider's office make it easy for you to discuss your care in your preferred language? [READ ANSWERS IF NEEDED]

1 Never

2 Sometimes

3 Usually, or

4 Always

6 DON'T KNOW

7 REFUSED

12. In the last 12 months, if you needed to talk to your primary care provider or another primary care professional in this office, how often did you get to talk to the primary care professional who knows you best? [READ ANSWERS IF NEEDED]

1 Never

2 Sometimes

3 Usually

4 Always, or

5 I did not need to talk to my primary care provider or another primary care professional in this office in the last 12 months.

6 DON'T KNOW

7 REFUSED

13. In the last 12 months, how often did your primary care provider or other primary care professionals in this office explain things in a way that was easy to understand? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

14. In the last 12 months, how often did your primary care provider or other primary care professionals in this office listen carefully to you? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

15. In the last 12 months, how often did your primary care provider or other primary care professionals in this office encourage you to ask all the questions you had? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

16. In the last 12 months, how often did your primary care provider or other primary care professional in this office ask you if you understood all of the information he or she gave you? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

17. In the last 12 months, how often have you felt comfortable asking questions of your primary care provider or other primary care professionals you saw in this office? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

The next set of questions ask about sharing information about your health and health care.

*Sometimes, in order to coordinate care, the patient and/or family creates a care plan, together with one or more health care providers. It can be created for people with any health condition. The care plan covers the patient's needs and goals for health care and identifies any gaps in care coordination. The plan may set goals for the patient and the patient's providers. Ideally, it anticipates routine needs and tracks current progress toward a patient's goals. This plan is often called a **care plan** or a **plan of action**.*

18. In the last 12 months, how often did your primary care provider or other primary care professionals in this office know about your past health problems or past treatments? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

19. In the last 12 months, if you saw a health care professional outside of your primary care provider's office, how often did your primary care provider know about any tests or results from these visits? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not see a health care professional outside of my primary care provider's office in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

20. In the last 12 months, how often has it seemed like your primary care provider's office keeps health information about you complete and up-to-date? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

21. In the last 12 months, if you asked someone at your primary care provider's office for your medical records, how often did you get them as soon as you needed? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not ask my primary care provider's office for my medical records in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

In this section, we would like to know how your health care team considered your health care needs and goals within the last 12 months.

22. In the last 12 months, if you had a health insurance plan, how often did your primary care provider or other primary care professionals in this office talk with you about what is and is not covered by your insurance plan? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not have health insurance in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

23. In the last 12 months, how often did your primary care provider or other primary care professionals in this office talk to you about any support you might need to take care of your health? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

24. In the last 12 months, how often did your primary care provider or other primary care professionals at this office ask about your goals for taking care of your health? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

25. In the last 12 months, how often has your primary care provider or other primary care professional at this office helped you in setting goals for taking care of your health? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

Now, we would like to know how your health care team collaborated with you about health care decisions within the last 12 months.

26. In the last 12 months, how often did your primary care provider or other primary care professionals at this office consider your preferences for where you wanted to receive your care? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

27. Choices for your treatment or health care can include choices about tests and screenings, preventive healthcare (e.g., flu shot), medicine, surgery, or other treatment.

In the last 12 months, how often did your primary care provider or other primary care professionals in this office tell you there was more than one choice for your health care or treatment? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

28. In the last 12 months, if you talked about different options for your health care or treatment with your primary care provider or other primary care professionals in this office, how often did they talk with you about the reasons for choosing an option? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not talk to my primary care provider or other primary care professionals in this office about different options for my health care or treatment.
- 6 DON'T KNOW
- 7 REFUSED

29. In the last 12 months, if you talked about different options for your health care or treatment with your primary care provider or other primary care professionals in this office, how often did they talk about the reasons for **not** choosing an option? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not talk to my primary care provider or other primary care professional in this office about different options for my health care or treatment.
- 6 DON'T KNOW
- 7 REFUSED

Next I would like to discuss the steps you and your health care team took in creating a care plan for you.

As a reminder, a care plan is something that is created in order to coordinate care. The patient and/or family creates a care plan together with one or more health care providers. It can be created for people with any health condition. The care plan covers the patient's needs and goals for health care and identifies any gaps in care coordination. The plan may set goals for the patient and the patient's providers. Ideally, it anticipates routine needs and tracks current progress toward a patient's goals. This plan is often called a **care plan** or a **plan of action**.

30. In the last 12 months, how often did your primary care provider or other primary care professionals in this office help you create a plan of action that you use every day to help you take care of your health? [READ ANSWERS IF NEEDED]

- ¹ Never
- ² Sometimes
- ³ Usually, or
- ⁴ Always
- ⁵ DON'T KNOW
- ⁶ REFUSED

31. In the last 12 months, if you and a primary care professional in this office had a plan of action to take care of your health, how often did the plan include different ways to communicate with your primary care practice? [READ ANSWERS IF NEEDED]

- ¹ Never
- ² Sometimes
- ³ Usually
- ⁴ Always, or
- ⁵ I did not have a health care plan of action with primary care professionals in this office in the last 12 months.
- ⁶ DON'T KNOW
- ⁷ REFUSED

32. In the last 12 months, if you and a primary care professional in this office had a plan of action to take care of your health, how often did the plan include specific outcomes that would tell you when you met your goals? Outcomes can include functional goals, such as being able to walk a flight of stairs without losing your breath, or target rates—for example, a blood pressure reading below 120/80 mmHg? [READ ANSWERS IF NEEDED]

¹ Never

² Sometimes

³ Usually

⁴ Always, or

⁵ I did not have a health care plan of action with primary care professionals in this office in the last 12 months.

33. In the last 12 months, if you and a primary care professional in this office had a plan of action to take care of your health, how often did the plan include what to do if there is a problem or a change in your health? [READ ANSWERS IF NEEDED]

¹ Never

² Sometimes

³ Usually

⁴ Always, or

⁵ I did not have a health care plan of action with primary care professionals in this office in the last 12 months.

⁶ DON'T KNOW

⁷ REFUSED

34. During stressful times, some people find it harder to take care of their health. In the last 12 months, how often did your primary care provider or other primary care professionals in this office help you to plan ahead so that you could take care of your health even during difficult or stressful times? [READ ANSWERS IF NEEDED]

¹ Never

² Sometimes

³ Usually, or

⁴ Always

⁵ DON'T KNOW

⁶ REFUSED

Now, we would like to know how your health care team followed up or made any adjustments to your care plan during past 12 months.

35. In the last 12 months, if you had a health problem, how often did your primary care provider or other primary care professional in this office follow up on a health problem you had, either at the next visit or by phone? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not have a health problem in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

36. In the last 12 months, how often did your primary care provider or other primary care professionals in this office ask you how your health or treatment affected your daily life? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

37. In the last 12 months, if you had treatment, how often did your primary care provider or other primary care professionals in this office follow up with you to find out what was working well with your treatment? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not have treatment in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

38. In the last 12 months, how often did your primary care provider or other primary care professionals in this office discuss with you whether you were getting the health care you needed? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

In this section we will discuss ways your health care team connected you to other sources of care in the past 12 months.

39. In the last 12 months, if you needed a referral from your primary care provider to see another health care professional, how often did you get one as soon as you needed it? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not need a referral to another health care professional in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

40. In the last 12 months, if you needed to visit another health care professional outside of your primary care provider's office, how often did someone in your primary care provider's office help you make the appointment? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- 5 I did not need to visit a health care professional outside of my primary care provider's office in the last 12 months.
- 6 When I needed to visit a health care professional outside of my primary care provider's office in the last 12 months, I did not seek help from anyone in my primary care provider's office.
- 7 DON'T KNOW
- 8 REFUSED

41. In the last 12 months, how often did your primary care provider or other primary care professionals in this office give you information about available community-based services to support your health such as support groups, classes, counselors, community recreation programs, or faith-based activities? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

42. In the last 12 months, if your primary care provider or another primary care professional in this office told you about resources available in the community that could help you take care of yourself or your family, how often did someone in your primary care provider's office follow up with you about your use of these resources? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 Community-based services were not recommended to me in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

43. In the last 12 months, if you had health problems, how often did your primary care provider or other primary care professionals in this office help you connect with other people with similar health problems? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not have health problems in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

Next, we would like to ask you a few questions on what your health care providers did to help you take care of yourself.

44. In the last 12 months, if you had an illness or injury, how often did your primary care provider or other primary care professionals in this office ask whether you had enough services to help you take care of this illness or injury at home? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not have an illness or injury in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

45. In the last 12 months, if you needed help at home to manage your health, how often did someone in your primary care provider's office arrange services for you at home to help manage your health condition? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always, or
- 5 I did not need help at home to manage my health in the last 12 months.
- 6 DON'T KNOW
- 7 REFUSED

46. In the last 12 months, how often did you feel like the activities that primary care professionals in this office recommended for your care took into account the responsibilities you have at work or home? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

47. In the last 12 months, how often did a primary care professional in this office give you health information such as booklets or videos about what you can do for your health? [READ ANSWERS IF NEEDED]

- 1 Never
- 2 Sometimes
- 3 Usually, or
- 4 Always
- 5 DON'T KNOW
- 6 REFUSED

The last set of questions asks about your background.

48. In general, how would you rate your overall physical health? Would you say... [READ ANSWERS]

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
- 6 DON'T KNOW
- 7 REFUSED

49. In general, how would you rate your overall mental or emotional health? Would you say... [READ ANSWERS]

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor
- 6 DON'T KNOW
- 7 REFUSED

50. In the last 12 months, did you get health care 3 or more times for the same condition or problem?

- 1 Yes [51]
- 2 No [52]
- 3 DON'T KNOW [52]
- 4 REFUSED[52]

51. Is this a condition or problem that has lasted for at least 3 months? [PROGRAMMING: IF Q58=2, FEMALE SAY] Do not include pregnancy or menopause.

- 1 Yes
- 2 No
- 3 DON'T KNOW
- 4 REFUSED

52. Do you now need or take medicine prescribed by a doctor? **[PROGRAMMING: IF Q58=2, FEMALE SAY]** Do not include birth control.

