	Header Record Specification - HEDIS CAHPS Health Plan Survey 5.1H						
			Submission Type				**Notes**
Variable Description	**Value Labels**	**Variable Name**	**Adult Commercial**	**Adult Medicaid**	**Child Without CCC**	**Child With CCC**	
Measurement Year	2022	MeasurementYear	R	R	R	R	R = Required
Data File Type	1 = Adult 2 = Child	DataFileType	R	R	R	R	
NCQA Healthcare Organization ID	Positive integer	NCQAHealthcareOrganizationID	R	R	R	R	Identifies the Organization ID assigned by NCQA.
Healthcare Organization Name	Text (do not include commas)	HealthcareOrganizationName	R	R	R	R	Identifies the organization name of the health plan (provided by the health plan).
Product Line	1 = Commercial 2 = Medicaid	ProductLine	R	R	R	R	
Product	1 = HMO 2 = HMO/POS Combined 3 = POS 4 = PPO 9 = HMO/POS/PPO Combined 10 = HMO/PPO Combined 11 = POS/PPO Combined 12 = EPO 13 = HMO/EPO Combined 14 = POS/EPO Combined 15 = PPO/EPO Combined 16 = HMO/POS/EPO Combined 17 = HMO/PPO/EPO Combined 18 = POS/PPO/EPO Combined 19 = HMO/POS/PPO/EPO Combined	Product	R	R	R	R	
NCQA Submission ID	Positive integer	NCQASubmissionID	R	R	R	R	Identifies the Submission ID assigned by NCQA.
Survey Vendor Organization Name	Text (do not include commas)	SurveyVendorOrganizationName	R	R	R	R	
Survey Mode	0 = Non-HEDIS Protocol 1 = HEDIS Mail-Only Protocol 2 = HEDIS Mixed Protocol	SurveyMode	R	R	R	R	Identifies the standard HEDIS protocol used for the submission. Non-HEDIS methodology submissions are not eligible for reporting as HEDIS. Notify NCQA of any non-HEDIS protocols prior to data submission. Code as 0 = Non-HEDIS Protocol if the health plan did not follow the HEDIS protocols for sampling or data collection as described in HEDIS Volume 3.

Total Number of Telephone Attempts	0 = 0 Attempts 1 = 1 Attempt 2 = 2 Attempts 3 = 3 Attempts 4 = 4 Attempts 5 = 5 Attempts 6 = 6 Attempts	TelephoneAttempts	R	R	R	R	Identifies the total number of telephone attempts the vendor was contracted to make (per member) for the submission. Code as 0 for mail-only with no telephone attempts.
Internet Use	1 = Yes 2 = No	InternetUse	R	R	R	R	Identifies if an internet enhancement was used for the submission.
Spanish Translation Use	1 = Yes 2 = No	SpanishUse	R	R	R	R	Identifies if a Spanish translation was used for the submission.
Chinese Translation Use	1 = Yes 2 = No	ChineseUse	NA	R	NA	NA	Identifies if a Chinese translation was used for the submission.
Extra Mailing	1 = Yes 2 = No	ExtraMailing	R	R	R	R	Identifies if an extra mailing such as an extra questionnaire packet, reminder letter or reminder postcard enhancement was used for the submission.
Enhanced Methodology Tracking ID Number	Positive integer 0 = Enhancement not used for this submission	EnhancedMethodID	R	R	R	R	Identifies the Enhancement Methodology Tracking ID number assigned by NCQA.
Enhanced Methodology Tracking ID2 Number	Positive integer 0 = Enhancement not used for this submission	EnhancedMethodID2	R	R	R	R	Identifies the Enhancement Methodology Tracking ID number assigned by NCQA.
Enhanced Methodology Tracking ID3 Number	Positive integer 0 = Enhancement not used for this submission	EnhancedMethodID3	R	R	R	R	Identifies the Enhancement Methodology Tracking ID number assigned by NCQA.
Enhanced Methodology Tracking ID4 Number	Positive integer 0 = Enhancement not used for this submission	EnhancedMethodID4	R	R	R	R	Identifies the Enhancement Methodology Tracking ID number assigned by NCQA.
Enhanced Methodology Tracking ID5 Number	Positive integer 0 = Enhancement not used for this submission	EnhancedMethodID5	R	R	R	R	Identifies the Enhancement Methodology Tracking ID number assigned by NCQA.
Sample Frame Size	Positive integer	SampleFrameSize	R	R	R	R	Identifies the total number of members included in the sample frame generated by the health plan.
Total enrollment as of the date the sample frame is generated	Positive integer	TotalEnrollment	NR	NR	NR	NR	NR = Not required (optional). This variable is not used by NCQA. If the variable is included it must be filled. Identifies the total number of members enrolled in the health plan (total number of covered lives) as of the date the sample frame was generated. The survey vendor obtains this value from the health plan. This is a variable required for NCBD submission.

Random Number	00-99	RandomNumber	R	R	R	R	Identifies the random number used to generate the systematic sample for the submission. Do not include the decimal. For example, if the random number is 0.30, enter 30. This variable is submitted by the Survey Vendor but NOT returned by NCQA.
Oversampling Rate	Positive integer 0 = The health plan did not oversample.	OversamplingRate	R	R	R	R	Do not include the decimal. For example, a 50% oversampling rate is reported as 50. For the Child with CCC surveys, report the oversampling rate for the General Population.
Final Sample Size	Positive integer	FinalSampleSize	R	R	R	R	
Number Complete and Eligible	Positive integer	CompleteEligible	R	R	R	R	Identifies the number of members in the sample whose Disposition was Complete and Eligible.
Number Incomplete or Ineligible	Positive integer	IncompleteIneligible	R	R	R	R	Identifies the number of members in the sample whose Disposition was **not** Complete and Eligible.
Is the Health Plan reporting results for the Flu Vaccinations for Adults Ages 18-64 measure?	1 = Yes 2 = No	HasFluVaccResults	R	R	NA	NA	NA = Not applicable. Do not include this variable.
Is the Health Plan reporting results for the Medical Assistance with Smoking and Tobacco Use Cessation measure?	1 = Yes 2 = No	HasSmokingResults	R	R	NA	NA	NA = Not applicable. Do not include this variable.
Number of Supplemental Questions Added to the Questionnaire	Positive integer 0 = Supplemental questions not used for this submission.	SupplementalQuestions	R	R	R	R	
Supplemental Question Tracking ID Number (1/12)	Positive integer 0 = Not applicable	SupplementalQuestion1	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (2/12)	Positive integer 0 = Not applicable	SupplementalQuestion2	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (3/12)	Positive integer 0 = Not applicable	SupplementalQuestion3	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (4/12)	Positive integer 0 = Not applicable	SupplementalQuestion4	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (5/12)	Positive integer 0 = Not applicable	SupplementalQuestion5	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (6/12)	Positive integer 0 = Not applicable	SupplementalQuestion6	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.

Supplemental Question Tracking ID Number (7/12)	Positive integer 0 = Not applicable	SupplementalQuestion7	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (8/12)	Positive integer 0 = Not applicable	SupplementalQuestion8	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (9/12)	Positive integer 0 = Not applicable	SupplementalQuestion9	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (10/12)	Positive integer 0 = Not applicable	SupplementalQuestion10	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (11/12)	Positive integer 0 = Not applicable	SupplementalQuestion11	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (12/12)	Positive integer 0 = Not applicable	SupplementalQuestion12	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA.
Supplemental Question Tracking ID Number (13/20)	Positive integer 0 = Not applicable	SupplementalQuestion13	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.
Supplemental Question Tracking ID Number (14/20)	Positive integer 0 = Not applicable	SupplementalQuestion14	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.
Supplemental Question Tracking ID Number (15/20)	Positive integer 0 = Not applicable	SupplementalQuestion15	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.
Supplemental Question Tracking ID Number (16/20)	Positive integer 0 = Not applicable	SupplementalQuestion16	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.
Supplemental Question Tracking ID Number (17/20)	Positive integer 0 = Not applicable	SupplementalQuestion17	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.
Supplemental Question Tracking ID Number (18/20)	Positive integer 0 = Not applicable	SupplementalQuestion18	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.
Supplemental Question Tracking ID Number (19/20)	Positive integer 0 = Not applicable	SupplementalQuestion19	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.

