

## 15. PAYMENT AND THANK YOU

TIME THIS SECTION BEGINS RECORDED HERE  
TSST15

1. ASK THE R TO SIGN THE PERMISSION FORM NECESSARY FOR HCSUS TO OBTAIN INFORMATION FROM HIS OR HER MEDICAL, FINANCIAL AND PHARMACY RECORDS. EXPLAIN THESE PROCEDURES TO THE R AS FOLLOWS:

Thank you again for all of your information. Now I need you to sign a form which gives HCSUS permission to obtain information from your medical, billing, and pharmacy records. We will take this signed form to the health care providers you listed during the interview and ask them to let us collect some information from their records about your care and how much it cost. A very important part of this study is to collect this information about you from your health care providers.

- 1A. WRITE THE RESPONDENT'S NAME AND BIRTHDATE ON THE PERMISSION FORM.

R NAME AND BIRTHDATE RECORDED

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

- 1A1. Do we have your permission to contact (provider name from Module 6)?

**B15-1A01**

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

ROSTERED FOR UP TO 82 PROVIDER NAMES FROM MODULE 6.

**B15-1A82**

- 1B. ASK R TO SIGN HIS/HER NAME AND TODAY'S DATE ON THE FORM.

**B15-01B**

R SIGNED AND DATED PERMISSION FORM ..... 1  
REFUSED..... 2 → SKIP TO Q. 2

- 1C. Thank you for signing this form. It will help us find out more very important information about your health care.

2. GIVE R THE CALENDAR AND READ THE FOLLOWING:

I will be coming back to interview you again in about six months - probably in (NAME MONTH) - to ask you about any medical care, visits to dentists, doctors, and other health care providers, as well as the cost of health care. To help us collect accurate information and to make the interview easier, we would like you to keep some notes about your health care utilization and medical costs between now and then on this calendar. We find that it is easier to track these events as they occur, rather than ask you to struggle to recall them long after they have happened. Keeping this record will help us both the next time I come to interview you.

2A. CALENDAR GIVEN TO R

**B15-02A**

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

3. VALIDATION NOTIFICATION. READ THE FOLLOWING TO THE RESPONDENT:

My supervisor calls some of the people I interview in order to make sure I conducted the interview correctly. While I never know who will be called, I wanted to let you know this might happen.

4. PAY THE RESPONDENT AND HAVE HIM/HER SIGN THE RECEIPT.

R PAID/RECEIPT SIGNED

**B15-04**

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

5. RECORD ANY SPECIAL INSTRUCTIONS THAT YOU WANT TO PASS ALONG TO THE NEXT INTERVIEWER OR KEEP TRACK OF FOR FUTURE ROUNDS. INCLUDE SUCH THINGS AS SPECIAL PROBLEMS AT THE R'S HOUSEHOLD OR SPECIAL NEEDS OF THE RESPONDENT:

6. OTHER COMMENTS ON LOCATING R: