

**Section B: Proxy Information**

TIME THIS SECTION BEGINS RECORDED HERE  
**TSST14B**

1. As I explained at the start of this interview, it is very important that we collect complete and accurate medical utilization data in follow-up interviews. In order to do that I am going to ask you for the name and address of someone who is sufficiently familiar with your health-care situation to assist you with the completion of a future interview or even act as your substitute in the event that you are unable to complete subsequent interviews. This person would serve as a proxy respondent, and can be a spouse or partner, family member, or friend, but most importantly it should be someone who stays informed about the status of your health care. Can you think of a person in your life who would be able to provide information about your health care?

**B14B01**

- YES ..... 1  
NO ..... 2 → SKIP TO MODULE 15

2. May we have your permission to ask this person to complete an interview about you if you are not able to do it yourself?

**B14B02**

- YES ..... 1  
NO ..... 2 → SKIP TO MODULE 15

3. Just to make sure, does this person know you are HIV positive?

**B14B03**

- YES ..... 1  
NO ..... 2 → PROMPT FOR SOMEONE WHO KNOWS R IS HIV POSITIVE

4. What is this person's name and address?

**B14B04A**

- SAME AS [CONTACT 1] .....1 → SKIP TO Q. 9  
SAME AS [CONTACT 2] .....2 → SKIP TO Q. 9  
SOMEONE ELSE .....3

PROXY'S FIRST NAME:

PROXY'S MIDDLE/MAIDEN NAME:

PROXY'S LAST NAME:

5. In the event that I need to contact this person as your proxy, I will need to know how to get in touch with (him/her). Could you please give me (PROXY NAME)'s complete address?

STREET ADDRESS:

APARTMENT #:

CITY:

**B14B05A** STATE:

**B14B05B** ZIP CODE:

6. What is (PROXY NAME)'s telephone number, including area code?

**B14B06A**

( \_\_\_\_\_ ) \_\_\_\_\_ — \_\_\_\_\_

NO PHONE ..... 1

REFUSED ..... -1

DON'T KNOW ..... -2

7. Is (PROXY NAME) female or male?

**B14B07**

MALE ..... 1

FEMALE ..... 2

8. What is (PROXY NAME)'s relationship to you? Is (he/she) your:

**B14B08A**

Spouse or partner..... 01  
Girlfriend or boyfriend ..... 02  
Friend ..... 03  
Neighbor..... 04  
Mother ..... 05  
Father..... 06  
Sibling ..... 07  
Child..... 08  
Grandparent..... 09  
Grandchild..... 10  
Aunt or Uncle ..... 11  
Niece or Nephew ..... 12  
Cousin ..... 13  
In-law ..... 14  
Some other relationship to you..... 15

**B14B08B** SPECIFY OTHER RELATIONSHIP: \_\_\_\_\_

9. What is (his/her) date of birth or approximate age? (This information is only to help us make certain that we are speaking with the correct person.)

**B14B09A**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**B14B09M B14B09D B14B09Y**

**OR**

AGE: \_\_\_\_\_

**B14B09B**

10. Does (PROXY NAME) help care for you, either formally or informally, with illnesses or other circumstances related to your HIV condition?

**B14B10**

YES ..... 1  
NO ..... 2

11. Does (PROXY NAME) have medical power-of-attorney for you? That is, does (he/she) have the authority to make decisions about your medical care in the event that you are unable to make these decisions yourself?

**B14B11**

YES ..... 1  
NO ..... 2

12. Does (PROXY NAME) have financial power-of-attorney for you? That is, does (he/she) have the authority to make decisions about your assets and finances in the event that you are unable to make these decisions yourself?

**B14B12**

YES ..... 1  
NO ..... 2

13. Besides (FIRST PROXY NAME), is there any other person who could provide information about your health care experiences? If neither you nor (FIRST PROXY NAME) is available, it will be important for the study to have the name of another person who can serve as your proxy.

**B14B13A**

NO SECOND PROXY NOMINATED..... 1 → SKIP TO MODULE 15

**B14B13B**

SAME AS [CONTACT 1] ..... 2 → SKIP TO MODULE 15

SAME AS [CONTACT 2] ..... 3 → SKIP TO MODULE 15

SOMEONE ELSE ..... 4

SECOND PROXY'S FIRST NAME:

SECOND PROXY'S MIDDLE/MAIDEN NAME:

SECOND PROXY'S LAST NAME:

14. What is (SECOND PROXY NAME)'s complete address and telephone number?

STREET ADDRESS:

APARTMENT #:

CITY:

**B14B14A** STATE:

**B14B14B** ZIP CODE:

**B14B14C** PHONE: