



MEDICARE CURRENT BENEFICIARY SURVEY (MCBS)

Task 1.32.a Developing and Testing Limited English Proficiency (LEP) Items for the MCBS

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Table of Contents

Executive Summary	1
1. Introduction	3
Motivation for research and scope	3
Report Structure	4
2. Review of Prior LEP Metrics	6
Limited English Proficiency.....	6
Language preference for medical care and health-related materials.....	7
Barriers to health care access due to language.....	7
3. Methods	9
Participant Eligibility and Recruitment.....	9
Interviewing Methods	10
Protocol	11
Data Collection.....	12
4. Results and Recommendations	14
Version A (Round 1).....	14
<i>Limited English Proficiency</i>	14
<i>Language preference for medical care and health-related materials</i>	19
<i>Barriers to health care access due to language: Symptoms and medical recommendations</i>	21
<i>Barriers to health care access due to language: Communication with providers</i>	27
Version B (Round 2).....	30
<i>Limited English Proficiency</i>	30
<i>Language preference for medical care and health-related materials</i>	32
<i>Barriers to health care access due to language: Symptoms</i>	35
<i>Barriers to health care access due to language: Communication with providers</i>	39
5. Discussion and Summary of Recommendations	43
Recommended LEP module for the MCBS	44
Recommendations for future investigation	46
Recommended order of questions	47
Recommended schedule, location, and timing for inclusion in MCBS	50
Next steps: Manuscript.....	50

6. Appendices	51
Appendix A: Summary of Changes in Research Protocol (Version A and B).....	51
Appendix B: Recruitment Flyers.....	54
Appendix C: Recruitment Message (English).....	58
Appendix D: Recruitment Script (English).....	59
Appendix E: Frequently Asked Questions and Answers (English)	61
Appendix F: Recruitment Message (Spanish).....	63
Appendix G: Recruitment Script (Spanish)	64
Appendix H: Frequently Asked Questions and Answers (Spanish).....	66
Appendix I: Eligibility Screener Questionnaire (English)	68
Appendix J: Eligibility Screener Questionnaire (Spanish)	71
Appendix K: Participant Consent Form (English).....	74
Appendix L: Participant Consent Form (Spanish)	75
Appendix M: Cognitive Interviewing Protocol, Round 1 - Version A (English)	76
Appendix N: Cognitive Interviewing Protocol, Round 1 - Version A (Spanish).....	104
Appendix O: Cognitive Interviewing Protocol, Round 2 - Version B (English)	134
Appendix P: Cognitive Interviewing Protocol, Round 2 - Version B (Spanish)	162
Appendix Q: Worksheet and Showcards (English).....	191
Appendix R: Worksheet and Showcards (Spanish)	203
Appendix S: Distribution of Responses	215
References	222

List of Tables and Exhibits

Table 1:	DHHS Primary language standard question	6
Table 2:	DHHS standard for language granularity	6
Table 3:	Proficiency questions focused on reading and writing skills (derived from the literature).....	7
Table 4:	Preferred language questions focused on health-related materials (derived from the literature).....	7
Table 5:	Questions focused on discussion of symptoms and medical recommendations (derived from the literature).....	8
Table 6:	Questions focused on communication with medical providers (derived from the literature).....	8
Table 7:	Number of cognitive interviews conducted by key aspects of data collection	13
Table 8:	Questions on language proficiency	15
Table 9:	Questions on preferred language for medical care and health-related materials ...	19
Table 10:	Questions on discussion of symptoms and medical recommendations	22
Table 11:	Questions on communication with medical providers.....	27
Table 12:	Questions on language proficiency.....	30
Table 13:	Questions on preferred language for medical care	32
Table 14:	Questions on discussion of symptoms and medical recommendations	35
Table 15:	Questions on the communication process with medical providers.....	38
Table 16:	Questions on the communication process with medical providers.....	39
Table 17:	Final selection on language competency questions recommended for MCBS.....	44
Exhibit 1:	Recommended order and flow of survey items	49

Executive Summary

This document presents a qualitative study undertaken to improve on the design of questions related to Limited English Proficiency (LEP) in the Medicare Current Beneficiary Survey (MCBS). In order to better serve Medicare beneficiaries with LEP, the Centers for Medicare and Medicaid Services (CMS) commissioned NORC to conduct a literature review of existing metrics for measuring LEP and evaluations of their effectiveness. This literature review informed the content of questions tested in a series of cognitive interviews, which are the basis for this report.

In addition to the usual sources of error investigated with cognitive interviews (comprehension, memory erosion, decision-making, and mapping of answers onto response options), questions administered to speakers of a language other than English who are using a translator or language assistant are prone to additional sources of error in the form of incomplete or ambiguous translations, as well as misunderstandings related to idiomatic expressions.

For the cognitive interviews, NORC recruited respondents who were Medicare beneficiaries and who spoke a language other than English at home. NORC conducted a first round of interviews (21 interviews) in early July to mid-August, 2015, before submitting a memorandum to CMS identifying interim findings. These findings were used to make minor changes to a few items and revise the question order. The revised items were tested in a second round of interviews (7 interviews), conducted from early October to late December, 2015.

Findings from Round 1 of cognitive interviews suggested that, in general, the questions assessing English proficiency and questions on language preference were generally well understood, while those in the ‘barriers to health care access’ section presented some problems for respondents due to variations in the personal medical situation of each respondent. These variations, particularly in English proficiency and language concordance of the medical provider, made certain questions either seem redundant or inapplicable to the respondent. After the first round of interviews, NORC recommended moving the question asking about the language the respondent speaks with their usual medical provider to an earlier point in the survey in order to function as a branching question; findings from Round 2 indicated that this revision to the questionnaire resolved the issue.

In instances in which respondents did not have a language-concordant provider, there were equivocal interpretations of the question on how well a respondent can communicate with their usual medical

provider in English. Specifically, at issue was whether the communication question included the aid of a language assistant. We propose adding a clarifying note to the beginning of the question, in order to improve respondent comprehension and minimize measurement error.

Of note, the instrument included questions on who helps the respondent translate with their usual medical provider and who helps with translation with other medical providers. Respondents who have a usual provider answered both questions. Some respondents did not recognize that there was a difference between these questions. If these two questions are judged to be the same, our findings indicate that response error may result. Therefore, we recommend revisions to the wording to emphasize which providers were being referenced in each question. We conclude this report with the final set of recommended survey questions to measure language competency (as shown in Table 17), with leading scripts as well as response options, for inclusion in the MCBS and a discussion on the order of questions.

Introduction

At the request of the Office of Enterprise Data and Analytics (OEDA) and the Office of Minority Health (OMH), both at CMS, NORC conducted MCBS Task 8.1 to develop and test Limited English Proficiency (LEP) items for the MCBS. NORC conducted a literature review to identify survey items designed to measure LEP and health disparities due to language barriers. This literature review was presented in “MCBS Task 8.1 Final Options Paper and Testing Plan.” Based on a review of relevant scholarly articles and existing surveys, NORC identified survey questions structured around three themes: (1) limited English proficiency, (2) language preference for medical care health-related materials, and (3) barriers to health care access due to language. NORC conducted 28 cognitive interviews over two rounds to test and refine the survey questions. This report presents main findings from the cognitive testing as well as final recommendations for a set of LEP items to be included in the MCBS.

Motivation for research and scope

Members of racial and ethnic minority groups are known to experience poorer health in relation to the general population in the United States.¹ The disparities may be rooted in historical reasons, discrimination, and lack of social justice. However, limited proficiency in English may contribute to this disparity as well (Gee & Ponce, 2010; Sentell & Braun, 2012; Ulmer, McFadden, & Nerenz, 2009). Persons who are LEP have been shown to experience decreased access to health care and poorer health outcomes as compared to those who are proficient in English (Jacobs, Chen, Karliner, Agger-Gupta, & Mutha, 2006; Ponce, Hays, & Cunningham, 2006). As a nationally representative survey of the beneficiary population in the U.S., the MCBS sample includes beneficiaries who are not proficient in English. Older and disabled individuals who are LEP may be particularly vulnerable to difficulties in accessing health care and to experience lowered satisfaction with health care as compared to those who are proficient in English.

The MCBS currently includes three questions that measure English language proficiency. Two of these questions ask if respondents speak a language other than English at home and, if so, what

¹ <http://www.cdc.gov/mmwr/pdf/other/su6203.pdf>; <http://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=124>; <http://www.ahrq.gov/research/findings/nhqrdr/nhdr11/key.html>

language other than English they speak. Beginning with the Round 70 Supplemental interview (fall of 2014), the MCBS began collecting additional LEP data by asking how well respondents speak English². These questions remained on the MCBS for the Round 73 Supplemental interview (fall of 2015) but the order of the questions was changed to meet the minimum requirement and optional granularity for the collection of information on primary language based on federal standards, as set forth in Section 4302 of the Affordable Care Act (ACA).

The CMS OEDA and the CMS OMH supported this research project investigating the collection of additional information on the impact of LEP on MCBS survey participants. NORC conducted the research to develop and test survey items to identify the LEP status, preferred language, and barriers to health care that are experienced by Medicare beneficiaries.

Report Structure

This report is organized into five sections as follows.

- This introductory section, which provides background information and the research motivation to carry out this study.
- The next section develops a framework for this research, presenting a succinct literature review. This review led to the selection of survey questions tested in cognitive interviews regarding (1) limited English proficiency, (2) language preference for medical care health-related materials, and (3) barriers to health care access due to language.
- The third section presents the methods used in this study; namely, eligibility criteria for the target population, recruitment strategy, interviewing methods, research protocol, data collection for cognitive interviews, and characteristics of the sample.
- The subsequent section presents the main findings from the cognitive interviews. It also offers recommendations for each of the tested items. As will be detailed in “Methods” (subsection “Protocol”), this study was implemented using two versions of the research

² In Round 70, the LEP module begins by asking whether the beneficiary speaks a language other than English at home, with follow-up questions about which language, and concluding with a question about how well the person speaks English. If the answer to the first questions is “no” (i.e., the respondent does not speak a language other than English at home), then the person skips out all sequel questions. In consultation with CMS and in accordance to DHHS regulations, NORC altered the order of questions for Round 73 to ask respondents all language questions. Currently, the LEP module starts by asking how well the respondent speaks English, whether the respondent speaks a language other than English at home, followed by an inquiry on which language(s).

protocol (Version A and Version B).³ Briefly stated, after conducting a first round of cognitive interviews (21 of the total of 28 respondents), initial findings were discussed with CMS and minor changes were made to some survey items. We tested the revised items with seven additional respondents. Appendix A details all changes in question wording implemented in the research protocol. Results and recommendations are organized around three key themes: (1) limited English proficiency, (2) language preference for medical care health-related materials, and (3) barriers to health care access due to language. Major findings are discussed for each topic area, and recommendations are offered in light of conclusions.

- The report ends with a section where we present the set of recommended items for inclusion in MCBS, as well as a flowchart for implementation of skip logic for the recommended items.

³ The change in the protocol was initially described in “MCBS Memo Series: Task 8.1 #2015-04” submitted by NORC to CMS on August 27, 2015.

Review of Prior LEP Metrics

In this section we present the items that were selected for the LEP module derived from the literature review NORC conducted on behalf of CMS on existing measures of LEP. The review focused on three areas based on guidance provided by CMS: 1) limited English proficiency, 2) language preference for medical care and health-related materials, and 3) barriers to health care access due to language.

Limited English Proficiency

The literature review revealed that the language proficiency question developed and validated by the Census Bureau in the mid-1980s for use in the decennial census and later adapted to be used in the American Community Survey, ACS (Ryan, 2013) is the most common metric for LEP. Importantly, this question serves as the standard metric for primary language by the U.S. Department of Health and Human Services (DHHS)⁴. This question is presented in Table 1:

Table 1: DHHS Primary language standard question

“How well do you speak English? (1) Very Well, (2) Well, (3) Not Well, (4) Not at all.”

The DHHS guidance document also includes the following two optional items for granularity on language information (Table 2).

Table 2: DHHS standard for language granularity

“Do you speak a language other than English at home? (1) Yes (2) No”

“(If Yes) What is this language? (1) Spanish (2) Other language (Identify)”

The current MCBS already includes the DHHS metrics. However, since the interest of the current research is on expanding this set of questions on language proficiency, two additional questions analyzed by Gee, Walsemann and Takeuchi (2010) —derived from the Asian American Study

⁴ <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.shtml>

(NLAAS) — were also included in this study (Table 3) to collect self-reports on ability to read English and write in English.

Table 3: Proficiency questions focused on reading and writing skills (derived from the literature)

<p>How well do you read English? (1) Very Well, (2) Well, (3) Not Well, (4) Not at all</p> <p>How well do you write English? (1) Very Well, (2) Well, (3) Not Well, (4) Not at all</p>
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Language preference for medical care and health-related materials

As the literature review suggested that language preference is an important element to measure language competency, survey questions on language preference were included in the set of measures studied. The items we adopted ask about the respondent’s preferred language for receiving medical care and for reading health-related materials (Karlner, Napoles-Springer, Schillinger, Bibbins-Domingo, & Perez-Stable, 2008).

Table 4: Preferred language questions focused on health-related materials (derived from the literature)

<p>In general, in what language do you prefer to receive your medical care? (1) English (2) Respondent language (3) Both, (4) Other</p> <p>In what language do you prefer to read health-related materials? (1) English (2) Respondent language (3) Both, (4) Other</p>

Barriers to health care access due to language

In order to understand language proficiency in a health care setting it is important to measure barriers to health care access due to language (Karlner et al., 2008). Consequently, the LEP module included questions designed to gather information on whether people are able to discuss symptoms and recommendations with medical providers in English and in the language they speak at home (Table 5).

Table 5: Questions focused on discussion of symptoms and medical recommendations (derived from the literature)

<p>How well can you discuss your symptoms with your medical providers in English? (1) Very Well, (2) Well, (3) Not Well, (4) Not at all</p> <p>How well can you discuss your symptoms with your medical providers in [LANGUAGE SPOKEN AT RESPONDENT HOME]? (1) Very Well, (2) Well, (3) Not Well, (4) Not at all</p> <p>How well can you understand your medical providers' recommendations in English? (1) Very Well, (2) Well, (3) Not Well, (4) Not at all</p> <p>How well can you understand your medical providers' recommendations in [LANGUAGE SPOKEN AT RESPONDENT HOME]? (1) Very Well, (2) Well, (3) Not Well, (4) Not at all</p>

Lastly, as the literature acknowledged that the communication process between patients and medical providers may occur thorough professional interpreters, family members or friends, this module included metrics to understand how beneficiaries communicate with providers (Table 6) (Wilson, Chen, Grumbach, Wang, & Fernandez, 2005).

Table 6: Questions focused on communication with medical providers (derived from the literature)

<p>Who helps you communicate with [USUAL PROVIDER] – a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English? (1) Professional interpreter, (2) Staff person at doctor's office, (3) Family member, (4) Friend, (5) Do the best you can in English, (6) Other.</p> <p>Who helps you communicate with your medical providers who do not speak [LANGUAGE SPOKEN AT RESPONDENT HOME]? (1) Professional interpreter, (2) Staff person at your doctor's office, (3) Family member, (4) Friend, (5) Do the best that you can in English, (6) Other.</p>
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Methods

Participant Eligibility and Recruitment

Individuals eligible to participate in this study were Medicare beneficiaries who spoke a language other than English at home. Also eligible were any adult language assistants that participants required to complete cognitive interviews in English. NORC recruited participants between late June 2015 and mid-December 2015. The recruitment relied on multiple methods and aimed to reach particular individuals or organizations that could assist in the recruitment of individuals.

Recruitment was pursued through electronic media channels (i.e. Craigslist, Facebook, and Twitter) and the posting of flyers in areas of interest, such as grocery stores, community centers and churches. Flyers were created using existing English and Spanish text from the recruitment script approved by the U.S. Office of Management and Budget (OMB). The flyers were translated by NORC staff into five additional languages: Chinese, Russian, Turkish, Hindi, and Arabic. Appendix B contains the translated flyers. NORC also made direct contact with organizations serving the elderly population in the Chicago area. This last method proved to be the most effective in recruiting participants.

The organizations that NORC contacted to identify potential Spanish-speaking respondents included senior living facilities, cultural facilities, community centers, public housing, and one church. Many of these facilities had overlapping functions (for example, a church-based community center or a senior living facility with community center or clinical center attached). Two of the senior independent living facilities NORC contacted were amenable to NORC's request to identify survey participants. Managers from these two independent organizations agreed to inform and recruit residents. The building managers and community center personnel who recruited participants in the Spanish-speaking independent living facilities administered an abbreviated eligibility screening process with interested individuals.

The majority of Chinese-speaking respondents were recruited through a community organization that agreed to inform one of their English as a Second Language classes about the study. The Russian-speaking respondents were recruited through an NORC employee who had contacts at a religious organization with a large Russian-speaking congregation.

The screening process for participants recruited without assistance of building managers or community centers was as follows: An interested party would call a toll-free number and leave a message on the voicemail for the number designated for this study. A NORC employee would then call him or her back and administer the screening questionnaire. An effort was made to secure a NORC employee to conduct the screening process in Chinese for interested participants whose primary language was Chinese.

The screener was structured so that either the respondent or language assistant could complete it, with the language assistant answering on behalf of the respondent if they were able to provide the relevant information. Questions asked included:

1. Confirmation that the individual was receiving health insurance through Medicare.
2. Confirmation that they spoke a language other than English at home, and identifying that language.
3. How well the beneficiary spoke English.
4. Whether the beneficiary could secure a language assistant to help with translation during the interview, if one was necessary.
5. Basic demographic information, including age, level of education, and race. Individuals had to be ages 65 and older to participate in the interview.

NORC conducted interviews with a total of 28 LEP respondents; 20 respondents self-identifying as Spanish speakers and 8 individuals whose language spoken at home was a language other than English. Since six of the non-Spanish speakers were Chinese speakers in the first round, NORC sought to recruit non-Chinese speakers for the non-Spanish interviews in the second round. Two Russian-speaking respondents were subsequently recruited. Although a Spanish language instrument was available for Spanish speakers, per MCBS protocol, the non-Spanish interviews were conducted in English with the help of a language assistant.

Interviewing Methods

Retrospective probing was used as the interview technique for this research. The interviewer first administered the questionnaire items to the respondent and then returned to the LEP items to conduct retrospective probing. This technique was chosen because presenting the LEP items without interruption from probing maintains question context and flow, allowing the survey administration to most closely mirror the administration that would be given in the field (Willis, 2015).

Areas of focus during probing included:

- Evaluating the interpretation of the LEP items
- Identifying words or phrases that were likely to be loosely translated or mistranslated
- The role of the language assistant in translation of survey questions
- The definitions respondents had for certain key terms or phrases

Protocol

The LEP cognitive testing protocol and materials, including the recruitment script, eligibility screener questionnaire, Frequently Asked Questions (FAQs), participant consent form, cognitive interview protocol, and participant receipt form, were submitted by CMS to OMB for review on May 19, 2015 under the Generic Clearance for Questionnaire Testing and Methodological Research for the MCBS (No. 0938-1275, expiration 05/31/2018); OMB granted approval on June 17, 2015. NORC's Institutional Review Board (IRB) approved the testing protocol on June 16, 2015. All materials were translated into Spanish for the Spanish-language interviews. The materials for the Chinese and Russian speakers who participated in the study were in English.

The cognitive testing protocol included select items from the MCBS that were not related to English proficiency, including the respondent's use of health care services in the past year, access to care, satisfaction with care, and usual source of care, and demographics. These topics were included because they related most directly to health disparities that LEP respondents may face, and because these items are part of the interview in which the three LEP items currently in the MCBS are asked.

There were 13 LEP items in the first round of interviews (Version A), and twelve items in the second round (Version B). These questions related to proficiency in English and other languages and preference for each language in a variety of settings, including communicating with the respondent's usual doctor, other health professionals, reading health-related materials, and use of an interpreter. The main focus in testing of these items was to confirm that respondents understood questions as intended and to identify any sources of ambiguity present in the questions. Interview probes reflected these motivations, and instructed interviewers to request more details from respondents about their answers, such as what they were thinking of when they answered and if they could describe their specific situation in more detail.

Version A of the instrument was cognitively tested in Round 1 with 21 respondents. The findings from these interviews were summarized and shared with CMS. Based on discussions with CMS, NORC revised question wording and the ordering of some items in the LEP module. In Round 2, Version B of the instrument was tested with seven respondents. Appendix A provides a detailed summary of the revisions made to the instrument. The full cognitive interview protocol, including recruitment script and consent form, are presented in Appendices C through R.

Data Collection

Three NORC interviewers—two survey methodologists and one graduate research assistant, all with prior cognitive interviewing experience—were trained in accordance with study protocols to conduct the cognitive interviews. Interviewers were instructed on the testing protocols, including providing respondents with a brief overview of the research goal, describing the purpose of the interview, gaining informed consent and permission to audio record, and administering the survey questions and cognitive probes. One of these interviewers (who is fluent in both English and Spanish) was trained to administer the Spanish interviews.

Cognitive interviews were conducted in-person. The NORC interviewers provided respondents with a brief overview of the research goal, described the purpose of the interview, obtained signed consent and permission to audio record, and administered the questionnaire items. In accordance with the cognitive interview protocol, the interviewer first administered non-LEP items, then administered the proposed LEP items, and lastly followed up with detailed questions and cognitive probes to identify any potential difficulties respondents may have with the LEP items.

Whenever the respondent needed the help of a language assistant, interviews were completed with both the participant and the language assistant. Since we expected interviews with language assistants to last longer, the interviewer had the discretion to implement a shortened version of the questionnaire in order to stay within the 60-minute timeframe. Specifically, the shortened version of the questionnaire skipped contextual questions 4-15, 28-32, 35-39. All English interviews (n=8) with language assistants used the shortened version of the questionnaire. Table 7 shows the distribution of the 28 interviews across participant language, presence of language assistant, and version of the research protocol. Only respondents who were ages 65 and older were considered eligible to participate; the disability status of respondents was not collected during the recruitment process.

Table 7: Number of cognitive interviews conducted by key aspects of data collection

Version of Protocol	Language of interview	Respondent language	Number of respondents
A	English	Chinese	6
A	Spanish	Spanish	13
A	English	Spanish	2
			Total (Version A): 21
B	English	Russian	2
B	Spanish	Spanish	5
			Total (Version B): 7
			Total 28

It should be noted that two interviews with Spanish-speakers were conducted in English. These interviews had been scheduled in advance and were planned to be conducted in Spanish at two independent living facilities. However, upon arriving at two different locations, the assigned NORC staff learned that these Spanish-speaking participants had expressed their preference to be interviewed in English with the help of their language assistant. The NORC interviewing team honored the respondents’ request. Appendix S presents respondent answers to the survey items by version and language of interview.

Results and Recommendations

This section provides a description of results from two rounds of cognitive testing of the LEP module. We first present findings and recommendations from Round 1. In collaboration with CMS, we revised the LEP module and conducted Round 2 cognitive interviews. (Results from Round 2 are presented later in the report). The findings and recommendations are presented by the following topic areas:

- Limited English proficiency
- Language preference for medical care and health-related materials
- Barriers to health care access due to language: Symptoms
- Barriers to health care access due to language: Communication with providers

Version A (Round 1)

Limited English Proficiency

Table 8 displays the order in which LEP questions were administered. It should be noted that DHHS questions included in the most recently fielded MBCS (Round 73) are presented in a different order from that used in Round 70 or in other surveys such as the American Community Survey (ACS). In the ACS, respondents are first asked if they speak a language other than English at home (Q54). Those who indicate that they do not speak a language other than English at home would skip the follow-up questions on what language they speak (Q55) and their level of English proficiency (Q52--How well do you speak English?). However, we recognize that Q52 (How well do you speak English?) is the DHHS Data Standard for Primary Language and therefore cannot be skipped and must be administered to all MCBS survey respondents.

