

**TELEPHONE INTERVIEW SCRIPT
FOR THE PRIMARY CARE FIRST PATIENT EXPERIENCE OF CARE SURVEY (PCF PECS)
—ENGLISH**

Note: Proxy respondents are permitted in the administration of the survey.

- People who are in a residential or care assisted living facility should complete the survey, unless physically or mentally incapable, in which case a proxy can complete the survey.
- 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 physically or mentally incapable and people who are hearing impaired can have a proxy complete the phone survey. If no proxy available, code as ineligible.
- People who are institutionalized, living out of the country during data collection period, and deceased are ineligible.

General Interviewing Conventions and Instructions

- The telephone introduction script must be read verbatim.
- All text that appears in Sentence Case must be read aloud.
- Text in UPPERCASE letters must not be read out loud.
 - However, UPPERCASE response options can be read if necessary
- Text in **bold** font must be emphasized.
- Text in (parentheses) can be read if necessary or skipped if not necessary.
- DON'T KNOW (DK) or REFUSED (REF) are valid response options for each question, however these options must not be read aloud or volunteered.
- All questions and all answer categories must be read exactly as they are worded—read verbatim.
 - During the course of the survey, use of **neutral** acknowledgment words such as the following is permitted:
 - Thank you
 - Alright
 - Okay
 - I understand, or I see

- Yes, Ma'am
 - Yes, Sir
- During the course of the survey, use of **neutral** probe words such as the following is permitted:
 - Re-reading the question
 - Re-reading the response options
 - What do you mean by that?
- Read the scripts from the interviewer screens (reciting the survey from memory can lead to unnecessary errors and missed updates to the scripts).
- No changes are permitted to the order of the question and answer categories for the questions.
- All transitional statements must be read.

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) or REFUSED (REF) are valid response options for each question and should allow the telephone interviewer to go to the next question.

LEAD_IN1 Hello, this is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of [P_NAME]. May I please speak to [FIRST_NAME] [LAST_NAME]?

INTRO1

I am calling today to ask you to take part in the Patient Experience of Care Survey for [P_NAME]. Your health care provider's office, [P_NAME] has joined a program to learn how they can improve the experience and health of their patients. This program is run by the U.S. Department of Health & Human Services in partnership with 15 other insurance companies.

You were selected from a random sample of people who received care from your primary care practice. This survey is voluntary and will not affect any health care or benefits you receive. The survey takes about 20 minutes. Your answers are confidential and will never be seen by your provider. We will combine your answers with those of other people to create a summary report for your provider. This call may be monitored or recorded for quality improvement purposes.

READ AS NECESSARY:

[PRACTICE NAME AND ADDRESS]

IF RESPONDENT NO LONGER SEES PRACTICE/PROVIDER: 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 DOESN'T RECOGNIZE PRACTICE/REPORTS NOT RECEIVING CARE AT PRACTICE: Thanks for explaining that. Sometimes practices use an official name that is unfamiliar to patients.

What doctor did you see? I can look them up on my list of medical staff at this practice. (IF R WANTS YOU TO READ THE NAMES, YOU CAN DO THAT INSTEAD)

Providers at this practice: [PRO_NAMES1TO4]

IF RESPONDENT STILL REFUSES, SELECT REFUSAL

- 1 CONTINUE→ [SKIP TO Q1]
- 2 LIVES HERE BUT NOT AVAILABLE NOW→ [SKIP TO INT06]
- 3 PHYSICALLY/MENTALLY INCAPABLE/HEARING IMPAIRED → [SKIP TO HI_PMI_CHECK]
- 4 LANGUAGE BARRIER
- 5 REFUSED → [GO TO WHO_REF]
- 6 HUNG UP/HUNG UP DURING INTRODUCTION
- 7 DECEASED → [GO TO DECEASED]
- 8 ANSWERING MACHINE → [SKIP TO ANSMACH_MSG]

SUBJ_UNAVAIL IF SPEAKING DIRECTLY WITH THE RESPONDENT: Will you be available before [LAST DAY OF DATA COLLECTION]?

IF SPEAKING WITH SOMEONE ELSE: Will [FIRST_NAME] [LAST_NAME] be available before [LAST DAY OF DATA COLLECTION]?

