These instructions and accompanying data file layout specifications apply to the:

CAHPS Clinician & Group Survey Data File Specifications

Submitting data to the CG-CAHPS Database requires survey data to be organized by group, practice site and respondent-level records in order to receive access to the CAHPS Database Online Reporting System.

Number of files to be submitted

Three separate flat files (Group Data File, Practice Site Data File and Sample Data File) make up a CG-CAHPS submission and are detailed below.

- **Group Data File:** Each line in the group data file represents a medical group. Multiple groups can be added to the data file using a unique ID for each. Submit one group data file for each Participating Organization. If there is no group level in the Participating Organization, a group data file is not required.

  A group can be defined as a medical group, ACO, state organization or some other grouping of practice sites. A group is not a vendor organization.
  - The **Group ID** variable must be consistent to link the group, practice site and the sample files. The Group ID must be consistent with the Group ID that the Participating Organization uploaded with the DUA.
  - The **Group Name** variable is exactly how the name will be displayed in the Online Reporting System. The Group Name must be consistent with the Group Name that the Participating Organization uploaded with the DUA.
  - The **Group Contact Name, Phone and Email** are required to receive access to group-level and below reporting. Do not provide vendor information.

- **Practice Site Data File:** Each line in the practice site data file represents a practice site. Multiple practice sites can be added to the data file using a unique ID for each practice site and matching ID to the related group. Submit one practice data file for each Participating Organization.

  A practice site can be considered a medical office. A practice site is an outpatient facility in a specific location. Each practice site located in a building containing multiple medical offices is considered a separate practice site. Providers in a single practice site should share administrative and clinical support staff.
  - The **Practice Site ID** variable must be consistent to link the group, practice site and the sample files. The Practice Site ID must be consistent with the Practice Site ID that the Participating Organization uploaded with the DUA.
  - The **Practice Site Name** variable is exactly how the name will be displayed in the Online Reporting System. The Practice Site Name must

match the Practice Site Name that the Participating Organization uploaded with the DUA.

- The **Practice Site Contact Name, Phone and Email** are required to receive access to practice level reporting. Do not provide vendor information.

- **Sample Data File:** Each line in the sample data file represents a sampled individual. Please submit one sample file per Participating Organization, per questionnaire.

  A record must be submitted for each sampled individual. For unreturned surveys, leave all question fields blank.

Data files are associated through IDs

Each of the required data files includes one or more ID fields. These ID fields (and their associated values) are critically important as they create a link between the data files that are submitted. For example, the Sample data file specification requires that each record include not only a unique "person-level" identification number, but each person-level record must also include an ID field that represents each of the Groups and Practice Sites that were surveyed.

The following example illustrates how the Group data file, Practice Site data file, and Sample data files are related to one another via the ID fields when there is more than one Group.

Example: Associated Group and Practice Site IDs

Group Data File

Group ID	Group Name
2222222221	Preferred Medical System
2222222222	Health America Group

Practice Site Data File

Practice Site ID	Group ID	Practice Site Name
1000000001	2222222221	Oak Street Clinic
1000000002	2222222221	Elm Street Clinic
1000000003	2222222222	Poplar Street Clinic

Sample Data File

Survey Type	Unique Record ID	Practice Site ID	Group ID
14	9999999991	1000000001	2222222221
14	9999999992	1000000001	2222222221
14	9999999993	1000000002	2222222221
14	9999999994	1000000002	2222222221
14	9999999995	1000000002	2222222222
14	9999999996	1000000003	2222222222

This example shows that there are two Groups (Preferred Medical System and Health America Group). The Group ID for each of these two Groups are repeated in both the Sample data file and in the Practice Site data file. This example also shows that practice sites Oak Street Clinic and Elm Street Clinic are affiliated with the Preferred Medical System (Group ID =2222222221 for Practice Site ID 100000001 and for Practice Site ID 100000002). Similarly, the example shows that practice site Poplar Street Clinic is affiliated with Health America Group (Group ID = 2222222222 for Practice Site ID 100000003).

Group ID/Name and Practice Site ID/Name must be in agreement with the corresponding ID fields and names provided with the DUA. Information in the Group data file and the Practice Site data file will be compared to the practice list received with the DUA. The Participating Organization must complete and submit an Excel file with the DUA. This file must contain a list of all practice sites under this DUA. The Group ID/Name and Practice ID/Name must match what was provided by the Participating Organization in the Excel file to proceed to the next step.

Reporting structure

The structure of the files and the IDs used for linking the three files reflects how the data will be reported. Using the previous example, two Group reports and three Practice Site reports would be generated. The Group Contact would have access to Group and Practice Site reporting, while the Practice Site contact can only access the individual Practice Site reports. Here is how the reports would be organized in the Online Reporting System:

- Preferred Medical System (aggregated results of Oak and Elm Street Clinics)
    - Oak Street Clinic
    - Elm Street Clinic
- Health America Group (same results for both the group and practice site)
    - Poplar Street Clinic

Additional information about the data files

Group Data File. The Group data file contains one record for each unique Group that participated in the survey and describes the “parent” organization(s).

Practice sites are considered to be “children” of the parent organization and are defined in the Practice Site data file. Practice Sites that are not a part of a parent organization are NOT required to be linked to a Group or submit a Group data file. However, they must submit a Practice Site and Sample data file.

Each Group must be uniquely numbered using the Group ID field. There is a 50-character Group Name field that is used to name each Group in the reporting.

Practice Site Data File. The Practice Site data file contains one record for each unique practice site that participated in the survey. Each practice site must be

uniquely numbered using the “Practice Site ID” field. There is a 50-character field that is used to name each practice site (practice site name).

If the practice sites are named similarly, consider using as many of the 50 characters as necessary to distinguish among them. For example, “Primary Care Health Clinic – West” or “Primary Care Health Clinic – East”.

Sample Data File. The Sample data file contains ID fields that are associated with the Group file and with the Practice Site file. Make certain that the values assigned to these ID fields are in agreement with the corresponding ID fields and values in the other file(s).

Each record in the Sample data file must be uniquely numbered using the field “Unique Record ID”. This file must contain **one record for every person who was sampled** to participate in the survey – irrespective of the final disposition or survey status (e.g., completed survey, ineligible, refused to participate, etc.) The file specifications provide detailed information about the values that can be assigned for survey disposition.

File format. All data files are to be submitted in flat, ASCII file format and must conform to the file layout specifications.

As noted above, it is critical that the values assigned for the ID fields accurately correspond to one another.

ID fields in the Group, Practice Site, and Sample data files are 10 digits in length. DO NOT assign any ID values with a leading “0” (zero).

Missing Value Assignments
Make sure to use the following missing values.

Reason for missing value	Application	Missing value
Appropriately skipped	Indicates the respondent appropriately skipped this question.	S
Multiple mark	Multiple marks made it impossible to identify the response.	H
Missing	No response, not part of skip pattern.	M
Question not included	A question is not included in the survey questionnaire	Blank

Group File Layout

- **Group data file must be in ascii/flat format.**
- **The file must contain one record for each Group that administered the survey.**
- **Group ID in this file must match IDs in Practice Site and Sample data files.**
- **Group ID and Group Name in this file must match ID and Name from the Excel file that Participant Organizations provided with the Data Use Agreement (DUA).**
- **The data file must conform to the layout specifications below.**