Our testing in this section, therefore, explored potential effects due to question order. Although we noted some issues during testing, they do not seem to prevent respondent from correctly interpreting questions. Consequently, we recommend keeping the items as they are (order as tested). This will be explained in more detail in the “results and recommendations” section.

Table 8: Questions on language proficiency

Question wording (Numbering from protocol Version A)	Response Options
<p><i>[DHHS Standard, already in MCBS]</i> Q52. How well do you speak English? Would you say...</p>	<p>(01) Very Well (02) Well (03) Not Well, or (04) Not at all?</p>
<p>Q53. How well do you read English? Would you say...</p>	<p>(01) Very Well (02) Well (03) Not Well, or (04) Not at all?</p>
<p><i>[DHHS Optional granularity, already in MCBS]</i> Q54. Do you speak a language other than English at home?</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
<p><i>[DHHS Optional granularity, already in MCBS]</i> Q55. What is this language?</p>	<p>(01) SPANISH (91) OTHER LANGUAGE, SPECIFY: _____ (-8) Don't Know (-9) Refused</p>

Volunteering language spoken and perceived redundancy of questions

Though not necessarily a problem, a frequent finding was that respondents consistently volunteered the specific language spoken at home as part of their response to Q54 (“Do you speak a language other than English at home?”) before being asked the follow-up in Q55 (“What is this language?”). This did not appear to be an issue related to the translation as it was observed in both English and Spanish interviews. Seventeen respondents out of 21 (81%) answered with the language other than English that they use at home (i.e., 13 respondents answered “Spanish” and four answered “Chinese”).

For respondents who reported the specific language spoken at home before the follow-up question was actually asked, the order of Q52 to Q55 caused some reactions indicating perceived redundancy. Spanish-speaking respondent reactions to Q54 (“Do you speak a language other than English at home?”) and Q55 (“What is this language?”) suggested they considered them redundant because they thought they had already answered the question of language proficiency in Q52 (“How well do you speak English?”) and Q53 (“How well do you read English?”). This trend was only observed in

Spanish-speaking respondents conducting the interview in Spanish, and was not observed in the English interviews with Chinese-speaking respondents. Some examples of this finding are below:

- Three Spanish language interview respondents, who previously indicated a low level of English proficiency in Q52 (“How well do you speak English?”), did not know how to react or answer Q54 (“Do you speak a language other than English at home?”), as they had already indicated they do not speak English well, if at all.
- A language assistant for a Spanish-speaking respondent laughed uncomfortably at the question as he seemed to find the answer rather obvious.
- A Spanish speaking respondent commented to Q54 “Obviously Spanish, and a lot, so yes”

Underestimation of self-reported language proficiency

Another finding that was not necessarily problematic but was consistent across a number of respondents was an underestimation of language proficiency. Most respondents were able to report their level of proficiency through response categories in Q52 (“How well do you speak English?”). However, some respondents in both the Spanish interview and English interview conditions initially reported lower levels of English proficiency than what their comments during probing suggested.

- One respondent answered “not well” to Q52 (“How well do you speak English?”), but after probing, stated he could talk about politics in English, which suggested a higher level of proficiency.
- One language assistant disagreed with the answer of the respondent, her mother, saying that her English had improved over time. The respondent answered ‘not at all’ to Q52 (How well do you speak English?), but the language assistant thought the answer should have been ‘not well.’
 - “She said ‘horrible’...they are modest, they don’t think very highly of themselves...should be ‘not well.’”
- A respondent to Q53 (“How well do you read English?”) answered ‘not well’; however, during probing, the respondent stated that he can read the news in English, which suggests that the respondent could have been underreporting his ability to read English in Q53.

Effective comprehension of the difference between reading and speaking skills

One area of focus during probing was on whether language assistants were effectively able to translate and respondents comprehend the differences between speaking and reading proficiency. Spanish interviews (in which no language assistant was used) showed no comprehension issues for Q52 (“How well do you speak English?”) or Q53 (“How well do you read English?”). Respondents effectively interpreted as two different and separate questions. There were no reports from respondents indicating they thought Q53 (reading English) had already been asked after Q52 (speaking English). The following comments illustrate that respondents interpreted and answered these questions appropriately.

- A Spanish speaking respondent who answered “not well” in speaking ability and “not at all” in reading ability, expressed the following during probing.
 - “I didn’t go to school in order to work, many times when one goes to a place there is a feeling of shame to speak and that one is not understood, and there is a shame in speaking. I sometimes feel this shame in not speaking English. I don’t speak it well, but I make myself understood in many things.”
- A Spanish speaking respondent who answered “not well” to both the speaking and reading questions noted, upon probing their speaking abilities that “I understand some words” but on their reading abilities stated “Completely, no... I understand some words but no... I read a lot but in Spanish.”

In English interviews where a language assistant was used, it does not appear that their translations obscured the difference between “speaking” (Q52) and “reading” (Q53). Language assistants did not report any difficulty translating the key terms (i.e., speaking and reading) in these questions and did not report that Q53 seemed redundant to the respondent.

Self-reported reading proficiency tends to be reported at higher levels than speaking proficiency

Though not a source of concern for comprehension of the survey questions, there was a slight trend observed of respondents reporting higher levels of reading proficiency compared to speaking proficiency. Five out of the twenty-one respondents (3 Spanish speakers and 2 Chinese speakers interviewed with Version A of the protocol) reported English reading proficiency (Q53, “How well do you read English?”) that was one level higher than their reported speaking proficiency (Q52,

“How well do you speak English?”). Only two respondents reported a lower level of reading proficiency than their level of speaking proficiency.

- One Chinese-speaker’s language assistant reported “generally well” verbally and chose “not well” to the reading question. When prompted for examples, the language assistant said:
 - “He can read the internet...some letters from hospital and newspaper...can go to shopping mall, buy something...read the price.”
- A Spanish speaker who considers himself bilingual and responded “well” for their speaking ability, originally responded “well” for his reading abilities; however, during probing he indicated that he reads biographies in English for fun and changed the answer for reading abilities to “very well.”
- A second Spanish Speaker, who responded “not at all” for their speaking ability and reading abilities, noted that her reading is better than her speaking abilities.
 - “I can read some things but it’s more that to speak. I do not dare. But to read, let’s say I read so-so.”
- A third Spanish speaker who responded “well” in her speaking abilities and “very well” for reading abilities noted on how she makes herself understood when speaking, but she feels much more comfortable reading.
 - “From when I was in first grade in Puerto Rico they taught English in school and when we got to this country we did not speak English with fluidity, but we could read it perfectly because in the schools they taught English to the same degree as Spanish...Reading and writing is very easy... my daughter is always correcting my [spoken English]... But I have to speak English... because my granddaughter does not speak Spanish.”

Conclusion and recommendation:

The main challenge posed by Q52 through Q55 relates to the ordering of items. In answering the questions on how well they speak and read English, participants tended to naturally report their primary language. As a consequence, they perceived the subsequent yes-no question on whether they speak a language other than English at home—and its follow-up (“What is this language?”)—as being redundant or somewhat confusing. While this issue applies to respondents whose primary language is not English, it is anticipated that English speakers (which represent the vast majority of

the MCBS target population) will not experience similar issues. If, however, the order of the questions were switched, it is likely that English speakers would experience a similar confusion about being asked a seemingly redundant question. Since the majority of MCBS respondents are English speakers, this outcome should be avoided. Though experienced as redundant in some cases, respondents were still able to provide answers to this set of questions. Considering that each of the questions serves reasonably well the intended purpose (i.e., measure language proficiency) and that three of the four proficiency questions are derived from DHHS (Q52, Q54 and Q55), we recommend keeping the current wording and order as is.

Language preference for medical care and health-related materials

This section reports results from cognitive testing related to respondents’ preferred language for receiving medical care and for reading health-related materials. Within the context of evaluating general comprehension, one area of focus in this section was on whether respondents would interpret these questions as asking about the language they *prefer* to use for their medical care, as opposed to the language in which they actually *do* receive medical care or materials.

Table 9: Questions on preferred language for medical care and health-related materials

Question Wording	Response Options
Q56. In general, in what language do you prefer to receive your medical care?	(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER- specify (-8) Don't Know (-9) Refused
Q57. In what language do you prefer to read health-related materials?	(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused

Effective comprehension of the distinction between preferred language and actual language

The majority of respondents understood the difference between preference and actual language used to receive medical care and read health-related materials. Specifically, 19 of 21 respondents interviewed with Version A understood this difference and replied to Q56 and Q57 based on their preference.

No comprehension problems were observed when interviews were conducted in Spanish. For example, a Spanish speaking respondent, who answered “Spanish” to the preference question for medical care (Q56), indicated during probing that he looks specifically for Spanish speaking doctors, since it is his preference.

- “I communicate directly with [them].”
- Respondent noted that he does not like using a translator as much as “it is less direct in communication.”

Another Spanish speaking respondent who does not speak English well with a non-Spanish speaking doctor indicated that he would prefer a Spanish speaking doctor. This respondent noted the issues experienced when communicating:

- “We understand each other... and when we don’t understand each other [the doctor] asks someone there... there is a nurse there who speaks [Spanish].”

There was generally no difficulty distinguishing preference and actual language health care was received in among the English interviews conducted with Chinese-speaking respondents, except for one instance where Q57 (i.e., language preference to read materials) seemed to create confusion.

- A Chinese-speaking interview participant misunderstood Q57 (“In what language do you prefer to read health-related materials?”) as asking about the language of the materials they do receive rather than what they would prefer. This respondent answered that he reads English “well”, but after probing several times on what the respondent *would prefer*, the language assistant understood the nature of the question. The translator then noted:
 - “He says all material is English, he can read it. If doctor can give him Chinese materials that is better.”

Unintended interpretation of response option “Both equally”

While the majority of respondents understood the questions and response options as intended, there were instances of unintended interpretations. One Chinese respondent interviewed in English with the help of a language assistant answered “both English and Chinese, equally” to Q56 (“In general, in what language do you prefer to receive your medical care?”). During probing, the language assistant expressed that the beneficiary answered “both equally” because she would prefer to receive medical care in both Chinese and English, in order to practice her English and compare what was said in English to Chinese. This interpretation is not necessarily in line with the intention of the response option, which aims at eliciting English language preference for the purposes of obtaining health care, not for practicing language skills.

For the same Chinese respondent, the language assistant clarified that she typically receives medical care in English and only requests a translator some of the time, when she feels it is necessary to understand something. This respondent had no difficulty selecting a preference for “Chinese” in Q57 (“In what language do you prefer to read health-related materials?”).

Conclusion and recommendation:

For the most part, Q56 and Q57 performed as intended. However, for Q57, we suggest adding the term “in general” to the beginning of the question so it matches the phrasing of Q56. This edit will also help convey the meaning that respondents are asked about what they prefer the majority of the time.

Barriers to health care access due to language: Symptoms and medical recommendations

This section presents findings on questions intended to measure respondents’ abilities to communicate with providers in order to discuss symptoms and medical recommendations (Table 10).

Table 10: Questions on discussion of symptoms and medical recommendations

Question wording	Response Options
Q58. How well can you discuss your symptoms with your medical providers in English? Would you say...	(01) Very well (02) Well (03) Not well, or (04) Not at all?
Q59. How well can you discuss your symptoms with your medical providers in [LANGUAGE FROM Q55]? Would you say...	(01) Very well (02) Well (03) Not Well, or (04) Not at all?
Q60. How well can you understand your medical providers' recommendations in English? Would you say...	(01) Very well (02) Well (03) Not Well, or (04) Not at all?
Q61. How well can you understand your medical providers' recommendations in [LANGUAGE FROM Q55]? Would you say...	(01) Very well (02) Well (03) Not Well, or (04) Not at all?

There were several issues encountered in this section. The first had to do with perceived redundancy of Q59 and Q61. Some respondents perceived these questions as asking essentially the same thing as prior questions that attempted to assess language proficiency. A related issue was that of unintended connotations of Q59 and Q61. Since the emphasis on communication with their provider was not apparent to all respondents, some interpreted these questions as asking more generally how well they could communicate in their own language generally, which was regarded as a strange and mildly offensive question. Another issue that presented itself was a perceived lack of fit of some of the questions to a given respondent's medical situation. If a respondent did not have an English-speaking provider, for instance, they were confused about being asked questions relating to how well they could speak in English with their provider.

Finally, respondents who used a translator when communicating with a medical provider generally did not comprehend the intention of the questions, which was to ask how well they would be able to

communicate with their provider without the assistance of a translator in a given language. Respondents assumed that if a translator was typically present, the question would be asking about that typical case, which was not the intent of the questions. The following evidence illustrates these points.

Perceived redundancy and unintended connotations of questions

Some respondents with language-concordant medical providers seemed confused when initially asked Q59 (discussion of symptoms with providers in the respondent's primary language) and Q61 (understanding of provider's recommendation in the respondent's primary language), potentially because of perceived redundancy. It appears they thought they had already answered questions before about their language preference (i.e., Q56, language preference for medical care and Q57, language preference for health-care related materials) and proficiency (Q52-Q55, language proficiency questions). The following comments illustrate the difficulties some respondents encountered:

- A Spanish-speaking respondent, upon hearing Q61 (“How well can you understand your medical providers’ recommendations in [Spanish]?”), paused and looked confused before answering “I completely understand him.” Upon probing, respondent emphasized on multiple occasions that he does not speak English well and that Spanish is his language of choice. The questioning about his abilities to speak and understand Spanish appeared to be uncomfortable for him —potentially because of redundancy. The respondent answered most probes from this section with the same answers, expressing that if a medical provider does not speak Spanish, his son would help him understand. In the R’s response to prior questions/ he has already established that Spanish is his primary language and language of choice for medical care. He interpreted the current question as concerning his ability to understand Spanish, and such a question is not appropriate for a respondent who clearly is fluent in Spanish.
- Another Spanish-speaking respondent, in answering this section, seemed to feel as though some of the questions were rather similar to those she answered before, and answered Q59 (“How well can you discuss your symptoms with your medical providers in [Spanish]?”) by saying “Not very well.” Since the interviewer was aware that the respondent had a Spanish-speaking doctor, this answer appeared to have been in error and the interviewer repeated Q59. The respondent realized she was not paying attention to the line of questioning,

potentially due to similarities to the previous question and commented “it’s like a tennis match,” meaning she felt as though we were going back and forth asking the same questions and she providing the same answers.

The intention of Q59 and Q61 was to measure the ability to communicate with medical providers; however, this was sometimes not fully comprehended by respondents. Particularly, three respondents interpreted Q59 (discussion of symptoms using respondent’s primary language) and Q61 (understanding of medical recommendations using respondent’s primary language) as if the interviewer was asking how well the respondent could speak their own language, which was perceived as somewhat insulting. The instances below provide illustration for these points.

- One respondent’s language assistant laughed after being probed about their answer for Q59 and responded,
 - “Very well...this is our mother language...native language.”
- Another respondent laughed awkwardly upon hearing Q59 and stated “but of course very well!”
- A third respondent seemed unsure how to answer Q59. At first he thought it was about his abilities in his native language and then questioned his answer and commented that “Well with this doctor... he is American but speaks Spanish very well” and responded a second time regarding his doctor’s language abilities.

Perception by respondents that the questions do not apply to them

The intended interpretation along the lines of ‘how well *would you* be able to communicate’ was not always understood for questions in this section. In particular, respondents with a language-concordant provider were confused by Q58 (discussion of symptoms in English) and Q60 (understanding of recommendation in English). They felt these questions did not apply to them because they did not communicate in English with their providers. Similarly, respondents with no language-concordant providers did not always understand Q59 (discussion of symptoms in preferred language) and Q61 (understanding of recommendation in preferred language) as hypothetical, and answered by describing how their medical situations did not fit the questions. Instances of these issues are illustrated by the following examples.

- When asked “How well can you discuss your symptoms with your medical provider in [Spanish]” (Q59), a Spanish speaking respondent answered “Not at all” and naturally elaborated that “my doctor does not speak Spanish.” However, when the same respondents was asked “How well can you understand your medical provider’s recommendations in [Spanish]” (Q61) he answered “Very well” and stated “Well, in Spanish, I understand perfect, excellent.”
- Similarly, another respondent asked whether she can discuss symptoms in her own language (Q59) replied: “But he [the doctor] does not speak it” and upon probing, the respondent elaborated how she makes herself understood.
- A Spanish speaking respondent who was asked “How well can you discuss your symptoms with your medical providers in English” (Q58) answered “Not at all” and explained that she does not speak in English ever with her doctors. She also noted “when I make an appointment I ask for an interpreter” and that she always has an interpreter present for appointments.

Ambiguity of questions when a translator is typically used for actual medical care.

The intended interpretation of Q58 (symptoms) and Q60 (recommendations) was: If you could not use a language assistant how well could you discuss your symptoms or understand your provider’s recommendations in English. However, our evidence suggests that when respondents typically used a language assistant with their usual medical provider, they did not understand these questions in the intended way. Rather, they interpreted them as asking how they typically communicate with the aid of a language assistant.

- A respondent whose provider does not speak their language noted that, with the help of a language assistant, she could speak “very well” with her provider—which was not the intended interpretation of Q58.
- “I always have a translator.”
- “My son is usually with me.”
- One respondent answered Q60 (“How well can you understand your medical providers’ recommendations in English?”) as “well” and then continued “I understand a little... then I go home and my son translates for me... and I think it is good.”

Conclusion and recommendation:

We recommend adding a text fill for the question stem in Q58 (i.e. discussing symptoms with medical providers in English) and Q59 (i.e. discussing of symptoms in respondent's language) to include "[PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST]." Although in testing we did not notice any memory issues (that is, respondents seemed able to name their provider or clinic), we feel that this text fill could help in cases when respondents are not able to remember the name of their usual provider.

We recommend moving Q58 (i.e. discussing symptoms with medical providers in English) later in the series and adding a skip pattern before Q58. The intention is to administer this question only to respondents who reported that their provider spoke English. This would alleviate the confusion brought about when the usual provider did not speak English to the respondent.

We recommend revising Q59 (i.e. discussion of symptoms in preferred language) to emphasize that the focus is on the provider's ability to communicate in the respondent's language: "How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in [LANGUAGE FROM Q55] about your symptoms?" Also, we recommend asking Q59 (i.e. discussion of symptoms in preferred language) only to respondents whose doctors speak their preferred language to alleviate the confusion brought about when the usual provider did not speak the respondent's preferred language.

To maintain symmetry, we recommend revising Q58 (discussion of symptoms in English) as the following: "How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in English about your symptoms?" Additionally, we recommend asking Q58 (i.e., discussion of symptoms in English) only to respondents whose doctors do not speak their preferred language to alleviate the confusion brought about when the respondent usually speak their preferred language to their medical providers.

Respondents showed a tendency to provide the same answer in Q58 (discussion of symptoms in English) and Q60 (understanding of medical recommendations in English). Likewise, respondents tend to provide the same answers in Q59 (discussion of symptoms in their own language) and Q61 (understanding of medical recommendations in their own language). Furthermore, the literature review presented in "MCBS Task 8.1 Final Options Paper and Testing Plan" suggests that a question focused on "symptoms" (Q58 and Q59) tends to perform better than one focused on medical

recommendations (Q60 and Q61). We therefore recommended dropping Q60 and Q61. This would alleviate the perceived redundancy of questions.

Barriers to health care access due to language: Communication with providers

Table 11: Questions on communication with medical providers

Question wording	Response Options
Q62. Does [PROVIDER NAME FROM Q21] speak [LANGUAGE FROM Q55]?	(1) YES (2) NO (-8) Don't Know (-9) Refused
Q63. Who helps you communicate with [PROVIDER NAME FROM Q21] – a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?	(1) Professional interpreter (2) Staff person at doctor's office (3) Family member Friend (4) Do the best you can in English (5) Other-specify
Q64. Who helps you communicate with medical providers who do not speak [LANGUAGE FROM Q55]– a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?	(1) Professional interpreter Staff person at doctor's office (2) Family member (3) Friend (4) Do the best you can in English Other-specify

Perceived redundancy of Q62

As noted throughout previous sections, respondents tend to volunteer the language of their primary provider at various points prior to administering Q62. As a consequence, Q62 (“Does [YOUR PROVIDER] speak [YOUR LANGUAGE]”) appeared to be repetitive, even when the actual interpretation of the question was clear to respondents.

Failure to recognize the difference between Q63 and Q64

Only respondents with English-speaking providers were asked both Q63 (i.e., who provides assistance in communicating with the respondent’s regular provider) and Q64 (who provides assistance in communicating with providers who do not speak the respondent’s language). Among these respondents, there appears to be an unclear distinction between Q63 (i.e., focused on regular provider) and Q64 (i.e., focused on other providers).

- A Spanish-language respondent answered that he does “the best [he] can in English” as answer to Q63, but he hesitated in his response to Q64 and answered “staff person at doctor's office.” The respondent seemed to think that different answers were expected for Q63 and Q64 —as though Q63 asked for his first option and Q64 asked for his second. The respondent did not understand at first that the same way for both questions would be appropriate, as they referred to different situations.

More than one possible response choice for Q63 and Q64

Some respondents found that for Q63 and Q64 (i.e., who helps you communicate with providers), more than one response option applied. They wanted to select more than one option to describe how they communicate with doctors who do not speak their language. Some respondents expressed that the person providing help communicating with medical providers could vary from visit to visit. Other respondents indicated that they try different strategies to communicate with providers, depending on who is available to translate and the topic being discussed. The observations below illustrate the issues observed with Q63 and Q64:

- One English language interview respondent noted that two answers could apply to her situation. Sometimes the respondent’s daughter translated and sometimes the respondent used a professional interpreter.
- A Spanish-speaking respondent noted that they have had a family member translate and have used professional interpreters as well.
- Another respondent said they used a professional interpreter when their son is not present.
- One Spanish speaking respondent answered “I do it myself.” If there is a question, which rarely happens, the nurse speaks Spanish. Usually I don’t need it [interpreter], when it’s something strong, one of my daughters will go with me”
- Another respondent answered that he does “the best [he] can in English” as answer to Q63, but to Q64 answered “staff person at doctor's office.” During probing the respondent expressed that when he goes to his doctor, he usually does the best he can in English but then if he needs help, he can get it from someone at the doctor’s office.

Conclusion and recommendations:

Q62 (does provider speaks respondent’s preferred language) was well understood. While no major memory issues were detected for this question, we suggest adding the provider name text fill to

accommodate usual providers whose names may not be immediately remembered by the respondent. We also recommended adding an introductory script to clarify that Q62 is asking about the respondent's usual provider. The proposed introduction, as well as text fill for Q62, reads as follows:

“You mentioned earlier that there is a particular medical provider you usually go to when you are sick or for advice about your health. My next questions are about that provider. Does [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] speak [LANGUAGE FROM Q55]?”

We recommend moving Q62 to an earlier point in the context of language question (that is, before the question on whether the respondent can communicate in his or her language about symptoms) with the intention of using it as a branching question. This will help ensure that respondents are only asked subsequent questions that are appropriate to the language that the provider speaks.

Q63 and Q64 were generally well understood and we therefore recommend keeping the question wording as is. However, consistent with previous recommendations, we also propose to use text fill for provider's name to accommodate usual providers whose names are not immediately remembered by the respondent (i.e., “[PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST]”).

We also recommend allowing respondents to choose all response options that apply in Q63 and Q64. We suggest adding the probe, “Anyone else?” to these questions to capture all responses that apply.

For respondents who have a usual health care provider, we recommend clarifying which provider is being referenced in Q64 (“other providers”) and Q63 (“regular provider”). We recommend adding the following language at the beginning of Q64:

“Now think about all of your (IF USUALDOC=YES, INSERT “other”) medical providers.”
This addition should help clarify that respondents who have answered the previous question with respect to their usual provider who does not speak English, should answer this question for other providers.

Also, we recommend adding a more direct question to ask whether respondents had ever experienced a problem understanding a medical situation. This question is derived from the literature review presented in the “Final Options Paper.” The proposed question reads:

“Have you ever had a problem understanding a medical situation because it was not explained in [RESPONDENT’S LANGUAGE]?”

Version B (Round 2)

This version of the questionnaire, tested in Round 2, implemented changes that were recommended after the first 21 interviews in Round 1. The sample in this round consisted of 5 interviews with Spanish speakers, without a language assistant, and 2 interviews with Russian speakers, both of whom used a language assistant.

Limited English Proficiency

The LEP items in Version B were identical to Version A. As detailed in the discussion of findings for Version A, these questions were generally well understood by respondents and appeared to measure language proficiency reasonably well. As previously noted, three of the four proficiency questions are derived from DHHS standards (Q52, Q54 and Q55), and therefore should not be revised in order to maintain consistency with the standard LEP questions.

Table 12: Questions on language proficiency

Question wording	Response Options
<p><i>[DHHS Standard, already in MCBS]</i> Q52. How well do you speak English? Would you say...</p>	<p>(01) Very Well (02) Well (03) Not Well, or (04) Not at all?</p>
<p>Q53. How well do you read English? Would you say...</p>	<p>(01) Very Well (02) Well (03) Not Well, or (04) Not at all?</p>
<p><i>[DHHS Optional granularity, already in MCBS]</i> Q54. Do you speak a language other than English at home?</p>	<p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
<p><i>[DHHS Optional granularity, already in MCBS]</i> Q55. What is this language?</p>	<p>(01) SPANISH (91) OTHER LANGUAGE, SPECIFY: _____ (-8) Don't Know (-9) Refused</p>

No issues that require revisions to the questions on language proficiency were noted in the Round 2 interviews. A summary of our observations from the interviews follows:

Volunteering language spoken and perceived redundancy of questions

Respondents continued to tend to volunteer the language spoken before being asked Q55. Of the five Spanish language respondents interviewed with Version B, four responded “Spanish” to Q54.

Likewise, both of the Russian-speaking respondents interviewed with Version B responded with their language to Q54.

Effective comprehension of the difference between reading and speaking skills

Consistent with findings in Version A, there were no reports of confusion or perceived redundancy relating to Q52 and Q53. Respondents referenced “speaking” and “reading” in their answers to Q52 and Q53 respectively, indicating that the difference between what these questions were asking about was understood.

- One Spanish-speaking respondent who answered “well” to Q52, during probing indicated that he does speak English, although sometimes had trouble with pronunciation and accent.
- Another Spanish-speaking respondent who answered “well,” after probing said that she considered herself bilingual
- A third Spanish-speaking respondent answered “not very well” and upon probing stated
 - “I can speak English but when there are more profound topics I cannot really answer”
- A Russian-speaking respondent who was mostly bilingual answered “not well” and asked,
 - “Speaking or understanding? Speaking is easier than understanding.”

The language assistant for this same respondent, who was his son, noted that the speed of the verbal communication on the part of the speaker was the important factor in the respondent’s comprehension, not necessarily the language of the speaker.

- “If they’re speaking too fast...he would have a hard time catching up.”

The respondent added,

- “When I spoke to you, mostly I understand. When I watch T.V., zero. Even if you say the same thing.”

In response to Q53, one Spanish-speaking respondent noted:

- "Sometimes it's hard to read all in English but I try. News is easier, medical documents are harder."

Reading skills reported at higher levels than speaking skills

During the administration of Version A, a trend of respondents reporting higher levels of reading proficiency than speaking proficiency emerged. The results from Version B were more mixed, with two out of seven respondents reporting no difference, three out of seven reporting a higher reading level than speaking, and two out of seven reporting a higher speaking proficiency level than reading proficiency level.

Conclusion and Recommendations:

Given that three of four LEP items (Q52, Q54 and Q55) are already included in the MCBS (derived from DHHS guidelines), and that the added question on reading skills (Q53) works reasonably well, we recommend no revisions to these items.

Language preference for medical care and health-related materials

Table 13: Questions on preferred language for medical care

Question wording	Response Options
Q56. In general, in what language do you prefer to receive your medical care?	(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER- specify (-8) Don't Know (-9) Refused
Q57. In general, in what language do you prefer to read health-related materials?	(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused

The questions on language preference did not change in Version B of the protocol, except for the addition of “in general” to the beginning of Q57.

Effective comprehension of the distinction between preferred language and actual language

Consistent with responses observed in Round 1 interviews with Version A of the protocol, responses during Round 2 interviews indicated that respondents comprehended the difference between language preference and actual language used either for medical care and to read health-related materials.

In Round 2 interviews, several respondents expressed a preference for receiving medical care or materials in English, even though they spoke another language at home. Respondents who participated in the second round (Version B) reported a higher level of English proficiency relative to participants in the first round (Version A). Consequently, it is not surprising that they would prefer to communicate in English.

- One Russian-speaking respondent interviewed with the help of a language assistant noted that he prefers to receive care in English. This respondent noted that his cardiologist is American and is a good doctor. The language assistant added that medical terms used by his doctor, if translated in Russian, would not be understood by the respondent since he left Russia long ago, before he had those conditions. As an example, the language assistant said that in English, the word “angina” has to do with the heart, whereas in Russian it means “sore throat.”
- One respondent answered “Spanish” for preferred language in Q56 and he did not appear to have difficulties with English. He indicated that if he has a question, he would ask his grandchildren. Also, he indicated that his preference varies contingent on the situation.
 - “Depending on the situation and the condition in which I find myself, it doesn’t matter to me English or Spanish. [What matters] is that it’s quick and effective. The majority of [my] doctors speak Spanish... Sometimes they will speak English... but I understand well”
- Another respondent answered Spanish and noted that they usually received medical care in Spanish, but when they needed something translated from English, they would ask for help from friends or family.

Unintended interpretation of response option “Both equally”

Unlike the first round, in the second round of interviewing, no instances of unintended interpretation of the response option “both equally” were found.

- The language assistant of one Russian language respondent initially said “doesn’t matter” in response to Q57 (preferred language to read health-related materials). When read the list of response options, he selected “Both English and [Russian] equally.”
- A Spanish speaking respondent who responded “Both equally” to Q56 (language preference for receiving medical attention) commented during probing that “they always ask me if I prefer Spanish or English. I tell them both.”
- A Spanish-speaking respondent responded “Both equally” for Q56 and “Spanish” for Q57, which was consistent with her responses of “well” for Q52 (English speaking proficiency) and “not well” for Q53 (English reading proficiency). During probing, this respondent commented that her daughter will translate English language reading material she does not understand, further elaborating that “my daughter speaks ...English ... better than I.”
- A Spanish-speaking respondent answered that his preference for receiving both medical care and reading material is in “Spanish,” but elaborated during probing that usually, he receives medical care in English with an interpreter and that his daughter would help translate English reading material. This indicates clear comprehension of both questions.

Conclusion and Recommendation:

Consistent with conclusions and recommendations from Version A, Q56 and Q57 performed as intended, overall. The addition of “In general” to Q57 seemed to clarify the intention of the question, as discussed in Version A. We recommend keeping Q56 and Q57 as they are.

Barriers to health care access due to language: Symptoms

Table 14: Questions on discussion of symptoms and medical recommendations

Question wording	Response Options
<p>Q60 <i>[Was Q58 in Version A]</i> How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in English about your symptoms?</p>	(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON'T KNOW (-9) REFUSED
<p>Q59 How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in [LANGUAGE FROM Q55] about your symptoms?</p>	(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON'T KNOW (-9) REFUSED

Altered question order and branching question helps eliminate perceived redundancy

The order of questions in this section was changed in Round 2, Version B of the questionnaire. In Round 2, they appeared after a branching Q58 (“Does [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] speak [LANGUAGE FROM Q55]?”). Based on this branching question, respondents were asked only Q59 or Q60, depending on whether the provider spoke the respondent’s language. Additionally, the wording of these questions was revised with the intention of focusing the question on the communication process, and minimizing any connotation about the respondents’ ability to speak their own language.

- One Spanish-speaking respondent answered “very well” then stated that “when they don’t understand me in Spanish, I speak English,” indicating that usually the respondent is able to communicate well in Spanish with their provider.
- The language assistant for a Russian-speaking respondent answered “very well,” and added that the doctor communicates well, not just in regard to speaking Russian but in all aspects of his care.

Altered question order and branching question helps eliminate unintended interpretation of question and perception by respondents that the questions do not apply to them

In the second round of interviewing, respondents were successful in interpreting the questions. By directing respondents either to Q59 or Q60, depending on the language in which the respondent and provider communicate, the respondents were able to interpret the question in the context of their own health care situation.

- In Version B, five respondents said that their usual medical provider speaks their preferred language. Of these, four respondents answered that they communicate “very well” with their medical providers in their preferred language and one answered that they communicate “well” with their medical providers in their preferred language. One respondent said that their usual provider does not speak their preferred language and that they cannot communicate “well” with their provider in English.

Ambiguity of questions when a translator is typically used for actual medical care

Few respondents in Round 2 received this question, due to the new branching order mentioned above. For the few that did, as in Round 1, ambiguity appeared to exist in Q60 (which measures how well a respondent can discuss with usual provider in English about symptoms) on whether to interpret the question as asking about the ability to communicate with the aid of a translator or without a translator present.

- One Russian-speaking language assistant, when helping the participant to answer Q60, initially gave an answer that was changed during probing. Initially the language assistant reported, after consulting with the beneficiary, “not well...depends on what questions are asked.” During probing, however, when the initial response of “not well” was investigated, respondent and language assistant disagreed that this was the intended response,
 - “She (the beneficiary, language assistant’s wife) cannot be doing ‘not well’ because I am translating. When translation goes to her ear, she knows exactly what question has been asked.”
- This language assistant felt the answer should be ‘well’ and that the respondent (his wife) usually “needs the translator to be present.”

This finding indicates that there is some ambiguity on how to take into account the role of language assistants who are usually present with usual providers in English. As discussed below, this is an issue that could be addressed with some clarifying language

Conclusion and Recommendation:

As Q60 seems to be unclear to some respondents, we recommend adding a clarifying note at the beginning of the question to indicate that the question is intended to address communication without the aid of translation:

“Without the aid of a translator, language assistant, or interpreter, how well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in English about your symptoms?”

This change is intended to eliminate ambiguity about the role of a translator in evaluating communication ability and make clear the intended meaning—the effectiveness of communication between a respondent and a medical provider without the aid of a translator.

An issue CMS has noted with this suggested revision, however, is that it potentially presents respondents with a hypothetical situation regarding how they communicate with their providers. Some respondents may have never had the experience of attempting to communicate with their providers without the aid of a translator, language assistant, or interpreter. For these individuals, it would be necessary to respond to Q60 based only on how well they think they could communicate, not based on their direct experience of how well they actually could communicate. However, an analyst could use responses to Q61 (who helps you communicate) to separate the data from Q60 for those who have attempted to “do their best they can in English” from those who have not had this experience.

As an alternative approach, it would be possible to use Q61 as a filter question prior to Q60, such that only those who have attempted to communicate in English with their providers would be asked Q60. The questions would be reordered as shown in Table 15. The phrase, “When you do the best that you can in English,” would be added to the beginning of Q60 in this reordering to emphasize that it is experiences attempting to communicate in English that are of interest. Although this approach may make it clear that Q60 is directed at respondents who have tried to communicate in English with their providers, it does limit the question to a smaller subset of respondents. The analyst would have a

broader data set to work with if Q60 were not constrained by response to Q61; however, it would be important for the analyst to interpret the response to Q60 in their appropriate context.

Table 15: Questions on the communication process with medical providers

Survey items	Wording	Response categories
[SKIP INSTRUCTION AFTER Q57: IF USUALDOC=YES, CONTINUE, ELSE GO TO THE SKIP INSTRUCTION BEFORE Q62]		
Q58	<p>You mentioned earlier that there is a particular medical provider you usually go to when you are sick or for advice about your health. My next questions are about that provider.</p> <p>Does [PROVIDER NAME FROM Q21/your usual provider/your specialist] speak [LANGUAGE FROM Q55]?</p>	<p>(01) YES (02) NO → GO TO INSTRUCTION BEFORE Q61 (-8) DON'T KNOW → GO TO INSTRUCTION BEFORE Q62 (-9) REFUSED → GO TO INSTRUCTION Q62</p>
Q59	<p>How well can you and [PROVIDER NAME FROM Q21/your usual provider/your specialist] communicate in [LANGUAGE FROM Q55] about your symptoms?</p>	<p>(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON'T KNOW (-9) REFUSED</p>
[SKIP INSTRUCTION AFTER Q59: FOR ALL ANSWERS IN Q59, GO TO THE INSTRUCTION BEFORE Q62]		
[SKIP INSTRUCTION BEFORE Q61: IF Q52 = “Not well” or “Not at all” CONTINUE; ELSE GO TO Q64]		

Survey items	Wording	Response categories
Q61	Who helps you communicate with [PROVIDER NAME FROM Q21/your usual provider/your specialist] – a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English? PROBE: Anyone else?	[CHOOSE ALL THAT APPLY] (01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER’S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (-8) DON’T KNOW (-9) REFUSED
[SKIP INSTRUCTION BEFORE Q60: IF ANY RESPONSE TO Q61 = “DOES THE BEST THAT CAN IN ENGLISH” CONTINUE; ELSE GO TO Q62]		
Q60	[IF Q61 in (01,02,03,04,05), “When you do the best that you can in English,”] [H]ow well can you and [PROVIDER NAME FROM Q21/your usual provider/your specialist] communicate in English about your symptoms?	(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON’T KNOW (-9) REFUSED

Q59 performed as intended; we recommend no changes to it.

Barriers to health care access due to language: Communication with providers

Table 16: Questions on the communication process with medical providers

Question wording	Response Options
Q58. You mentioned earlier that there is a particular medical provider you usually go to when you are sick or for advice about your health. My next questions are about that provider. Does [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] speak [LANGUAGE FROM Q55]?	(01) YES (02) NO (-8) DON’T KNOW (-9) REFUSED

Question wording	Response Options
<p>Q61. Who helps you communicate with [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] – a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p>	<p>[CHOOSE ALL THAT APPLY] (01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER'S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (-8) DON'T KNOW (-9) REFUSED</p>
<p>Q62. Have you ever had a problem understanding a medical situation because it was not explained in [LANGUAGE FROM Q55]?</p>	<p>(01) Yes (02) No (-8) DON'T KNOW (-9) REFUSED</p>
<p>Q63. Now think about all of your (IF USUALDOC=YES, insert "other") medical providers.</p> <p>Who helps you communicate with medical providers who do not speak [LANGUAGE FROM Q55]– a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p>	<p>[CHOOSE ALL THAT APPLY] (01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER'S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (07) DOES NOT SEE A MEDICAL PROVIDER (-8) DON'T KNOW (-9) REFUSED</p>

Improved positioning of question on usual provider speaking preferred language

Based on findings from Round 1, we moved the question on whether the medical provider speaks respondent's preferred language (Q58) to an earlier point in the context of language questions (that is, before the question on whether the respondent can communicate in his or her language about symptoms). Consequently, in Round 2 this question was used as a branching question and was well understood by all respondents. Further, this ensured that respondents were only asked subsequent questions that were appropriate to the language that their provider speaks.

- A Russian-speaking respondent answered that their usual provider speaks Russian. Upon probing, the respondent said he did not go to her because she speaks Russian, but rather, because she was recommended by a friend who prefers said doctor. Subsequent questions regarding communication with medical providers in Russian did not show any difficulties.

Failure to recognize the difference between Q61 and Q63

Although the number of respondents that made use of a language assistant was extremely limited in the second round (two respondents out of seven), there is some evidence to suggest that the differences between Q61 (focused on communication with regular provider) and Q63 (focused on communication with other providers) is not always recognized.

- The language assistant of one Russian-speaking respondent reported that the questions seemed redundant. After beginning to ask Q63, this respondent’s language assistant interrupted, saying,
 - “You already know this.”

This indicates that an emphasis on “other” providers could be helpful in disambiguating these questions. A recommendation to this effect is found in the “conclusions and recommendations” section.

More than one possible response choice for Q61 and Q63

Based on findings from Version A, Q61 and Q63 allowed for multiple answers in Version B (i.e., “check all that apply”). The ability for respondents to select various response options for these questions appeared to be successful. One respondent in the second round of testing had two possible responses to this question, and was able to select options for both without any difficulty.

- A Spanish-language respondent who reported not having a usual medical provider answered that she uses a professional interpreter as well as a family member to help her understand when her medical provider does not speak Spanish.

Interpretation of questions about communication with medical providers

Overall, respondents appeared to understand Q62 as intended. For example, one respondent (who indicated that they spoke no English but whose usual doctor does speak the respondent’s preferred language) responded in the affirmative to Q62 (“Have you ever had a problem understanding a medical situation because it was not explained in [RESPONDENT’S LANGUAGE]?”) During probing this was confirmed and the respondent elaborated on how before surgery he had to ask the doctor for an interpreter in order to understand the procedure, as the surgeon did not speak the respondent’s preferred language.

Nonetheless, when a language assistant mediated the answering process, the interpretation of the question seemed to be less clear. A language assistant helping a Russian-speaker expressed in response to Q62,

- “With translator, absolutely she understands.”
- The language assistant answered “yes” to Q62, after consultation with the respondent. However, it is likely this response was intended as ‘Yes, she understands with a translator.’ Since Q62 asks if the respondent ever had a problem understanding a medical situation. This “yes” may be the opposite of what the language assistant intended to report. During probing, it became clear that “no” was the intended answer.
 - “Because she has a translator, it’s no problem.”

Conclusion and Recommendation:

The movement and usage of Q58 as branching question seemed to clarify subsequent questions regarding communication with medical providers. Therefore, we recommend keeping wording and positioning of Q58 (in section “Discussion and Summary of Recommendations” a flowchart is presented to illustrate this position).

Overall, Q62 seemed to perform as intended (with the exception of a language assistant answering “no” to mean “yes” as detailed above). Consequently, we recommend keeping Q62 items as is.

There is some evidence suggesting that the difference between Q61 (which asks about their usual provider) and Q63 (focused on other providers) is not immediately apparent to respondents who are asked both questions. While this difference is stated in the question stem, it is possible that it is not emphasized enough, or may be lost in translation, unless the difference is more readily noticeable. Therefore we recommend adding an introductory phrase in Q63 that reads as follows: Now think about all of your medical providers (IF USUALDOC=YES, insert “other than your usual provider”). The suggested revised question reads:

“Now think about all of your medical providers (IF USUALDOC=YES, insert “other than your usual provider). Who helps you communicate with medical providers who do not speak [RESPONDENT’S LANGUAGE]– a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?”

Discussion and Summary of Recommendations

This section presents the final set of items with recommended revisions to wording and question order. In general, the questions assessing English proficiency worked well and were understood by respondents. Questions on language preference also appeared to generally be well understood and relatively easy to answer for respondents. Questions in the ‘barriers to health care access’ section presented some problems for respondents in the format in which they were administered in Version A of the questionnaire. The first of these was a problem of questions seeming redundant, and the second was that respondents felt as though some of the questions they were being asked did not apply to them.

The solution of moving the question asking about the language the respondent speaks with their usual medical provider (Q58 in the table below) to an earlier point in the survey in order to function as a branching question appeared to solve these two issues in Version B. We therefore recommend no further revisions to the wording or placement of this question.

The question on how well a respondent can communicate with their usual medical provider in English, if that provider does not speak their home language (Q60 in the table below), was ambiguous as administered in both versions of the questionnaire. This was an issue that did not fully present itself until the last few interviews, as most respondents had a language concordant medical provider. However, in instances of respondents with no language-concordant provider, the issue of whether the communication inquired about with the survey question included the aid of a language assistant, led to equivocal interpretations of the question. Therefore, we propose adding a clarifying note to the beginning of the question, conveying that the focus of the question is on communication without the aid of an interpreter, in order to improve respondent comprehension and minimize measurement error. However, as noted by CMS, Q60 has the potential to be a hypothetical question for those respondents who have not attempted to communicate in English with their provider. To address this concern, in the discussion above of Round 2 findings, we note an alternative revision to question ordering and wording for Q60 that directs this question only to those who have attempted to communicate in English with their providers. CMS may want to review the pros and cons of reversing the ordering of Q60 and Q61 before making a final decision on implementation. At a minimum, if these questions are implemented on the MCBS, users should be advised of these issues in technical documentation or analytic briefs conveying results.

Finally, we found that the two questions on who helps a respondent translate with their usual medical provider (Q61 below) and their other medical providers (Q63 below) were not necessarily being recognized as different questions for respondents whose skip paths instructed them to answer both. If these two questions are judged to be the same, it will be a significant source of response error. Therefore, we recommend changing the introductory phrase at the beginning of Q63 to emphasize that the subject of the question is providers other than the respondent’s usual provider.

The final set of LEP items (with leading scripts as well as response options) recommended for inclusion in the MCBS is presented below (Table 17).

Recommended LEP module for the MCBS

Table 17: Final selection on language competency questions recommended for MCBS

Survey items	Wording	Response categories
Q52 <i>[Already in MCBS]</i>	How well do you speak English? Would you say...	(01) Very well (02) Well (03) Not well, or (04) Not at all?
Q53	How well do you read English? Would you say...	(01) Very well (02) Well (03) Not well, or (04) Not at all?
Q54 <i>[Already in MCBS]</i>	Do you speak a language other than English at home?	(01) YES (02) NO → GO TO NEXT SECTION (-8) Don't Know → GO TO NEXT SECTION (-9) Refused → GO TO NEXT SECTION
Q55 <i>[Already in MCBS]</i>	What is this language?	(01) SPANISH (91) OTHER LANGUAGE, SPECIFY (-8) Don't Know (-9) Refused

Survey items	Wording	Response categories
Q56	In general, in what language do you prefer to receive your medical care?	(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused
Q57	In general, in what language do you prefer to read health-related materials?	(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused
[SKIP INSTRUCTION AFTER Q57: IF USUALDOC=YES, CONTINUE, ELSE GO TO THE SKIP INSTRUCTION BEFORE Q62]		
Q58	You mentioned earlier that there is a particular medical provider you usually go to when you are sick or for advice about your health. My next questions are about that provider. Does [PROVIDER NAME FROM Q21 ⁵ /your usual provider/your specialist] speak [LANGUAGE FROM Q55]?	(01) YES (02) NO → GO TO Q60 (-8) DON'T KNOW → GO TO Q63 (-9) REFUSED → GO TO Q63
Q59	How well can you and [PROVIDER NAME FROM Q21/your usual provider/your specialist] communicate in [LANGUAGE FROM Q55] about your symptoms?	(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON'T KNOW (-9) REFUSED
[SKIP INSTRUCTION AFTER Q59: FOR ALL ANSWERS IN Q59, GO TO THE SKIP INSTRUCTION BEFORE Q62]		
Q60	Without the aid of a translator, language assistant, or interpreter, how well can you and [PROVIDER NAME FROM Q21/your usual provider/your specialist] communicate in English about your symptoms?	(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON'T KNOW (-9) REFUSED

⁵ Q21 asks for the complete name of the doctor the respondent usually goes to when they are sick or for advice about their health. Exact wording of Q21: What is the complete name of that doctor?

Survey items	Wording	Response categories
[SKIP INSTRUCTION AFTER Q60: IF Q52 = “Not well” or “Not at all” CONTINUE TO Q61, ELSE GO TO Q64]		
Q61	<p>Who helps you communicate with [PROVIDER NAME FROM Q21/your usual provider/your specialist] – a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p>	<p>[CHOOSE ALL THAT APPLY]</p> <p>(01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER’S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (-8) DON’T KNOW (-9) REFUSED</p>
[SKIP INSTRUCTION BEFORE Q62: IF Q52 = “Not well” or “Not at all” CONTINUE TO Q62, ELSE GO TO Q64]		
Q62	<p>Have you ever had a problem understanding a medical situation because it was not explained in [LANGUAGE FROM Q55]?</p>	<p>(01) Yes (02) No (-8) DON’T KNOW (-9) REFUSED</p>
Q63	<p>Now think about all of your medical providers (IF USUALDOC=YES, insert “other than your usual provider”).</p> <p>Who helps you communicate with medical providers who do not speak [LANGUAGE FROM Q55]– a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p>	<p>[CHOOSE ALL THAT APPLY]</p> <p>(01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER’S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (07) DOES NOT SEE A MEDICAL PROVIDER (-8) DON’T KNOW (-9) REFUSED</p>

Recommendations for future investigation

There are several methodological issues that arose during the course of cognitive interviewing that merit further inquiry. The first concerns independent verification of the translation given by the language assistant. Interviewers probed language assistants during the cognitive interviews, but this is not as reliable as a way to identify mistranslations or loose translations as independent verification would be. If further interviews are conducted using a language assistant, it would be beneficial to

have the recordings analyzed by a bilingual researcher afterward. This would be especially useful as a way to identify mistranslations that are common or systematic.

Additionally, the answers of respondents, especially through language assistants when they were used, indicate that the mode of survey administration could potentially have a large effect on the answers provided. It was not unusual for language assistants to provide a response that does not correspond to any of the presented response options. For example, a language assistant might have answered “It’s no problem” to a question that had a response option scale ranging from “Very well” to “Not at all.” In this case, the interviewer must prompt the language assistant to answer using one of the given response options. This mismatch between the answer respondents want to give and the answers available to choose from can increase burden and potentially lead to a refusal or “don’t know” response. Debriefings of current interviewers in the fielded version of the MCBS could be informative in order to establish how they tend to handle situations like this. If the mode of administration is changed in the future, comparisons of responses to questions in the LEP module before and after the mode change could be informative as well.

Since the cognitive interviews were conducted with a non-probability sample of 28 respondents, NORC recommends, should funding be available, to conduct a small field test. A field test could be conducted with a total of 100 cases, 50 each with the English and Spanish language instruments, with Medicare beneficiaries who are LEP. Although the field test would not involve cognitive probing, a combination of interviewer debriefings and observation of the interviews would yield a wealth of information on how the LEP module is working. The field test would yield information aspects of the interviewer-respondent interaction that could signal issues with the items, such as respondent requests to repeat a question, providing answers that are not scripted response options, and providing inconsistent answers across questions (e.g., communicating well with a provider in English, despite not being able to speak English at all). It would also provide some valuable information on the increased length of administration time.

Recommended order of questions

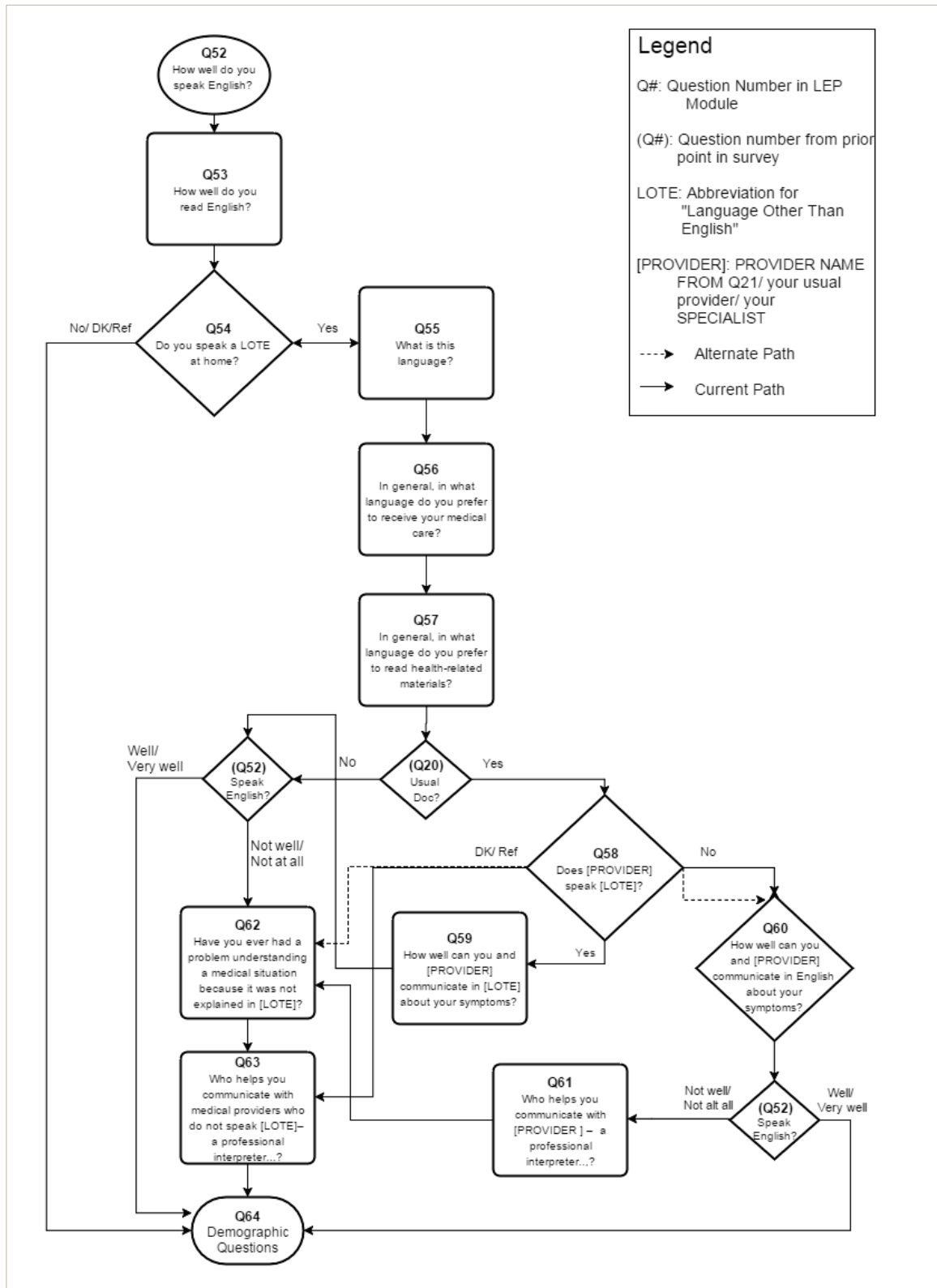
The flowchart below (Exhibit 1) presents a visualization of the current question order (as tested in Round 2) and illustrates two alternate paths respondents may take through the module—should CMS wish to change it. Currently, if a respondent answers “don’t know” or refuses to answer Q58, which asks if their usual provider speaks a language other than English, the skip pattern directs respondents

to go to Q63 (“Who helps respondent communicate with medical providers who do not speak preferred language?”); this path is represented by a solid line. While the current path is based on guidance provided by CMS, we want to point out that there are two possible alternate paths, as follows.

- The first alternative path would instruct respondents to go to Q62. This alternative path would allow respondents answering “Don’t know” or “Refuse” to Q58 (language of their usual provider) to answer the question on whether they have ever had a problem understanding a medical situation due to language comprehension issues (Q62). Currently, respondents answering “Don’t Know/Refuse” in Q58 are instructed to provide information about communication with other providers (Q63), but if a respondent was unable to answer Q58, it may indicate unusual circumstances that could be captured by the more general phrasing in Q62 (“Have you ever had a problem understanding a medical situation because it was explained in a language other than English?”).
- The second alternate path would instruct respondents answering “Don’t know” or “Refuse” to go to Q60 (How well can you and your provider communicate in English about your symptoms?) and continue answering following the same path as those who answered “No” to Q58. While this alternate path could yield a more comprehensive measure of health-care barriers due to language, it may also represent an increase in respondent burden for cases who already indicated uncertainty in Q58.

NORC recommends the second option because it will provide fuller information on language barriers to health care that LEP beneficiaries may face. We expect that relatively few respondents will answer “Don’t know” or “Refuse” to Q58, therefore, the increased burden posed by presenting the extra questions in this path will affect a minimal number of respondents.

Exhibit 1: Recommended order and flow of survey items



Recommended schedule, location, and timing for inclusion in MCBS

The three LEP questions that are currently fielded in the MCBS are part of the demographics module and are fielded only once in the Fall round as part of the Supplemental interview for newly added MCBS respondents. Language proficiency is a stable attribute that is not likely to change dramatically over the four years that the beneficiary participates in the MCBS. Therefore, administering the LEP module only once is appropriate to capture the information needed while minimizing respondent burden. We recommend the full LEP module be included as part of the Supplemental interview. The LEP module should be placed where the current LEP items are positioned in the instrument. Since the current items are incorporated in the new set of LEP items, the new set of items would replace the existing LEP items. CMS could decide for a one-time administration of the new LEP questions so that if, for example, the new questions are added to Round 79, the 2017 Access to Care would include data from all respondents.

It is important for CMS to note that the addition of these questions will add to the length of the interview for LEP beneficiaries. We estimate that roughly 10 – 14 percent of the MCBS sample will go through the new LEP series; for that group, the survey will take an additional 2 to 3 minutes. A benefit of conducting a field test would be to better determine the timing impact of adding this battery of questions. Also, once the Round 73 data are cleaned, we will have a better estimate of the percentage of beneficiaries that would be asked this series (although it might increase as we move to implement the Asian oversample).

Next steps: Manuscript

NORC will prepare a manuscript that incorporates key findings from the literature review and the cognitive interviews. This manuscript will be targeted toward a health journal to reach an audience that would find utility in survey questions that measure LEP, language preferences for health care, and barriers to health care that LEP presents for patients.

Appendices

Appendix A: Summary of Changes in Research Protocol (Version A and B)

The table below contains an item by item comparison of question text and question number in first vs. second round of protocols in the LEP Items section, and summary of changes made for each question.

Version A	Version B	Summary of Changes
Q52 How well do you speak English? Would you say...	Q52	No Change
Q53 How well do you read English? Would you say...	Q53	No Change
Q54 Do you speak a language other than English at home?	Q54	No Change
Q55 What is this language?	Q55	No Change
Q56 In general, in what language do you prefer to receive your medical care?	Q56	No Change
Q57 In what language do you prefer to read health-related materials?	Q57 In general, in what language do you prefer to read health-related materials?	Question text changed to add “In general” at the beginning of the question to match phrasing of question prior
Q58 How well can you discuss your symptoms with your medical providers in English? Would you say...	Q60 How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in English about your symptoms?	Question text changed to accommodate usual providers whose names aren’t remembered by the respondent. Corrected the text fill to include the term “your usual provider” instead of “your usual doctor”

Version A	Version B	Summary of Changes
<p>Q59 How well can you discuss your symptoms with your medical providers in [LANGUAGE FROM Q55]? Would you say...</p>	<p>Q59 How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in [LANGUAGE FROM Q55] about your symptoms?</p>	<p>Changed to emphasize provider’s ability to communicate in the R’s language. Provider name text fill changed to accommodate usual providers whose names aren’t remembered by the respondent. Corrected the text fill to include the term “your usual provider” instead of “your usual doctor”</p>
<p>Q60 How well can you understand your medical providers’ recommendations in English? Would you say...</p>	<p>N/A</p>	<p>Question dropped from survey as respondents showed a tendency to provide the same answer as in Q59 (focused on symptoms) This decision is consistent with findings from the literature review (documented in “Final Option Paper”) suggesting that a question focused on “symptoms” (Q59) tends to perform better, and a high correlation between symptoms (Q60) and recommendations (Q59) is highly likely</p>
<p>Q61 How well can you understand your medical providers’ recommendations in [LANGUAGE FROM Q55]? Would you say...</p>	<p>N/A</p>	<p>Question dropped from survey (same reason as above)</p>
<p>Q62 Does [PROVIDER NAME FROM Q21] speak [LANGUAGE FROM Q55]?</p>	<p>Q58 You mentioned earlier that there is a particular medical provider you usually go to when you are sick or for advice about your health. My next questions are about that provider. Does [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] speak [LANGUAGE FROM Q55]?</p>	<p>Q62 question moved to an earlier point and renumbered as Q58 Introductory script added to clarify intention of the question Question will be used as a branching question Respondents will only be asked the subsequent questions that are appropriate to the language the provider speaks. Provider name text fill changed to accommodate usual providers whose names aren’t remembered by the respondent.</p>

Version A	Version B	Summary of Changes
<p>Q63 Who helps you communicate with [PROVIDER NAME FROM Q21] – a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?</p>	<p>Q61 Who helps you communicate with [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] – a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p>	<p>Provider name text fill changed to accommodate usual providers whose names aren't remembered by the respondent. Answer responses changed to be "check all that apply" Corrected the text fill to include the term "your usual provider" instead of "your usual doctor" This question was fielded in the first set of cognitive interviews with the term "doctor" in both the question and the response option. "Doctor" has been changed to "provider."</p>
<p>N/A</p>	<p>Q62 Have you ever had a problem understanding a medical situation because it was not explained in [LANGUAGE FROM Q55]?</p>	<p>Question added to survey derived from existing literature (documented in "Final Option Paper").</p>
<p>Q64 Who helps you communicate with medical providers who do not speak [LANGUAGE FROM Q55]– a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?</p>	<p>Q63 Now think about all of your (IF USUALDOC=YES, insert "other") medical providers.</p> <p>Who helps you communicate with medical providers who do not speak [LANGUAGE FROM Q55]– a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p>	<p>Introductory script added to clarify intention of the question Answer responses changed to be "check all that apply" This question was fielded in the first set of cognitive interviews with the term "doctor" in both the question and the response option. "Doctor" has been changed to "provider."</p>

Appendix B: Recruitment Flyers



TAKE ONE 

PAID VOLUNTEERS NEEDED FOR A SURVEY STUDY

INTERVIEWS AT OUR LOOP OFFICES (Or we can meet at time/place convenient to you)

Current Medicare beneficiaries. The interview will take no more than **60 minutes**. Your Medicare benefits will not be affected in any way by your decision whether to participate.


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). NORC is working on improving the survey by adding questions on the English language proficiency of Medicare beneficiaries and the impact of limited English proficiency on health and health care. **We are inviting Medicare beneficiaries who are limited in English proficiency to participate in an interview, along with a family member or friend aged 18 or older who can serve as a language assistant.** The language assistant will help translate for the beneficiary and should be someone who would normally help the beneficiary participate in an interview or accompany the beneficiary to medical appointments.


If you (Medicare beneficiary) and the language assistant are both eligible, each of you will receive \$40 as an incentive for participating in this study

Contact us:
 (312)-578-7005 / (800)-486-2919
 @Mchs-interview@norc.org


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TAKE ONE 

SE NECESITAN VOLUNTARIOS PARA ENCUESTA [HAY PAGO]

ENTREVISTAS OFICINA EN EL LOOP (o en algún lugar y hora que usted pueda)

Actuales Beneficiarios de Medicare. La entrevista tomará aproximadamente 60 minutos. Sus beneficios de Medicare no se verán afectados de ninguna forma ya sea que decida participar o no.

NORC en la Universidad de Chicago está llevando a cabo un estudio de parte de los Centros para Servicios de Medicare y Medicaid (CMS), para mejorar la Encuesta de Beneficiarios Actuales de Medicare (MCBS). Estamos tratando de mejorar la encuesta agregando preguntas sobre el dominio del idioma inglés de los beneficiarios de Medicare y el impacto que tiene el limitado nivel de inglés de los beneficiarios en la salud y la atención médica. **Estamos invitando a los beneficiarios de Medicare que tienen limitaciones en el dominio del inglés a participar en una entrevista. La entrevista puede ser en español. Si lo prefiere también puede traer un amigo o miembro de la familia mayor de 18 años que pueda servir como intérprete en una entrevista en Inglés.** El intérprete ayudará traduciendo para el beneficiario y deberá ser alguien que normalmente ayudaría al beneficiario a participar en la entrevista o alguien que lo/a acompañe a sus citas médicas.

Si usted (beneficiario de Medicare) y su intérprete son ambos elegibles, cada uno recibirá \$40 dólares como incentivo por participar

Llámenos:
 (312)-578-7005 /
 (800)-486-2919
 @ Mcbs-interview@norc.org

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TAKE ONE 

研究项目有偿招募志愿者

地点：芝加哥市中心（或其他您方便的地方）

当前Medicare受惠者。 访谈将不会超过一小时。参加与否，都不会影响任何您享受的Medicare福利。

受联邦政府 Medicare and Medicaid 中心 (the Centers for Medicare and Medicaid Services) 委托，NORC at the University of Chicago 在研究如何改善“当前 Medicare 受惠者社会调查”。NORC 新近在调查中加入受惠者英文程度以及英文程度是否影响医疗健康福利的有关问题。**我们真诚邀请英文程度欠佳的 Medicare 受惠者参加我们的访谈，届时也需要一位 18 岁或 18 岁以上可以充当翻译的家人或朋友到场。** 届时将需要那位同时在场的人帮忙翻译，最好是平时就会帮忙接受采访或陪同看医生的亲朋好友。

如果您 (Medicare 受惠者) 和陪同的人都符合条件, 你们每个人都将会得到 \$40 美元, 作为参加访谈的答谢

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خذ واحدة 

مطلوب متطوعين لدراسة إستبائية مدفوعة الأجر

سوف تتم المقابلة في مكاتبنا بوسط المدينة 'داون تاون' (كما يمكننا اجراء المقابلة في المكان و الزمان المناسبين لك)

إستبيان للمستفيدين من الرعاية الصحية 'مديكير' حالياً. لن يستغرق الاستبيان اكثر من 60 دقيقة. تأمينك الصحي لن يتأثر بأي شكل من الاشكال بمشاركةك او عدمها

تقوم شركة نورك بجامعة شيكاغو بالاشراف علي إستبيان (تحسين الخدمات المقدمة لمستخدني الميديكير) بالانابة عن مركزي الرعاية الطبية'مديكير' و المساعدة الطبية 'مديكير'. لتحسين هذا الاستبيان سوف تقوم شركة نورك باضافة اسئلة حول معرفة المستفيدين من خدمات 'الميديكير' من اللغة الانجليزية و مدى تأثير المعرفة المحدودة للغة الانجليزية علي مستوي الصحة و الرعاية الصحية.

ندعوا كل المستفيدين من خدمات الميديكير الذين لا يجيدون اللغة الانجليزية المشاركة في هذا الاستبيان مع فرد من افراد الاسرة او صديق فوق ال 18 عام للمساعدة في الترجمة. يفضل ان يكون المساعد هو نفس الشخص الذي يقوم عادة بمرافقة الشخص المستفيد من خدمات الميديكير الي الطبيب.

إذا استوفيت انت (المستفيد من الميديكير) و المترجم المرافق لشروط الاستبيان سوف يستلم كلا منكما مبلغ **\$40** كحافز للمشاركة في هذه الدراسة.


اتصل علي الارقام التالية:
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AMBIL SATU 

DICARI SUKARELAWAN (DIBAYAR) UNTUK MENJAWAB SURVEI

Lokasi Wawancara di Chicago Loop (atau kami bisa bertemu anda di lokasi dan waktu yg nyaman untuk anda)

Kepada penerima benefit dari Medicare. Waktu wawancara tidak akan lebih dari 60 menit. Benefit anda dari Medicare tidak akan terganggu sedikitpun dengan keputusan anda untuk berpartisipasi di wawancara ini.

Atas nama Centers for Medicare and Medicaid Services (CMS), NORC at the University of Chicago saat ini menyelenggarakan riset untuk meningkatkan kualitas dari Medicare Current Beneficiary Survey (MCBS). Usaha peningkatan kualitas dilakukan dengan menambah pertanyaan2 di bagian survey yg membahas tentang kemampuan penerima Medicare benefit dalam berbahasa inggris dan akibat2 di bidang kesehatan yg dialami oleh penerima Medicare benefit karena kurangnya kemampuan berbahasa inggris. Kami mengundang seluruh penerima Medicare benefit yg tidak atau kurang menguasai bahasa inggris untuk berpartisipasi di wawancara ini. Kami juga mengundang seorang keluarga atau teman anda yg berusia lebih dari 18 tahun untuk menjadi asisten bahasa anda. Asisten bahasa anda diharapkan bisa menjadi perjemah untuk membantu anda menjawab pertanyaan2 pada saat wawancara atau membantu anda pada saat pemeriksaan kesehatan.

Jika anda (Penerima benefit dari Medicare) dan penterjemah bahasa anda memenuhi kualifikasi dan terpilih untuk mengikuti survey, kami akan memberikan \$40 kepada masing2 pihak sebagai tanda terima kasih untuk partisipasi anda


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ВОЗЬМИ С СОБОЙ 

Ищем волонтеров для исследований (С ОПЛАТОЙ)

Интервью проходят в LOOP офисах (или мы можем встретиться с Вами где/когда Вам будет удобно)

Бенефициары Медикэйр: Ваше интервью займет не более 60 минут. Ваши бенефиты останутся прежними, вне зависимости от вашего участия в исследовании.

По просьбе центров обслуживания Медикэйр и Медикэйд (CMS), NORC университета Чикаго проводит исследование с целью улучшения анкеты для текущих бенефициаров Медикэйр (MCBS). NORC работает над улучшениями, добавляя а анкету вопросы о владении английским языком для бенефициаров Медикэйр и исследуя влияние недостаточного уровня владения английским языком на здоровье и здравоохранение. **Для участия в интервью мы приглашаем бенефициаров с ограниченным знанием английского языка вместе с членом семьи или другом в возрасте от 18 лет и старше в роли помощника/переводчика.** Помощником может быть тот, кто регулярно переводит вопросы для бенефициара на приеме у врача или при участии в интервью.

Если вы (бенефициар Медикэйр и помощник/переводчик) оба подходите под описание, каждый из вас получит \$40, приняв участие в этом исследовании.