- 1 YES, RESPONDENT WILL BE AVAILABLE → [SKIP TO INT06]
- 2 NO, RESPONDENT WILL NOT BE AVAILABLE → [SKIP TO THANKYOU]

INTRO2 Participation in this survey is completely voluntary and will not affect any health care or benefits that you receive. All information you provide is confidential and is protected by the Privacy Act. The interview will take about 20 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

ADDRESS ANY QUESTIONS

INT06 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

HI_PMI_CHECK IS THE RESPONDENT HEARING IMPAIRED, OR PHYSICALLY/MENTALLY INCAPABLE OF TAKING THE SURVEY?

- 1 R HEARING IMPAIRED → [SKIP TO PROXY_INTRO]
- 2 PHYSICALLY/MENTALLY INCAPABLE → [SKIP TO PROXY_INTRO]

PROXY_INTRO IF NEEDED: (Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME] on behalf of [P_NAME]. DHHS AND [P_NAME] are conducting a survey about patients' experiences at primary care practices. The results will be used to help DHHS understand patient experiences and help improve the experiences of patients and family members.)

Is there somebody over the age of 18, such as a family member or friend, who is familiar with [FIRST_NAME] [LAST_NAME]'s recent health care experiences and comfortable answering questions about that care?

- 1 YES, PROXY IS AVAILABLE
- 2 PROXY IS UNAVAILABLE, SET CB → [SKIP TO PROXYNAME]
- 3 NO, NO PROXY AVAILABLE → [SKIP TO THANKYOU]
- 4 RESPONDENT ON PHONE, NO PROXY → [SKIP TO LEAD_IN1]

PROXY_INTRO2 [IF NOT PREVIOUSLY STATED, READ]: (Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME] on behalf of [P_NAME].. DHHS and [P_NAME] are conducting a survey about patients' experiences at primary care practices. The results will be used to help DHHS understand patient experiences and help improve the experiences of patients and family members.)

Participation in this survey is completely voluntary and will not affect any health care or benefits that [FIRST_NAME] [LAST_NAME] receives. All information you provide is confidential and is protected by the Privacy Act. The interview will take about 20 minutes to complete. This call may be monitored or recorded for quality improvement purposes.

When answering the questions, please answer based on [FIRST_NAME] [LAST_NAME]'s experiences only. Throughout the survey, I will refer to [FIRST_NAME] [LAST_NAME] as "the patient."

ADDRESS ANY QUESTIONS/CONCERNS THEN CONTINUE.

READ AS NECESSARY:

[PRACTICE NAME AND ADDRESS]

IF RESPONDENT NO LONGER SEES PRACTICE/PROVIDER: 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 DOESN'T RECOGNIZE PRACTICE/ REPORTS NOT RECEIVING CARE AT PRACTICE: Thank you for explaining that. Sometimes practices use an official name that is unfamiliar to patients. What doctor did the patient see? I can look them up on my list of medical staff at this practice. (IF R WANTS YOU TO READ THE NAMES, YOU CAN DO THAT INSTEAD)

Providers at this practice: [PRO_NAMES1TO4]

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 familiar with [FIRST_NAME] [LAST_NAME]'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 [FIRST_NAME] [LAST_NAME], such as [FIRST_NAME] [LAST_NAME]'s mother? This is only so that we can address you directly on the next call.)

- 1 RECORD PROXY NAME OR RELATIONSHIP
_____ [ALPHANUMERIC CHARACTER ENTRY FIELD]

[CONTINUE TO INT06]

PROXY_CB IF NEEDED: (Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME] on behalf of [P_NAME]. DHHS AND [P_NAME] are conducting a survey about patients' experiences at primary care practices. The results will be used to help DHHS understand patient experiences and help improve the experiences of patients and family members.)

Recently we spoke with someone who said [PROXYNAME or PROXYNAME2] would be the most familiar with [FIRST_NAME] [LAST_NAME]'s recent health care experiences, is this true? Or is there somebody over the age of 18, such as a family member or friend, who is familiar with [FIRST_NAME] [LAST_NAME]'s recent health care experiences at <P_NAME> and is comfortable answering questions about that 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 LEAD_IN1]

PROXY_RETURN IF NECESSARY, TO CONTINUE FROM A PREVIOUS BREAKOFF:
May I speak with [PROXYNAME or PROXYNAME2]?

(Hello, this is <INTERVIEWER NAME> calling from [VENDOR NAME] on behalf of [P_NAME].

