

Fielding the CAHPS® In-Center Hemodialysis Survey

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Introduction

This document offers guidance on how to field the CAHPS In-Center Hemodialysis Survey and gather the data needed for analysis and reporting. Specifically, it contains instructions on the following topics:

- Constructing the sampling frame (where relevant)
- Choosing the sample
- Maintaining confidentiality
- Collecting the data
- Tracking returned questionnaires
- Calculating the response rate

These instructions are primarily aimed at the vendors who field the survey, but they are also meant to help ESRD Networks and facilities better understand the technical steps in the process. Our recommendations are based on the results of field tests of this survey with over 30 facilities around the country, as well as the CAHPS Consortium's 10 years of experience developing and testing various CAHPS instruments. To learn more about CAHPS surveys, go to https://www.cahps.ahrq.gov/content/products/Prod_Intro.asp?p=102&s=2.

Summary of Key Recommendations for Administering the CAHPS In-Center Hemodialysis Survey

Survey Administration	
Survey Instrument	CAHPS In-Center Hemodialysis Survey 1.0
Administration	Use a third-party vendor with experience in administering surveys and collecting and analyzing data.
Collection mode	Administer the survey by telephone or mail with telephone followup in order to maximize your response rate. Both modes were tested in the field test of this instrument.
Sample size	Draw a census or, if the facility has enough patients, a sample of 200.
Response Rate	Aim for a response rate of 40 percent.
Completion criteria	Consider a questionnaire to be complete if it has responses for more than half (12) of the key items. (See Appendix B .)
Case-Mix Adjustment	Adjust the survey results for age, education, language spoken at home, and self-reported health status. Our analyses have found that these are the most important variables.

Sampling Guidelines

These sampling guidelines will help you understand who is eligible to be included in the sample frame for the CAHPS In-Center Hemodialysis Survey. They also explain how to prepare the sample. By following these guidelines, you can be confident that your results will be comparable to those of other dialysis facilities.

Eligibility for the Sample Frame

All currently dialyzing in-center hemodialysis patients with at least 3 months of experience on hemodialysis at their current facility are eligible for the survey. This survey is designed for adults only (18 and older). While other CAHPS surveys about ambulatory medical care have pediatric versions, there is no CAHPS instrument for assessing children's experiences with in-center hemodialysis.

The sampling frame should include—

- Name
- Address
- Telephone number
- Gender
- Race/ethnicity
- Total time on in-center hemodialysis at the facility
- Total time at the current center

Drawing the Sample

Based on the CAHPS grantees' experiences with the field tests of this instrument, we recommend the following:

- **For facilities with up to 200 patients**, draw a census of patients from each facility.
- **For facilities with more than 200 patients**, draw a systematic random sample of 200 patients from each facility. If you anticipate that poor contact information (addresses and telephone numbers) will decrease the number of questionnaires that reach the sampled individuals, you may need to start with a larger sample.

A sample of 200 typically provides enough responses for institutional comparisons. For quality improvement purposes, a small number of responses may be sufficient, depending on how the data are used.

Because of the visual problems, fatigue, and literacy and/or cognitive difficulties prevalent in this population, and based on information from other

patient surveys conducted with dialysis patients, the likely response rate is about 40 percent. Factors that influence the response rate you achieve include the quality of your contact information and the administrative mode you use (e.g., mailed survey with telephone followup).

Preparing Sample Files for Data Collection

Once the sample has been selected, the vendor assigns a unique identification (ID) number to each sampled person. This unique ID number should **not** be based on an existing identifier such as a Social Security number or a patient ID number. This number will be used **only** to track the respondents during data collection.

Among the key pieces of information that are critical to the success of data collection are accurate and complete names, addresses and, for telephone surveys, telephone numbers. For cases in which you have incomplete address information or have reason to believe that this information may be inaccurate, sponsors and/or vendors may be able to use other sources (such as CD-ROM directories, Internet sources, or directory assistance) to clean the sample file.