Supplemental Question Tracking ID Number (20/20)	Positive integer 0 = Not applicable	SupplementalQuestion20	R	R	R	R	Identifies the Supplemental Question Tracking ID assigned by NCQA. Note: NCQA prior approval is required for more than 12 supplemental questions.
Survey Vendor Special Purpose Variable	Text	SurveyVendorVariable	NR	NR	NR	NR	Survey vendors may use this field for their own purpose. NR = Not required (optional). If the variable is included it must be filled.
Sample Frame Validation Result	1 = Supports reporting 3 = Not Applicable	SampleFrameValidationResult	R	R	R	R	This variable is not coded by the Survey Vendor; it is returned by NCQA.

Member-Level Record Specification - HEDIS CAHPS Health Plan Survey 5.1H (Adult commercial, Adult Medicaid, Child Without CCC, Child With CCC)									
			Submission Type						
Variable Description	Value Labels	Variable Name	Adult Commercial	Adult Medicaid	Child Without CCC	Child With CCC	Notes	Skip Positive Values	Skipped Items
Record ID	Positive integer	RecordID	R	R	R	R	Unique record ID		
Disposition	0 = Complete and Eligible 1 = Does not meet Eligible Population criteria 2 = Incomplete (but Eligible) 3 = Language Barrier 4 = Mentally or Physically Incapacitated 5 = Deceased 6 = Refusal 7 = Non-response after maximum attempts 8 = Added to Do Not Call (DNC) list	Disposition	R	R	R	R	Identifies the final outcome of the survey for the member. Code as 0 for members with Complete and Eligible Surveys. Code 1-8 for all other records. See Coding HEDIS Survey Data in the Quality Assurance Plan for more information on these variables.		
Complete and Eligible Response Mode	0 = Incomplete/Ineligible 1 = Mail 2 = Telephone 3 = Internet	ResponseMode	R	R	R	R	Identifies the mode in which the member completed the survey. Code as 1, 2 or 3 for members with Complete and Eligible Surveys. Code as 0 for all other records.		
Complete and Eligible Round	0 = Incomplete/Ineligible 1 = First attempt 2 = Second attempt 3 = Third attempt 4 = Fourth attempt 5 = Fifth attempt 6 = Sixth attempt	Round	R	R	R	R	Identifies the mode-specific attempt (first mailing, second mailing, first telephone call, second telephone call, etc) when the member completed the survey. Code as 1-6 for members with Complete and Eligible Surveys.		
Complete and Eligible Language	0 = Incomplete/Ineligible 1 = English 2 = Spanish 3 = Chinese	SurveyLanguage	R	R	R	R	Identifies the language in which the member completed the survey. Code as 1, 2, or 3 for members with Complete and Eligible Surveys. Code as 0 for all other records.		
Address Viability	1 = Valid 2 = Not Valid	AddressViable	R	R	R	R	Identifies whether a viable address was available for the member. Code as 2 if the health plan did not provide an address in the sample frame and the vendor is unable to obtain an address or if mail was		
Telephone Viability	0 = Survey protocol did not require telephone number 1 = Valid 2 = Not Valid	TelephoneViable	R	R	R	R	Identifies whether a viable telephone number was available for the member. Code as 0 if the survey protocol does not require a telephone number. Code 0 for all surveys completed in Chinese. Code as 2 if the health plan did not provide a telephone number in the sample frame and the vendor is unable to obtain a telephone number or if during calling the interviewer receives a message that the number is non-operational or out-of-order or is told by a live person that they have the wrong number.		

Email Viability	0 = Survey protocol did not require email address 1 = Valid 2 = Not Valid	EmailViable	R	R	R	R	Identifies whether a viable email was available for the member. Code as 1 or 2 if the protocol used an email enhancement. Code as 2 if the health plan did not provide an email address in the sample frame or if email attempts result in a message failure notification.		
Member Gender	1 = Male 2 = Female 9 = [no data]	AdminGender	R	R	R	R	From the Sample Frame Data File generated by the health plan.		
Flu Vaccinations for Adults Ages 18-64 Eligibility Flag	0 = Member is in a product or product line for which the FVA measure is not being reported 1 = Eligible 2 = Ineligible	FluVaccinations1864	R	R	NA	NA	From the Sample Frame Data File generated by the health plan. Code as 0 if the health plan is not reporting the Flu Vaccinations for Adults Ages 18-64 measure for this submission. NA = Not applicable. Do not include this variable.		
Prescreen Status Code	1 = No claims or encounters that meet criteria 2 = Claims or encounters that meet criteria	PrescreenStatusCode	NA	NA	NA	R	From the Sample Frame Data File generated by the health plan. NA = Not applicable. Do not include this variable.		
Sample Code	1 = CAHPS 5.1H Child Survey Sample 2 = CCC Supplemental Sample	SampleCode	NA	NA	NA	R	Identifies the sample for which the child was selected. NA = Not applicable. Do not include this variable.		
Member Zip Code	5-digit number or 9-digit number	ZipCode	R	R	R	R	From the Sample Frame Data File generated by the health plan. Code as 99999 if the health plan did not supply a 5-digit zip code. Code as 999999999 if the health plan did not supply a 9-digit zip code. The 9 digit number should not include dashes or other punctuation. Code for all members regardless of disposition.		
Survey Completion Date	MMDDYYYY	SurveyCompleteDate	R	R	R	R	Record the date the member completed the survey. Code 99999999 if the survey completion date is not applicable.		
Our records show that you are now in {INSERT HEALTH PLAN NAME}. Is that right?	1 = Yes 2 = No 9 = [no data]	InPlan	1	1	1	1	Gate item	1, 9	
In the last 6/12 months, did you have an illness, injury, or condition that needed care right away?	1 = Yes 2 = No 9 = [no data]	UrgentCare	3	3	3	3	Gate item	2, 9	UrgentCareFast
In the last 6/12 months, when you needed care right away, how often did you get care as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	UrgentCareFast	4	4	4	4			
In the last 6/12 months, did you make any in person, phone, or video appointments for a check-up or routine care?	1 = Yes 2 = No 9 = [no data]	Checkups	5	5	5	5	Gate item	2, 9	CheckupsFast

Question	Response options	Variable					Notes	Skip values	Related variables
In the last 6/12 months, how often did you get an appointment for a check-up or routine care as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	CheckupsFast	6	6	6	6			
In the last 6/12 months, not counting the times you went to an emergency room, how many times did you get health care for yourself in person, by phone, or by video?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 9 = [no data]	CareVisitsNum	7	7	7	7	Gate item	0, 9	CareRate CareEasy
In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	QuestionsAnswered	NA	NA	NA	8	NA = Not applicable. Do not include this variable.		
Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 6/12 months?	00 = 0 Worst health care possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health care possible 99 = [no data]	CareRate	8	8	8	9			
In the last 6/12 months, how often was it easy to get the care, tests, or treatment you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	CareEasy	9	9	9	10			
Is your child now enrolled in any kind of school or daycare?	1 = Yes 2 = No 9 = [no data]	ChildEnrolled	NA	NA	NA	11	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildDrSchool ChildDrSchoolHelp
In the last 6 months, did you need your child's doctors or other health providers to contact a school or daycare center about your child's health or health care?	1 = Yes 2 = No 9 = [no data]	ChildDrSchool	NA	NA	NA	12	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildDrSchoolHelp
In the last 6 months, did you get the help you needed from your child's doctors or other health providers in contacting your child's school or daycare?	1 = Yes 2 = No 9 = [no data]	ChildDrSchoolHelp	NA	NA	NA	13	NA = Not applicable. Do not include this variable.		
Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?	1 = Yes 2 = No 9 = [no data]	MedEquip	NA	NA	NA	14	Gate item. NA = Not applicable. Do not include this variable.	2, 9	MedEquipEasy MedEquipHelp
In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	MedEquipEasy	NA	NA	NA	15	NA = Not applicable. Do not include this variable.		
Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?	1 = Yes 2 = No 9 = [no data]	MedEquipHelp	NA	NA	NA	16	NA = Not applicable. Do not include this variable.		

Question	Response	Variable				#	Notes	Skip	Related
In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?	1 = Yes 2 = No 9 = [no data]	Therapy	NA	NA	NA	17	Gate item. NA = Not applicable. Do not include this variable.	2, 9	TherapyEasy TherapyHelp
In the last 6 months, how often was it easy to get this therapy for your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	TherapyEasy	NA	NA	NA	18	NA = Not applicable. Do not include this variable.		
Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?	1 = Yes 2 = No 9 = [no data]	TherapyHelp	NA	NA	NA	19	NA = Not applicable. Do not include this variable.		
In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?	1 = Yes 2 = No 9 = [no data]	Counseling	NA	NA	NA	20	Gate item. NA = Not applicable. Do not include this variable.	2, 9	CounselingEasy CounselingHelp
In the last 6 months, how often was it easy to get this treatment or counseling for your child?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	CounselingEasy	NA	NA	NA	21	NA = Not applicable. Do not include this variable.		
Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?	1 = Yes 2 = No 9 = [no data]	CounselingHelp	NA	NA	NA	22	NA = Not applicable. Do not include this variable.		
In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?	1 = Yes 2 = No 9 = [no data]	ChildCareMulti	NA	NA	NA	23	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildCareMultiCoord
In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	1 = Yes 2 = No 9 = [no data]	ChildCareMultiCoord	NA	NA	NA	24	NA = Not applicable. Do not include this variable.		
A personal doctor is the one you would talk to if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?	1 = Yes 2 = No 9 = [no data]	Dr	10	10	10	25	Gate item	2, 9	DrVisit DrUnderstand DrListen DrRespect DrTime CareMulti DrInformedMultiDr DrRate
In the last 6/12 months, how many times did you have an in person, phone, or video visit with your personal doctor about your health?	0 = None 1 = 1 time 2 = 2 3 = 3 4 = 4 5 = 5 to 9 6 = 10 or more times 9 = [no data]	DrVisit	11	11	11	26	Gate item	0, 9	DrUnderstand DrListen DrRespect DrTime CareMulti DrInformedMultiDr
In the last 6/12 months, how often did your personal doctor explain things in a way that was easy to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	DrUnderstand	12	12	12	27			
In the last 6/12 months, how often did your personal doctor listen carefully to you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	DrListen	13	13	13	28			

Question	Response Options	Variable					Notes	Skip	Related
In the last 6/12 months, how often did your personal doctor show respect for what you had to say?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	DrRespect	14	14	14	29			
Is your child able to talk with doctors about his or her health care?	1 = Yes 2 = No 9 = [no data]	DrTalkChild	NA	NA	15	30	Gate item. NA = Not applicable. Do not include this variable.	2, 9	DrChildUnderstand
In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	DrChildUnderstand	NA	NA	16	31	NA = Not applicable. Do not include this variable.		
In the last 6/12 months, how often did your personal doctor spend enough time with you?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	DrTime	15	15	17	32			
In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	1 = Yes 2 = No 9 = [no data]	DrTalkGrowing	NA	NA	18	33	NA = Not applicable. Do not include this variable.		
In the last 6/12 months, did you get care from a doctor or other health provider besides your personal doctor?	1 = Yes 2 = No 9 = [no data]	CareMulti	16	16	19	34	Gate item	2, 9	DrInformedMultiDr
In the last 6/12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	DrInformedMultiDr	17	17	20	35			
Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?	00 = 0 Worst personal doctor possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best personal doctor possible 99 = [no data]	DrRate	18	18	21	36			
Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?	1 = Yes 2 = No 9 = [no data]	OtherCond	NA	NA	NA	37	Gate item. NA = Not applicable. Do not include this variable.	2, 9	OtherCondAffect OtherCondAffectFamily
Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	1 = Yes 2 = No 9 = [no data]	OtherCondAffect	NA	NA	NA	38	NA = Not applicable. Do not include this variable.		
Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?	1 = Yes 2 = No 9 = [no data]	OtherCondAffectFamily	NA	NA	NA	39	NA = Not applicable. Do not include this variable.		