Свяжитесь с нами:
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एक लो 

एक सर्वेक्षण के अध्ययन के लिए आवश्यक भुगतान स्वयंसेवकों

NORC को सर्वेक्षण के लिए स्वयंसेवकों की जरूरत है स्वयंसेवकों के इंटरव्यू NORC के Chicago downtown office में लिए जायेंगे। Medicare के हिताधिकारी - इंटरव्यू सिर्फ एक घंटे का होगा Medicare और Medicaid सेवा सेंटर के लिए NORC यह संशोधन कर रहा है कि सर्वेक्षण को कैसे सुधारा जाए। सर्वेक्षण के प्रश्नों से स्वयंसेवकों की अंगरेजी भाषा की जानकारी के बारे में पता लगाया जाएगा। NORC Medicare हिताधिकारियों को आमंत्रित करता है कि वह इस सर्वेक्षण में भाग लें। सर्वेक्षण में भाग लेने के लिए Medicare के हिताधिकारी अपने साथ अंगरेजी भाषा के सहायक को ला सकते हैं। सहायकों की उम्र 16 साल से ज्यादा होनी चाहिए। सर्वेक्षण में भाग लेने वालों को \$40 दिए जायेंगे।

प्रतिभागियों और दुभाषियों भाग लेने के लिए \$40 डॉलर प्राप्त होगा

संपर्क जानकारी:
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Appendix C: Recruitment Message (English)

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 adding questions on the English language proficiency of Medicare beneficiaries and the impact of limited English proficiency on health and health care. We are inviting Medicare beneficiaries who are limited in English proficiency to participate in an interview, [if needed: along with a family member or friend aged 18 or older who can serve as a language assistant. The language assistant will help translate for the beneficiary and should be someone who would normally help the beneficiary participate in an interview or accompany the beneficiary to medical appointments.] The interview involves first completing the survey, and then talking with the interviewer about some of the survey items. Hearing what Medicare beneficiaries [and language assistants] have to say about the survey will help us to improve the questions. If you [and the language assistant] are [both] eligible and choose to participate, [each of] 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.

Appendix D: Recruitment Script (English)

Hello. My name is [NAME] and I work for NORC at the University of Chicago. I'm calling about your interest in the Medicare Beneficiary Language 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.

NORC is working on improving the survey by adding questions on the English language proficiency of Medicare beneficiaries and the impact of limited English proficiency on health and health care. If you agree to participate in this interview, we will ask you to complete a questionnaire with an NORC staff member. After you complete the questionnaire, the interviewer will ask you some questions about the survey that will help us improve the questionnaire. The interview will take no more than 60 minutes. You will receive \$40 as an incentive for participating in this survey.

[If needed: Since we are interested in interviewing Medicare beneficiaries who are limited in English proficiency, we are inviting each beneficiary to complete the interview with the help of a family member or friend aged 18 or older who can serve as a language assistant. The language assistant will help translate for the beneficiary and should be someone who would normally help the beneficiary participate in an interview or accompany the beneficiary to medical appointments.]

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.**

Appendix E: Frequently Asked Questions and Answers (English)

What is the MCBS?

The Medicare Current Beneficiary Survey (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.

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 program. For more information about CMS, please visit the website www.cms.gov.

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 and language assistants 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 [and language assistant] for participation 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 and language assistants 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.

Appendix F: Recruitment Message (Spanish)

NORC en la Universidad de Chicago está llevando a cabo un estudio de parte de los Centros para Servicios de Medicare y Medicaid (CMS por sus siglas en inglés), para mejorar la Encuesta de Beneficiarios Actuales de Medicare (MCBS por sus siglas en inglés). CMS es el patrocinador de MCBS, la encuesta representativa a nivel nacional de los beneficiarios de Medicare. El MCBS obtiene información sobre el estado de salud, las fuentes de atención médica, la satisfacción con los servicios, y los gastos en la atención de la salud de los beneficiarios de Medicare. NORC está tratando de mejorar la encuesta agregando preguntas sobre el dominio del idioma inglés de los beneficiarios de Medicare y el impacto que tiene el limitado nivel de inglés de los beneficiarios en la salud y la atención médica. Estamos invitando a los beneficiarios de Medicare que tienen limitaciones en el dominio del inglés a participar en una entrevista, [if needed: junto con un miembro de la familia o un amigo mayor de 18 años que pueda servir como intérprete. El intérprete ayudará traduciendo para el beneficiario y deberá ser alguien que normalmente ayudaría al beneficiario a participar en la entrevista o alguien que lo/la acompañe a sus citas médicas.] La entrevista consiste en completar primero la encuesta y después hablar con el entrevistador sobre algunos aspectos de la encuesta. Escuchar lo que los beneficiarios de Medicare [y sus intérpretes] tienen que decir sobre la encuesta nos ayudará a mejorar las preguntas. Si usted [y su intérprete] son [ambos] elegibles y decide participar, [cada uno] recibirá \$40 dólares como incentivo por participar en este estudio. Si usted está interesado(a) en saber más al respecto, por favor contacte al Coordinador del Estudio, NAME al NAME@norc.org.

Appendix G: Recruitment Script (Spanish)

Buenos días/Buenas tardes/Buenas noches. Mi nombre es [NAME] y trabajo para NORC en la Universidad de Chicago. Le estoy llamando porque usted dijo estar interesado(a) en participar en el Estudio de los Beneficiarios de Medicare. ¿Ahora es un buen momento para hablar?

[IF YES] Permítame explicarle un poco más de qué se trata y después me dice si aún está interesado(a) en participar. Antes de empezar, ¿tiene usted 18 años o más? [IF NO, let individual know we are only interviewing people aged 18 or older and thank them for interest]

[IF YES] Estamos llevando a cabo este estudio para mejorar cómo se obtiene la información en la Encuesta de los Actuales Beneficiarios de Medicare (MCBS por sus siglas en inglés). La encuesta MCBS está patrocinada por los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés). MCBS es una encuesta nacional de los beneficiarios de Medicare en los Estados Unidos que recolecta información sobre el estado de salud, las fuentes de atención médica, la satisfacción con los servicios y los gastos en la atención de la salud de los beneficiarios de Medicare.

NORC está tratando de mejorar la encuesta agregando preguntas sobre el dominio del idioma inglés de los beneficiarios y el impacto que el dominio limitado de inglés tiene en la salud y la atención médica. Si usted está de acuerdo en participar en esta entrevista, le vamos a pedir que complete un cuestionario con un miembro del personal de NORC. Después de que complete el cuestionario, el entrevistador le hará algunas preguntas sobre la encuesta que nos ayudarán a mejorar el cuestionario. La entrevista le tomará aproximadamente 60 minutos. Usted recibirá \$40 dólares por su participación en este estudio.

[If needed: Dado que estamos interesados en entrevistar a beneficiarios de Medicare con un dominio limitado del inglés, estamos invitando a cada beneficiario a que complete la entrevista con la ayuda de un familiar o un amigo mayor de 18 años para que le apoye como intérprete. El intérprete ayudará traduciendo al beneficiario y deberá ser alguien que normalmente le ayudaría a participar en una entrevista o que lo/la acompañe a sus citas médicas.]

¿Está interesado(a) en participar?

- ▶ [IF YES] Muy bien. Voy hacerle algunas preguntas generales para confirmar si es elegible. De ser así, podremos programar una cita para su entrevista. → GO TO ELIGIBILITY SCREENER QUESTIONNAIRE
- ▶ [IF NO] Está bien, no hay problema. Apreciamos mucho su interés. Pero para los propósitos de este estudio, nos gustaría saber por qué decidió no participar. 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:

Muchas gracias. Que tenga un buen día.

NOTES:

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.**

Appendix H: Frequently Asked Questions and Answers (Spanish)

¿Qué es MCBS?

La Encuesta de los Beneficiarios Actuales de Medicare (MCBS, por sus siglas en inglés) es una encuesta nacional de los beneficiarios de Medicare en los Estados Unidos. Esta encuesta recolecta información sobre el estado de salud, las fuentes de atención médica, la satisfacción con los servicios y los gastos de atención de la salud de los beneficiarios de Medicare.

¿De qué se trata el estudio?

Este estudio se está llevando a cabo en nombre de los Centros de Servicios de Medicare y Medicaid (CMS, por sus siglas en inglés) para tratar de mejorar cómo se recolecta información para el MCBS.

¿Qué son los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés)?

CMS es una agencia federal que forma parte del Departamento de Salud y Servicios Humanos de los Estados Unidos. CMS administra el programa de Medicare. Para más información sobre CMS, por favor visite el sitio de internet www.cms.gov.

¿Qué es NORC?

NORC es una organización sin fines de lucro afiliada a la Universidad de Chicago que se dedica a hacer estudios a través de encuestas. NORC está llevando a cabo este estudio en nombre de los Centros de Servicios de Medicare y Medicaid. Usted puede informarse más sobre NORC en su sitio de internet, www.norc.org, o contactando a la directora del estudio, Susan Schechter at schechter-susan@norc.org.

¿Tengo que participar?

La participación de los entrevistados y de las personas que les sirven de intérpretes es voluntaria. Usted decide si quiere o no participar en el estudio. Si decide participar, podrá saltarse cualquier pregunta que no desee contestar y podrá dejar de participar en cualquier momento. Sus beneficios de Medicare no se verán afectados de ninguna forma ya sea que decida participar o no.

¿Voy a recibir un incentivo por participar?

Un incentivo de \$40 dólares será provisto para el/la beneficiario(a) de Medicare [y el intérprete] por participar en el estudio.

¿Cuánto tiempo durará el estudio?

La entrevista durará aproximadamente una hora.

¿Por qué debería participar?

Estamos probando una nueva versión de los cuestionarios de MCBS. Las opiniones que los beneficiarios e intérpretes nos den para saber cómo los cuestionarios nuevos están funcionando, ayudarán a mejorar la información que obtenemos. Al participar en este estudio usted puede ayudar a asegurar que CMS recolecta la información más completa y precisa posible de las experiencias de los beneficiarios de Medicare.

¿A quién puedo contactar si tengo preguntas sobre mis derechos como participante del estudio?

Si usted tiene alguna pregunta con respecto a sus derechos como participante del estudio, puede llamar al director de IRB en NORC, al número gratuito, 866-309-0542.

¿Cómo se protegerá mi privacidad?

Sus respuestas se mantendrán siempre en privado, y nada de la información que usted nos proporcione se usará para ningún otro propósito fuera del estudio. Nunca se usará su nombre ni cualquier otra información que pudiera identificarlo(a).

¿Qué información será compartida con el gobierno /con CMS?

Su nombre no será vinculado con ninguna de sus respuestas a las preguntas de la encuesta y nosotros no daremos a CMS los nombres de ninguno de los participantes. La manera en que CMS recibirá la información de este estudio no permitirá identificar a los participantes.

Appendix I: Eligibility Screener Questionnaire (English)

PARTICIPANT NUMERIC IDENTIFIER: _____

[NOTE: THIS QUESTIONNAIRE IS DIRECTED TOWARD THE MEDICARE BENEFICIARY AS THE RESPONDENT. IF SPEAKING WITH A LANGUAGE ASSISTANT, MODIFY THE LANGUAGE ACCORDINGLY.]

1. ENTER BENEFICIARY GENDER. ASK IF UNSURE.
 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. Do you speak a language other than English at home?
 1. YES
 2. NO→ I am sorry, but only Medicare beneficiaries who are limited in English proficiency are eligible for this study.

4. What is this language?
 1. SPANISH
 2. OTHER LANGUAGE _____

5. How well do you speak English?
 1. Very well
 2. Well
 3. Not well
 4. Not at all

NOTE: WE WILL INTERVIEW SOME RESPONDENTS WHO SPEAK ENGLISH VERY WELL/WELL TO TEST THE LEP ITEMS WITH BILINGUALS.

6. 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.

IF SPEAKING WITH A LANGUAGE ASSISTANT AND Q4=OTHER LANGUAGE THAN SPANISH, GO TO Q7; OTHERWISE GO TO Q8.

7. Since we are conducting interviews with Medicare beneficiaries who are not proficient in English, we need to confirm that a language assistant will participate in the interview along with [BENEFICIARY NAME]. The language assistant will help translate for [BENEFICIARY NAME] and should be someone who would normally help [him/her] participate in an interview or accompany [him/her] to medical appointments. The language assistant will also be asked a few questions about the interview experience as well. Are you the person who will be serving as the language assistant for [BENEFICIARY NAME] during this interview?

1. YES → GO TO 8
2. NO → IF SOMEONE ELSE CAN SERVE AS LANGUAGE ASSISTANT FOR THE INTERVIEW, ASK TO BE PUT IN CONTACT WITH THAT PERSON AND BEGIN AGAIN WITH THE RECRUITMENT SCRIPT. IF NO LANGUAGE ASSISTANT CAN BE IDENTIFIED: I am sorry, in order to participate in the study we need a language assistant to participate along with the Medicare beneficiary.

NOTE: RESPONDENTS WHO SPEAK ENGLISH “WELL” OR “VERY WELL” OR WILL DO THE INTERVIEW IN SPANISH MAY USE A LANGUAGE ASSISTANT AT THEIR DISCRETION. RESPONDENTS WHO SPEAK ENGLISH “NOT WELL” OR “NOT AT ALL” AND WILL NOT DO THE INTERVIEW IN SPANISH MUST HAVE A LANGUAGE ASSISTANT.

8. How old are you?

_____ years

9. 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
10. Are you of Hispanic, Latino, or Spanish origin?
1. YES
 2. NO

11. 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

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

Appendix J: Eligibility Screener Questionnaire (Spanish)

PARTICIPANT NUMERIC IDENTIFIER: _____

[NOTE: THIS QUESTIONNAIRE IS DIRECTED TOWARD THE MEDICARE BENEFICIARY AS THE RESPONDENT. IF SPEAKING WITH A LANGUAGE ASSISTANT, MODIFY THE LANGUAGE ACCORDINGLY.]

12. ENTER BENEFICIARY GENDER. ASK IF UNSURE.

1. MALE
2. FEMALE

13. Necesito confirmar, ¿tiene usted seguro de salud a través de Medicare?

1. YES
2. NO→ Lo siento, pero sólo las personas que tienen seguro de salud a través de Medicare califican para este estudio.

READ IF NECESSARY: ¿Tiene usted tarjeta de Medicare? Medicare es un programa federal de seguro de salud para personas de 65 años o más, para ciertas personas jóvenes con algún tipo de discapacidad y para personas con enfermedad renal en etapa terminal. La Parte A de Medicare incluye cobertura por estar internado(a) en el hospital y la Parte B incluye cobertura por los servicios de los doctores. La Parte C, que se refiere a los Planes de Beneficio de Medicare, son ofrecidos a través de compañías de seguros privadas bajo contrato con Medicare. Algunas personas deciden agregar la Parte D, la cual cubre recetas médicas.

14. ¿Habla usted en su hogar un idioma que no sea inglés?

1. YES
2. NO→ Lo siento, pero sólo los beneficiarios de Medicare con dominio limitado del inglés califican para este estudio.

15. ¿Qué idioma es?

1. SPANISH
2. OTHER LANGUAGE _____

16. ¿Qué tan bien habla inglés?

1. Muy bien
2. Bien
3. No muy bien
4. Para nada

NOTE: WE WILL INTERVIEW SOME RESPONDENTS WHO SPEAK ENGLISH VERY WELL/WELL TO TEST THE LEP ITEMS WITH BILINGUALS.

17. ¿Podría venir a una de nuestras oficinas en Chicago, ya sea en el centro de la ciudad o en Hyde Park, para completar una entrevista?
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.

IF Q4=OTHER LANGUAGE THAN SPANISH, GO TO Q7; OTHERWISE GO TO Q8.

18. Puesto que estamos realizando entrevistas a los beneficiarios de Medicare que no tienen un buen nivel de inglés, necesitamos confirmar que un intérprete participará en la entrevista junto con [BENEFICIARY NAME]. El intérprete ayudará a traducir para [BENEFICIARY NAME] y deberá ser alguien que normalmente le ayudaría a participar en una entrevista o que lo/la acompañe a sus citas médicas. También se le harán al intérprete algunas preguntas acerca de su experiencia al participar en la entrevista. ¿Es usted la persona que participará como intérprete de [BENEFICIARY NAME] durante esta entrevista?

1. YES→ GO TO 8
2. NO→ IF SOMEONE ELSE CAN SERVE AS LANGUAGE ASSISTANT FOR THE INTERVIEW, ASK TO BE PUT IN CONTACT WITH THAT PERSON AND BEGIN AGAIN WITH THE RECRUITMENT SCRIPT. IF NO LANGUAGE ASSISTANT CAN BE IDENTIFIED: Lo siento, para poder participar en el estudio necesitamos que un intérprete participe junto con el beneficiario de Medicare.

19. ¿Cuántos años tiene?

_____ years

20. ¿Cuál es el grado o nivel de estudios más alto que usted ha completado?
1. NO TIENE ESTUDIOS
 2. PREESCOLAR A 8º. GRADO
 3. 9º -12º 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
21. ¿Es usted de origen hispano, latino o español?
1. YES
 2. NO

22. ¿De qué raza es? Por favor elija una o más respuestas.
1. Indígena de las Américas o nativa de Alaska
 2. Asiática
 3. Negra o afroamericana
 4. Nativa de Hawái u otras Islas del Pacífico
 5. Blanca
 6. DON'T KNOW
 7. REFUSED

Nos gustaría poder grabar nuestra entrevista para revisar nuestra conversación después y preparar un resumen de lo que conversamos. ¿Está de acuerdo? [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.]

3. YES
4. NO

- ▶ Muy bien, vamos a programar una cita para que usted haga la entrevista.
- ▶ CONFIRM CONTACT INFORMATION AND SCHEDULE APPOINTMENT

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.**

Appendix K: Participant Consent Form (English)

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 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. 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

Participant's Signature

Printed Name

Printed Name

Date

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.**

Appendix L: Participant Consent Form (Spanish)

PARTICIPANT NUMERIC IDENTIFIER: _____

Los Centros de Servicios de Medicare y Medicaid (CMS por sus siglas en inglés) es una agencia federal que forma parte del Departamento de Salud y Servicios Humanos de los Estados Unidos. CMS administra el programa de Medicare y dirige la Encuesta de Beneficiarios Actuales de Medicare (MCBS por sus siglas en inglés), que es la encuesta a nivel nacional de los beneficiarios de Medicare en los Estados Unidos. Para asegurar que MCBS obtiene la mejor información posible, algunas veces el CMS evalúa los cuestionarios de MCBS.

Usted ha decidido voluntariamente participar en un estudio para mejorar MCBS. Con el fin de tener un registro completo de sus comentarios, la entrevista será grabada en audio con su consentimiento. La grabación se guardará electrónicamente en un servidor seguro de NORC y será destruida al final del estudio. Nuestro propósito es usar la grabación para mejorar las encuestas. Únicamente el personal relacionado directamente en este estudio tendrá acceso a la grabación. Los comentarios que hagan los participantes y que se usen en presentaciones y publicaciones no incluirán ningún nombre ni otra información que pudiera identificar a los participantes.

Su participación en esta entrevista es voluntaria. Usted puede saltar cualquier pregunta o terminar la entrevista en cualquier momento. Usted recibirá un incentivo de \$40 dólares por su participación en el estudio. La información que proporcione es confidencial, de conformidad con la Ley de Privacidad de 1974. Su decisión de participar o no, no afectará de ninguna manera sus beneficios de Medicare. El número de control de OMB para este estudio es OMB No. 0938-1275, expiración 05/31/2018.

Si tiene preguntas sobre los derechos de los participantes, por favor contacte al administrador de IRB en NORC, al número gratuito 866-309-0542.

He decidido participar en este estudio por propia voluntad y doy mi permiso para que mi grabación sea usada para los fines arriba mencionados.

Firma del entrevistador

Firma del participante

Nombre en letra de imprenta

Nombre en letra de imprenta

Fecha

Fecha

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 llama**

Appendix M: Cognitive Interviewing Protocol, Round 1 - Version A (English)

LEP COGNITIVE INTERVIEW SURVEY ITEMS AND PROBES

NOTE: THE REFERENCE DATE FOR THE SURVEY WILL BE THE YEAR BEFORE THE INTERVIEW DATE (PAST YEAR).

#	Question Text
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:	

#	Question Text
4.	<p>SHOW CARD AC1</p> <p>[I have a few more questions about visits that you had in the past.]</p> <p>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' 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) (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</p>

#	Question Text
<i>Observations:</i>	
5.	<p>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:</p> <p>The overall quality of the health care you have received over the past year.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<i>Observations:</i>	
6.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The availability of health care at night and on weekends.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<i>Observations:</i>	

#	Question Text
7.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The ease and convenience of getting to a doctor from where you live.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
8.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <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:	

#	Question Text
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>
Observations:	
12.	<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>

#	Question Text
Observations:	
13.	<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.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The ease of obtaining answers to questions over the telephone about your treatment or prescriptions.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	

#	Question Text
15.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The amount you have to pay for your prescribed medicines.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
16.	<p>Please think about all of the health care services you receive, including services provided by doctors, hospitals and pharmacies.</p> <p>What things, if anything, about the health care services you receive are you dissatisfied with?</p> <p>(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW) (-8) Don't Know (-9) Refused</p> <p>RESPONDENT VERBATIM:</p>
Observations:	
17.	<p>Is there a particular medical person or a clinic you usually go to when you are sick or for advice about your health?</p> <p>(01) YES (02) NO → GO TO Q40</p>
Observations:	

#	Question Text
18.	<p>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?</p> <p>IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where is this?</p> <p>(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</p>
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.	What is the complete name of that doctor? WRITE NAME ON WORKSHEET

#	Question Text
Observations:	
22.	<p>SHOW CARD AC1 What is (PROVIDER NAME FROM Q21)'s specialty? [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) (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</p>

#	Question Text
Observations:	
23.	OTHER DR SPECIALTY (SPECIFY) _____
Observations:	
24.	<p>Do you usually have someone accompany you there?</p> <p>(01) YES (02) NO → GO TO Q28 (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
25.	<p>Who usually goes with you?</p> <p>(SPECIFY) _____</p>
Observations:	
26.	<p>How often is [RESPONSE FROM Q25] with you while you see the doctor or other medical person? Would you say always, sometimes, or never?</p> <p>(01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	

#	Question Text
27.	<p>What are the reasons this person accompanies you there? What does this person do?</p> <p>[PROBE: Any other reason?] CHECK ALL THAT APPLY.</p> <p>(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</p>
Observations:	
28.	<p>SHOW CARD US1</p> <p>How long have you been seeing (PROVIDER NAME FROM Q21)/going to (PLACE NAME FROM Q19)]?</p> <p>(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</p>
Observations:	

#	Question Text
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 (PROVIDER 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 (PROVIDER 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 (-8) Don't Know (-9) Refused</p>

#	Question Text
Observations:	
32.	<p>SHOW CARD US3 [(PROVIDER NAME FROM Q21) often seems/The doctors at (PLACE NAME FROM 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>
Observations:	
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>
Observations:	
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 (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>

#	Question Text
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 (-9) Refused</p>

#	Question Text
<i>Observations:</i>	
38.	<p>SHOW CARD US3</p> <p>[Think about the care you receive from (PROVIDER NAME FROM Q21)/PLACE NAME FROM Q19].</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>
<i>Observations:</i>	
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>
<i>Observations:</i>	

#	Question Text
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:	

#	Question Text
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>

#	Question Text
Observations:	
47.	<p>I would like to get a little information about your background.</p> <p>Are you of Hispanic, (Latino/Latina), 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.	<p>SHOW CARD D11</p> <p>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.</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:	

#	Question Text
49.	<p>SHOW CARD D12 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?]</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>ELSE IF RACE INCLUDES NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, GO TO Q51. ELSE GO TO Q52.</p>
Observations:	
50.	<p>SHOW CARD D13 Looking at this card, are you Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group?</p> <p>You can choose more than one group. 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>
Observations:	