We spoke to you earlier about a study for the US Department of Health and Human Services and we'd like to continue the survey at this time. This survey is in regards to [FIRST_NAME] [LAST_NAME]'s recent health care experiences.

(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 INT06]
- 3 ANOTHER PERSON BETTER SUITED → [GO TO PROXY_INTRO]
- 4 NO SUCH PERSON / PERSON MOVED OUT
- 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 [FIRST_NAME] [LAST_NAME], such as [FIRST_NAME] [LAST_NAME]'s mother? This is only so that we can address you directly on the next call.)

- 1 RECORD PROXY NAME OR RELATIONSHIP
_____ [ALPHANUMERIC CHARACTER ENTRY FIELD]

[CONTINUE TO PROXY_RELATION]

PROXY_RELATION What is your relationship to [FIRST_NAME] [LAST_NAME]?

- 1 SPOUSE OR PARTNER
- 2 SON OR DAUGHTER OF PATIENT

- 3 SIBLING
- 4 PARENT OF PATIENT
- 5 OTHER FAMILY MEMBER
- 6 FRIEND
- 7 CARETAKER OR
- 8 SOMEONE ELSE
- DON'T KNOW
- REFUSED

Q1. Our records show that in the last 6 months [you/the patient] got care from a primary care provider who works at [P_NAME] (you may know this provider's office by another name).

Is that right?

[INTERVIEWER INSTRUCTION: USE THE PRACTICE INFORMATION LISTED BELOW IF NEEDED:

[DISPLAY PRACTICE NAME

PRACTICE_ADDRESS

PRACTICE_CITY, PRACTICE_STATE, PRACTICE_ZIP]]

- 1 YES
- 2 NO → [SKIP TO Q56]

Q2. If you know, please tell me the name of the primary care provider [you have/the patient has] seen most often at this office in the last 6 months.

1 Name of the primary care provider
_____ [ALPHANUMERIC CHARACTER ENTRY FIELD]

DK
REF

[CONTINUE]

Q2A Please think of [IF Q2 = DK OR REF, FILL TEXT: “the provider seen most often in the last 6 months”, ELSE FILL RESPONSE TO Q2] as you answer the survey questions that refer to “this provider”.

These questions ask about **[your/the patient’s] own** health care. Do **not** include care [you/the patient] got when [you/the patient] stayed overnight in a hospital. Do **not** include the times [you/the patient] went for dental care visits.

[CONTINUE]

Q3. In the last 6 months, how many times did [you/the patient] visit this provider to get care for [yourself/himself or herself]? Would you say...

- 1 None, → [SKIP TO Q56]
 - 2 One Time,
 - 3 Two Times,
 - 4 Three Times,
 - 5 Four Times,
 - 6 Five to Nine Times, or
 - 7 Ten or More Times
- DK
REF

Q4. In the last 6 months, did [you/the patient] contact this provider’s office to get an appointment for an illness, injury, or condition that **needed care right away**?

- 1 YES
 - 2 NO → [SKIP TO Q6]
- DK → [SKIP TO Q6]
REF → [SKIP TO Q6]

Q5. In the last 6 months, when [you/the patient] contacted this provider’s office to get an appointment for **care [you/the patient] needed right away**, how often did [you/the patient] get an appointment as soon as [you/the patient] needed? Would you say....

- 1 Never
 - 2 Sometimes
 - 3 Usually
 - 4 Always
- DK
REF

Q6. In the last 6 months, did [you/the patient] make any appointments for a **check-up or routine care** with this provider?

- 1 YES
- 2 NO → [SKIP TO Q8]
- DK → [SKIP TO Q8]
- REF → [SKIP TO Q8]

Q7. In the last 6 months, when [you/the patient] made an appointment for a **check-up or routine care** with this provider, how often did [you/the patient] get an appointment as soon as [you/the patient] needed? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q8intro. The next set of questions ask about [your/the patient's] communications with this provider in the last 6 months.

Q8. In the last 6 months, did [you/the patient] contact this provider's office with a medical question during regular office hours?

- 1 YES
- 2 NO → [SKIP TO Q10]
- DK → [SKIP TO Q10]
- REF → [SKIP TO Q10]

Q9. In the last 6 months, when [you/the patient] contacted this provider's office during regular office hours, how often did [you/the patient] get an answer to [your/the patient's] medical question that same day? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q10. In the last 6 months, did [you/the patient] contact this provider's office with a medical question **after** regular office hours?

- 1 YES
- 2 NO → [SKIP TO Q12]
- DK → [SKIP TO Q12]
- REF → [SKIP TO Q12]

Q11. In the last 6 months, when [you/the patient] contacted this provider's office **after** regular office hours, how often did [you/the patient] get an answer to [your/the patient's] medical question as soon as [you/the patient] needed? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q12. Did this provider's office give [you/the patient] information about what to do if [you/the patient] needed care during evenings, weekends, or holidays?

- 1 YES
- 2 NO
- DK
- REF

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
- 4 Always
- DK
- REF

Q14. In the last 6 months, how often did this provider listen carefully to [you/the patient]? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q15. In the last 6 months, how often did this provider seem to know the important information about [your/the patient's] medical history?

[REPEAT AS NECESSARY: Would you say....]

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q16. In the last 6 months, how often did this provider show respect for what [you/the patient] had to say?

[REPEAT AS NECESSARY: Would you say....]

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q17. In the last 6 months, how often did this provider spend enough time with [you/the patient]?

[REPEAT AS NECESSARY: Would you say....]

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q18. In the last 6 months, did [you/the patient] ask this provider's office a medical question using email, a patient portal, or a website?

- 1 YES
- 2 NO → [SKIP TO Q20]
- DK → [SKIP TO Q20]
- REF → [SKIP TO Q20]

Q19. In the last 6 months, when [you/the patient] asked this provider's office a question using email, patient portal or website, how often were all of the questions in [your/the patient's] message answered?

[REPEAT AS NECESSARY: Would you say....]

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q20. In the last 6 months, did this provider order a blood test, x-ray, or other test for [you/the patient]?

- 1 YES
- 2 NO → [SKIP TO Q22]
- DK → [SKIP TO Q22]
- REF → [SKIP TO Q22]

Q21. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for [you/the patient], how often did someone from this provider's office follow up to give [you/the patient] those results?

[REPEAT AS NECESSARY: Would you say....]

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q22. In the last 6 months, did [you/the patient] take any prescription medicine?

- 1 YES
- 2 NO → [SKIP TO Q24]
- DK → [SKIP TO Q24]
- REF → [SKIP TO Q24]

Q23. In the last 6 months, how often did [you/the patient] and someone from this provider's office talk about all the prescription medicines [you were/the patient was] taking?

[REPEAT AS NECESSARY: Would you say....]

- 1 NEVER
- 2 SOMETIMES
- 3 USUALLY
- 4 ALWAYS
- DK
- REF

Q24. In the last 6 months, did [you/the patient] and this provider talk about starting or stopping a prescription medicine?

- 1 YES
- 2 NO → [SKIP TO Q28]
- DK → [SKIP TO Q28]
- REF → [SKIP TO Q28]

Q25. When [you/the patient] talked about starting or stopping a prescription medicine, did this provider talk about the reasons [you/the patient] might want to take a medicine?

- 1 YES
- 2 NO
- DK
- REF

Q26. When [you/the patient] talked about starting or stopping a prescription medicine, did this provider talk about the reasons [you/the patient] might **not** want to take a medicine?

- 1 YES
- 2 NO
- DK
- REF

Q27. When [you/the patient] talked about starting or stopping a prescription medicine, did this provider ask [you/the patient] what [you/the patient] thought was best for [you/himself or herself]?

- 1 YES
- 2 NO
- DK
- REF

Q28. 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/the patient] use to rate this provider?

- 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
DK
REF

Q29. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did [you/the patient] see a specialist for a particular health problem?

1 YES
2 NO → [SKIP TO Q33]
DK → [SKIP TO Q33]
REF → [SKIP TO Q33]

Q30. In the last 6 months, how often did [IF Q2 = DK OR REF, FILL TEXT: “the provider [you have/the patient has] seen most often in the last 6 months”, ELSE FILL RESPONSE TO Q2] seem informed and up-to-date about the care [you/the patient] got from specialists? Would you say....

1 Never
2 Sometimes
3 Usually
4 Always
DK
REF

Q31. In the last 6 months, did [you/the patient] need help from anyone in this provider’s office to manage [your/the patient’s] care among different providers and services?

1 YES
2 NO → [SKIP TO Q33]
DK → [SKIP TO Q33]
REF → [SKIP TO Q33]

Q32. In the last 6 months, did [you/the patient] get the help [you/the patient] needed from this provider's office to manage [your/the patient/s] care among different providers and services?

- 1 YES
- 2 NO
- DK
- REF

Q33. In the last 6 months, did someone from this provider's office talk with [you/the patient] about specific goals for [your/the patient's] health?

- 1 YES
- 2 NO
- DK
- REF

Q34. In the last 6 months, did someone from this provider's office ask [you/the patient] if there are things that make it hard for [you/the patient] to take care of [your/his or her] health?

- 1 YES
- 2 NO
- DK
- REF

Q35 intro. These next questions ask about the clerks and receptionists at this provider's office.

INTERVIEWER INSTRUCTION: REFER TO THE PROVIDER NAME CAPTURED AT THE BEGINNING OF THE INTERVIEW AND RECORDED IN THE HEADER.

Q35. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as [you/the patient] thought they should be? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q36. In the last 6 months, how often did clerks and receptionists at this provider's office treat [you/the patient] with courtesy and respect? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q37intro. The next set of questions ask about hours from this provider in the last 6 months.

Q37. Does this provider's office offer any extended hours, such as early mornings, nights, weekends, or holidays?

- 1 YES
- 2 NO → [SKIP TO Q40]
- DK → [SKIP TO Q40]
- REF → [SKIP TO Q40]

Q38. In the last 6 months, did [you/the patient] need care from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays?

- 1 YES
- 2 NO → [SKIP TO Q40]
- DK → [SKIP TO Q40]
- REF → [SKIP TO Q40]

Q39. In the last 6 months, how often were [you/the patient] able to get the care [you/the patient] needed from this provider's office during extended hours, such as early mornings, nights, weekends, or holidays? Would you say....

- 1 Never
- 2 Sometimes
- 3 Usually
- 4 Always
- DK
- REF

Q40 intro. These next questions ask about any care [you/the patient] received from a hospital in the last 6 months.

Q40. In the last 6 months, [have you/has the patient] been a patient in a hospital overnight or longer?

- 1 YES
- 2 NO → [SKIP TO Q42]
- DK → [SKIP TO Q42]
- REF → [SKIP TO Q42]

Q41. Within 3 days after [your/the patient's] most recent hospital stay, did someone from this provider's office contact [you/the patient] to follow up on this hospital stay?

- 1 YES
- 2 NO
- DK
- REF

Q42. In the last 6 months, [have you/has the patient] gone to an emergency room or emergency department for care?

- 1 YES
- 2 NO → [SKIP TO Q44]
- DK → [SKIP TO Q44]
- REF → [SKIP TO Q44]

Q43. Within one week after [your/the patient's] most recent emergency room or emergency department visit, did someone from this provider's office contact [you/the patient] to follow up on this visit?

- 1 YES
- 2 NO
- DK
- REF

Q44intro. The next set of questions ask about [your/the patient's] behavioral health in the last 6 months.

Q44. In the last 6 months, did someone from this provider's office ask [you/the patient] if there was a period of time when [you/the patient] felt sad, empty, or depressed?

1 YES
2 NO
DK
REF

Q45. In the last 6 months, was there a period of time when [you/the patient] felt sad, empty, or depressed?

1 YES
2 NO → [SKIP TO Q47]
DK → [SKIP TO Q47]
REF → [SKIP TO Q47]

Q46. In the last 6 months, did someone from this provider's office help when [you/the patient] felt sad, empty, or depressed?

1 YES
2 NO
DK
REF

Q47. In the last 6 months, did someone from this provider's office talk with [you/the patient] about things in [your/the patient's] life that worry [you/the patient] or cause [you/the patient] stress?

1 YES
2 NO
DK
REF

Q48. In the last 6 months, was there a period of time when things in [your/the patient's] life worried [you/the patient] or caused [you/the patient] stress?

- 1 YES
- 2 NO → [SKIP TO Q50]
- DK → [SKIP TO Q50]
- REF → [SKIP TO Q50]

Q49. In the last 6 months, did someone from this provider's office help during a period of time when things in [your/the patient's] life worried [you/the patient] or caused [you/the patient] stress?

- 1 YES
- 2 NO
- DK
- REF

Q50. In the last 6 months, did someone from this provider's office ask [you/the patient] about alcohol use or drug use?

- 1 YES
- 2 NO
- DK
- REF

Q51. In the last 6 months, was there a period of time when [you/the patient] had a problem with alcohol use or drug use?

- 1 YES
- 2 NO → [SKIP TO Q53]
- DK → [SKIP TO Q53]
- REF → [SKIP TO Q53]

Q52. In the last 6 months, did someone from this provider's office help with [your/the patient's] alcohol use or drug use?

- 1 YES
- 2 NO
- DK
- REF

Q53. In the last 6 months, did someone from this provider's office ask [you/the patient] about any nonmedical needs, such as food, housing, or transportation?

- 1 YES
- 2 NO
- DK
- REF

Q54. In the last 6 months, was there a period of time when [you/the patient] had any nonmedical needs, such as food, housing, or transportation?

- 1 YES
- 2 NO → [SKIP TO Q56]
- DK → [SKIP TO Q56]
- REF → [SKIP TO Q56]

Q55. In the last 6 months, did someone from this provider's office help [you/the patient] get nonmedical needs, such as food, housing, or transportation?

- 1 YES
- 2 NO
- DK
- REF

Q56 intro. The following are a few general questions about [you/the patient].

Q56. In general, how would you rate [your/the patient's] overall health? Would you say...

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- DK
- REF

Q57. In general, how would you rate [your/the patient's] overall **mental or emotional** health?

[REPEAT AS NECESSARY: Would you say...]

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- DK
- REF

Q58. What is [your/the patient's] age?

INTERVIEWER: PAUSE TO ALLOW RESPONDENT TO ANSWER. READ AGE RANGES IF NECESSARY.

- 1 18 TO 24
- 2 25 TO 34
- 3 35 TO 44
- 4 45 TO 54
- 5 55 TO 64
- 6 65 TO 74
- 7 75 TO 84
- 8 85 OR OLDER
- DK
- REF

Q59. [Are you/Is the patient] male or female?

INTERVIEWER INSTRUCTION: IF R PROVIDES AN ANSWER OTHER THAN MALE OR FEMALE, PLEASE CHOOSE "DON'T KNOW/OTHER"

- 1 MALE
- 2 FEMALE
- DON'T KNOW/OTHER
- REF

Q60. What is the highest grade or level of school that [you have/the patient has] completed? Would you say...

INTERVIEWER INSTRUCTION: READ ALL RESPONSE OPTIONS EVEN IF THE RESPONDENT OFFERS AN ANSWER. PROBE AS NECESSARY TO ENSURE YOU CAPTURE THE ANSWER CORRECTLY.

- 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, or
 - 6 More than 4-year college degree?
- DK
REF

Q61. [Are you/Is the patient] of Hispanic or Latino origin or descent?

- 1 YES, HISPANIC OR LATINO
 - 2 NO, NOT HISPANIC OR LATINO
- DK
REF

Q62. What is [your/the patient's] race? I will read a list of options. You may choose one or more.

- 1 White
 - 2 Black or African American
 - 3 Asian
 - 4 Native Hawaiian or Other Pacific Islander
 - 5 American Indian or Alaskan Native
 - 6 Other
- DK
REF

[PROGRAMMER: ALLOW MORE THAN ONE RESPONSE TO BE ENTERED, EXCLUDING DK/REF]

THANK Those are all the questions we have for you. Thank you for completing the survey.

[CONTINUE TO CLOSE CASE]

THANKYOU Those are all the questions we have for you.

[CONTINUE TO CLOSE CASE]

ANSMACH_MSG Hello, my name is [INTERVIEWER NAME] calling from [VENDOR NAME] on behalf of [P_NAME]. I am trying to reach [FNAME LNAME] about the Patient Experience of Care Survey. This survey asks for your feedback on your experience of care with your primary care provider and we would like to hear from you. DHHS and [P_NAME] are conducting the survey 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 → [SKIP TO NOTES SCREEN]
- 2 UNABLE TO LEAVE MESSAGE → [SKIP TO NOTES SCREEN]
- 3 SOMEONE PICKED UP → [SKIP 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
- 2 PROXY FOR LISTED SUBJECT
- 3 GATEKEEPER/UNKNOWN

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.]