# Telephone Interview Script for the Accountable Care Organization Realizing Equity, Access, and Community Health CAHPS Medicare Provider Experience Survey (ACO REACH CAHPS) - English Language High Needs Questionnaire

## ACO REACH CAHPS-specific CATI Programmer Instructions about proxies, helpers, and ineligibility:

* People who are physically, cognitively or mentally incapable of taking the survey may have a proxy take the survey on their behalf.
  + If no proxy is available for the person, code the case as the appropriate ineligible category (180-Mentally or Physically Incapacitated).
* People who require assistance – such as someone to translate the questions into their language which is other than English or Spanish, or someone to help them if they are hard of hearing, or someone to help them in some other way – may receive this assistance from a friend or family member of their choice.
  + If no helper is available for the person, code the case as the appropriate ineligible category (Ineligible: 180-Mentally or Physically Incapacitated, or 170-Language Barrier)
* People who are in a residential or care assisted living facility are eligible for the mail survey. Note: They are **ineligible** for the telephone survey.
  + If a telephone interviewer learns during a phone contact attempt that a patient is in such a facility, they should code the case as 260 – No Response to Mail Survey RCF Patients.
* People who live in group quarters should complete the survey, unless physically or mentally incapable, in which case a proxy can complete the survey.
* People who are institutionalized, living out of the country during data collection period, and deceased are ineligible.
  + Code as the appropriate ineligible category (160 – Does Not Meet Eligibility Criteria).
* Vendors cannot make changes to the order of the questions or in the order of the answer categories for the questions.
* The proxy interview script should not use “you” but rather substitute the patient’s first and last name or he/she as appropriate to the textfill. Vendors have the option of programming the system so an interviewer may use the relationship between the proxy and the patient (e.g., “your mother.”) instead of the patient’s first and last name. Ideally, substitutions should be done by the CATI program.
  + For example, “Our records show that in the last 6 months your mother visited a provider named Dr. Smith. Is that right?”

or

* + For example, “Or records show that in the last 6 months, Helen Smith visited a provider named Dr. Smith. Is that right?” NOTE: After using the patient’s first and last time three times, interviews may use the first name alone if doing so is agreeable to the proxy.
* All survey vendors must program and include the PROXY RELATIONSHIP question regardless of whether they are including the relationship in the textfill.

**General CATI Programmer Instructions:**

* [Square brackets] are used to show programming instructions that must not actually appear on electronic telephone interviewing system screens.
* Only one language (English or Spanish) must appear on the electronic interviewing system screen, except for interviewer instructions or coding options which can remain in English or Spanish screens.
* All questions should force a response to be entered before the interviewer can go to the next question.
* DON’T KNOW (DK) and REFUSED (REF) are valid response options for each question.
  + DON’T KNOW is to be coded as 98 and REFUSED is to be coded as 99.
  + Coding may be done automatically by the telephone interviewing system or later during data preparation.
  + The CATI interview script cannot include the response option of "M- Missing."
* Skip patterns for every possible response and for every question are specified. These skip patterns should be programmed into the CATI system and are presented in this script as "GO TO."
  + The questions that are appropriately skipped by certain patients should assigned a final disposition code of 88-NOT APPLICABLE.
  + Coding may be done automatically by the CATI system or later during data preparation.
* When a respondent suspends an interview and does not resume, the unanswered screener questions should be given a final disposition code of “M – Missing.”
* The CATI script does not provide scripted language for scheduling a call back, ending an interview at the request of a patient, gaining cooperation, etc. Survey vendors are expected to use their internal scripting and ACO REACH–provided FAQs for such modules.

Note: The Telephone Interviewing Guidelines are located on the ACO REACH CAHPS website under the Surveys and Protocols tab: <https://acoreachcahps.org/Survey-and-Protocols> exit icon

**LEAD\_IN1** Hello, may I please speak to [FNAME] [LNAME]?

(IF NEEDED) My name is [INTERVIEWER NAME] and I’m calling from [VENDOR NAME] regarding a healthcare survey.

(IF NEEDED): I’m calling to follow up on a letter from [VENDOR] and the Centers for Medicare & Medicaid Services.

(IF NEEDED): The letter was sent as part of a survey from the Centers for Medicare & Medicaid Services about care and services under Medicare.

1 YES [GO TO INTRO1]

2 SP NOT AVAILABLE RIGHT NOW [GO TO INTRO6]

3 REFUSAL [GO TO WHO\_REF]

4 SP NEEDS SPANISH [GOTO LANGBARRIER]

5 NO ANSWER ASSIGN STATUS CODE

6 ANSWERING MACHINE [GOTO ANSMACH\_MSG]

7 WRONG PERSON ASSIGN STATUS CODE, NOTES

8 SP PHYS/COG/MENT INCAPABLE [GOTO HI\_PMI\_CHECK]

9 SP DECEASED [GOTO DECEASED]

10 OTHER NON INTERVIEW ASSIGN STATUS CODE

**INTRO1** My name is [INTERVIEWER NAME] and I am calling from [VENDOR NAME]. CMS is conducting a study to get direct feedback from Medicare patients about their experience with the care and services they receive through Medicare. Your name was selected at random among people who have visited [PRFNAME\_VIS] [PRLNAME\_VIS], [PRTITLE\_VIS].

This survey is voluntary and your decision to participate or not to participate will not affect your Medicare benefits in any way. The survey takes about 15 to 20 minutes to complete depending on your experiences.

Your answers are confidential. Your name will never be linked to your responses. We will combine your answers with those of other people to create a summary report for your provider and CMS.

Do you have any questions for me before we begin? USE FAQ TO ANSWER QUESTIONS ABOUT THE SURVEY.

Before we begin, I need to tell you that this call may be monitored or recorded for quality improvement purposes.

IF RESPONDENT NO LONGER SEES [PRFNAME\_VIS] [PRLNAME\_VIS], [PRTITLE\_VIS].: Thanks for telling me that you no longer see this provider. However, if you have seen this provider anytime in the last 6 months, we would like to do this survey.

IF RESPONDENT STILL REFUSES, SELECT REFUSAL.

1 CONTINUE → [SKIP TO Q1]

2 LIVES HERE BUT NOT AVAILABLE NOW → [SKIP TO INTR06]

3 PHYSICALLY/MENTALLY INCAPABLE/HEARING IMPAIRED →   
[TO HI\_PMI\_CHECK]

4 LANGUAGE BARRIER → [GO TO LANGBARRIER]

5 REFUSED → [GO TO WHO\_REF]

6 HUNG UP/HUNG UP DURING INTRODUCTION

7 DECEASED → [GO TO DECEASED]

8 ANSWERING MACHINE → [GO TO ANSMACH\_MSG]

**LANGBARRIER (INTERVIEWER NOTE:** IF YOU CAN DISCERN THE NECESSARY LANGUAGE IS SPANISH AND INTERVIEWER IS BILINGUAL CODE AS “1 – SPANISH CONTINUE” AND CONTINUE WITH THE SURVEY AFTER CHANGING THE LANGUAGE. IF YOU CAN DISCERN THE NECESSARY LANGUAGE IS SPANISH BUT INTERVIEWER IS NOT BILINGUAL CODE AS “2 – SPANISH CALLBACK.” OTHERWISE ASK…)

Do you speak Spanish? (IF NEEDED: What language do you speak?)

1 SPANISH – CONTINUE → [GO TO Q1]

2 SPANISH – CALLBACK → [GO TO SPANISH\_CBTY]

3 LANGUAGE OTHER THAN SPANISH, → IF THERE IS A PROXY [GO TO PROXY\_INTRO]. IF THERE IS NO PROXY, ASSIGN STATUS CODE.

**SPANISH\_CBTY** Thank you for letting us know, someone will call you back soon.

1 Continue → [SET CODE AS “2 – SPANISH CALLBACK.]

**INTRO6** When would be a better time to call back?

IF RESPONDENT INDICATES THAT THEY ARE WILLING TO TALK NOW BUT THEY ARE DRIVING, SAY: I'm sorry, but for your safety we're not able to continue while you´re driving (or doing something else that requires your full attention). IS THIS CALLBACK SET BY THE RESPONDENT OR SOMEONE ELSE?

(INTERVIEWER NOTES: Callback should only be set if the respondent requested or agreed to be called back. Callback definition: Callback by Subject: The respondent selected to complete the interview provided a specific time and date for the appointment. Callback by other: Someone other than the selected respondent asked for us to callback, or the selected respondent did not provide a specific date and time to be called back.)

1 CALLBACK BY SUBJECT – SUBJECT PROVIDED A SPECIFIC TIME AND DATE

2 CALLBACK BY OTHER – SOMEONE OTHER THAN RESPONDENT; SUBJECT DID NOT PROVIDE A SPECIFIC TIME AND DATE

**LEAD\_IN2** IF NECESSARY, TO CONTINUE FROM A PREVIOUS BREAKOFF:  May I speak with [FNAME] [LNAME]?

(IF NEEDED: I’m calling on behalf of The Centers for Medicare & Medicaid Services to finish an interview with [FNAME] [LNAME].)

(THIS INTERVIEW HAS ALREADY BEEN STARTED.  YOU WILL BE TAKEN TO THE BEGINNING OF THE SECTION THAT WAS LEFT OFF IN.  ENTER AHEAD TO GET TO THE LAST QUESTION ASKED.)

1 CONTINUE → [INTRO2]

2 PROXY RESPONDENT SELECTED → [GO TO PROXY\_RETURN]

3 LIVES HERE BUT NOT AVAILABLE NOW → [GO TO INTRO6]

4 PHYSICALLY/MENTALLY INCAPABLE/HEARING IMPAIRED → [GO TO HI\_PMI\_CHECK]

5 LANGUAGE BARRIER → [GO TO LANGBARRIER]

6 REFUSED → [GO TO WHO\_REF]

7 HUNG UP/HUNG UP DURING INTRODUCTION

8 DECEASED → [GO TO DECEASED]

9 ANSWERING MACHINE → [GO TO ANSMACH\_MSG]

**INTRO2** Participation in this survey is completely voluntary and will not affect your Medicare benefits in any way. All information you provide is confidential and is protected by the Privacy Act. The interview will take about 15 to 20 minutes to complete.

Before we continue, I need to tell you that this call may be monitored or recorded for quality control.

ADDRESS ANY QUESTIONS

1 CONTINUE → [GO TO LAST QUESTION ASKED]

**HI\_PMI\_CHECK** IS THE RESPONDENT HEARING IMPAIRED, OR PHYSICALLY/MENTALLY INCAPABLE OF TAKING THE SURVEY?

1 R HEARING IMPAIRED → [GO TO PROXY\_INTRO]

2 R PHYSICALLY/MENTALLY INCAPABLE → [GO TO PROXY\_INTRO]

3 R NOT IMPAIRED → [GO TO Q1]

**PROXY\_INTRO** IF NEEDED: (Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME]). The Centers for Medicare and Medicaid Services is inviting [FNAME] [LNAME] to take part in an interview about (his/her) experiences with the care and services (he/she) receives through Medicare. (His/her) name was selected at random among people who have had health care provider visits within the last 12 months.

Is there somebody aged 18 or older, such as a family member or friend, who is knowledgeable about [FNAME] [LNAME]’s recent health care experiences and comfortable answering questions about their care?

1 YES, PROXY IS AVAILABLE → [GO TO PROXY\_RELATION]

2 PROXY IS UNAVAILABLE, SET CB → [GO TO PROXYNAME]

3 NO, NO PROXY AVAILABLE → [GO TO THANKYOU]

4 RESPONDENT ON PHONE, NO PROXY → [GO TO LEAD\_IN1]

**PROXY\_RELATION** May I please have [FNAME] [LNAME]’s relationship to you, such as your mother? This is so we can reference your relationship during this interview.

1 SPOUSE

2 PARTNER

3 SON

4 DAUGHTER

5 BROTHER

6 SISTER

7 MOTHER

8 FATHER

9 OTHER FAMILY MEMBER

10 FRIEND

11 I AM THE PATIENT’S CARETAKER (DO NOT USE FOR FILL)

12 SOMEONE ELSE (DO NOT USE FOR FILL)

98 DON'T KNOW

99 REFUSED

**PROXY\_INTRO2 [IF NOT PREVIOUSLY STATED, READ]:** (Hello, this is <INTERVIEWER NAME>calling from [VENDOR NAME]). The Centers for Medicare and Medicaid Services is inviting [FNAME] [LNAME] to take part in an interview about (his/her) experiences with the care and services (he/she) receives through Medicare. (His/her) name was selected at random among people who have visited [PRFNAME\_VIS] [PRLNAME\_VIS], [PRTITLE\_VIS].

Participation in this survey is completely voluntary and your decision to participate or not will not affect [FNAME] [LNAME] Medicare benefits in any way. Your answers are confidential. [FNAME] [LNAME]’s name will never be linked to your responses. We will combine the answers you give with those of other people to create a summary report for (your/his/her) provider and CMS.

The interview will take about 15 to 20 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

When answering the questions, please answer based on [FNAME] [LNAME]’s experiences only.

Do you have any questions for me before we begin?

ADDRESS ANY QUESTIONS/CONCERNS THEN CONTINUE.

IF [FNAME] [LNAME] NO LONGER SEES [PRFNAME\_VIS] [PRLNAME\_VIS], [PRTITLE\_VIS]: Thanks for telling me that the patient no longer sees this provider. However, if they have seen this provider anytime in the last 6 months, we would like to do this survey.

IF RESPONDENT STILL REFUSES, SELECT REFUSED.

1 CONTINUE → [GO TO PROXYNAME2]

2 HUNG-UP

3 REFUSED → [GO TO WHO\_REF]

**PROXYNAME** Can I have the name of the person who is knowledgeable about [FNAME] [LNAME]’s recent health care experiences, so that we can reach out to them directly next time we call?

(IF REFUSED ASK: May I at least have their initials or their relationship to [FNAME] [LNAME], such as [FNAME] [LNAME]’s son or daughter? This is only so that we can address them directly on the next call.)

1. RECORD PROXY NAME, INITIALS OR RELATIONSHIP

\_\_\_\_\_\_\_\_\_\_\_\_ [ALPHANUMERIC CHARACTER ENTRY FIELD]

[CONTINUE TO INTRO6]

**PROXY\_CB PROXY SELECTED, BUT SURVEY NOT STARTED** IF NEEDED: (Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME].) The Centers for Medicare and Medicaid Services is inviting [FNAME] [LNAME] to take part in an interview about (his/her) experiences with the care and services (he/she) receives through Medicare. (His/her) name was selected at random among people who have had health care provider visits within the last 12 months.

Recently we spoke with someone who said [PROXYNAME or PROXYNAME2] would be the most familiar with [FNAME] [LNAME]’s recent health care experiences, is this true? Or is there somebody age of 18 or older, such as a family member or friend, who is knowledgeable about [FNAME] [LNAME]’s recent health care experiences and is comfortable answering questions about their care?

1 YES, PROXY IS AVAILABLE

2 PROXY IS UNAVAILABLE, SET CB → [GO TO PROXYNAME]

3 NO, NO PROXY AVAILABLE→ [GO TO THANKYOU]

4 RESPONDENT ON PHONE, NO PROXY → [GO TO Q1]

**PROXY\_RETURN PROXY SELECTED AND SURVEY STARTED.** IF NECESSARY, TO CONTINUE FROM A PREVIOUS BREAKOFF: May I speak with [PROXYNAME or PROXYNAME2]?

(Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME].) We spoke to you earlier about a study for the Centers for Medicare & Medicaid Services and we'd like to continue the survey at this time. This survey is in regards to [FNAME] [LNAME]’s experiences with the care and services (he/she) receives through Medicare.

(THIS INTERVIEW HAS ALREADY BEEN STARTED. YOU WILL BE TAKEN TO THE BEGINNING OF THE SECTION THAT WHERE THE BREAKOFF OCCURRED. ENTER AHEAD TO GET TO THE LAST QUESTION ASKED.)

1 YES → [GO TO LAST ANSWERED QUESTION]

2 NOT AVAILABLE – SCHEDULE CALLBACK → [GO TO INTRO6]

3 ANOTHER PERSON BETTER SUITED → [GO TO PROXY\_INTRO]

4 NO SUCH PERSON / PERSON MOVED OUT → [GO TO THANKYOU]

5 REFUSAL → [GO TO WHO\_REF]

6 DISCONNECTED NUMBER

**PROXYNAME2** In case we become disconnected, can I have your name so that we can get ahold of you directly next time we call?

(IF REFUSED ASK: May I at least have your initials or your relationship to [FNAME] [LNAME], such as [FNAME] [LNAME]’s mother? This is only so that we can address you directly on the next call.)

1 RECORD PROXY NAME, INITIALS OR RELATIONSHIP

\_\_\_\_\_\_\_\_\_\_\_\_ [ALPHANUMERIC CHARACTER ENTRY FIELD]

[CONTINUE TO Q1]

Q1

Our records show that in the last 6 months [you/[FNAME] [LNAME]/your PROXY\_RELATION]] visited a provider named [PRFNAME\_VIS] [PRLNAME\_VIS], [PRTITLE\_VIS]. Is that right?

1 YES

2 NO [IF NO, GO TO Q26Intro]

98 <DON’T KNOW> [IF DK, GO TO Q26Intro]

99 <REFUSED> [IF REF, GO TO Q26Intro]

*(IF RESPONDENT STATES THEY DID NOT SEE ANY PROVIDERS IN THE LAST 6 MONTHS*: **“**Since you did not receive health care services in the last 6 months, those are all the questions I have for you. Thank you for your time. Goodbye.” EXIT CASE, ASSIGN STATUS CODE 190.*)*

Q2 Intro

The questions in this survey will refer to [PRFNAME\_VIS] [PRLNAME\_VIS], [PRTITLE\_VIS] as “this provider.” Please think of that person as you answer the questions.

Q2

Is this the provider (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) usually see if (you/he/she) need(s) a check-up, want advice about a health problem, or get sick or hurt? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q3

How long (have you/has [FNAME] [LNAME]/has your [PROXY\_RELATION]) been going to this provider? Would you say:

1 Less than 6 months,

2 At least 6 months but less than 1 year,

3 At least 1 year but less than 3 years,

4 At least 3 years but less than 5 years, or

5 5 years or more

98 <DON’T KNOW>

99 <REFUSED>

Q4 Intro

These next questions ask about (your own/[FNAME] [LNAME’s]/your [PROXY\_RELATION]’s) health care. Do not include care (you/he/she) got when (you/he/she) stayed overnight in a hospital. Do not include the times (you/he/she) went for dental care visits.

Q4

In the last 6 months, how many times did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) visit this provider to get care for (yourself/himself/herself)? Would you say:

0 None [IF NONE, GO TO Q26Intro]

1 1 time

2 2 times

3 3 times

4 4 times

5 5 to 9 times

6 10 or more times

98 <DON’T KNOW> [IF DK, GO TO Q5]

99 <REFUSED> [IF REF, GO TO Q5]

Q5

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) contact this provider’s office to get an appointment for an illness, injury or condition that needed care right away? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q7]

98 <DON’T KNOW> [IF DK, GO TO Q7]

99 <REFUSED> [IF REF, GO TO Q7]

Q6

In the last 6 months, when (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) contacted this provider’s office to get an appointment for care (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) needed right away, how often did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) get an appointment as soon as (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) needed? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q7

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) make any appointments for a check-up or routine care with this provider? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q9]

98 <DON’T KNOW> [IF DK, GO TO Q9]

99 <REFUSED> [IF REF, GO TO Q9]

Q8

In the last 6 months, when (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) made an appointment for a check-up or routine care with this provider, how often did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) get an appointment as soon as (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) needed? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q9

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) contact this provider’s office with a medical question during regular office hours? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q11]

98 <DON’T KNOW> [IF DK, GO TO Q11]

99 <REFUSED> [IF REF, GO TO Q11]

Q10

In the last 6 months, when (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) contacted this provider’s office during regular office hours, how often did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) get an answer to (your/his/her) medical question that same day? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q11

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) contact this provider’s office with a medical question after regular office hours?

1 YES

2 NO [IF NO, GO TO Q13]

98 <DON’T KNOW> [IF DK, GO TO Q13]

99 <REFUSED> [IF REF, GO TO Q13]

Q12

In the last 6 months, when (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) contacted this provider’s office after regular hours, how often did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) get an answer to (your/his/her) medical question as soon as (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) needed? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q13

In the last 6 months, how often did this provider explain things in a way that was easy to understand? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q14

In the last 6 months, how often did this provider listen carefully to (you/[FNAME] [LNAME]/your [PROXY\_RELATION])? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q15

In the last 6 months, how often did this provider seem to know the important information about (your/[FNAME] [LNAME’s]/your [PROXY\_RELATION’s]) medical history? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q16

In the last 6 months, how often did this provider show respect for what (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) had to say? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q17

In the last 6 months, how often did this provider spend enough time with (you/[FNAME] [LNAME]/your [PROXY\_RELATION])? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q18

In the last 6 months, did this provider order a blood test, x-ray, or other test for (you/[FNAME] [LNAME]/your [PROXY\_RELATION]?)

*(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q20]

98 <DON’T KNOW> [IF DK, GO TO Q20]

99 <REFUSED> [IF REF, GO TO Q20]

Q19

In the last 6 months, when this provider ordered a blood test, x-ray, or other test for (you/[FNAME] [LNAME]/your [PROXY\_RELATION]), how often did someone from this provider’s office follow up to give (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) those results? Would you say:

(*IF NEEDED*: IF RESPONDENT SAYS “I GOT MY RESULTS ONLINE” OR   
“I GOT MY RESULTS BY EMAIL” SAY: “Would (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) say “Never, Sometimes, Usually or Always?” IF RESPONDENT IS UNABLE TO CHOOSE ONE OF THOSE OPTIONS, THEN CODE AS DON’T KNOW)

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW> [IF DK, GO TO Q20]

99 <REFUSED> [IF REF, GO TO Q20]

Q20

In the last 6 months, did (you/[FNAME] [LNAME]/your PROXY\_RELATION]) and this provider talk about starting or stopping a prescription medicine? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q22]

98 <DON’T KNOW> [IF DK, GO TO Q22]

99 <REFUSED> [IF REF, GO TO Q22]

Q21

When (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) and this provider talked about starting or stopping a prescription medicine, did this provider ask what (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) thought was best for (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q22

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) and this provider talk about how much of (your/his/her) personal health information (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) wanted shared with (your/his/her) family or friends? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q23

Using any number from 0 to 10, where 0 is the worst provider possible and 10 is the best provider possible, what number would (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) use to rate this provider?

READ RESPONSE CHOICES ONLY IF NECESSARY

0 0 Worst provider possible

1 1

2 2

3 3

4 4

5 5

6 6

7 7

8 8

9 9

10 10 Best provider possible

98 <DON’T KNOW>

99 <REFUSED>

Q24 Intro

These next questions ask about clerks and receptionists in this provider’s office.

Q24

In the last 6 months, how often were clerks and receptionists at this provider’s office as helpful as (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) thought they should be? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q25

In the last 6 months, how often did clerks and receptionists at this provider’s office treat (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) with courtesy and respect? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q26 Intro

These next questions ask about your care from specialists in the last 6 months. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

Q26

Is [PRFNAME\_VIS] [PRLNAME\_VIS], [PRTITLE\_VIS] a specialist? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES [IF YES, READ: please include this provider as (you answer/[FNAME] [LNAME] answers/your [PROXY\_RELATION] answers) these questions about specialists]

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q27

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) try to make any appointments with specialists? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO GO TO Q29Intro]

98 <DON’T KNOW> [IF DK GO TO Q29Intro]

99 <REFUSED> [IF REF GO TO Q29Intro]

*(IF NEEDED:* IF RESPONDENT STATES THEY DID NOT SEE ANY PROVIDERS IN THE LAST 6 MONTHS: **“**Since you did not receive health care services in the last 6 months those are all the questions I have for you. Thank you for your time. Goodbye.” EXIT CASE, ASSIGN STATUS CODE 190.*)*

Q28

In the last 6 months, how often was it easy to get appointments with specialists? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q29 Intro

These next questions ask about all your/[FNAME] [LNAME’s]/your [PROXY\_RELATION’s] health care. Include all the providers (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) saw for health care in the last 6 months. Do not include the times (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) went for dental care visits.