Data Collection Protocol

Survey sponsors and their vendors will need to choose a data collection protocol that maximizes the survey response rate at an acceptable cost. In the field tests of this instrument, the CAHPS Consortium tested two survey administration modes:

- Mail with telephone followup
- Telephone only

Because many patients with end-stage renal disease have problems with vision, low literacy, and fatigue, a mail-only protocol is not recommended for this survey.

In the pilot test, the CAHPS grantees found that the mail with telephone followup method achieved a higher response rate than telephone only. This is consistent with findings from field tests of other CAHPS surveys.

Please note that this survey should be administered by a third party and not face to face. In particular, it should not be completed within the dialysis facility or be administered by any dialysis center staff member. Conducting the survey in the facility creates the potential for bias in responses. In an effort to be helpful, staff may try to assist patients in filling out the questionnaire. However, respondents may be concerned about providing honest answers when staff may see the responses. It is critical that patients feel free to express accurate and reliable information without fear of retaliation from staff members or administrators.

The following guidance builds upon the grantees' experiences fielding CAHPS and other surveys as well as their specific experience with the field test of the In-Center Hemodialysis Survey.

Maintaining Confidentiality

Privacy assurances are central to encouraging respondent participation. Survey vendors should already have standard procedures in place for maintaining the confidentiality of respondents' names and minimizing the extent to which identifying information, such as names and addresses, is linked to the actual survey responses. For example, the individual ID numbers that are used to track the survey must not be based on existing identifiers, such as Social Security numbers or patient ID numbers.

Many survey vendors require employees to sign statements of confidentiality ensuring that they will not reveal the names of respondents or any results linked to specific individuals. There are several opportunities during the survey process to explain to respondents that their responses are kept strictly confidential. The key avenues are the advance and cover letters and interviewer assurances during telephone interviews.

Basic Protocol for Mail With Telephone Followup

This protocol calls for two (2) mailings followed by telephone contact for those patients who have not responded to the mailed surveys. This section reviews the basic steps for collecting data through the mail and offers some advice for making this process as effective as possible.¹

In all English-language mailings, be sure to include a note in Spanish providing a toll-free number to request a Spanish-language survey. If you can identify patients as Hispanic or Latino from the sampling frame information, send both English and Spanish versions of the letters and questionnaire. If you have information on the patient's preferred language, send the appropriate version of the instrument.

- **Set up a toll-free number** and publish it in all correspondence with respondents. Assign a trained project staff member to respond to questions on that line. It is useful to maintain a log of these calls and review them periodically. Respondents may use this toll-free number to obtain additional information about the survey, to receive help completing the survey, or to schedule a time to complete the survey by telephone. This allows patients who receive the survey by mail to complete the survey by telephone if they desire. Similarly, patients who will be contacted by telephone could request a mail survey. This approach is necessary because some patients may have difficulty

¹ Adapted from McGee J, Goldfield N, Riley K, Morton J. Collecting information from health care consumers. Rockville, MD: Aspen Publications, 1996.

completing a mail survey or a telephone survey due to health problems (e.g., poor vision, fatigue, impaired hearing).

- **Send an introductory letter to the respondent in advance.** This letter should be authored by the sponsor of the survey. A well-written, persuasive advance letter will increase the likelihood that the recipient of the questionnaire will complete and return it within the deadline.
 - Personalize the letter with the name and address of the intended recipient.
 - Have the letter signed by a representative of the sponsoring organization(s).
 - Spend some time on the cover letter, checking it for brevity and clarity, and ensuring that there are no grammatical or typographical errors.

Examples of advance notification letters are provided in the file called *Sample Letters* in the *CAHPS In-Center Hemodialysis Survey and Reporting Kit*.

Tips for the envelope:

- Make sure that the outside envelope for the mailings looks “official” but not too bureaucratic. It must not look like junk mail.
 - If possible, put a recognizable sponsor’s name—such as the name of the dialysis facility—above the return address.
 - Mark the envelope “forwarding and address correction” in order to update records for respondents who have moved and to increase the likelihood that the survey packet will reach the intended respondent.
- **Send the questionnaire with a cover letter and any special instructions to the respondent.** Mail this package 1 week after the advance letter. Include a postage-paid return envelope to encourage participation. Open the file called *Sample Letters* for examples of cover letters.
 - **Send a letter or postcard reminder to nonrespondents 2 weeks after sending the questionnaire.** The reminder letters serve as a thank you to those who have returned their questionnaires and as a reminder or plea to those who have not. The *Sample Letters* contain a sample of a reminder letter.
 - **Send a second questionnaire with a cover letter to those still not responding 30 days after the first mailing.** The *Sample Letters* contain an example of this cover letter.

- **Begin followup by telephone with nonrespondents 2 weeks after the second questionnaire has been sent.** Interviewers should attempt to locate those who have not responded to the mailed survey.

Basic Protocol for Telephone

This section reviews the basic steps for using the telephone, either as a followup to mailed surveys or on its own. Vendors may use either computer-assisted telephone interviewing (CATI) or paper-and-pencil methods. The *CAHPS In-Center Hemodialysis Survey and Reporting Kit* includes a sample telephone script as well as a set of frequently asked questions for the telephone interviewers.

- **Send an introductory letter in advance.** For the telephone-only mode, begin by sending an introductory letter explaining the purpose of the survey and the conditions of participation. An example is provided in the file called *Sample Letters*.
- **Check telephone numbers.** Check the telephone numbers of sample respondents for out-of-date area codes and partial or unlikely telephone numbers. All survey vendors should have standard automated procedures for checking and updating telephone numbers before beginning data collection. After extensive tracking, there may still be some respondents who do not have a working telephone number, or for whom the survey vendor has only an address. Delivery of a package containing the questionnaire by an overnight service, such as Priority Mail or Federal Express, can be an effective method of drawing attention to the need to complete the questionnaire.
- **Train the interviewers before they begin interviewing.** Ideally, the interviewer should not bias survey responses or affect the survey results. We recommend the following key procedures for conducting standardized, nondirective interviews:
 - Interviewers should read questions exactly as worded so that all respondents are answering the same question. When questions are reworded, it can have important effects on the resulting answers. Please refer to the *Sample Telephone Script* that is available in the *CAHPS In-Center Hemodialysis Survey and Reporting Kit*.
 - When a respondent fails to give a complete or adequate answer, interviewer probes should be nondirective. That is, interviewers should use probes that do not increase the likelihood of one answer over another. Good probes simply stimulate the respondent to give an answer that meets the question's objectives.

- Interviewers should maintain a neutral and professional relationship with respondents. It is important that they have a positive interaction with respondents, but there should not be a personal component. The primary goal of the interaction from the respondent's point of view should be to provide accurate information. The less interviewers communicate about their personal characteristics and, in particular, their personal preferences, the more standardized the interview experience becomes across all interviewers.
- Interviewers should record only answers that the respondents themselves choose. The CAHPS instrument is designed to minimize decisions that might need to be made by interviewers about how to categorize answers.

Training and supervision are the keys to maintaining these standards. Although these principles may seem clear, it has been shown that training, which includes exercises and supervised role playing, is essential for interviewers to learn how to put these principles into practice. In addition, interviewers may not meet these standards unless their work is monitored. A supervisor should routinely monitor a sample of each interviewer's work to ensure that the interviewers are, in fact, carrying out interviews using prescribed standards and methods. When you are hiring a survey vendor, the protocol each prospective organization uses for training and supervision should be among the top criteria you consider.

- **Make multiple attempts to contact respondents.** Up to 10 attempts at different times of the day and different days of the week may be necessary to reach respondents.

Tracking Returned Questionnaires

Most vendors have established methods for tracking the sample. The vendor should also set up a system to track the returned surveys by the unique ID number that is assigned to each respondent in the sample. This ID number should be placed on every questionnaire that is mailed and/or on the call record of each telephone case.

In order to maintain respondent confidentiality, the tracking system should not contain any of the survey responses. Rather, the survey responses should be entered in a separate data file linked to the sample file by the unique ID number. (This system will generate the weekly progress reports that sponsors and vendors should review closely.)

Each respondent in the tracking system should be assigned a survey result code. This code indicates—

- Whether the respondent completed and returned the questionnaire
- Whether the respondent completed the telephone interview
- Whether the respondent was ineligible to participate in the study
- Whether the respondent could not be located
- Whether the respondent is deceased
- Whether the respondent refused to respond
- The date the survey was returned or the telephone interview completed

The interim result codes reflect the status of the case during the different rounds of data collection, and the final result code reflects the status at the end of data collection. These result codes are used to calculate response rates, as shown in the next section.

Calculating the Response Rate

In its simplest form, the response rate is the total number of completed questionnaires divided by the total number of respondents selected. For CAHPS analyses and reports, this rate is adjusted as shown in the following formula:

$$\frac{\text{Number of completed returned questionnaires}}{\text{Total number of respondents selected} - (\text{deceased} + \text{ineligible})}$$

When calculating the response rate, include respondents who refused, whom you were unable to reach as a result of bad addresses or telephone numbers, or who were unable to complete the questionnaire because of language barriers or because they were ill, hospitalized, or incompetent. Listed below is an explanation of the categories included and excluded in the response rate calculation:

Numerator Inclusions

- **Completed questionnaires.** This questionnaire is considered complete if responses are available for 12 or more of a selected list of key CAHPS items.² For more information about the key items for the In-Center Hemodialysis Survey, see “Determining Whether a Questionnaire Is Complete” in **Appendix B** of this document.

² Key items include questions that all respondents should answer. These include the initial items that establish eligibility for the questionnaire (e.g., whether the respondent is a patient at the facility and for how long), the screeners for the questions included in the reporting composites, the primary rating question (e.g., the overall rating of the facility), and the demographic items.

Denominator Inclusions

The total number of respondents in the denominator should include:

- **Refusals.** The respondent is presumed to be eligible but refused to participate in writing or by telephone, or someone else in the household refused for the selected respondent and the interviewer was unable to speak to him/her directly.
- **Nonresponders.** The respondent is presumed to be eligible but did not complete the survey for some reason (never responded, was unavailable at the time of the survey, was ill or incapable, had a language barrier, etc.).
- **Bad addresses/phone numbers.** In either case, the respondent is presumed to be eligible but was never located.

Denominator Exclusions

- **Deceased.** In some cases, a household or family member may inform you of the death of the respondent.
- **Ineligible.** The respondent has been a patient at the facility for less than 3 months, is not a patient at the facility, or is no longer receiving in-center hemodialysis (received a transplant or has switched to peritoneal dialysis).

Improving Your Response Rate

Common obstacles to a high response rate include out-of-date addresses, inaccurate telephone numbers, answering machines, and gatekeepers, such as relatives who prevent the interviewer from speaking with a potential respondent. Sponsors and vendors have a number of methods available to them to maximize response rates:

- Improve initial contact rates by making sure that addresses and telephone numbers are current and accurate (e.g., identify sources of up-to-date sample information, run a sample file through a national change-of-address database, send a sample to a telephone number look-up vendor).
- Use all available tracking methods (e.g., directory assistance, Lexis-Nexis, CD-ROM directories, Internet database services, and directories).
- Improve contact rates after data collection has begun (e.g., increase maximum number of calls, ensure that calls take place at different day and evening times over a period of days, mail second reminders, use experienced and well-trained interviewers).

- Consider using a mixed-mode protocol involving both mail and telephone data collection procedures. In field tests, the combined approach achieved a higher response rate than telephone alone.
- Train interviewers on how to deal with gatekeepers.
- Train interviewers on refusal aversion/conversion techniques.

These methods will add to the costs of conducting a survey, but sponsors need to weigh these extra costs against the risk of obtaining low response rates and, consequently, less representative data.

Once the vendor reaches the respondent, other challenges await: respondents throw away the envelope, sometimes unopened, or set aside the questionnaire but then never complete it. These responses draw attention to the importance of effectively communicating why the respondent should complete the survey. In addition to persistent followup, make sure that the outside envelope, cover letter, and questionnaire are as attractive and compelling as possible.