Variable Description	Field Position	Value Labels	Details/Comments
Group ID	1 - 10	10 characters	Unique ID is used to match the practice sites provided with the DUA and to match records in this Group data file to the Sample Level data file & Practice Site data file.
Group Name	11 - 60	50 characters	Name of the group. Use unique names to distinguish entities for reporting purpose. Group Name is used to match the groups provided with the DUA. This is the name that will be listed in the Online Reporting System.
Street Address 1	61 - 90	30 characters	
Street Address 2	91 - 120	30 characters	Floor or Suite
City	121 - 150	30 characters	
State	151-152	2 characters	2 character state abbreviation (e.g., AL)
Zip Code	153-157	XXXXX	5 digit zip code
Group Ownership and Affiliation	158-159	01 = Provider(s) and/or Physician(s) 02 = Hospital or Health System 03 = University or Academic Medical Center 04 = Community Health Center 05 = Military 06 = County 07 = Other	Ownership or affiliation type that best describes this group.
Group Contact Name	160 - 189	30 characters	Name of contact at group level that may receive access to their online reports. Do not provide vendor information. Vendors will not have access to private results.
Group Contact Phone	190 - 199	XXXXXXXXXX	10 digit phone number of group contact. ***(Do not include spaces or dashes.)***

Variable Description	Field Position	Value Labels	Details/Comments
Group Contact Email	200 - 249	50 characters	Email address of contact at group level that may receive access to their CAHPS Database reports. This field is required.

Practice Site File Layout

- **Practice Site data file must be in ascii/flat format.**
- **The file must contain one record for each Practice Site that administered the survey.**
- **Practice Site and/or Group ID must match IDs in Sample and Group data files.**
- **Practice Site ID and name in this file must match ID and name from the Excel file that Participant Organizations provided with the Data Use Agreement (DUA).**
- **The data file must conform to the layout specifications below.**

Variable Description	Field Position	Value Labels	Details/Comments
Practice Site ID	1 - 10	10 characters	Unique ID is used to match the practice sites provided with the DUA and to match the records in this Practice Site data file to the Sample Level data file & Group data file.
Group ID	11 - 20	10 characters	Unique ID is used to match the records in this Practice Site data file to the Sample Level & Group data file.
Practice Site Name	21 - 70	50 characters	Name of the practice site is used at the reporting level. Use unique names to help distinguish entities. Practice Site Name is used to match the practice sites provided with the DUA. This is the name that will be listed in the Online Reporting System.
Street Address 1	71 - 100	30 characters	
Street Address 2	101 - 130	30 characters	Floor or Suite
City	131 - 160	30 characters	
State	161 - 162	2 characters	2 character State abbreviation
Zip Code	163 - 167	XXXXX	5 digit zip code
Practice Ownership and Affiliation	168 - 169	01 = Provider(s) and/or Physician(s) 02 = Hospital or Health System 03 = University or Academic Medical Center 04 = Community Health Center 05 = Military 06 = County 07 = Other	Select ownership or affiliation type that best describes this practice.
Patient Visits Each Week	170 - 174	XXXXX	5 digit number. What is the total number of patient visits in a typical week in this practice site location?
Providers Working Each Week	175 - 176	XX	2 digit number. What is the total number of providers (MDs, DOs, PAs, NPs, etc.) working in this practice site location during a typical week?
Sampling	177	1 = Continuous Sampling 2 = Point-in-time Sampling 3 = Other	**NEW:** Select the sampling strategy for the data collection.

Variable Description	Field Position	Value Labels	Details/Comments
Sample Size	178 - 184	XXXXXXX	7 digit number. The sample size is the number of individuals drawn to receive a questionnaire for this practice site.
Field Period Start	185 - 192	mmddyyyy	8 digit date field. Date the survey fielding began.
Field Period End	193 - 200	mmddyyyy	8 digit date field. Date the survey fielding ended.
Response Rate	201 - 208	X.XXXXXX	8 spaces total, 6 decimal places. The response rate is the total number of completed returned questionnaires divided by the total number of respondents selected minus deceased and ineligible. For example, if 1,000 sampled patients yield 300 completed surveys minus 10 ineligible patients, the expected response rate is 0.303030.
Practice Contact Name	209 - 238	30 characters	Name of contact at practice site that may receive access to their online report. Do not provide vendor information. Vendors will not have access to private results.
Practice Contact Phone	239 - 248	XXXXXXXXXX	10 digit phone number of practice contact. ***(Do not include spaces or dashes.)***
Practice Contact Email	249 - 298	50 characters	Email address of contact at practice level that may receive access to their CAHPS Database reports.

Sample File Layout

- **Sample data file must be in ascii/flat format.**
- **The file must contain one record for each member in the sample.**
- **Practice Site and/or Group ID must match IDs in the Practice Site and Group data files.**
- **The data file must conform to the layout specifications below.**

Variable Description	Field Position	Value Labels	Details/Comments
Survey Type	1-2	19 = Adult Survey 3.0	Indicates survey instrument used. **2.0 Survey Instrument (12 or 6-Month Version)** 15 = Adult Survey 2.0 16 = Adult Survey with PCMH Items 2.0 17 = Child Survey 2.0 18 = Child Survey with PCMH Items 2.0 33 = Adult Visit Survey 2.0 **3.0 Survey Instrument** 19 = Adult Survey 3.0 20 = Child Survey 3.0
Unique Record ID	3-12	10 characters	Unique ID for each record in the Sample file.
Practice Site ID	13-22	10 characters	Used to match the records in this Sample Level data file to the Practice Site data file and the Group data file.
Group ID	23-32	10 characters	Used to match the records in this Sample Level data file to the Group data file and the Practice Site data file.
Provider NPI or ID	33-42	10 characters	National Provider Identifier or a Unique ID for each provider. Resident doctors can be submitted using 'res' in the Provider ID followed by 7 alphanumeric characters (i.e. res9A64944).
Provider First Name	43-62	20 characters	
Provider Last Name	63-82	20 characters	
Provider Type	83-85	101 = Anesthesiologist Assistant 102 = Audiologist 103 = Certified Nurse Midwife 104 = Certified Registered Nurse Anesthetist 105 = Clinical Nurse Specialist 106 = Clinical Psychologist 107 = Clinical Social Worker 108 = Doctor of Osteopathic Medicine (DO) 109 = Doctor of Medicine (MD) 110 = Nurse Practitioner 111 = Occupational Therapist 112 = Physical Therapist 113 = Physician Assistant 114 = Registered Dietitian / Nutrition Professional 115 = Registered Nurse 116 = Speech-Language Pathologist 998 = Other	Select **one** provider type that best describes the provider.

Variable Description	Field Position	Value Labels	Details/Comments
		M = Missing	
Provider Specialty	86-88	001 = Allergy/Immunology 002 = Anesthesiology 003 = Cardiology 004 = Child & Adolescent Psychiatry 005 = Dermatology 006 = Diagnostic Radiology 007 = Emergency Medicine 008 = Endocrinology/Metabolism 009 = Family Practice/Family 010 = Forensic Pathology 011 = Gastroenterology 012 = General Practice 013 = General Preventive Medicine 014 = General Surgery 015 = Geriatrics 016 = Hematology/Oncology 017 = Internal Medicine 018 = Medical Genetics 019 = Nephrology 020 = Neurology 021 = Nuclear Medicine 022 = OB/GYN or GYN 023 = Ophthalmology 024 = Orthopedics 025 = Pathology 026 = Pediatrics 027 = Physical Medicine & Rehabilitation 028 = Podiatry 029 = Psychiatry 030 = Public Health & Rehabilitation 031 = Pulmonary Medicine 032 = Radiology 033 = Rheumatology 034 = Surgery 035 = Urology 036 = Vascular Medicine 037 = Internal Medicine Pediatrics 998 = Other M = Missing	Select **one** provider specialty that best describes the provider.
Date of Last Visit	89-96	mmddyyyy M = Missing	8 digit date field **(do not include dashes or slashes)**

Variable Description	Field Position	Value Labels	Details/Comments
Survey Disposition Code	97	1 = Complete 2 = Partial Complete 3 = Incomplete 4 = Survey returned -"No" to Question 1 5 = Refused to complete survey 6 = Deceased 7 = Ineligible; mentally or physically incapacitated – not able to complete survey 8 = Unable to contact (bad number, bad address, language barrier) 9 = Did not respond after maximum attempts	Disposition that best represents final disposition for this record. * Complete = Responses are available for at least half of the key survey items and at least one reportable item. * Partial Complete = Responses are available for at least one reportable item, but less than half of the key items. * Incomplete = Individual did not answer at least one reportable item. ** Please refer to the CAHPS Survey and Reporting Kit documents for additional information on complete rules.
Survey Completion Mode	98	1 = Mail 2 = Telephone 3 = IVR - Speech enabled 4 = IVR - Touch tone enabled 5 = Web 6 = Other 7 = Not applicable	**NEW**: Select the survey completion mode that was used to collect the data. Use "7=Not applicable" for respondents with a Survey Disposition Code NOT equal to 1, 2, 3, or 4.
Survey Completion Date	99-106	mmddyyyy M = Missing	8 digit date field **(do not include dashes or slashes)**
Survey Complete Round	107-108	01 = 1st survey completed or returned 02 = 2nd survey completed or returned 03 = 3rd survey completed or returned 04 = 4th survey completed or returned 05 = 5th survey completed or returned 06 = 6th survey completed or returned NC = Not completed or partial (Disposition not equal to 1)	Indicates which mail, phone, web, IVR, or other attempt yielded a completed survey. If completed or returned survey after 6th attempt, indicate survey round (01 – 99 are acceptable values)
Survey Language	109	1 = English 2 = Spanish 3 = Other/Not applicable M = Missing	Use "3 = Other/Not applicable" for respondents with a Survey Disposition Code NOT equal to 1, 2, 3 or 4.
Patient Birth Year	110-113	yyyy M = Missing	Patient's year of birth Submission fails if all data are blank for this field **AND** Q25.
Patient Gender	114	1 = Male 2 = Female M = Missing	
Patient zip code	115-119	xxxxx M = Missing	5 digit zip code

Variable Description	Field Position	Value Labels	Details/Comments
Q1. Our records show that you got care from the provider named below in the last 6 months. Is that right?	120	1 = Yes 2 = No H = Multiple mark M = Missing	
Q2. Is this the provider you usually see if you need a check-up, want advice about a health problem, or get sick or hurt?	121	1 = Yes 2 = No S = Appropriately skipped H = Multiple mark M = Missing	
Q3. How long have you been going to this provider?	122	1 = Less than 6 months 2 = At least 6 months but less than 1 year 3 = At least 1 year but less than 3 years 4 = At least 3 years but less than 5 years 5 = 5 years or more S = Appropriately skipped H = Multiple mark M = Missing	
Q4. In the last 6 months, how many times did you visit this provider to get care for yourself?	123	1 = None 2 = 1 time 3 = 2 4 = 3 5 = 4 6 = 5 to 9 7 = 10 or more times S = Appropriately skipped H = Multiple mark M = Missing	
Q5. In the last 6 months, did you contact this provider's office to get an appointment for an illness, injury, or condition that needed care right away?	124	1 = Yes 2 = No S = Appropriately skipped H = Multiple mark M = Missing	
Q6. In the last 6 months, when you contacted this provider's office to get an appointment for care you needed right away, how often did you get an appointment as soon as you needed?	125	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q7. In the last 6 months, did you make any appointments for a check-up or routine care with this provider?	126	1 = Yes 2 = No S = Appropriately skipped H = Multiple mark M = Missing	
Q8. In the last 6 months, when you made an appointment for a check-up or routine care with this provider, how often did you get an appointment as soon as you needed?	127	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q9. In the last 6 months, did you contact this provider's office with a medical question during regular office hours?	128	1 = Yes 2 = No S = Appropriately skipped H = Multiple mark M = Missing	

Variable Description	Field Position	Value Labels	Details/Comments
Q10. In the last 6 months, when you contacted this provider's office during regular office hours, how often did you get an answer to your medical question that same day?	129	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q11. In the last 6 months, how often did this provider explain things in a way that was easy to understand?	130	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q12. In the last 6 months, how often did this provider listen carefully to you?	131	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q13. In the last 6 months, how often did this provider seem to know the important information about your medical history?	132	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q14. In the last 6 months, how often did this provider show respect for what you had to say?	133	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q15. In the last 6 months, how often did this provider spend enough time with you?	134	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q16. In the last 6 months, did this provider order a blood test, x-ray, or other test for you?	135	1 = Yes 2 = No S = Appropriately skipped H = Multiple mark M = Missing	
Q17. In the last 6 months, when this provider ordered a blood test, x-ray, or other test for you, how often did someone from this provider's office follow up to give you those results?	136	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	

