

14. CONTACT AND TRACKING INFORMATION

Section A: Locating Information

TIME THIS SECTION BEGINS RECORDED HERE
TSST14A

You will recall from our discussion at the start of this survey that the HCSUS study is a longitudinal survey where we will need to interview you three more times, the next time being approximately 6 months from today and the last time approximately 18 months from today. Because of the significant length of time occurring between each interview, we need to collect some information pertaining to places where an interviewer can reach you prior to subsequent rounds of the study to set an appointment for your interview. I'd like to start by making sure that we have your correct name, address, and phone number.

1. Please tell me your full name.

FIRST NAME:

MAIDEN NAME OR MIDDLE NAME:

LAST NAME:

- 1A. CAPI CHECK: IF RESPONDENT IS FEMALE AND MARRIED/DIVORCED, ASK: What is your maiden name?

MAIDEN NAME:

- 1B. Have you ever been known by another name or variation of your name (other than your maiden name)?

B07A03

(Circle One)

YES 1

NO 2 → SKIP TO Q. 2

1C. What is that name?

NICKNAME:

OR

REFUSED -1

2. What is your exact street address?

STREET ADDRESS:

APARTMENT #:

3. What is your city, state, and zip code?

CITY:

STATE:

B14A03A

ZIP CODE:

B14A03B

4. Is the address you just gave me the best address for mailing information about future rounds of the study to you. Or, is there a different address you would prefer we use?

B14A04

YES, BEST ADDRESS..... 1 → SKIP TO Q. 6

NO, PREFER DIFFERENT ADDRESS 2 → (ASK Q. 5)

5. What is the preferred mailing address?

STREET ADDRESS:

APARTMENT #:

CITY:

STATE:

B14A05A

ZIP CODE:

B14A05B

COUNTRY:

6. What is your current telephone number?

(_____) _____ — _____

OR

NO PHONE 1 → SKIP TO Q. 7

REFUSED -1 → SKIP TO Q. 7

DON'T KNOW -2 → SKIP TO Q. 7

6A. Is this phone number listed in your name or in someone else's name?

B14A06A

RESPONDENT'S NAME 1 → SKIP TO Q. 7

SOMEONE ELSE 2 → ASK Q. 6B

NOT LISTED 3 → SKIP TO Q. 7

6B. Do you mind providing the name of the person in whose name this phone number is listed?

FIRST NAME:

MIDDLE NAME:

LAST NAME:

REFUSED -1

7. At this time I'd like to ask you for your Social Security Number. *However, in accordance with the Study Policy and Privacy Act of 1974, you can refuse to provide your Social Security Number and still participate in the HCSUS study.* We are requesting your social security number for three specific reasons: to be able to find you if you relocate during the study, to be able to locate you if we need to ask you to be a part of a subsequent research project (for example, a study of long-term survivors) and to be able to link information that you provide us to a national vital statistics database, in which the long-term effects of medical care can be studied. **Remember: all information you provide is confidential and will not be made available to anyone without your explicit written consent.**

SS # |_|_|_|_|_|_|_| |_|_|_|_|_|_|_| |_|_|_|_|_|_|_|_|

8. CAPI PROGRAM CHECK: IS RESPONDENT CURRENTLY EMPLOYED?

YES 1 → ASK Q. 9

NO 2 → SKIP TO Q. 13

9. May we have your permission for an interviewer to contact you at your place of employment for scheduling an appointment for the subsequent interviews?

B14A09

YES 1
NO 2 → SKIP TO Q. 12

10. EMPLOYER NAME:

REFUSED -1

11. What is the address of (EMPLOYER NAME)?

STREET ADDRESS:
SUITE #:
CITY:

B14A11A STATE:
B14A11B ZIP CODE:

REFUSED -1

12. What is the phone number where you can be reached at work?

(_____) _____ — _____

REFUSED -1

13. Do you expect to move at any time in the next year?

B14A13

YES 1
NO 2 → SKIP TO Q. 16

14. Approximately when do you think you will be moving? PROBE FOR MONTH AND YEAR.

B14A14M MONTH:

B14A14Y YEAR:

15. Do you know the address where you will be moving? (PROBE FOR DETAIL, SPECIFIC ADDRESS IF POSSIBLE.)

STREET ADDRESS:

APARTMENT #:

CITY:

B14A15A STATE:

B14A15B ZIP CODE:

16. CAPI CHECK: IF R IS MARRIED AND LIVING APART FROM SPOUSE, RECORD SPOUSE'S NAME, ADDRESS, AND TELEPHONE INFORMATION BELOW. (IF NOT, GO TO Q.17)

ASK: What is the name, address, and telephone number of your spouse?

FIRST NAME:

MIDDLE NAME:

LAST NAME:

STREET ADDRESS:

APARTMENT #:

CITY:

B14A16A STATE:

B14A16B ZIP CODE:

COUNTRY (if not U.S.)

Spouse's Phone Number:

B14A16C

(_____) _____ — _____

NO PHONE 1

REFUSED -1

DON'T KNOW -2

17. In order to contact you for the follow-up interviews we need the names of at least two people who will always be able to put us in touch with you in the event we can't reach you at your home or place of employment. Since we are only asking for the names of two persons, I'd like to start with the person who always knows how to get in touch with you. What is that person's name?

FIRST NAME:

MIDDLE NAME:

LAST NAME:

REFUSED TO NAME CONTACT -1 → SKIP TO Q. 19

18. What is (NAME OF FIRST CONTACT)'s relationship to you?

B14A18A

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

B14A18B

SPECIFY: _____

19. What is (NAME OF FIRST CONTACT)'s address? PROBE FOR STREET ADDRESS, APARTMENT #, AND ZIP CODE.

STREET ADDRESS:

APARTMENT #:

CITY:

B14A19A STATE:

B14A19B ZIP CODE:

B14A19C COUNTRY (if not U.S.)

20. What is (his/her) telephone number?

B14A20A

(_____) _____ — _____

NO PHONE 1

REFUSED -1

DON'T KNOW -2

21. Besides (NAME OF FIRST CONTACT), is there another person who will always know where to reach you in the event we are unable to reach you at your home or place of employment?

B14A21

FIRST NAME:

MIDDLE NAME:

LAST NAME:

NO SECOND CONTACT1 → SKIP TO Q. 25

22. What is (NAME OF SECOND CONTACT)'s relationship to you?

B14A22A

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

B14A22B

SPECIFY: _____

23. What is (NAME OF SECOND CONTACT)'s address? PROBE FOR STREET ADDRESS, APARTMENT #, AND ZIP CODE.

STREET ADDRESS:

APARTMENT #:

CITY:

B14A23A STATE:

B14A23B ZIP CODE:

B14A23C COUNTRY (if not U.S.)

24. What is (his/her) telephone number?

B14A24

(_____) _____ — _____

NO PHONE 1

REFUSED -1

DON'T KNOW -2

Thank you. I would like to take this time to assure you, again, that all of this information you have provided is strictly confidential and, under no circumstances, will it be used for any purpose other than contacting you for the follow-up interviews.