- 1 Yes
- 2 No **[GO TO 54]**
- 3 DON'T KNOW **[GO TO 54]**
- 4 REFUSED **[GO TO 54]**

53. Is this medicine to treat a condition that has lasted for at least 3 months? **[PROGRAMMING: IF Q58=2, FEMALE SAY]** Do not include pregnancy or menopause.

- 1 Yes
- 2 No
- 3 DON'T KNOW
- 4 REFUSED

54. In the last 12 months, did you have to stay in the hospital for at least one night?

- 1 Yes
- 2 No
- 3 DON'T KNOW
- 4 REFUSED

55. In the last 12 months, were you admitted to or discharged from a nursing home or rehabilitation facility?

- 1 Yes
- 2 No
- 3 DON'T KNOW
- 4 REFUSED

56. In the last 12 months, did you have health insurance?

- 1 Yes
- 2 No
- 3 DON'T KNOW
- 4 REFUSED

57. What is your age? Are you...

[READ ANSWER CATEGORIES – OK NOT TO READ ALL ONCE RESPONDENT SELECTS ONE.]

- ¹ 18 to 24 years
- ² 25 to 34
- ³ 35 to 44
- ⁴ 45 to 54
- ⁵ 55 to 64
- ⁶ 65 to 74
- ⁷ 75 or older
- ⁸ DON'T KNOW
- ⁹ REFUSED

59. What is the highest grade or level of school that you have completed? Is it...

[READ ANSWER CATEGORIES – OK NOT TO READ ALL ONCE RESPONDENT SELECTS ONE.]

- ¹ 8th grade or less
- ² Some high school, but did not graduate
- ³ High school graduate or GED
- ⁴ Some college or 2-year degree
- ⁵ 4-year college graduate
- ⁶ More than 4-year college degree
- ⁸ DON'T KNOW
- ⁹ REFUSED

60. Are you Hispanic, Latino/a, or Spanish origin?

- ¹ Yes, Hispanic, Latino/a, or Spanish origin
- ² No, not of Hispanic, Latino/a, or Spanish origin
- ⁸ DON'T KNOW
- ⁹ REFUSED

61. I am going to read a list of race categories. For each category, please say yes or no if it describes your race. I must ask you about all categories in case more than one applies.

(INTERVIEWER: IF THE RESPONDENT WANTS TO KNOW WHY YOU ARE ASKING WHAT RACE THEY ARE, SAY:) We ask about your race for demographic purposes only.

[PROGRAMMER: If NO/DK/REF TO 'ASIAN' SKIP TO 'NATIVE HAWAIIAN OR PACIFIC ISLANDER.' IF NO/DK/REF TO 'NATIVE HAWAIIAN OR PACIFIC ISLANDER' SKIP TO Q62.]

(TREAT EACH ITEM AS A YES/NO QUESTION)

- ¹ Are you White?
- ² Are you Black or African American?
- ³ Are you American Indian or Alaska Native?
- ^{R1} Are you Asian?
- ⁴ Are you Asian Indian?
- ⁵ Are you Chinese?
- ⁶ Are you Filipino?
- ⁷ Are you Japanese?
- ⁸ Are you Korean?
- ⁹ Are you Vietnamese?
- ¹⁰ Are you another Asian race?
- ^{R2} Are you Native Hawaiian or Pacific Islander?
- ¹¹ Are you Native Hawaiian?
- ¹² Are you Guamanian or Chamorro?
- ¹³ Are you Samoan?
- ¹⁴ Are you another Pacific Islander race?
- ¹⁵ DON'T KNOW
- ¹⁶ REFUSED

62. What is your preferred language?

- ¹ English
- ² Other [**SPECIFY**]
- ³ DON'T KNOW
- ⁴ REFUSED

63. How well do you speak English?

- ¹ Very well
- ² Well
- ³ Not well
- ⁴ Not at all
- ⁵ DON'T KNOW
- ⁶ REFUSED

66. For each of the following conditions, please indicate whether or not you have **ever** received professional treatment for any of the conditions. Professional treatment refers to any treatment supervised by a health professional.

- ¹ YES, I have received professional treatment for this condition
- ² NO, I have NOT received professional treatment for this condition
- ³ DON'T KNOW / UNSURE
- ⁴ REFUSED

66a. Arthritis?

66b. Chronic back/neck pain?

66c. Any other chronic pain?

66d. High blood pressure or hypertension?

66e. Congestive heart failure?

66f. Coronary artery disease?

66g. High blood cholesterol or hyperlipidemia?

66h. Asthma?

66i. Chronic Obstructive Pulmonary Disease (COPD)?

66j. Diabetes?

66k. Osteoporosis?

66l. Skin cancer?

66m. Any other kind of cancer?

66n. Anxiety disorder?

66o. Depression?

66p. Any other emotional problem?

66q. Substance problems (drugs or alcohol)?

66r. Stroke?

66s. Chronic Kidney Disease?

66t. Hepatitis?

CLOSE Thank you for your help with this very important study. Those are all the questions I have for you today.

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