

**HCSUS 2nd Follow-up**  
**15. Provider Consent, Thank You and Payment**

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

A1. 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.  
WRITE THE RESPONDENT'S NAME, ADDRESS, AND BIRTHDATE ON THE PERMISSION FORM.

R NAME AND BIRTHDATE RECORDED:

YES..... 1 (G15A01)  
NO .....2

REPEAT A2 FOR EACH HOSPITAL, CLINIC, PHARMACY, EMERGENCY ROOM, DOCTOR AND NURSE NAMED IN FU1 INTERVIEW.

A2. INTERVIEWER: IF PROVIDER APPEARS ON FOLLOWING LIST, DO NOT ASK AGAIN, BUT MARK AS YES.

LIST EACH FU1 HOSPITAL, CLINIC, PHARMACY, EMERGENCY ROOM, DOCTOR AND NURSE THAT R GAVE CONSENT TO CONTACT IN FU1 INTERVIEW.

- NAME: \_\_\_\_\_
- NAME: \_\_\_\_\_
- NAME: \_\_\_\_\_
- NAME: \_\_\_\_\_
- NAME: \_\_\_\_\_
- NAME: \_\_\_\_\_
- NAME: \_\_\_\_\_
- NAME: \_\_\_\_\_

(G15A0201-G15A0292)

Do we have your permission to contact FILL EACH HOSPITAL, CLINIC, PHARMACY, EMERGENCY ROOM, DOCTOR AND NURSE NAMED IN FU2?

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

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A3. INTERVIEWER: IF PROVIDER APPEARS ON A2 LIST, DO NOT ASK AGAIN, BUT MARK AS YES.

Do we have your permission to contact: FILL EACH HOSPITAL, CLINIC, PHARMACY, EMERGENCY ROOM, DOCTOR AND NURSE FROM FU1 THAT R DID NOT GIVE US PERMISSION TO CONTACT?

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

(G15A0301-G15A0309)

A4. ASK R TO SIGN HIS/HER NAME AND TODAY'S DATE ON THE FORM.

R SIGNED AND DATED PERMISSION FORM..... 1  
REFUSED ..... 2

(G15A04)

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

A5. IF R'S SAMPLE PROVIDER'S CONSENT FORM SAID "NO BLOOD DRAW" SHOW:

INTERVIEWER, PLEASE REFER TO BLOOD DRAW JOB AID INTRO C.

IF R'S SAMPLE PROVIDER'S CONSENT FORM OMITTED REFERENCE TO BLOOD DRAW SHOW:

INTERVIEWER, PLEASE REFER TO BLOOD DRAW JOB AID INTRO B.

IF R'S SAMPLE PROVIDER'S CONSENT FORM REFERENCED BLOOD DRAW SHOW:

INTERVIEWER, PLEASE REFER TO BLOOD DRAW JOB AID INTRO A.

IF MODULE 5 D1 <> 1 AND MODULE 5 D5 <> 1 AND MODULE 5 D6 <> 5, GO TO A7

(G15A05)

A6. 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.

(G15A06)

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A7. PAY THE RESPONDENT AND HAVE HIM/HER INITIAL THE RECEIPT.

R PAID/RECEIPT INITIALED:

YES.....1 (G15A07)  
NO .....2

A8. 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.

A9. SET VERSION EQUAL TO 6