*(IF NEEDED:* IF RESPONDENT STATES THEY DID NOT SEE ANY PROVIDERS IN THE LAST 6 MONTHS: “Since you did not receive health care services in the last 6 months those are all the questions I have for you. Thank you for your time. Goodbye.” EXIT CASE, ASSIGN STATUS CODE 190.*)*

Q29

(Your/[FNAME] [LNAME’s]/your [PROXY\_RELATION’s]) health care team includes all the doctors, nurses and other people (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) see for health care. In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION])and anyone on (your/his/her) health care team talk about a healthy diet and healthy eating habits? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q30

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) and anyone on (your/his/her) health care team talk about the exercise or physical activity (you/he/she/your [PROXY\_RELATION]) get(s)? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q31

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) take any prescription medicine? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q34]

98 <DON’T KNOW> [IF DK, GO TO Q34]

99 <REFUSED> [IF REF, GO TO Q34]

Q32

In the last 6 months, how often did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) and anyone on your health care team talk about all the prescription medicines (you were/[FNAME] [LNAME] was/your [PROXY\_RELATION] taking? Would you say:

1 Never,

2 Sometimes,

3 Usually, or

4 Always

98 <DON’T KNOW>

99 <REFUSED>

Q33

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) and anyone on (your/his/her) health care team talk about how much your prescription medicines cost? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q34

In the last 6 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) have family or friends involved in (your/his/her) care? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q37]

98 <DON’T KNOW> [IF DK, GO TO Q37]

99 <REFUSED> [IF REF, GO TO Q37]

Q35

In the last 6 months, did this provider involve (your/[FNAME] [LNAME’s]/your [PROXY\_RELATION’s]) family or friends in discussions about your health care as much as (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) wanted? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q36

In the last 6 months, did (your/[FNAME] [LNAME’s]/your [PROXY\_RELATION’s]) family members or friends get as much emotional support as they wanted from this provider? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q37

In the last 3 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) have any feelings of anxiety or sadness? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q39]

98 <DON’T KNOW> [IF DK, GO TO Q39]

99 <REFUSED> [IF REF, GO TO Q39]

Q38

In the last 3 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) get as much help as you wanted for (your/his/her) feelings of anxiety or sadness?

1 Yes, definitely

2 Yes, somewhat

3 No

98 <DON’T KNOW>

99 <REFUSED>

Q39

In the last 3 months, did (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) have any pain? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q41]

98 <DON’T KNOW> [IF DK, GO TO Q41]

99 <REFUSED> [IF REF, GO TO Q41]

Q40

In the last 6 months, did this provider give (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) as much help as (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) wanted for (your/his/her) pain? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q41

Did someone from this provider’s office ever talk with (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) about what (you/he/she) should do during a health emergency? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q42 Intro

These next questions are about (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) and will help us to describe the people who participate in this survey.

Q42

In general, how would (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) rate (your/his/her) overall health? Would you say:

1 Excellent,

2 Very good,

3 Good,

4 Fair, or

5 Poor

98 <DON’T KNOW>

99 <REFUSED>

Q43

In general, how would (you/[FNAME] [LNAME]/your [PROXY\_RELATION]) rate (your/his/her) overall mental or emotional health? Would you say:

1 Excellent,

2 Very good,

3 Good,

4 Fair, or

5 Poor

98 <DON’T KNOW>

99 <REFUSED>

Q44

In the last 12 months, (have you/has [FNAME] [LNAME]/has your [PROXY\_RELATION]) seen a doctor or other health provider 3 or more times for the same condition or problem? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q46]

98 <DON’T KNOW> [IF DK, GO TO Q46]

99 <REFUSED> [IF REF, GO TO Q46]

Q45

Is this a condition or problem that has lasted for at least 3 months*? (READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q46

(Do you/does [FNAME] [LNAME]/does your [PROXY\_RELATION]) now need or take medicine prescribed by a doctor? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q48]

98 <DON’T KNOW> [IF DK, GO TO Q48]

99 <REFUSED> [IF REF, GO TO Q48]

Q47

Is this medicine used to treat a condition that has lasted for at least 3 months? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q48

What is (your/[FNAME] [LNAME’s]/your [PROXY\_RELATION’s] age? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 18 to 24

2 25 to 34

3 35 to 44

4 45 to 54

5 55 to 64

6 65 to 69

7 70 to 74

8 75 to 79

9 80 to 84

10 85 or older

98 <DON’T KNOW>

99 <REFUSED>

Q49

(*INTERVIEWER: ASK ONLY IF NEEDED: (*Are you/Is [FNAME] [LNAME]/Is your [PROXY\_RELATION]) male or female?)

1 MALE

2 FEMALE

98 <DON’T KNOW>

99 <REFUSED>

Q50

What is the highest grade or level of school that (you have/[FNAME] [LNAME] has/your [PROXY\_RELATION] has) completed? *(READ ANSWER* *CHOICES ONLY IF NEEDED)*

1 8th grade or less

2 Some high school, but did not graduate

3 High school graduate or GED

4 Some college or 2-year degree

5 4-year college graduate

6 More than 4-year college degree

98 <DON’T KNOW>

99 <REFUSED>

Q51

How well (do you/does [FNAME] [LNAME]/does your [PROXY\_RELATION]) speak English? Would you say:

1 Very well,

2 Well,

3 Not well, or

4 Not at all

98 <DON’T KNOW>

99 <REFUSED>

Q52

(Do you/Does [FNAME] [LNAME]/Does your [PROXY\_RELATION]) speak a language other than English at home? (*READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO [IF NO, GO TO Q54Intro]