#	Question Text
51.	<p>SHOW CARD DI4 Looking at this card, are you Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group?</p> <p>You can choose more than one group. CHECK ALL THAT APPLY.</p> <p>(01) NATIVE HAWAIIAN (02) GUAMANIAN OR CHAMORRO (03) SAMOAN (91) OTHER PACIFIC ISLANDER GROUP (SPECIFY _____) (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
52.	<p>How well do you speak English? Would you say...</p> <p>(01) Very well (02) Well (03) Not Well, or (04) Not at all?</p>
<p>Probes:</p> <ul style="list-style-type: none"> • When I asked “How well do you speak English?” you answered [ANSWER]. <ul style="list-style-type: none"> ○ How did you decide on your answer? ○ What did you think about when you answered the question? ○ Can you give some examples? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “speak” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	
53.	<p>How well do you read English? Would you say...</p> <p>(01) Very well (02) Well (03) Not Well, or (04) Not at all?</p>

#	Question Text
<p>Probes:</p> <ul style="list-style-type: none"> • When I asked “How well do you read English?” you answered [ANSWER]. <ul style="list-style-type: none"> ○ How did you decide on your answer? ○ What did you think about when you answered the question? ○ Can you give some examples? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “read” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	
54.	<p>Do you speak a language other than English at home?</p> <p>(01) YES (02) NO → GO TO Q65 (-8) Don't Know → GO TO Q65 (-9) Refused → GO TO Q65</p>
<p>Observations:</p>	
55.	<p>What is this language? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) SPANISH (91) OTHER LANGUAGE, SPECIFY: _____ (-8) Don't Know (-9) Refused</p>
<p>Probes:</p> <ul style="list-style-type: none"> • You said you speak LANGUAGE at home. Are there any other languages you speak, at home or elsewhere? What other languages do you speak? • In what situations would you use a language other than English? • In what situations would you use English? <p>Notes to Interviewer: Q52, Q54, and Q55 are from the ACS and are well tested. However, they appear in a different order here than in the ACS, and with an additional question inserted (in ACS, the order would be Q54, Q55, Q52). Look for issues with question flow or interpretation due to the reordering.</p> <p>Observations:</p>	

#	Question Text
56.	<p>In general, in what language do you prefer to receive your medical care? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused</p>
<p>Probes:</p> <ul style="list-style-type: none"> You answered that you prefer to receive medical care in LANGUAGE. How did you decide on that answer? Tell me more about that. What language(s) do your medical providers use when speaking to you? What language(s) do you use during your medical appointments? Can you give some examples? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R's ever interpret the Q to mean what language they do receive care in, rather than the preferred language?</p> <p>Observations:</p>	
57.	<p>In what language do you prefer to read health-related materials?</p> <p>(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused</p>
<p>Probes:</p> <ul style="list-style-type: none"> You answered that you prefer to read health-related materials in LANGUAGE. How did you decide on that answer? Tell me more about that. In what language are the materials that your medical providers give to you? Can you give some examples? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R's ever interpret the Q to mean what language they <i>do</i> receive health related materials in, rather than the preferred language?</p> <p>Observations:</p>	

#	Question Text
58.	<p>How well can you discuss your symptoms with your medical providers in English? Would you say...</p> <p>(01) Very well (02) Well (03) Not well, or (04) Not at all?</p>
<p>Probes:</p> <ul style="list-style-type: none"> • When I asked how well you can discuss your symptoms with your medical providers in English, you answered [ANSWER]. Can you tell me more about that? How did you decide on your answer? • What did you think about when you answered the question? • Do you ever speak in English with any medical providers? What language(s) do you use in communicating with your medical providers? • Can you give some examples? <p>Notes to Interviewer: How does the R interpret these questions? The question wording may presuppose that Rs do communicate with some of their providers in English (because of the use of the term “your” medical providers). This interpretation may elicit a response that he/she does not communicate with providers in English. The intended interpretation of this question would be, “Would you be able to discuss your symptoms in English?” If R always uses a translator or has a language concordant doctor, are they able to make a judgment on their ability to discuss in English?</p> <p>Observations:</p>	
59.	<p>How well can you discuss your symptoms with your medical providers in [LANGUAGE FROM Q55]? Would you say...</p> <p>(01) Very well (02) Well (03) Not Well, or (04) Not at all?</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> [Probe only if answer is inconsistent with expectations. That is, does R indicate difficulty communicating in preferred language for medical care? Does R indicate that they communicate less well in this language than in English? Ask R to provide some examples of how they communicate with providers.] <p>Notes to Interviewer: Does the R indicate higher proficiency in their preferred language for medical care than in English? If not, ask how they decided on answer. Ask for more information on how they communicate with providers. Does this question make sense to Rs who may not have any medical providers who speak their preferred language for medical care?</p> <p>Observations:</p>
60.	<p>How well can you understand your medical providers' recommendations in English? Would you say...</p> <p>(01) Very well (02) Well (03) Not Well, or (04) Not at all?</p>
	<p>Probes:</p> <ul style="list-style-type: none"> When I asked how well you can understand your medical providers' recommendations in English you said [ANSWER]. Can you tell me more about that? How did you decide on your answer? What did you think about when you answered the question? Do you ever speak in English with any medical providers? What language(s) do you use in communicating with your medical providers? Can you give some examples? <p>Notes to Interviewer: How does the R interpret these questions? The question wording may presuppose that Rs do communicate with some of their providers in English (because of the use of the term "your" medical providers). This interpretation may elicit a response that he/she does not communicate with providers in English. The intended interpretation of this question would be, "Would you be able to understand recommendations in English?" If R always uses a translator or has a language concordant doctor, are they able to make a judgment on their ability to discuss in English?</p> <p>Observations:</p>

#	Question Text
61.	<p>How well can you understand your medical providers' recommendations in [LANGUAGE FROM Q55]? Would you say...</p> <p>(01) Very well (02) Well (03) Not Well, or (04) Not at all?</p>
<p>Probes:</p> <ul style="list-style-type: none"> [Probe only if answer is inconsistent with expectations. That is, does R indicate difficulty communicating in preferred language for medical care? Does R indicate that they communicate less well in this language than in English? Ask R to provide some examples of how they communicate with providers.] <p>Notes to Interviewer: Does the R indicate higher proficiency in their preferred language for medical care than in English? If not, ask how they decided on answer. Ask for more information on how they communicate with providers. Does this question make sense to Rs who may not have any medical providers who speak their preferred language for medical care?</p> <p>Observations:</p>	
<p>SKIP INSTRUCTIONS:</p> <p>IF RESPONDENT NAMED A PROVIDER IN Q21 (USUALDOC=YES), GO TO Q62.</p> <p>ELSE IF USUALDOC=NO AND ((Q58= "VERY WELL" OR "WELL") AND (Q60="VERY WELL" OR "WELL")) THEN GO TO Q65.</p> <p>ELSE GO TO Q64.</p>	
62.	<p>Does [PROVIDER NAME FROM Q21] speak [LANGUAGE FROM Q55]?</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> Tell me more about the language you prefer to speak with your medical provider. <p>Notes to Interviewer: What language did R indicate as the language preferred for health care? We assume that in most cases R would prefer to receive medical care in a language in which they are fluent. Do Rs who do not communicate well in English ever prefer to receive medical care in English? Why? Are there issues with this item for bilinguals who are fluent in English, or LEP respondents who simply prefer to see providers who speak English?</p> <p>Observations:</p>
63.	<p>IF (Q58= “VERY WELL” OR “WELL”) AND (Q60=“VERY WELL” OR “WELL”)) THEN GO TO Q65.</p> <p>ELSE IF Q62=YES, GO TO Q64. ELSE CONTINUE.</p> <p>Who helps you communicate with [PROVIDER NAME FROM Q21] – a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?</p> <p>Professional interpreter Staff person at doctor's office Family member Friend Do the best you can in English Other-specify</p>
	<p>Probes:</p> <ul style="list-style-type: none"> When I asked who helps you communicate with [US5A PROVIDER NAME] you said [ANSWER]. Tell me more about that. Who provides the professional interpreter? What staff person helps to translate? Which family member/friend? Does the same person help you at every visit or do different people help? <p>Notes to Interviewer: Did the R have any difficulty choosing an answer? Who do they think of as a professional interpreter? Staff person? How did the R decide on his/her answer? Are there other ways R communicates with the provider that are not listed as response options? How do Rs whose preferred language for medical care is English respond? How do fluent bilinguals respond?</p> <p>Observations:</p>

#	Question Text
64.	<p>Who helps you communicate with your medical providers who do not speak [LANGUAGE FROM Q55] - a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?</p> <p>Professional interpreter Staff person at doctor's office Family member Friend Do the best you can in English Other-specify</p>
<p>Probes:</p> <ul style="list-style-type: none"> When I asked who helps you communicate with your medical providers who do not speak [LANGUAGE FROM Q56], you said [ANSWER]. What medical providers were you thinking of when you answered this question? How did you decide how to answer this question? <p>Observations:</p>	
65.	<p>The next two questions are about education and income.</p> <p>SHOW CARD DI5 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.]</p> <p>(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</p>
<p>Observations:</p>	

#	Question Text
66.	<p>SHOW CARD DI6</p> <p>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.</p> <p>[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.]</p> <p>(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</p>
Observations:	

Appendix N: Cognitive Interviewing Protocol, Round 1 - Version A (Spanish)

LEP COGNITIVE INTERVIEW SURVEY ITEMS AND PROBES

NOTE: THE REFERENCE DATE FOR THE SURVEY WILL BE THE YEAR BEFORE THE INTERVIEW DATE (PAST YEAR).

#	Question Text
1.	<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:	
2.	<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:	
3.	<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:	

#	Question Text
4.	<p>SHOW CARD AC1</p> <p>Tengo unas preguntas más sobre las visitas que usted ha tenido en el pasado.</p> <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?</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' 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> <ol style="list-style-type: none"> 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

#	Question Text
Observations:	
5.	<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:	
6.	<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:	

#	Question Text
7.	<p>SHOW CARD SC1 [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) 5. NO CORRESPONDE <p>(-8) Don't Know (-9) Refused</p>
Observations:	
8.	<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> <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:	
9.	<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> <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>

#	Question Text
Observations:	
10.	<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> <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:	
11.	<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> <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:	
12.	<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> <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>

#	Question Text
Observations:	
13.	<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> <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:	
14.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>La facilidad para obtener respuestas por teléfono a preguntas sobre su tratamiento o medicinas.</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:	
15.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>La cantidad que usted ha tenido que pagar por sus medicinas recetadas.</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>

#	Question Text
Observations:	
16.	<p>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.</p> <p>¿Con qué cosas, si hay algo, acerca de los servicios de salud que usted recibe, está insatisfecho(a)?</p> <p>(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW) (-8) Don't Know (-9) Refused</p> <p>RESPONDENT VERBATIM:</p>
Observations:	
17.	<p>¿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?</p> <p>(01) YES (02) NO → GO TO Q40</p>
Observations:	

#	Question Text
18.	<p>¿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?</p> <p>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?</p> <p>(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.). (14) CENTRO DE SALUD MENTAL (91) OTHER (SPECIFY _____) (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
19.	¿Cuál es el nombre completo del lugar al que usted va? WRITE NAME ON WORKSHEET
Observations:	
20.	<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:	

#	Question Text
21.	¿Cuál es el nombre completo de ese médico? WRITE NAME ON WORKSHEET
<i>Observations:</i>	

#	Question Text
22.	<p>SHOW CARD AC1</p> <p>¿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> <ol style="list-style-type: none"> 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

#	Question Text
Observations:	
23.	OTHER DR SPECIALTY (SPECIFY) _____
Observations:	
24.	<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 (-9) REFUSED</p>
Observations:	
25.	<p>¿Quién va normalmente con usted?</p> <p>(SPECIFY) _____</p>
Observations:	
26.	<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:	

#	Question Text
27.	<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:	
28.	<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:	

#	Question Text
29.	<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:	
30.	<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 (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	

#	Question Text
31.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) tiene /Los médicos en (PROVIDER 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:	
32.	<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:	
33.	<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>

#	Question Text
Observations:	
34.	<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:	
35.	<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:	
36.	<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 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>

#	Question Text
Observations:	
37.	<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:	
38.	<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:	

#	Question Text
39.	<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:	
40.	<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:	
41.	<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:	

#	Question Text
42.	<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:	
43.	<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:	
44.	<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:	
45.	<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 (-9) REFUSED</p>

#	Question Text
Observations:	
46.	<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:	
47.	<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:	
48.	<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:	

#	Question Text
49.	<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>
Observations:	
50.	<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.</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>
Observations:	

#	Question Text
51.	<p>SHOW CARD DI4</p> <p>Mire esta tarjeta. ¿Es [usted/SP] nativo de Hawái, guameño(a) o chamorro(a), samoano(a) o de otro origen de las Islas del Pacífico?</p> <p>Puede seleccionar más de un grupo.</p> <p>CHECK ALL THAT APPLY.</p> <p>(01) NATIVE HAWAIIAN (02) GUAMANIAN OR CHAMORRO (03) SAMOAN (91) OTHER PACIFIC ISLANDER GROUP (SPECIFY _____) (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
52.	<p>¿Qué tan bien habla usted inglés? ¿Diría que ...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada?</p>
<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté “¿Qué tan bien habla usted inglés?” usted respondió [ANSWER]. <ul style="list-style-type: none"> ○ ¿Cómo decidió qué responder? ○ ¿En qué pensó cuando respondió esa pregunta? ○ ¿Podría darme algunos ejemplos? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “speak” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	

#	Question Text
53.	<p>¿Qué tan bien lee usted en inglés? ¿Diría que...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada?</p>
<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté “¿Qué tan bien lee usted en inglés?” usted respondió [ANSWER]. <ul style="list-style-type: none"> ○ ¿Cómo decidió qué responder? ○ ¿En qué pensó cuando respondió esa pregunta? ○ ¿Podría darme algunos ejemplos? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “read” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	
54.	<p>¿Habla usted en su hogar un idioma que no sea inglés?</p> <p>(01) YES (02) NO → GO TO Q65 (-8) Don't Know → GO TO Q65 (-9) Refused → GO TO Q65</p>
<p>Observations:</p>	
55.	<p>¿Qué idioma es? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) SPANISH (91) OTHER LANGUAGE, SPECIFY: _____ (-8) Don't Know (-9) Refused</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Usted dijo que habla LANGUAGE en su hogar. ¿Habla usted algún otro idioma, ya sea en su hogar o en algún otro lugar? ¿Qué otros idiomas habla usted? • ¿En qué situaciones usaría un idioma que no sea inglés? • ¿En qué situaciones usaría el inglés? <p>Notes to Interviewer: Q52, Q54, and Q55 are from the ACS and are well tested. However, they appear in a different order here than in the ACS, and with an additional question inserted (in ACS, the order would be Q54, Q52). Look for issues with question flow or interpretation due to the reordering.</p> <p>Observations:</p>
56.	<p>En general, ¿en qué idioma prefiere usted recibir atención médica? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) Inglés (02) LANGUAGE FROM Q55, or (03) Ambos, inglés y LANGUAGE FROM Q55 por igual (91) OTRO- specify: _____ (-8) Don't Know (-9) Refused</p>
	<p>Probes:</p> <ul style="list-style-type: none"> • Usted respondió que prefiere recibir atención médica en LANGUAGE. ¿Cómo decidió qué responder? • Cuénteme un poco más sobre eso. ¿Qué idioma(s) habla su proveedor de atención médica cuando habla con usted? ¿Qué idioma(s) habla usted en sus citas médicas? • ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R's ever interpret the Q to mean what language they <i>do</i> receive care in, rather than the preferred language?</p> <p>Observations:</p>
57.	<p>¿En qué idioma prefiere leer los materiales relacionados con la salud?</p> <p>(01) Inglés (02) LANGUAGE FROM Q55, o (03) Ambos, inglés y LANGUAGE FROM Q55 por igual (91) OTHER-specify: _____ (-8) Don't Know (-9) Refused</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Usted respondió que prefiere leer los materiales relacionados con la salud en LANGUAGE. ¿Cómo decidió qué responder? • Cuénteme un poco más sobre eso. ¿En qué idiomas están los materiales que su proveedor de atención médica le da? ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R’s ever interpret the Q to mean what language they do receive health related materials, rather than the preferred language?</p> <p>Observations:</p>
58.	<p>¿Qué tan bien puede hablar en inglés sobre sus síntomas con su proveedor de atención médica? ¿Diría que...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada?</p>
	<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté qué tan bien puede hablar en inglés sobre sus síntomas con su proveedor de atención médica, usted respondió que [ANSWER]. ¿Podría contarme más sobre eso? ¿Cómo decidió qué responder? • ¿En qué pensó cuando respondió esa pregunta? • ¿Alguna vez habla en inglés con alguno de sus proveedores de atención médica? ¿Qué idioma(s) habla usted para comunicarse con su proveedor de atención médica? • ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: How does the R interpret these questions? The question wording may presuppose that Rs do communicate with some of their providers in English (because of the use of the term “your” medical providers). This interpretation may elicit a response that he/she does not communicate with providers in English. The intended interpretation of this question would be, “Would you be able to discuss your symptoms in English?” If R always uses a translator or has a language concordant doctor, are they able to make a judgment on their ability to discuss in English?</p> <p>Observations:</p>

#	Question Text
59.	<p>¿Qué tan bien puede hablar usted en [LANGUAGE FROM Q55] con su doctor sobre sus síntomas? ¿Diría que ...</p> <p>(01) muy bien (02) bien (03) no muy bien, o (04) para nada?</p>
<p>Probes:</p> <ul style="list-style-type: none"> [Probe only if answer is inconsistent with expectations. That is, does R indicate difficulty communicating in preferred language for medical care? Does R indicate that they communicate less well in this language than in English? Ask R to provide some examples of how they communicate with providers.] <p>Notes to Interviewer:</p> <p>Does the R indicate higher proficiency in their preferred language for medical care than in English? If not, ask how they decided on answer. Ask for more information on how they communicate with providers. Does this question make sense to Rs who may not have any medical providers who speak their preferred language for medical care?</p> <p>Observations:</p>	
60.	<p>¿Qué tan bien puede usted entender las recomendaciones que le da su doctor en inglés? ¿Diría que ...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada?</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunte qué tan bien puede usted entender las recomendaciones que le da su doctor en inglés, respondió que [ANSWER]. ¿Podría contarme más sobre eso? ¿Cómo decidió qué responder? • ¿En qué pensó cuando respondió esa pregunta? • ¿Alguna vez habla en inglés con alguno de sus proveedores de atención médica? ¿Qué idioma(s) habla usted para comunicarse con su proveedor de atención médica? • ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: How does the R interpret these questions? The question wording may presuppose that Rs do communicate with some of their providers in English (because of the use of the term “your” medical providers). This interpretation may elicit a response that he/she does not communicate with providers in English. The intended interpretation of this question would be, “Would you be able to understand recommendations in English?” If R always uses a translator or has a language concordant doctor, are they able to make a judgment on their ability to discuss in English?</p> <p>Observations:</p>
61.	<p>¿Qué tan bien puede usted entender las recomendaciones que le da su doctor [LANGUAGE FROM Q55]? ¿Diría que ...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada?</p>
	<p>Probes:</p> <ul style="list-style-type: none"> • [Probe only if answer is inconsistent with expectations. That is, does R indicate difficulty communicating in preferred language for medical care? Does R indicate that they communicate less well in this language than in English? Ask R to provide some examples of how they communicate with providers.] <p>Notes to Interviewer: Does the R indicate higher proficiency in their preferred language for medical care than in English? If not, ask how they decided on answer. Ask for more information on how they communicate with providers. Does this question make sense to Rs who may not have any medical providers who speak their preferred language for medical care?</p> <p>Observations:</p>

#	Question Text
62.	<p>SKIP INSTRUCTIONS:</p> <p>IF RESPONDENT NAMED A PROVIDER IN Q21 (USUALDOC=YES), GO TO Q62.</p> <p>ELSE IF USUALDOC=NO AND ((Q58= “VERY WELL” OR “WELL”) AND (Q60=“VERY WELL” OR “WELL”)) THEN GO TO Q65.</p> <p>ELSE GO TO Q64.</p> <p>¿El/La [PROVIDER NAME FROM Q21] habla [LANGUAGE FROM Q55]?</p> <p>(01) YES (02) NO (-8) Don't Know (-9) Refused</p>
	<p>Probes:</p> <ul style="list-style-type: none"> • Cuénteme un poco más sobre el idioma que usted prefiere hablar con su proveedor de atención médica. <p>Notes to Interviewer: What language did R indicate as the language preferred for health care? We assume that in most cases R would prefer to receive medical care in a language in which they are fluent. Do Rs who do not communicate well in English ever prefer to receive medical care in English? Why? Are there issues with this item for bilinguals who are fluent in English, or LEP respondents who simply prefer to see providers who speak English?</p> <p>Observations:</p>
63.	<p>IF (Q58= “VERY WELL” OR “WELL”) AND (Q60=“VERY WELL” OR “WELL”)) THEN GO TO Q65.</p> <p>ELSE IF Q62=YES, GO TO Q64. ELSE CONTINUE.</p> <p>¿Quién le ayuda a comunicarse con [PROVIDER NAME FROM Q21] – un intérprete profesional, un miembro del personal del consultorio del doctor, un familiar, un amigo, o usted hace lo que puede para hablar en inglés?</p> <p>Intérprete profesional Miembro del personal del consultorio del doctor Familiar Amigo Hace lo que puede para hablar en inglés Alguna otra persona- specify: _____</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté quién le ayuda a comunicarse con [US5A PROVIDER NAME] usted respondió que [ANSWER]. Cuénteme un poco más sobre eso. ¿Quién le proporciona un intérprete? ¿Qué miembro del personal le ayuda a traducir? ¿Cuál familiar/amigo? ¿Le traduce la misma persona en cada visita o lo hace una persona diferente? <p>Notes to Interviewer: Did the R have any difficulty choosing an answer? Who do they think of as a professional interpreter? Staff person? How did the R decide on his/her answer? Are there other ways R communicates with the provider that are not listed as response options? How do Rs whose preferred language for medical care is English respond? How do fluent bilinguals respond?</p> <p>Observations:</p>
64.	<p>¿Quién le ayuda a comunicarse con su proveedor de atención médica que no habla [LANGUAGE FROM Q55] - un intérprete profesional, un miembro del personal del consultorio del doctor, un familiar, un amigo, o usted hace lo que puede para hablar en inglés?</p> <p>Intérprete profesional Miembro del personal del consultorio del doctor Familiar Amigo Hace lo que puede para hablar en inglés Alguna otra persona- specify: _____</p>
	<p>Q14: ¿Quién le ayuda a comunicarse con su proveedor de atención médica que no habla [LANGUAGE FROM Q56] - un intérprete profesional, un miembro del personal del consultorio del doctor, un familiar, un amigo, o usted hace lo que puede para hablar en inglés?</p> <p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté quién le ayuda a comunicarse con su proveedor de atención médica que no habla [LANGUAGE FROM Q56], usted respondió que [ANSWER]. ¿En qué proveedores de atención médica estaba pensando cuando respondió esta pregunta? ¿Cómo decidió qué responder? <p>Observations:</p>

#	Question Text
65.	<p>Las dos siguientes preguntas son acerca de educación e ingresos.</p> <p>SHOW CARD DI5</p> <p>¿Cuál es el grado o nivel de escuela más alto que usted ha completado?</p> <p>[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.]</p> <ol style="list-style-type: none"> 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:	

#	Question Text
66.	<p data-bbox="315 243 542 275">SHOW CARD DI6</p> <p data-bbox="315 310 1317 375">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?</p> <p data-bbox="315 411 1422 476">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.</p> <p data-bbox="315 512 1430 642">[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.</p> <p data-bbox="315 678 607 1041"> (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 </p>
<p data-bbox="204 1083 370 1115">Observations:</p>	

Appendix O: Cognitive Interviewing Protocol, Round 2 - Version B (English)

LEP COGNITIVE INTERVIEW SURVEY ITEMS AND PROBES

NOTE: THE REFERENCE DATE FOR THE SURVEY WILL BE THE YEAR BEFORE THE INTERVIEW DATE (PAST YEAR).