For additional advice and guidance, go to:

- Appendix C: Enlisting Respondents Who Are Difficult to Reach
- McGee J, Goldfield N, Riley K, Morton J. Collecting information from health care consumers. Rockville, MD: Aspen Publications, 1996.

Appendix A: Preparing the Data for Analysis

*This appendix reviews the steps that a vendor should take to transform the raw data from the CAHPS In-Center Hemodialysis Survey into data that the SAS analysis programs can use. Detailed instructions for using the analytical programs are provided in **Instructions for Analyzing CAHPS Data** (Doc. No. 15); instructions for adapting the CAHPS analysis programs to this instrument are provided in **Survey-Specific Analysis Instructions for the CAHPS In-Center Hemodialysis Survey** (Doc. No. 55).*

Introduction

Before conducting an analysis, survey vendors must carry out several tasks to prepare the data received from completed questionnaires:

- Task 1: Identify and exclude ineligible cases
- Task 2: Code and enter the data
- Task 3: Clean the data
- Task 4: Conduct an audit

Many interim files will be created along the way. Prior to initiating this process, vendors must take steps to preserve the original data file created when the raw survey responses were entered. Any changes and corrections made during the cleaning and data preparation phase should be made on duplicate files. There are three reasons for this action:

- The original data file is an important component of the complete record of the project.
- Having an original file will allow the vendor to correct data errors that were made during the cleaning process.
- The existence of an original file is critical if the vendor or sponsor wants to go back later and conduct other analyses or tests, such as extent of error tests or tests of skip patterns.

Note: The data file contains the raw data from responses to the CAHPS In-Center Hemodialysis Survey. The names of the items can be derived from the instrument itself. The responses to each question must use the code numbers contained in the questionnaires.

The number and scope of the data preparation tasks and the way they are carried out depends on the data collection protocol and the way in which the data were recorded. For example:

- If the vendor collected data with a self-administered mailed questionnaire, did respondents record answers on optical scan forms³ or record data directly on the CAHPS-formatted questionnaires?
- If the vendor collected data through telephone interviews, did the interviewer use computer-assisted telephone interviewing (CATI) or paper-and-pencil forms?

Task 1: Identify and Exclude Ineligible Cases

Several situations render a case ineligible for analysis. One common scenario that vendors must be prepared to handle occurs when the respondent is not actually a patient at the facility included in the survey. This might be indicated by an “At home” response to Question 1 (“Where do you get your dialysis treatments?”).

Another common reason to code a questionnaire as ineligible and exclude it from the denominator is that a respondent has been a patient at the facility for less than 3 months.

Other questionnaires may be considered incomplete but are not excluded from the denominator. For example:

- If the respondent used a proxy to answer the questions for him or her.
- If 12 or more of the key items on the questionnaire were not filled in (see **Appendix B** for a list of key items).

Task 2: Code and Enter the Data

There are a variety of possible methods for entering data from CAHPS surveys. The exact level of coding required will depend on the method used to capture the data (e.g., questionnaires that require data entry versus questionnaires that are scanned by a computer). Your coding specialist should review each questionnaire to see whether the responses are legible and whether any responses need to be coded. After coding is completed, enter the data into a computer file.

If you use **optical scan forms** for your mailed questionnaires, the scanning equipment automatically enters the data into a computer-readable file. If you do not use optical scan forms, the mail questionnaires are designed for direct data

³ Optical scan forms are answer sheets in which respondents fill in the circle or mark the box that corresponds to their answer choice. These forms are fed through an optical scanning machine, and the data are automatically captured by a computer. Standardized tests for students, such as the SAT, generally use optical scan forms.

entry without the need for coding most respondent answers. However, if it is unclear which answer the respondent selected (e.g., the respondent's pencil mark does not neatly fit within a single answer category, or two responses are marked), then your coding specialist will have to make a decision about which response the respondent intended. If it is not readily apparent what the respondent had intended, then the coding specialist should indicate that the answer be entered as missing.

If you employ a **CATI system** for a telephone survey, data are entered directly into a data file that has already been programmed to refuse unlikely and invalid responses. If you use paper telephone questionnaires to record answers given in a telephone interview instead, the process for coding and data entry is the same as for the standard paper version of the mailed questionnaires.