98 <DON’T KNOW> [IF DK, GO TO Q54Intro]

99 <REFUSED> [IF REF, GO TO Q54Intro]

Q53

What is the language (you speak/[FNAME] [LNAME] speaks/your [PROXY\_RELATION]) speaks) at home? *(READ ANSWER CHOICES ONLY IF* *NEEDED)*

1 SPANISH

2 CHINESE

3 KOREAN

4 RUSSIAN

5 VIETNAMESE

6 SOME OTHER LANGUAGE

98 <DON’T KNOW>

99 <REFUSED>

Q54Intro

The next questions ask if, about how well (you are/[FNAME] [LNAME] is/your [PROXY\_RELATION]) is) able to carry out difficulty doing daily activities.

Q54

The first activity is bathing. Because of a health or physical problem, (are you/is [FNAME] [LNAME]/is your [PROXY\_RELATION]) unable to do or have any difficulty bathing? Would you say…

1 Unable to do this activity

2 Yes, have difficulty doing this activity, or

3 No, do not have difficulty doing this activity.

98 <DON’T KNOW>

99 <REFUSED>

Q55

And because of a health or physical problem, (are you/is [FNAME] [LNAME]/is your [PROXY\_RELATION]) unable to do or have any difficulty dressing? *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 UNABLE TO DO THIS ACTIVITY

2 YES, HAVE DIFFICULTY DOING THIS ACTIVITY, OR

3 NO, DO NOT HAVE DIFFICULTY DOING THIS ACTIVITY.

98 <DON’T KNOW>

99 <REFUSED>

Q56

And eating? (BECAUSE OF A HEALTH OR PHYSICAL PROBLEM, (ARE YOU/IS [FNAME] [LNAME]/IS YOUR [PROXY\_RELATION]) UNABLE TO DO OR HAVE ANY DIFFICULTY EATING?) *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 UNABLE TO DO THIS ACTIVITY

2 YES, HAVE DIFFICULTY DOING THIS ACTIVITY, OR

3 NO, DO NOT HAVE DIFFICULTY DOING THIS ACTIVITY.

98 <DON’T KNOW>

99 <REFUSED>

Q57

And getting in or out of chairs? (BECAUSE OF A HEALTH OR PHYSICAL PROBLEM,(ARE YOU/IS [FNAME] [LNAME]/IS YOUR [PROXY\_RELATION]) UNABLE TO DO OR HAVE ANY DIFFICULTY GETTING IN OR OUT OF CHAIRS?) *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 UNABLE TO DO THIS ACTIVITY,

2 YES, HAVE DIFFICULTY DOING THIS ACTIVITY, OR

3 NO, DO NOT HAVE DIFFICULTY DOING THIS ACTIVITY.

98 <DON’T KNOW>

99 <REFUSED>

Q58

And walking? (BECAUSE OF A HEALTH OR PHYSICAL PROBLEM, (ARE YOU/IS [FNAME] [LNAME]/IS YOUR [PROXY\_RELATION]) UNABLE TO DO OR HAVE ANY DIFFICULTY WALKING?) *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 UNABLE TO DO THIS ACTIVITY

2 YES, HAVE DIFFICULTY DOING THIS ACTIVITY, OR

3 NO, DO NOT HAVE DIFFICULTY DOING THIS ACTIVITY.

98 <DON’T KNOW>

99 <REFUSED>

Q59

And using the toilet? (BECAUSE OF A HEALTH OR PHYSICAL PROBLEM, (ARE YOU/IS [FNAME] [LNAME]/IS YOUR [PROXY\_RELATION]) UNABLE TO DO OR HAVE ANY DIFFICULTY USING THE TOILET?) *(READ ANSWER CHOICES ONLY IF NEEDED)*

1 UNABLE TO DO THIS ACTIVITY

2 YES, HAVE DIFFICULTY DOING THIS ACTIVITY, OR

3 NO, DO NOT HAVE DIFFICULTY DOING THIS ACTIVITY.

98 <DON’T KNOW>

99 <REFUSED>

Q60

(Do you/Does [FNAME] [LNAME]/does your [PROXY\_RELATION]) ever use the internet at home? (*READ ANSWER CHOICES ONLY IF NEEDED)*

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

Q61

(Are you/is [FNAME] [LNAME]/is your [PROXY\_RELATION]) of Hispanic, Latino, or Spanish origin? *(READ ANSWER CHOICES ONLY IF* *NEEDED)*

1 YES, HISPANIC, LATINO, OR SPANISH

2 NO, NOT HISPANIC, LATINO, OR SPANISH [IF NO, GO TO Q63Intro]

98 <DON’T KNOW> [IF DK, GO TO Q63Intro]

99 <REFUSED> [IF REF, GO TO Q63Intro]

Q62

Which group best describes (your/[FNAME] [LNAME]/your [PROXY\_RELATION])]? Would you say:

1 Mexican, Mexican American, Chicano

2 Puerto Rican

3 Cuban, or

4 Another Hispanic, Latino, or Spanish origin

98 <DON’T KNOW>

99 <REFUSED>

Q63\_Intro

PROGRAMMING NOTE: For Q63a through Q63e4: XML file preparation, convert all “2 – No” responses to “M – Missing.”