#	Question Text
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>
<i>Observations:</i>	
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>
<i>Observations:</i>	
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>
<i>Observations:</i>	

#	Question Text
4.	<p>SHOW CARD AC1</p> <p>[I have a few more questions about visits that you had in the past.]</p> <p>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' 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) (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</p>

#	Question Text
<i>Observations:</i>	
5.	<p>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:</p> <p>The overall quality of the health care you have received over the past year.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<i>Observations:</i>	
6.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The availability of health care at night and on weekends.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
<i>Observations:</i>	

#	Question Text
7.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The ease and convenience of getting to a doctor from where you live.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
8.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <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>

#	Question Text
<i>Observations:</i>	
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>
<i>Observations:</i>	
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>
<i>Observations:</i>	

#	Question Text
12.	<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>
Observations:	
13.	<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.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The ease of obtaining answers to questions over the telephone about your treatment or prescriptions.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>

#	Question Text
Observations:	
15.	<p>SHOW CARD SC1 [Please tell me how satisfied you have been with . . .]</p> <p>The amount you have to pay for your prescribed medicines.</p> <p>(01) VERY SATISFIED (02) SATISFIED (03) DISSATISFIED (04) VERY DISSATISFIED (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>
Observations:	
16.	<p>Please think about all of the health care services you receive, including services provided by doctors, hospitals and pharmacies.</p> <p>What things, if anything, about the health care services you receive are you dissatisfied with?</p> <p>(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW) (-8) Don't Know (-9) Refused</p> <p>RESPONDENT VERBATIM:</p>
Observations:	
17.	<p>Is there a particular medical person or a clinic you usually go to when you are sick or for advice about your health?</p> <p>(01) YES (02) NO → GO TO Q40</p>
Observations:	

#	Question Text
18.	<p>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?</p> <p>IF CLINIC, ASK: Is it a hospital outpatient clinic, or some other kind of clinic? IF SOME OTHER PLACE, ASK: Where is this?</p> <p>(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</p>
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.	What is the complete name of that doctor? WRITE NAME ON WORKSHEET

#	Question Text
Observations:	
22.	<p>SHOW CARD AC1 What is (PROVIDER NAME FROM Q21)'s specialty? [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) (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</p>

#	Question Text
Observations:	
23.	OTHER DR SPECIALTY (SPECIFY) _____
Observations:	
24.	<p>Do you usually have someone accompany you there?</p> <p>(01) YES (02) NO → GO TO Q28 (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
25.	<p>Who usually goes with you?</p> <p>(SPECIFY) _____</p>
Observations:	
26.	<p>How often is [RESPONSE FROM Q25] with you while you see the doctor or other medical person? Would you say always, sometimes, or never?</p> <p>(01) ALWAYS (02) SOMETIMES (03) NEVER (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	

#	Question Text
27.	<p>What are the reasons this person accompanies you there? What does this person do?</p> <p>[PROBE: Any other reason?] CHECK ALL THAT APPLY.</p> <p>(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</p>
Observations:	
28.	<p>SHOW CARD US1</p> <p>How long have you been seeing (PROVIDER NAME FROM Q21)/going to (PLACE NAME FROM Q19)]?</p> <p>(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</p>
Observations:	

#	Question Text
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 (PROVIDER 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 (PROVIDER 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 (-8) Don't Know (-9) Refused</p>

#	Question Text
Observations:	
32.	<p>SHOW CARD US3 [(PROVIDER NAME FROM Q21) often seems/The doctors at (PLACE NAME FROM 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>
Observations:	
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>
Observations:	
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 (05) NOT APPLICABLE (-8) Don't Know (-9) Refused</p>

#	Question Text
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 (-9) Refused</p>
Observations:	

#	Question Text
38.	<p>SHOW CARD US3</p> <p>[Think about the care you receive from (PROVIDER NAME FROM Q21)/PLACE NAME FROM Q19.]</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:	

#	Question Text
40.	<p data-bbox="313 243 768 275">[IF NO USUAL SOURCE OF CARE]</p> <p data-bbox="313 310 1442 405">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 data-bbox="313 443 1414 506">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 data-bbox="313 543 553 674">(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
41.	<p data-bbox="313 831 1393 894">You recently moved into the area. [Is that a reason you do not have a usual source of health care?]</p> <p data-bbox="313 932 553 1062">(01) YES (02) NO (-8) DON'T KNOW (-9) REFUSED</p>
Observations:	
42.	<p data-bbox="313 1215 1430 1278">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 data-bbox="313 1316 740 1446">(01) YES (02) NO → GO TO Q44 (-8) DON'T KNOW → GO TO Q44 (-9) REFUSED → GO TO Q44</p>
Observations:	

#	Question Text
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>

#	Question Text
Observations:	
47.	<p>I would like to get a little information about your background.</p> <p>Are you of Hispanic, (Latino/Latina), 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.	<p>SHOW CARD D11</p> <p>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.</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:	

#	Question Text
49.	<p>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?]</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>ELSE IF RACE INCLUDES NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, GO TO Q51. ELSE GO TO Q52.</p>
Observations:	
50.	<p>SHOW CARD DI3 Looking at this card, are you Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese or some other Asian group?</p> <p>You can choose more than one group. 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>
Observations:	

#	Question Text
51.	<p>SHOW CARD DI4 Looking at this card, are you Native Hawaiian, Guamanian or Chamorro, Samoan, or some other Pacific Islander group?</p> <p>You can choose more than one group. CHECK ALL THAT APPLY.</p> <p>(01) NATIVE HAWAIIAN (02) GUAMANIAN OR CHAMORRO (03) SAMOAN (91) OTHER PACIFIC ISLANDER GROUP (SPECIFY _____) (-8) Don't Know (-9) Refused</p>
Observations:	
52.	<p>How well do you speak English? Would you say...</p> <p>(01) Very well (02) Well (03) Not Well, or (04) Not at all?</p>
<p>Probes:</p> <ul style="list-style-type: none"> • When I asked “How well do you speak English?” you answered [ANSWER]. <ul style="list-style-type: none"> ○ How did you decide on your answer? ○ What did you think about when you answered the question? ○ Can you give some examples? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “speak” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	
53.	<p>How well do you read English? Would you say...</p> <p>(01) Very well (02) Well (03) Not Well, or (04) Not at all?</p>

#	Question Text
<p>Probes:</p> <ul style="list-style-type: none"> • When I asked “How well do you read English?” you answered [ANSWER]. <ul style="list-style-type: none"> ○ How did you decide on your answer? ○ What did you think about when you answered the question? ○ Can you give some examples? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “read” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	
54.	<p>Do you speak a language other than English at home?</p> <p>(01) YES (02) NO → GO TO Q64 (-8) Don't Know → GO TO Q64 (-9) Refused → GO TO Q64</p>
<p>Observations:</p>	
55.	<p>What is this language? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) SPANISH (91) OTHER LANGUAGE, SPECIFY: _____ (-8) Don't Know (-9) Refused</p>
<p>Probes:</p> <ul style="list-style-type: none"> • You said you speak LANGUAGE at home. Are there any other languages you speak, at home or elsewhere? What other languages do you speak? • In what situations would you use a language other than English? • In what situations would you use English? <p>Notes to Interviewer: Q52, Q54, and Q55 are from the ACS and are well tested. However, they appear in a different order here than in the ACS, and with an additional question inserted (in ACS, the order would be Q54, Q55, Q52). Look for issues with question flow or interpretation due to the reordering.</p> <p>Observations:</p>	

#	Question Text
56.	<p>In general, in what language do you prefer to receive your medical care? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused</p>
<p>Probes:</p> <ul style="list-style-type: none"> You answered that you prefer to receive medical care in LANGUAGE. How did you decide on that answer? Tell me more about that. What language(s) do your medical providers use when speaking to you? What language(s) do you use during your medical appointments? Can you give some examples? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R's ever interpret the Q to mean what language they do receive care in, rather than the preferred language?</p> <p>Observations:</p>	
57.	<p>In general, in what language do you prefer to read health-related materials?</p> <p>(01) English (02) LANGUAGE FROM Q55, or (03) Both English and LANGUAGE FROM Q55 equally (91) OTHER-specify (-8) Don't Know (-9) Refused</p>
<p>Probes:</p> <ul style="list-style-type: none"> You answered that you prefer to read health-related materials in LANGUAGE. How did you decide on that answer? Tell me more about that. In what language are the materials that your medical providers give to you? Can you give some examples? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R's ever interpret the Q to mean what language they <i>do</i> receive health related materials in, rather than the preferred language?</p> <p>Observations:</p>	

#	Question Text
58.	<p>[IF USUALDOC=YES, CONTINUE, ELSE GO TO Q62]</p> <p>You mentioned earlier that there is a particular medical provider you usually go to when you are sick or for advice about your health. My next questions are about that provider.</p> <p>Does [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] speak [LANGUAGE FROM Q55]?</p> <p>(01) YES (02) NO → GO TO Q60 (-8) DON'T KNOW → GO TO Q63 (-9) REFUSED → GO TO Q63</p>
<p>Probes:</p> <ul style="list-style-type: none"> Tell me more about the language you prefer to speak with your medical provider. <p>Notes to Interviewer: What language did R indicate as the language preferred for health care? We assume that in most cases R would prefer to receive medical care in a language in which they are fluent. Do Rs who do not communicate well in English ever prefer to receive medical care in English? Why? Are there issues with this item for bilinguals who are fluent in English, or LEP respondents who simply prefer to see providers who speak English?</p> <p>Observations:</p>	
59.	<p>How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in [LANGUAGE FROM Q55] about your symptoms?</p> <p>(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON'T KNOW (-9) REFUSED</p> <p>[ALL ANSWERS GO TO Q62]</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • When I asked how well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in [LANGUAGE FROM Q55] about your symptoms, you answered [ANSWER]. Can you tell me more about that? How did you decide on your answer? • What did you think about when you answered the question? • Do you ever speak in English with any medical providers? What language(s) do you use in communicating with your medical providers? • Can you give some examples? <p>Notes to Interviewer:</p> <p>How does the R interpret these questions? The intended interpretation of this question in the case where the respondent and provider both speak [Language from Q55] but don't communicate in that language would be, "Would your provider be able to discuss your symptoms with you in [LANGUAGE FROM Q55]?" If both respondent and provider speak [Language from Q55] and do communicate in that language, the intended interpretation is "How well do you communicate with your provider in [Language from Q55]?" If R always uses a translator, are they able to make a judgment on the provider's ability to discuss in [LANGUAGE FROM Q55]?"</p> <p>Observations:</p>
60.	<p>[IF Q58=NO; ELSE GO TO Q62] How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in English about your symptoms?</p> <p>(01) Very well (02) Well (03) Not well, or (04) Not at all? (-8) DON'T KNOW (-9) REFUSED</p> <p>[IF Q52 = "Not well" or "Not at all" CONTINUE TO Q61, ELSE GO TO Q64]</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • When I asked how well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in English about your symptoms, you answered [ANSWER]. Can you tell me more about that? How did you decide on your answer? • What did you think about when you answered the question? • Do you ever speak in English with any medical providers? What language(s) do you use in communicating with your medical providers? • Can you give some examples? <p>Notes to Interviewer: How does the R interpret these questions? The intended interpretation of this question would be, “Would you be able to talk about your symptoms in English?” If R always uses a translator, are they able to make a judgment on their ability to discuss in English?</p> <p>Observations:</p>
61.	<p>Who helps you communicate with [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] – a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p> <p>[CHOOSE ALL THAT APPLY] (01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER’S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (-8) DON’T KNOW (-9) REFUSED</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> When I asked who helps you communicate with [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] you said [ANSWER]. Tell me more about that. Who provides the professional interpreter? What staff person helps to translate? Which family member/friend? Does the same person help you at every visit or do different people help? <p>Notes to Interviewer: Did the R have any difficulty choosing an answer? Who do they think of as a professional interpreter? Staff person? How did the R decide on his/her answer? Are there other ways R communicates with the provider that are not listed as response options? How do Rs whose preferred language for medical care is English respond? How do fluent bilinguals respond?</p> <p>Observations:</p>
62.	<p>[IF Q52 = “Not well” or “Not at all” CONTINUE to Q62, ELSE GO TO Q64]</p> <p>Have you ever had a problem understanding a medical situation because it was not explained in [LANGUAGE FROM Q55]?</p> <p>(01) Yes (02) No (-8) DON’T KNOW (-9) REFUSED</p>
	<p>Probes:</p> <ul style="list-style-type: none"> Probe for details on the nature of the medical situation <ul style="list-style-type: none"> What was the medical situation you did not understand? What did you not understand when the medical situation was not explained in [LANGUAGE FROM Q55]? <p>Notes to Interviewer: Does the R indicate higher proficiency in their preferred language for medical care than in English? If not, ask how they decided on answer. Ask for more information on how they communicate with providers. Does this question make sense to Rs who may not have any medical providers who speak their preferred language for medical care?</p> <p>Observations:</p>

#	Question Text
63.	<p>Now think about all of your (IF USUALDOC=YES, insert “other”) medical providers.</p> <p>Who helps you communicate with medical providers who do not speak [LANGUAGE FROM Q55]– a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?</p> <p>PROBE: Anyone else?</p> <p>[CHOOSE ALL THAT APPLY] (01) PROFESSIONAL INTERPRETER (02) STAFF PERSON AT MEDICAL PROVIDER’S OFFICE (03) FAMILY MEMBER (04) FRIEND (05) SOMEONE ELSE (06) DOES BEST THAT CAN IN ENGLISH (07) DOES NOT SEE A MEDICAL PROVIDER (-8) DON’T KNOW (-9) REFUSED</p>
<p>Probes:</p> <ul style="list-style-type: none"> When I asked who helps you communicate with your medical providers who do not speak [LANGUAGE FROM Q55], you said [ANSWER]. What medical providers were you thinking of when you answered this question? How did you decide how to answer this question? <p>Observations:</p>	

#	Question Text
64.	<p>The next two questions are about education and income.</p> <p>SHOW CARD DI5</p> <p>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.]</p> <p>(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</p>
Observations:	
65.	<p>SHOW CARD DI6</p> <p>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.</p> <p>[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.]</p> <p>(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</p>
Observations:	

Appendix P: Cognitive Interviewing Protocol, Round 2 - Version B (Spanish)

LEP COGNITIVE INTERVIEW SURVEY ITEMS AND PROBES

NOTE: THE REFERENCE DATE FOR THE SURVEY WILL BE THE YEAR BEFORE THE INTERVIEW DATE (PAST YEAR).

#	Question Text
1.	<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:	
2.	<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:	
3.	<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:	

#	Question Text
4.	<p>SHOW CARD AC1</p> <p>Tengo unas preguntas más sobre las visitas que usted ha tenido en el pasado.</p> <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?</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' 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> <ol style="list-style-type: none"> 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 <p>(91) OTRA ESPECIALIDAD MEDICA (ESPECIFIQUE _____)</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>

#	Question Text
Observations:	
5.	<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:	
6.	<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:	

#	Question Text
7.	<p>SHOW CARD SC1 [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) 5. NO CORRESPONDE <p>(-8) Don't Know (-9) Refused</p>
Observations:	
8.	<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> <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:	
9.	<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> <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:	

#	Question Text
10.	<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) 3. INSATISFECHO(A) 4. MUY INSATISFECHO(A) 5. NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	
11.	<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:	
12.	<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:	

#	Question Text
13.	<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> <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:	
14.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>La facilidad para obtener respuestas por teléfono a preguntas sobre su tratamiento o medicinas.</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:	
15.	<p>SHOW CARD SC1 [Por favor dígame qué tan satisfecho(a) se ha sentido con ...]</p> <p>La cantidad que usted ha tenido que pagar por sus medicinas recetadas.</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:	

#	Question Text
16.	<p>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.</p> <p>¿Con qué cosas, si hay algo, acerca de los servicios de salud que usted recibe, está insatisfecho(a)?</p> <p>(01) RESPONDENT IS NOT DISSATISFIED WITH ANYTHING (91) RESPONDENT IS DISSATISFIED (RECORD VERBATIM BELOW) (-8) Don't Know (-9) Refused</p> <p>RESPONDENT VERBATIM:</p>
Observations:	
17.	<p>¿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?</p> <p>(01) YES (02) NO → GO TO Q40</p>
Observations:	
18.	<p>¿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?</p> <p>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?</p> <p>(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.). (14) CENTRO DE SALUD MENTAL (91) OTHER (SPECIFY _____) (-8) DON'T KNOW (-9) REFUSED</p>

#	Question Text
Observations:	
19.	¿Cuál es el nombre completo del lugar al que usted va? WRITE NAME ON WORKSHEET
Observations:	
20.	¿Hay un médico en particular que usted ve normalmente en este lugar? (01) YES (02) NO → GO TO Q24 (-8) DON'T KNOW (-9) REFUSED
Observations:	
21.	¿Cuál es el nombre completo de ese médico? WRITE NAME ON WORKSHEET
Observations:	

#	Question Text
22.	<p>SHOW CARD AC1</p> <p>¿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> <ol style="list-style-type: none"> 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. FISILOGÍA/REHABILITACIÓN 28. CIRUGÍA PLÁSTICA 29. PROCTOLOGÍA 30. PSIQUIATRÍA/PSIQUIATRA 31. PULMONAR (PULMONES) 32. RADIOLOGÍA 33. REUMATOLOGÍA (ARTRITIS) 34. CIRUGÍA DEL TÓRAX (PECHO) 35. UROLOGÍA <p>(91) OTRA ESPECIALIDAD MEDICA (ESPECIFIQUE _____)</p> <p>(-8) DON'T KNOW</p> <p>(-9) REFUSED</p>
Observations:	

#	Question Text
23.	OTHER DR SPECIALTY (SPECIFY) _____
Observations:	
24.	<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 (-9) REFUSED</p>
Observations:	
25.	<p>¿Quién va normalmente con usted?</p> <p>(SPECIFY) _____</p>
Observations:	
26.	<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:	

#	Question Text
27.	<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:	
28.	<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:	

#	Question Text
29.	<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:	
30.	<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 (05) NO CORRESPONDE (-8) Don't Know (-9) Refused</p>
Observations:	

#	Question Text
31.	<p>SHOW CARD US3</p> <p>[(PROVIDER NAME FROM Q21) tiene /Los médicos en (PROVIDER 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:	
32.	<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:	
33.	<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>

#	Question Text
Observations:	
34.	<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:	
35.	<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:	
36.	<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 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>

#	Question Text
Observations:	
37.	<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:	
38.	<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:	

#	Question Text
39.	<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:	
40.	<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:	
41.	<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:	

#	Question Text
42.	<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:	
43.	<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:	
44.	<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:	
45.	<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 (-9) REFUSED</p>

#	Question Text
Observations:	
46.	<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:	
47.	<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:	
48.	<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:	

#	Question Text
49.	<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>
Observations:	
50.	<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.</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>
Observations:	

#	Question Text
51.	<p>SHOW CARD DI4</p> <p>Mire esta tarjeta. ¿Es [usted/SP] nativo de Hawái, guameño(a) o chamorro(a), samoano(a) o de otro origen de las Islas del Pacífico?</p> <p>Puede seleccionar más de un grupo.</p> <p>CHECK ALL THAT APPLY.</p> <p>(01) NATIVE HAWAIIAN (02) GUAMANIAN OR CHAMORRO (03) SAMOAN (91) OTHER PACIFIC ISLANDER GROUP (SPECIFY _____) (-8) Don't Know (-9) Refused</p>
<p>Observations:</p>	
52.	<p>¿Qué tan bien habla usted inglés? ¿Diría que ...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada?</p>
<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté “¿Qué tan bien habla usted inglés?” usted respondió [ANSWER]. <ul style="list-style-type: none"> ○ ¿Cómo decidió qué responder? ○ ¿En qué pensó cuando respondió esa pregunta? ○ ¿Podría darme algunos ejemplos? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “speak” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	

#	Question Text
53.	<p>¿Qué tan bien lee usted en inglés? ¿Diría que...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada?</p>
<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté “¿Qué tan bien lee usted en inglés?” usted respondió [ANSWER]. <ul style="list-style-type: none"> ○ ¿Cómo decidió qué responder? ○ ¿En qué pensó cuando respondió esa pregunta? ○ ¿Podría darme algunos ejemplos? <p>Notes to interviewer: Look for difficulty deciding on answer. Do beneficiary and language assistant seem to agree? Did the differences between the question on speaking and reading get conveyed in translation? (For example, it is possible that the language assistant translates too loosely—how well does the beneficiary “know” English instead of “read” English.) Is there any difficulty explaining the difference between these items to the beneficiary?</p> <p>Observations:</p>	
54.	<p>¿Habla usted en su hogar un idioma que no sea inglés?</p> <p>(01) YES (02) NO → GO TO Q64 (-8) Don't Know → GO TO Q64 (-9) Refused → GO TO Q64</p>
<p>Observations:</p>	
55.	<p>¿Qué idioma es? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) SPANISH (91) OTHER LANGUAGE, SPECIFY: _____ (-8) Don't Know (-9) Refused</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Usted respondió que habla LANGUAGE en su hogar. ¿Habla usted algún otro idioma, en su hogar o en algún otro lugar? ¿Qué otros idiomas habla usted? • ¿En qué situaciones usaría un idioma que no sea inglés? • ¿En qué situaciones usaría el inglés? <p>Notes to Interviewer: Q52, Q54, and Q55 are from the ACS and are well tested. However, they appear in a different order here than in the ACS, and with an additional question inserted (in ACS, the order would be Q54, Q52). Look for issues with question flow or interpretation due to the reordering.</p> <p>Observations:</p>
56.	<p>En general, ¿en qué idioma prefiere usted recibir atención médica? WRITE LANGUAGE ON WORKSHEET</p> <p>(01) Inglés (02) LANGUAGE FROM Q55, or (03) Ambos, inglés y LANGUAGE FROM Q55 por igual (91) OTRO- specify: _____ (-8) Don't Know (-9) Refused</p>
	<p>Probes:</p> <ul style="list-style-type: none"> • Usted respondió que prefiere recibir atención médica en LANGUAGE. ¿Cómo decidió qué responder? • Cuénteme un poco más sobre eso. ¿Qué idioma(s) habla su proveedor de atención médica cuando habla con usted? ¿Qué idioma(s) habla usted en sus citas médicas? • ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R's ever interpret the Q to mean what language they do receive care in, rather than the preferred language?</p> <p>Observations:</p>
57.	<p>En general, ¿en qué idioma prefiere leer los materiales relacionados con la salud?</p> <p>(01) Inglés (02) LANGUAGE FROM Q55, o (03) Ambos, inglés y LANGUAGE FROM Q55 por igual (91) OTHER-specify: _____ (-8) Don't Know (-9) Refused</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Usted respondió que prefiere leer los materiales relacionados con la salud en LANGUAGE. ¿Cómo decidió qué responder? • Cuénteme un poco más sobre eso. ¿En qué idiomas están los materiales que su proveedor de atención médica le da? ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: Does R choose the language spoken at home as the preferred language for medical care? Do R's ever interpret the Q to mean what language they do receive health related materials, rather than the preferred language?</p> <p>Observations:</p>
58.	<p>[IF USUALDOC=YES, CONTINUE, ELSE GO TO Q62]</p> <p>Usted mencionó anteriormente que hay un proveedor de atención médica en particular al cuál usted va habitualmente cuando está enfermo(a) o necesita consejo sobre su salud. Mis siguientes preguntas son sobre ese proveedor.</p> <p>¿El/La [PROVIDER NAME FROM Q21/ su proveedor de atención médica habitual / su especialista] habla [LANGUAGE FROM Q55]?</p> <p>(01) YES (02) NO → GO TO Q60 (-8) Don't Know → GO TO Q63 (-9) Refused → GO TO Q63</p>
	<p>Probes:</p> <ul style="list-style-type: none"> • Cuénteme un poco más sobre el idioma que usted prefiere hablar con su proveedor de atención médica. <p>Notes to Interviewer: What language did R indicate as the language preferred for health care? We assume that in most cases R would prefer to receive medical care in a language in which they are fluent. Do Rs who do not communicate well in English ever prefer to receive medical care in English? Why? Are there issues with this item for bilinguals who are fluent in English, or LEP respondents who simply prefer to see providers who speak English?</p> <p>Observations:</p>