Variable Description	Field Position	Value Labels	Details/Comments
Q18. 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 use to rate this provider?	137-138	00 = 0 Worst provider possible 01 = 1 02 = 2 03 = 3 04 = 4 05 = 5 06 = 6 07 = 7 08 = 8 09 = 9 10 = 10 Best provider possible S = Appropriately skipped H = Multiple mark M = Missing	**M = Missing**
Q19. In the last 6 months, did you take any prescription medicine?	139	1 = Yes 2 = No S = Appropriately skipped H = Multiple mark M = Missing	
Q20. In the last 6 months, how often did you and someone from this provider's office talk about all the prescription medicines you were taking?	140	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q21. In the last 6 months, how often were clerks and receptionists at this provider's office as helpful as you thought they should be?	141	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q22. In the last 6 months, how often did clerks and receptionists at this provider's office treat you with courtesy and respect?	142	1 = Never 2 = Sometimes 3 = Usually 4 = Always S = Appropriately skipped H = Multiple mark M = Missing	
Q23. In general, how would you rate your overall health?	143	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor H = Multiple mark M = Missing	Submission fails if **ALL** data are blank for this field.
Q24. In general, how would you rate your overall mental or emotional health?	144	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor H = Multiple mark M = Missing	Submission fails if **ALL** data are blank for this field.

Variable Description	Field Position	Value Labels	Details/Comments
Q25. What is your age?	145	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 H = Multiple mark M = Missing	Submission fails if all data are blank for this field **AND** Patient Birth Year.
Q26. Are you male or female?	146	1 = Male 2 = Female H = Multiple mark M = Missing	
Q27. What is the highest grade or level of school that you have completed?	147	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 H = Multiple mark M = Missing	Submission fails if **ALL** data are blank for this field.
Q28. Are you of Hispanic or Latino origin or decent?	148	1 = Yes, Hispanic or Latino 2 = No, not Hispanic or Latino H = Multiple mark M = Missing	
Q29a. What is your race? Mark one or more. ☐ White	149	0 = Not Selected 1 = Selected	
Q29b. What is your race? Mark one or more. ☐ Black or African American	150	0 = Not Selected 1 = Selected	
Q29c. What is your race? Mark one or more. ☐ Asian	151	0 = Not Selected 1 = Selected	
Q29d. What is your race? Mark one or more. ☐ Native Hawaiian or Other Pacific Islander	152	0 = Not Selected 1 = Selected	
Q29e. What is your race? Mark one or more. ☐ American Indian or Alaska Native	153	0 = Not Selected 1 = Selected	
Q29f. What is your race? Mark one or more. ☐ Other	154	0 = Not Selected 1 = Selected	
Q30. Did someone help you complete this survey?	155	1 = Yes 2 = No H = Multiple mark M = Missing	
Q31a. How did that person help you? Mark one or more. ☐ Read the questions to me	156	0 = Not Selected 1 = Selected S = Appropriately skipped	

Variable Description	Field Position	Value Labels	Details/Comments
Q31b. How did that person help you? Mark one or more. ☐ Wrote down the answers I gave	157	0 = Not Selected 1 = Selected S = Appropriately skipped	
Q31c. How did that person help you? Mark one or more. ☐ Answered the questions for me	158	0 = Not Selected 1 = Selected S = Appropriately skipped	
Q31d. How did that person help you? Mark one or more. ☐ Translated the questions into my language	159	0 = Not Selected 1 = Selected S = Appropriately skipped	
Q31e. How did that person help you? Mark one or more. ☐ Helped in some other way	160	0 = Not Selected 1 = Selected S = Appropriately skipped	