Question	Responses	Variable					Notes	Skip	Related
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 6/12 months, did you make any appointments with a specialist?	1 = Yes 2 = No 9 = [no data]	Specialist	19	19	22	40	Gate item	2, 9	SpecialistFast SpecialistCount SpecialistRate
In the last 6/12 months, how often did you get an appointment with a specialist as soon as you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	SpecialistFast	20	20	23	41			
How many specialists have you talked to in the last 6/12 months?	0 = None 1 = 1 specialist 2 = 2 3 = 3 4 = 4 5 = 5 or more specialists 9 = [no data]	SpecialistCount	21	21	24	42	Gate item	0, 9	SpecialistRate
We want to know your rating of the specialist you talked to most often in the last 6/12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	00 = 0 Worst specialist possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best specialist possible 99 = [no data]	SpecialistRate	22	22	25	43			
In the last 6/12 months, did you get information or help from your health plan's customer service?	1 = Yes 2 = No 9 = [no data]	CS	23	23	26	44	Gate item	2, 9	CSHelp CSRespect
In the last 6/12 months, how often did your health plan's customer service give you the information or help you needed?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	CSHelp	24	24	27	45			
In the last 6/12 months, how often did your health plan's customer service staff treat you with courtesy and respect?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	CSRespect	25	25	28	46			
In the last 6/12 months, did your health plan give you any forms to fill out?	1 = Yes 2 = No 9 = [no data]	Forms	26	26	29	47	Gate item	2, 9	FormsEasy
In the last 6/12 months, how often were the forms from your health plan easy to fill out?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	FormsEasy	27	27	30	48			
Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims for your care to your health plan?	1 = Yes 2 = No 3 = Don't know 9 = [no data]	ClaimsSend	28	NA	NA	NA	Gate item. NA = Not applicable. Do not include this variable.	2, 3, 9	ClaimsQuick ClaimsCorrect
In the last 12 months, how often did your health plan handle your claims quickly?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Don't know 9 = [no data]	ClaimsQuick	29	NA	NA	NA	NA = Not applicable. Do not include this variable.		

Question	Response options	Variable				Notes		
In the last 12 months, how often did your health plan handle your claims correctly?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 5 = Don't know 9 = [no data]	ClaimsCorrect	30	NA	NA	NA	NA = Not applicable. Do not include this variable.		
Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?	00 = 0 Worst health plan possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best health plan possible 99 = [no data]	PlanRate	31	28	31	49			
In the last 6 months, did you get or refill any prescription medicines for your child?	1 = Yes 2 = No 9 = [no data]	ChildMed	NA	NA	NA	50	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildMedHealthPlan ChildMedHelp
In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	ChildMedHealthPlan	NA	NA	NA	51	NA = Not applicable. Do not include this variable.		
Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?	1 = Yes 2 = No 9 = [no data]	ChildMedHelp	NA	NA	NA	52	NA = Not applicable. Do not include this variable.		
In general, how would you rate your overall health?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = [no data]	OverallHealthRate	32	29	32	53			
In general, how would you rate your overall <u>mental or emotional</u> health?	1 = Excellent 2 = Very Good 3 = Good 4 = Fair 5 = Poor 9 = [no data]	MentalHealthRate	33	30	33	54			
Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?	1 = Yes 2 = No 9 = [no data]	ChildUseMed	NA	NA	NA	55	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildUseMedCause ChildUseMedCauseLong
Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 9 = [no data]	ChildUseMedCause	NA	NA	NA	56	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildUseMedCauseLong
Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 9 = [no data]	ChildUseMedCauseLong	NA	NA	NA	57	NA = Not applicable. Do not include this variable.		
Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?	1 = Yes 2 = No 9 = [no data]	ChildMoreCare	NA	NA	NA	58	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildMoreCareCause ChildMoreCareCauseLong
Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 9 = [no data]	ChildMoreCareCause	NA	NA	NA	59	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildMoreCareCauseLong
Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 9 = [no data]	ChildMoreCareCauseLong	NA	NA	NA	60	NA = Not applicable. Do not include this variable.		
Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?	1 = Yes 2 = No 9 = [no data]	ChildLimited	NA	NA	NA	61	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildLimitedCause ChildLimitedCauseLong