#	Question Text
59.	<p>¿Qué tan bien pueden usted y [PROVIDER NAME FROM Q21/ su proveedor de atención médica habitual / su especialista] comunicarse en [LANGUAGE FROM Q55] sobre sus síntomas? ¿Diría que ...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada? (-8) DON'T KNOW (-9) REFUSED</p> <p>[ALL ANSWERS GO TO Q62]</p>
<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunte qué tan bien pueden usted y [PROVIDER NAME FROM Q21/ su proveedor de atención médica habitual / su especialista] comunicarse en [LANGUAGE FROM Q55] sobre sus síntomas, respondió que [ANSWER]. ¿Podría contarme más sobre eso? ¿Cómo decidió qué responder? • ¿En qué pensó cuando respondió esa pregunta? • ¿Alguna vez habla en inglés con alguno de sus proveedores de atención médica? ¿Qué idioma(s) habla usted para comunicarse con su proveedor de atención médica? • ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: How does the R interpret these questions? The intended interpretation of this question in the case where the respondent and provider both speak [Language from Q55] but don't communicate in that language would be, "Would your provider be able to discuss your symptoms with you in [LANGUAGE FROM Q55]?" If both respondent and provider speak [Language from Q55] and do communicate in that language, the intended interpretation is "How well do you communicate with your provider in [Language from Q55]?" If R always uses a translator, are they able to make a judgment on the provider's ability to discuss in [LANGUAGE FROM Q55]?"</p> <p>Observations:</p>	
60.	<p>Qué tan bien pueden usted y [PROVIDER NAME FROM Q21/ su proveedor de atención médica habitual / su especialista] comunicarse en inglés sobre sus síntomas? ¿Diría que ...</p> <p>(01) Muy bien (02) Bien (03) No muy bien, o (04) Para nada? (-8) DON'T KNOW (-9) REFUSED</p> <p>[IF Q52 = "Not well" or "Not at all" CONTINUE TO Q61, ELSE GO TO Q64]</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunte qué tan bien pueden usted y [PROVIDER NAME FROM Q21/ su proveedor de atención médica habitual / su especialista] comunicarse sobre sus síntomas en inglés, respondió que [ANSWER]. ¿Podría contarme más sobre eso? ¿Cómo decidió qué responder? • ¿En qué pensó cuando respondió esa pregunta? • ¿Alguna vez habla en inglés con alguno de sus proveedores de atención médica? ¿Qué idioma(s) habla usted para comunicarse con su proveedor de atención médica? • ¿Podría darme algunos ejemplos? <p>Notes to Interviewer: How does the R interpret these questions? The intended interpretation of this question would be, “Would you be able to talk about your symptoms in English?” If R always uses a translator, are they able to make a judgment on their ability to discuss in English?</p> <p>Observations:</p>
61.	<p>¿Quién le ayuda a comunicarse con [PROVIDER NAME FROM Q21/ su proveedor de atención médica habitual / su especialista] – un intérprete profesional, un miembro del personal del consultorio de su proveedor de atención médica habitual, un familiar, un amigo, o usted hace lo que puede para hablar en inglés?</p> <p>PROBE: ¿Alguien más?</p> <p>[CHOOSE ALL THAT APPLY]</p> <p>(01)Intérprete profesional (02) Miembro del personal del consultorio de su proveedor de atención médica habitual (03) Familiar (04) Amigo (05) Alguna otra persona- specify: _____ (06)Hace lo que puede para hablar en inglés (-8) DON’T KNOW (-9) REFUSED</p>

#	Question Text
	<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté quién le ayuda a comunicarse con [PROVIDER NAME FROM Q21/ su proveedor de atención médica habitual / su especialista] usted respondió que [ANSWER]. Cuénteme un poco más sobre eso. ¿Quién le proporciona un intérprete? ¿Qué miembro del personal le ayuda a traducir? ¿Cuál familiar/amigo? ¿Le traduce la misma persona en cada visita o lo hace una persona diferente? <p>Notes to Interviewer: Did the R have any difficulty choosing an answer? Who do they think of as a professional interpreter? Staff person? How did the R decide on his/her answer? Are there other ways R communicates with the provider that are not listed as response options? How do Rs whose preferred language for medical care is English respond? How do fluent bilinguals respond?</p> <p>Observations:</p>
62.	<p>[IF Q52 = “Not well” or “Not at all” CONTINUE to Q62, ELSE GO TO Q64]</p> <p>¿Alguna vez ha tenido un problema para entender una situación médica porque no se explicó en [LANGUAGE FROM Q55]?</p> <p>(01) Yes (02) No (-8) DON’T KNOW (-9) REFUSED</p>
	<p>Probes:</p> <ul style="list-style-type: none"> • Probe for details on the nature of the medical situation: <ul style="list-style-type: none"> • ¿Cuál fue la situación médica que usted no entendió? • ¿Qué es lo que usted no entendió cuando la situación médica no se explicó en [LANGUAGE FROM Q55]? <p>Notes to Interviewer: Does the R indicate higher proficiency in their preferred language for medical care than in English? If not, ask how they decided on answer. Ask for more information on how they communicate with providers. Does this question make sense to Rs who may not have any medical providers who speak their preferred language for medical care?</p> <p>Observations:</p>

#	Question Text
63.	<p>Ahora piense en todos sus (IF USUALDOC=YES, insert “otros”) proveedores de atención médica.</p> <p>¿Quién le ayuda a comunicarse con su proveedor de atención médica que no habla [LANGUAGE FROM Q55] - un intérprete profesional, un miembro del personal del consultorio de su proveedor de atención médica habitual, un familiar, un amigo, o usted hace lo que puede para hablar en inglés?</p> <p>PROBE: ¿Alguien más?</p> <p>[CHOOSE ALL THAT APPLY]</p> <p>(01)Intérprete profesional (02) Miembro del personal del consultorio de su proveedor de atención médica habitual (03) Familiar (04) Amigo (05) Alguna otra persona- specify: _____ (06)Hace lo que puede para hablar en inglés (07) No ve a un proveedor médico (-8) DON’T KNOW (-9) REFUSED</p>
<p>Probes:</p> <ul style="list-style-type: none"> • Cuando le pregunté quien le ayuda a comunicarse con sus proveedores de servicios médicos que no hablan [LANGUAGE FROM Q55], usted respondió que [ANSWER]. En cuáles proveedores médicos estabas pensando cuando respondió a esta pregunta? ¿Cómo decidió qué responder? <p>Observations:</p>	

#	Question Text
64.	<p>Las dos siguientes preguntas son acerca de educación e ingresos.</p> <p>SHOW CARD DI5 ¿Cuál es el grado o nivel de escuela más alto que usted ha completado?</p> <p>[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.]</p> <ol style="list-style-type: none"> 1. NO TIENE ESTUDIOS 2. PREESCOLAR A 8º. GRADO 3. 9º -12º 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
<i>Observations:</i>	

#	Question Text
65.	<p data-bbox="313 239 542 268">SHOW CARD DI6</p> <p data-bbox="313 306 1317 373">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?</p> <p data-bbox="313 409 1422 476">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.</p> <p data-bbox="313 510 1433 642">[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.</p> <p data-bbox="313 676 607 1041"> (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 </p>
<p data-bbox="203 1062 370 1092">Observations:</p>	

Appendix Q: Worksheet and Showcards (English)

Worksheet for Questionnaire Testing

Place name from Q19:
Provider name from Q21:
Language from Q55:
Language from Q56:

AC1

- (01) Allergy/Immunology (Allergies, Asthma)
- (02) Anesthesiology
- (03) Cardiology (Heart)
- (05) Dermatology (Skin)
- (07) Endocrinology/Metabolism (Diabetes, Thyroid)
- (08) Family Practice
- (09) Gastroenterology (Digestive System)
- (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 (Nervous System)
- (19) Nuclear Medicine
- (20) Oncology (Tumors, Cancer)
- (21) Ophthalmology (Eyes)
- (22) Orthopedics (Bones, Joints)
- (24) Osteopathy (DO)
- (25) Otorhinolaryngology (Ear, Nose, Throat)
- (26) Pathology
- (27) Physical Med/Rehab
- (28) Plastic Surgery
- (29) Proctology

(continued)

- (30) Psychiatry/Psychiatrist (Mental Health)
- (31) Pulmonary (Lungs)
- (32) Radiology
- (33) Rheumatology (Arthritis)
- (34) Thoracic Surgery (Chest)
- (35) Urology (Urinary Tract)

SC1

- Very Satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied

US1

- Less Than 1 Year
- 1 Year to Less Than 3 Years
- 3 Years to Less Than 5 Years
- 5 Years to Less Than 10 Years
- 10 Years or More

US3

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

DI1

- Mexican, Mexican American, Chicano(a)
- Puerto Rican
- Cuban

DI2

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

DI3

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

DI4

- Native Hawaiian
- Guamanian or Chamorro
- Samoan

DI5

- No Schooling Completed
- Nursery School to 8TH Grade
- 9TH-12TH Grade, No Diploma
- High School Graduate (High School Diploma or the Equivalent)
- Vocational/Technical/Business/Trade School Certificate or Diploma (Beyond the High School Level)
- Some College, But No Degree
- Associate Degree
- Bachelor's Degree
- Master's, Professional, or Doctorate Degree

DI6

Annual Income

Monthly Breakdown

A. Less than \$5,000
B. \$5,000 - 9,999
C. \$10,000 - 14,999
D. \$15,000 - 19,999
E. \$20,000 - 24,999
F. \$25,000 - 29,999
G. \$30,000 – 39,999
H. \$40,000 - 49,999
I. \$50,000 +

A. Less than \$417
B. \$417 - 833
C. \$834 - 1,249
D. \$1,250 - 1,666
E. \$1,667 - 2,083
F. \$2,084 - 2,499
G. \$2,500 – 3,333
H. \$3,334 – 4,166
I. \$4,167 +

Appendix R: Worksheet and Showcards (Spanish)

Worksheet for Questionnaire Testing

Place name from Q19:
Provider name from Q21:
Language from Q55:
Language from Q56:

AC1

- (01) Alergias / Inmunología (Alergias, Asma)
- (02) Anestesiología
- (03) Cardiología (Corazón)
- (05) Dermatología (Piel)
- (07) Endocrinología/Metabolismo (Diabetes, Tiroides)
- (08) Práctica Familiar
- (09) Gastroenterología (El Sistema Digestivo)
- (10) Medicina General
- (11) Cirugía General
- (12) Geriatria (Ancianos)
- (13) Ginecología - Obstetricia
- (14) Hematología (Sangre)
- (15) Morada de hospital
- (16) Medicina Interna (Internista)
- (17) Nefrología (Riñones)
- (18) Neurología (Sistema de los Nervios)
- (19) Medicina Nuclear
- (20) Oncología (Tumores, Cáncer)
- (21) Oftalmología (Ojos)
- (22) Ortopedia (Huesos, Articulaciones)
- (24) Osteopatía (DO)
- (25) Otorrinolaringología (Oído, Nariz, Garganta)
- (26) Patología
- (27) Medicina Física/Rehabilitación
- (28) Cirugía Plástica
- (29) Proctología

(continúe)

- (30) Psiquiatría/Psiquiatra (Salud Mental)
- (31) Pulmonar (Pulmones)
- (32) Radiología
- (33) Reumatología (Artritis)
- (34) Cirugía Torácica (Pecho)
- (35) Urología (Tracto Urinario)

SC1

- Muy Satisfecho(a)
- Satisfecho(a)
- Insatisfecho(a)
- Muy Insatisfecho(a)

US1

- Menos de Un Año
- De 1 Año a Menos de 3 Años
- De 3 Años a Menos de 5 Años
- De 5 Años a Menos de 10 Años
- 10 Años o Más

US3

- Totalmente de Acuerdo
- De Acuerdo
- En Desacuerdo
- Totalmente en Desacuerdo

DI1

- Mexicano(a), mexicano(a) americano(a), chicano(a)
- Puertorriqueño(a)
- Cubano(a)

DI2

- Indio Americano o Nativo de Alaska
- Asiático
- Negro o Afroamericano
- Nativo de Hawái u Otra Isla del Pacífico
- Blanco

DI3

- Hindú
- Chino(a)
- Filipino(a)
- Japonés
- Coreano(a)
- Vietnamita

DI4

- Nativo(a) de Hawái
- Guameño(a) o chamorro(a)
- Samoano(a)

DI5

- Ninguna Escolaridad Completada
- Jardín Infantil a 8° Grado
- 9° - 12° Grado, Sin Diploma
- Graduado(a) de Escuela
(Superior/Secundaria) - Diploma de Escuela
(Superior/Secundaria) o el Equivalente
- Certificado o Diploma de Escuela
Vocacional/Técnica/Negocios/Comercial
[Superior al Nivel de Escuela
(Superior/Secundaria)]
- Algo de Universidad, Pero Sin Grado
- Grado Asociado
- Grado Universitario
- Grado de Maestría, Profesional o Doctorado

DI6

Ingreso Anual

A. Menos de \$5,000
B. \$5,000 - 9,999
C. \$10,000 - 14,999
D. \$15,000 - 19,999
E. \$20,000 - 24,999
F. \$25,000 - 29,999
G. \$30,000 – 39,999
H. \$40,000 - 49,999
I. \$50,000 +

Ingreso Por Mes

A. Menos de \$417
B. \$417 - 833
C. \$834 - 1,249
D. \$1,250 - 1,666
E. \$1,667 - 2,083
F. \$2,084 - 2,499
G. \$2,500 – 3,333
H. \$3,334 – 4,166
I. \$4,167 +

Appendix S: Distribution of Responses

Version A

Demographic Characteristic	Response option	Interviews in Spanish (N=13)	Interviews in English (N=8) ⁶
What is the highest degree or level of school you have completed?	No schooling completed	0	2
	Nursery school to the 8 th grade	8	0
	9 th -12 th grade, no diploma	0	1
	High school graduate (high school diploma or the equivalent)	4	2
	Vocational/technical/business/trade school certificate or diploma (beyond the high school level)	1	2
	Some college, but no degree	0	0
	Associate degree	0	1
	Bachelor’s degree	0	0
	Master’s professional or doctorate degree	0	0
	Don’t know/Refused	0	0
	Total	21	
What best represents your total income before taxes during the past 12 months?	Less than \$5,000	0	1
	\$5,000 - 9,999	2	5
	\$10,000 - 14,999	3	0
	\$15,000 - 19,999	4	1
	\$20,000 - 24,999	0	1
	\$25,000 - 29,999	1	0
	\$30,000 - 39,999	2	0
	\$40,000 - 49,999	1	0
	\$50,000 or more	0	0
	Don't Know/Refused	0	0
	Total	21	

LEP question	Response option	Interviews in Spanish (N=13)	Interviews in English (N=8) ⁷
Question 52 How well do you speak English? Would you say...	Very well	0	0
	Well	3	0
	Not well	9	7
	Not at all	1	1
	Total	21	

⁶ Interviews in English includes two interviews conducted with Spanish speakers in English and six interviews conducted with Chinese speakers in English.

⁷ “Interviews in English” includes two interviews conducted with Spanish speakers in English and six interviews conducted with Chinese speakers in English.

LEP question	Response option	Interviews in Spanish (N=13)	Interviews in English (N=8) ⁷
Question 53 How well do you read English? Would you say...	Very well	2	0
	Well	1	2
	Not well	8	4
	Not at all	2	2
	Total	21	
Question 54 Do you speak a language other than English at home?	Yes	13	8
	No	0	0
Question 55 What is this language?	Spanish	13	2
	Other	0	6
	Total	21	
Question 56 In general, in what language do you prefer to receive your medical care?	English	0	0
	Language from Q55	13	7
	Both English and Language from Q55 equally	0	1
	Total	21	
Question 57 In what language do you prefer to read health-related materials?	English	0	1
	Language from Q55	11	7
	Both English and Language from Q55 equally	2	0
	Total	21	
Question 58 How well can you discuss your symptoms with your medical providers in English? Would you say...	Very well	2	0
	Well	3	1
	Not well	7	2
	Not at all	1	5
	Total	21	

LEP question	Response option	Interviews in Spanish (N=13)	Interviews in English (N=8) ⁸
Question 59 How well can you discuss your symptoms with your medical providers in [LANGUAGE FROM Q55]?	Very well	10	7
	Well	1	1
	Not well	0	0
	Not at all	1	0
	NA/Didn't understand question	1	0
	Total	21	

⁸ “Interviews in English” includes two interviews conducted with Spanish speakers in English and six interviews conducted with Chinese speakers in English.

LEP question	Response option	Interviews in Spanish (N=13)	Interviews in English (N=8) ⁸
Question 60 How well can you understand your medical providers' recommendations in English?	Very well	4	0
	Well	4	1
	Not well	4	3
	Not at all	1	4
	Total	21	
Question 61 How well can you understand your medical providers' recommendations in [LANGUAGE FROM Q55]?	Very well	11	7
	Well	2	1
	Not well	0	0
	Not at all	0	0
	Total	21	
Question 62 Does [PROVIDER NAME FROM Q21] speak [LANGUAGE FROM Q55]?	Yes	8	5
	No	5	3
	Total	21	
Question 63 Who helps you communicate with [PROVIDER NAME FROM Q21] – a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?	Professional interpreter	2	2
	Staff person at doctor's office	0	0
	Family member	2	1
	Friend	0	0
	Do the best you can in English	2	0
	Other	0	0
	NA/Skipped	7	5
	Total	21	
Question 64 Who helps you communicate with your medical providers who do not speak [LANGUAGE FROM Q55] - a professional interpreter, a staff person at your doctor's office, a family member, a friend, or do you do the best that you can in English?	Professional interpreter	3	4
	Staff person at doctor's office	0	0
	Family member	4	1
	Friend	0	0
	Do the best you can in English	2	0
	Other	0	1 ⁹
	NA/Skipped	4	2
	Total	21	

⁹ Respondent said all medical providers they see speak Chinese

Version B

Demographic Characteristic	Response option	Interviews in Spanish (N=5)	Interviews in English (N=2)
What is the highest degree or level of school you have completed?	No schooling completed	0	0
	Nursery school to the 8 th grade	0	0
	9 th -12 th grade, no diploma	1	0
	High school graduate (high school diploma or the equivalent)	4	0
	Vocational/technical/business/trade school certificate or diploma (beyond the high school level)	0	0
	Some college, but no degree	0	0
	Associate degree	0	0
	Bachelor's degree	0	2
	Master's professional or doctorate degree	0	0
	Don't know/Refused	0	0
	Total	7	
What best represents your total income before taxes during the past 12 months?	Less than \$5,000	0	0
	\$5,000 - 9,999	1	1
	\$10,000 - 14,999	2	0
	\$15,000 - 19,999	2	0
	\$20,000 - 24,999	0	0
	\$25,000 - 29,999	0	0
	\$30,000 - 39,999	0	0
	\$40,000 - 49,999	0	0
	\$50,000 or more	0	0
	Don't Know/Refused	0	1
	Total	7	

LEP question	Response option	Interviews in Spanish (N=5)	Interviews in English (N=2)
Question 52 How well do you speak English? Would you say...	Very well	0	0
	Well	1	0
	Not well	3	2
	Not at all	1	0
	Total	7	
Question 53 How well do you read English? Would you say...	Very well	0	0
	Well	1	2
	Not well	2	0
	Not at all	2	0

LEP question	Response option	Interviews in Spanish (N=5)	Interviews in English (N=2)
	Total	7	
Question 54 Do you speak a language other than English at home?	Yes	5	2
	No	0	0
Question 55 What is this language?	Spanish	5	0
	Other	0	2
	Total	7	
Question 56 In general, in what language do you prefer to receive your medical care?	English	0	1
	Language from Q55	4	0
	Both English and Language from Q55 equally	1	1
	Total	7	
Question 57 In what language do you prefer to read health-related materials?	English	0	0
	Language from Q55	5	1
	Both English and Language from Q55 equally	0	1
	Total	7	
Question 58 You mentioned earlier that there is a particular medical provider you usually go to when you are sick or for advice about your health. My next questions are about that provider. Does [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] speak [LANGUAGE FROM Q55]?	Yes	4	1
	No	0	1
	Not applicable ¹⁰	1	0
	Total	7	

¹⁰ One respondent reported not having a usual medical provider, and so was not asked this question.

LEP question	Response option	Interviews in Spanish (N=5)	Interviews in English (N=2)
Question 59 Q59. How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in [LANGUAGE FROM Q55] about your symptoms?	Very well	3	1
	Well	1	0
	Not well	0	0
	Not at all	0	0
	Not applicable ¹¹	1	1
	Total	7	
Question 60 Q60. How well can you and [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] communicate in English about your symptoms?	Very well	0	0
	Well	0	1
	Not well	0	0
	Not at all	0	0
	Not Applicable ¹²	5	1
	Total	7	
Question 61 Q61. Who helps you communicate with [PROVIDER NAME FROM Q21/your usual provider/your SPECIALIST] – a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?	Professional interpreter	0	7
	Staff person at doctor's office	0	1
	Family member	0	0
	Friend	0	0
	Do the best you can in English	0	0
	Other	0	0
	Not applicable ¹³	5	1
	Total	7	
Question 62 62. Have you ever had a problem understanding a medical situation because it was not explained in [LANGUAGE FROM Q55]?	Yes	2	0
	No	3	2
	Total	7	

¹¹ One respondent reported not having a usual medical provider, and one reported that their usual provider did not speak the language reported in Q55. Both respondents were not asked this question, according to the pre-determined skip pattern.

¹² One respondent reported not having a usual medical provider, and five reported that their usual provider spoke the language the respondent reported in Q55. Therefore, these respondents were not asked this question, according to the pre-determined skip pattern.

¹³ One respondent reported not having a usual medical provider, and four reported that their usual provider spoke the language the respondent reported in Q55. Therefore, these respondents were not asked this question, according to the pre-determined skip pattern.

LEP question	Response option	Interviews in Spanish (N=5)	Interviews in English (N=2)
Question 63¹⁴ Q63. Now think about all of your (IF USUALDOC=YES, insert “other”) medical providers. Who helps you communicate with medical providers who do not speak [LANGUAGE FROM Q55]– a professional interpreter, a staff person at your provider's office, a family member, a friend, or do you do the best that you can in English?	Professional interpreter	2	0
	Staff person at doctor's office	0	0
	Family member	2	2
	Friend	0	0
	Do the best you can in English	1	0
	Other	0	0
	Not applicable ¹⁵	1	5
	Total		8

¹⁴ The response options for this question were changed to be “choose all that apply” in Version B. Therefore, the total of responses may be greater than the total number of respondents.

¹⁵ One respondent reported speaking English “Very well” or “Well” in question 52. This respondent was not asked this question, according to the pre-determined skip pattern.

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