I am going to read a list of race categories. I must ask about all categories in case more than one applies. You may choose one or more of the following: (Are you/Is [FNAME] [LNAME]/Is your [PROXY\_RELATION])…

(IF THE RESPONDENT wants to know why you are asking what race the patient is, say “We ask about race for demographic purposes only.”)

READ ALL RACE CATEGORIES, PAUSING AT EACH RACE CATEGORY TO ALLOW PATIENT TO REPLY TO EACH RACE CATEGORY.

IF THE RESPONDENT DOES NOT PROVIDE A RESPONSE, STAYS SILENT, AFTER READING A RACE CATEGORY: SELECT “M – NOT ASCERTAINED/ANSWERED” TO MOVE FORWARD.

Q63c

American Indian or Alaskan Native?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63d

Asian?

1 YES

2 NO [GO TO Q63b]

98 <DON’T KNOW> [GO TO Q63b]

99 <REFUSED> [GO TO Q63b]

M <NOT ASCERTAINED/ANSWERED> [GO TO Q63b]

[PROGRAMMER NOTE: IF Q63d=2/98/99/M THEN CODE Q63d1-Q63d7 AS 88]

Q63d1

(Are you/Is[FNAME] [LNAME]/Is your [PROXY\_RELATION]) Asian Indian?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63d2

Chinese?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63d3

Filipino?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63d4

Japanese?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63d5

Korean?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63d6

Vietnamese?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63d7

Another Asian race?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63b

Black or African American?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63e

Native Hawaiian or Pacific Islander?

1 YES

2 NO [GO TO Q63a]

98 <DON’T KNOW> [GO TO Q63a]

99 <REFUSED> [GO TO Q63a]

M <NOT ASCERTAINED/ANSWERED> [GO TO Q63a]

[PROGRAMMER NOTE: IF Q63e=2/98/99/M THEN CODE Q63e1-Q63e4 AS 88]

Q63e2

(Are you/Is [FNAME] [LNAME]/Is your [PROXY\_RELATION]) Guamanian or Chamorro?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63e1

Native Hawaiian?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63e3

Samoan?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63e4

Other Pacific Islander?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

Q63a

White?

1 YES

2 NO

98 <DON’T KNOW>

99 <REFUSED>

M <NOT ASCERTAINED/ANSWERED>

**END.** Those are all the questions I have for you. Thank you for your time and have a nice day/evening.

**THANKYOU** Thank you, have a nice day/evening.

[CODE AS 180 - MENTALLY OR PHYSICALLY INCAPACITATED]

**ANSMACH\_MSG** Hello, my name is [INTERVIEWER NAME] calling from [VENDOR NAME] and I am trying to reach [FNAME] [LNAME] about the Medicare Provider Experience Survey. This survey asks about your experience with the care and services you receive through Medicare. This survey is sponsored by the Centers for Medicare and Medicaid Services and you may remember receiving it in the mail. We have not heard from you and would like to complete the survey over the phone with you at your convenience. Please call us toll free at [INSERT CORRECT PHONE NUMBER]. Again, that’s [INSERT CORRECT PHONE NUMBER]. Thank you so much.

1 LEFT MESSAGE → [ GO TO NOTES SCREEN]

2 UNABLE TO LEAVE MESSAGE → [GO TO NOTES SCREEN]

3 SOMEONE PICKED UP → [GO TO INTRO1]

**WHO\_REF** Thank you, have a nice day/evening.

INTERVIEWER: WAS THE PERSON WHO REFUSED THE LISTED SUBJECT, THEIR PROXY, A GATEKEEPER, OR IS IT UNKNOWN?

1 LISTED SUBJECT → [GO TO LVL\_REF]

2 PROXY FOR LISTED SUBJECT → [GO TO LVL\_REF]

3 GATEKEEPER/UNKNOWN → [GO TO LVL\_REF]

**LVL\_REF** INTERVIEWER: HOW HARD WAS THE REFUSAL? (SOFT: RESPONDENT MAY HAVE SAID “NO THANK YOU” AND HUNG UP, OR DISENGAGED BEFORE YOU COULD REBUT OR PROVIDE ADDITIONAL INFORMATION. MAY HAVE JUST BEEN RUSHED AND NOT AVAILABLE AT THE MOMENT. HARD: RESPONDENT CLEARLY STATED THEY DON’T WANT TO PARTICIPATE, ASKED TO BE REMOVED FROM FUTURE STUDIES, OR SAID THEY DON’T DO SURVEYS IN GENERAL. HOSTILE: RESPONDENT WAS CLEARLY UPSET, ANGRY, AND POSSIBLY GOT LOUD WHEN ASKED TO PARTICIPATE OR UPON ANSWERING THE CALL.)

1 SOFT

2 HARD

3 HOSTILE

**DECEASED** Our condolences. We will make a note and not contact you again. Thank you.

[CODE CASE AS DECEASED]