

Sample Cognitive Interview Protocol

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INTRODUCTION

Over the next two weeks we're interviewing people to help us test this interview. The interview asks about the care you receive from (CLINIC NAME/PRACTICE NAME). Sometimes I'll ask you follow-up questions about how you chose your answer. These questions will help us to learn where and how we can improve this interview. The interview should take about 90 minutes, depending on you and your health experiences. If you need to take a break at any time, let me know.

This project is funded by the Hays Foundation. If you want any additional information about this project, please contact Leo Morales at 310/393-0411.

Before we begin, I want to reassure you that we will keep the information you give us confidential. Your doctors and health plan do not know you are taking part in this interview. Your name is not written on this interview. Your name will not appear in the report we write summarizing these interviews. It would be helpful to me if I taped our interview. Is that OK with you?

- 1 YES → START TAPE RECORDER
- 2 NO

ENTER START TIME: _____ AM/PM

CONFIRMING CARE SITE

- 1. Our records show that you get your medical care from (INSERT NAME OF CLINIC/PRACTICE). Is this right?**

- 1 YES → GO TO QUESTION 3
- 2 NO

- 2. What is the name of the doctor's office or clinic where you got most of your health care in the last 6 months? (WRITE IN NAME BELOW.) Please think of this (office/clinic) as you answer the rest of the questions in this interview.**

ENTER NAME: _____

CODE TYPE:

- 1 DOCTORS OFFICE
- 2 CLINIC
- 3 OTHER/SPECIFY: _____

- 3. How many months or years in a row have you been going to this (office/clinic)?**

- 1 Less than 6 months
- 2 6 up to 12 months
- 3 12 up to 24 months
- 4 2 up to 5 years
- 5 5 up to 10 years
- 6 10 or more years

YOUR PERSONAL DOCTOR OR NURSE

4. **A personal doctor or nurse is the health provider who knows you best. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant. Do you have one person you think of as your personal doctor or nurse?**

- 1 Yes
- 2 No → GO TO QUESTION 4, PAGE 3 (DON'T ASK PROBES)

PROBES: Is this a doctor or nurse? _____

Is this the person you see for all or most of your medical needs?

Does your personal doctor or nurse work at (CLINIC/PRACTICE NAME)?

5. **With the choices your medical group gave you, how much of a problem, if any, was it to get a personal doctor or nurse you are happy with?**

- 1 A big problem,
- 2 A small problem,
- 3 Not a problem,

PROBES: How did you find your personal doctor or nurse?

(Did you choose him/her from a list?)

Where did you get the list of doctors you had to choose from? (Who gave or sent the list to you? The doctor's office, your medical group, your health plan?)

6. We want to know your rating of your personal doctor or nurse. Use any number from 0 to 10 where 0 is the worst personal doctor or nurse possible, and 10 is the best personal doctor or nurse possible. How would you rate your personal doctor or nurse now?

- 0 WORST PERSONAL DOCTOR/NURSE POSSIBLE
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 BEST PERSONAL DOCTOR/NURSE POSSIBLE

6a. Please give me your overall rating in another way. Would you say your regular doctor or nurse is very good, good, okay, not very good, or not good at all?

PROBE: This question is almost the same as the one before it. Which answer choices were easier for you to use - very good to not good at all or the 0-10 scale? _____

6b. Please give your overall rating of your regular doctor or nurse in still another way. Is (he/she) excellent, very good, good, fair or poor?

Compare the last three questions (REPEAT THEM). Which do you think is best for you to use in rating your regular doctor? Why?

YOUR HEALTH CARE IN THE LAST 6 MONTHS

These next questions are about the health care services you received in the last 6 months from your (doctor's office/clinic).

7. Thinking about the health care services you received in the last 6 months from your (doctor's office/clinic), how would you rate the following: Explanations of medical procedures and tests.

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

PROBES: What did you think of when you chose your answer? _____

Did any of your doctors at the (office/clinic) explain a procedure or test to you in the last 6 months? _____

Did you think only about visits to your (CLINIC/PRACTICE NAME) when you answered this question? _____

IF ANSWER IS GOOD/FAIR/POOR What would have to happen for your rating to improve? _____

8. **Thinking about the health care services you received in the last 6 months from your (doctor's office/clinic), how would you rate the following: The outcomes of your medical care (how much you were helped).**

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

PROBES: Please repeat the question to me in your own words: _____

What did you think of when you chose your answer? _____

What does "outcomes of your medical care" mean to you? _____

Did you think only about visits to your (CLINIC/PRACTICE NAME) when you answered this question? _____

IF ANSWER IS GOOD/FAIR/POOR What would have to happen for your rating to improve? _____

9a. In the last 6 months, did doctors and staff spend enough time with you during your visits?

- 1 Yes
- 2 No

9b. In the last 6 months, how often did doctors and staff spend enough time with you during your visits? Was it:

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

PROBES: Which of these two questions was it easier for you to answer: the yes/no, or the how often? Why? _____

How much time is enough time? _____

10. As you answered the questions in the interview, how far back in time did you think about? (What month? What time of year)?

11. Most of the questions in this interview ask about the last 6 months. If we had asked you about the last 12 months would you have answered about the same (doctor's office/clinic)?

- 1 YES
- 2 NO

ENTER END TIME: _____ AM/PM

ENTER CASE ID: _____

PG-CAS PAYMENT RECORD

ROUND ONE COGNITIVE INTERVIEWS (NOVEMBER/DECEMBER 1999)

I certify that on I paid the respondent a payment of:

₁ \$_____ for a partial interview

OR

₂ \$65 for a completed interview

Payment was made on _____/_____/_____
MONTH DAY YEAR

by _____
INTERVIEWER SIGNATURE