Question	Response Options	Variable				Notes		
Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 9 = [no data]	ChildLimitedCause	NA	NA	NA	62	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildLimitedCauseLong
Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 9 = [no data]	ChildLimitedCauseLong	NA	NA	NA	63	NA = Not applicable. Do not include this variable.		
Does your child need or get special therapy such as physical, occupational, or speech therapy?	1 = Yes 2 = No 9 = [no data]	ChildTherapy	NA	NA	NA	64	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildTherapyCause ChildTherapyCauseLong
Is this because of any medical, behavioral, or other health condition?	1 = Yes 2 = No 9 = [no data]	ChildTherapyCause	NA	NA	NA	65	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildTherapyCauseLong
Is this a condition that has lasted or is expected to last for at least 12 months?	1 = Yes 2 = No 9 = [no data]	ChildTherapyCauseLong	NA	NA	NA	66	NA = Not applicable. Do not include this variable.		
Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?		ChildTreatment	NA	NA	NA	67	Gate item. NA = Not applicable. Do not include this variable.	2, 9	ChildTreatmentLong
Has this problem lasted or is it expected to last for at least 12 months?	1 = Yes 2 = No 9 = [no data]	ChildTreatmentLong	NA	NA	NA	68	NA = Not applicable. Do not include this variable.		
Have you had either a flu shot or flu spray in the nose since July 1, YYYY?	1 = Yes 2 = No 3 = Don't know 9 = [no data]	FluTreat	34	31	NA	NA	NA = Not applicable. Do not include this variable.		
Do you now smoke cigarettes or use tobacco every day, some days, or not at all?	1 = Every day 2 = Some days 3 = Not at all 4 = Don't know 9 = [no data]	Smoke	35	32	NA	NA	Gate item. NA = Not applicable. Do not include this variable.	3, 4, 9	SmokeAdvice SmokeMedicine SmokeStrategies
In the last 6/12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	SmokeAdvice	36	33	NA	NA	NA = Not applicable. Do not include this variable.		
In the last 6/12 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	SmokeMedicine	37	34	NA	NA	NA = Not applicable. Do not include this variable.		
In the last 6/12 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.	1 = Never 2 = Sometimes 3 = Usually 4 = Always 9 = [no data]	SmokeStrategies	38	35	NA	NA	NA = Not applicable. Do not include this variable.		
What is your child's age?	00 = Less than 1 year old Enter reported age if one year or older 99 = [no data]	ChildAge	NA	NA	34	69	NA = Not applicable. Do not include this variable.		
What is your age?	0 = Under 18 (Child submissions) 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 or older 9 = [no data]	YourAge	39	36	38*	73*	*On the child survey, the answer to this question refers to the adult's age (the parent or caretaker answering the survey on behalf of the sampled child member).		

Are you male or female? (Is your child male or female?)	1 = Male 2 = Female 9 = [no data]	MemberGender	40	37	35	70			
Are you male or female?	1 = Male 2 = Female 9 = [no data]	YourGender	NA	NA	39*	74*	NA = Not applicable. Do not include this variable. *On the child survey, the answer to this question refers to the adult's gender (the parent or caretaker answering the survey on behalf of the sampled child member)		
What is the highest grade or level of school that you have completed?	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 9 = [no data]	Education	41	38	40	75			
Are you of Hispanic or Latino origin or descent?	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino 9 = [no data]	HispanicLatino	42	39	36	71			
What is your race? Mark one or more.	1 = Respondent checked "White" 9 = [no data]	White	43	40	37	72			
What is your race? Mark one or more.	1 = Respondent checked "Black or African-American" 9 = [no data]	BlackAfricanAmerican	43	40	37	72			
What is your race? Mark one or more.	1 = Respondent checked "Asian" 9 = [no data]	Asian	43	40	37	72			
What is your race? Mark one or more.	1 = Respondent checked "Native Hawaiian or other Pacific Islander" 9 = [no data]	NativeHawaiianPacificIslander	43	40	37	72			
What is your race? Mark one or more.	1 = Respondent checked "American Indian or Alaska Native" 9 = [no data]	AmericanIndian	43	40	37	72			
What is your race? Mark one or more.	1 = Respondent checked "Other" 9 = [no data]	RaceOther	43	40	37	72			
How are you related to the child?	1 = Mother or father 2 = Grandparent 3 = Aunt or uncle 4 = Older brother or sister 5 = Other relative 6 = Legal guardian 7 = Someone else 9 = [no data]	ChildRelation	NA	NA	41	76	NA = Not applicable. Do not include this variable.		