To ensure quality, answers from paper/pencil questionnaires should be key-entered by two separate data entry specialists. The results from the two should be compared to identify and correct data entry errors. At the end of the coding and data entry process, you will have an electronic data set of responses to all the questionnaire items.

Task 3: Clean the Data

In many cases, the data set you have created will have imperfections. You will have to take several steps to fix these imperfections before any results are reported.

- **Check for out-of-range values.** Out-of-range responses occur when respondents provide inappropriate responses for a particular question. For example, if the valid response choices for a question are 0 or 1, a value of 2 would be out of range. Similarly, if a respondent circled two categories when he or she was supposed to provide only one answer, the response is out of the acceptable range of the question.

To detect out-of-range values, you need to review question frequencies. This can be done either by visually scanning a report showing the item distributions or frequencies or by running the questionnaire data through a computer program. Often, both are used to improve the quality of the data. If a value is found that is impossible (or unlikely) given the response options, then the questionnaire should be reviewed and revisions made to the data. These revisions will often involve setting the out-of-range values to "missing," which drops them from the data analysis for that particular question. Carefully document the results from this review process, including any changes to the data set. An audit trail (electronically and on paper) should be maintained so it is possible to go back to the original data file.

- Check for skip pattern problems. Response inconsistencies generally arise when a respondent misunderstands a question or does not successfully follow instructions to skip questions. An example of a response inconsistency would be if a respondent answered that no problems had occurred with his or her dialysis in the past 3 months, but then answered a followup question about how often dialysis center staff were able to manage problems during dialysis in the past 3 months. If there are inconsistencies between the response to the screener question and the following question's response, assume that the screener response is correct.
- Check again for ineligible cases. Take steps to identify any questionnaires that are not eligible for analysis and remove them from the data set used for the CAHPS SAS program. Questionnaires in which fewer than 12 of the key items are answered should be deleted. (See **Appendix B** for a list of the key items.)
- Check for duplicates. The number of records in the data file should match the number of completes and partial completes in the sample file. Duplicates can occur if the vendor conducts a followup telephone interview, the mail questionnaire arrives at the same time or soon after that interview, and the case slips through the receipt control system, or as a result of errors in data entry. Your policy should be to keep the first questionnaire that comes in.

Task 4: Conduct an Audit

Whether surveys are collected in standard paper format, as optically scanned forms, or as paper telephone questionnaires, a small random sample of the entered data should be audited by comparing hard-copy forms with the results of data entry. This enables you to catch any systematic errors. For example, if the optical scanning program was incorrect, Question 5 may be entered in the file where Question 6 was supposed to be. These types of systematic errors will show up consistently across all questionnaires.

Appendix B: Determining Whether a Questionnaire Is Complete

If you plan to apply a definition to determine if a questionnaire is complete, then your first step is to flag the key questions. Key items include questions that **all** respondents should answer:

- Questions confirming eligibility for the survey (Q1, Q2, Q56)
- The screeners for the questions included in the reporting composites (Q20, Q23, Q37, Q41)
- The primary rating questions (Q8, Q32, Q35)
- Demographic items (Q45 through Q55)

If the questionnaire has responses to 12 or more of these key items, then you can count the questionnaire as complete. We have selected 12 as the minimum because it amounts to a little more than 50 percent of the items, and at least 50 percent of the questionnaire should be completed for it to be accepted as complete. The 50 percent cut-off is a choice the CAHPS team made to guarantee a uniform definition of a complete.

The key questions from this instrument are listed in the table below.

Key questions from the CAHPS In-Center Hemodialysis Survey

Item	Question Wording
1.	Where do you get your dialysis treatments?
2.	How long have you been getting dialysis at this dialysis center?
8.	Using any number from 0 to 10, where 0 is the worst kidney doctors possible and 10 is the best kidney doctors possible, what number would you use to rate the kidney doctors you have now?
20.	In the last 3 months, which one did they use most often to connect you to the dialysis machine?
23.	In the last 3 months, did any problems occur during your dialysis?
32.	Using any number from 0 to 10, where 0 is the worst dialysis center staff possible and 10 is the best dialysis center staff possible, what number would you use to rate your dialysis center staff?
35.	Using any number from 0 to 10, where 0 is the worst dialysis center possible and 10 is the best dialysis center possible, what number would you use to rate your dialysis center?
37.	Are you eligible for a kidney transplant?
41.	In the last 12 months, were you ever unhappy with the care you received at the dialysis center or from your kidney doctors?

Key questions from the CAHPS In-Center Hemodialysis Survey

Item	Question Wording
45.	In general, how would you rate your overall health?
46.	In general, how would you rate your overall mental or emotional health?
47.	Are you being treated for high blood pressure?
48.	Are you being treated for diabetes or high blood sugar?
49.	Are you being treated for heart disease or heart problems?
50.	What is your age?
51.	Are you male or female?
52.	What is the highest grade or level of school that you have completed?
53.	Are you of Hispanic or Latino origin or descent?
54.	What is your race? Please mark one or more.
55.	What language do you mainly speak at home?
56.	Did someone help you complete this survey?

Appendix C: Enlisting Respondents Who Are Difficult To Reach

It may be difficult to locate some respondents, but it is especially important to interview or receive returned questionnaires from those individuals who are difficult to reach. They are likely to be different from those individuals who immediately complete and return a questionnaire or who are easily interviewed. They may, for example, be more ill, have two jobs, or be different in some other way that is relevant to your results. Unless you maintain a high response rate overall and make efforts to reach them, their views and experiences will be underrepresented.

Sponsors and vendors should discuss this possibility in advance and make plans to do extensive telephone tracing. You may also want to talk about the timing of interviews. Because this is a survey of respondents at their homes (a household survey), interviewers typically work in the evenings and on weekends. However, the survey vendor should provide at least one interviewer during the daytime to maintain appointments made with respondents during the day and try to reach those respondents who do not answer during the evenings (e.g., those who have evening shift jobs). Interviewing during the daytime on weekdays is especially effective and appropriate for the elderly.

You are likely to encounter a few special problems with which you should be familiar. Sponsors and vendors should discuss these issues and agree on appropriate procedures to resolve them.

Common Problems	Some Guidance
The interviewer reaches an answering machine.	<p>Answering machines are part of modern life. There is some debate about whether or not it is best to leave a message; unfortunately, there is no right answer to this question.</p> <p>However, you cannot assume that a respondent will call back, so survey vendors should continue to make an effort to reach the respondent. In essence, when an answering machine is reached, it should be handled as though the person were not at home.</p>
The telephone number for the sampled individual is incorrect.	<p>The vendor should make every effort to find the right number:</p> <ul style="list-style-type: none"> • If the person answering the telephone knows how to reach the sampled individual, use that information.

Common Problems	Some Guidance
	<ul style="list-style-type: none"> • If there is no information about the sampled individual at the provided number, use directory assistance. • If a correct telephone number cannot be found for the individual, and you are using both mail and telephone methods of data collection, mail the questionnaire.
The sampled person has moved and the address in the sample is incorrect.	The vendor should make every effort to track down the sampled person. Stamp all mail “Address Correction Requested” so that undelivered mail gets returned. If the mail gets returned, refer to sources like Internet directories or national change of address directories to obtain the new address.
The sampled person is temporarily away.	The protocol for this situation will depend somewhat on the data collection schedule. If the person will become available before data collection is scheduled to conclude, the right procedure is to call back at a later date.
The sampled person does not speak English.	If the survey questionnaire has not been translated into the respondent’s language, an interview may be impossible. Occasionally, there may be a family member who is willing to serve as translator. Most survey organizations consider a translated interview, with all its imperfections, to be better than missing the interview altogether. However, serving as an interpreter for a telephone interview requires a great deal of motivation on the part of a family member.
The sampled person is temporarily ill.	Contact the person again before the end of data collection to determine if he/she has recovered and can participate.
The sampled person has a condition that prevents being interviewed, such as having a visual, hearing, or cognitive impairment.	This person becomes a nonrespondent by virtue of his or her condition.