

**HCSUS 2nd Follow-up**  
**14. Contact and Tracking Information**

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

A1. That is all the survey questions I have, but, as you know, we would like to keep in touch with you for further rounds of the study. So, let me be certain that we have your correct name, address, and phone number.

Our records have your full name as: FILL R'S NAME FROM FU1  
Is this correct?

YES..... 1 (G14A01)  
NO ..... 2

IF A1 = 1, GO TO A3

A2. Please tell me your full name:

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

A3. We have your address listed as: FILL R'S ADDRESS FROM FU1

Is this correct?

YES..... 1 (G14A03)  
NO ..... 2

IF A3 <> 2 AND A3 = ASKED, GO TO A6

A4. What is your exact street address?

ADDRESS: APT. NO \_\_\_\_\_

A5. What is your city, state, and zip code?

CITY: \_\_\_\_\_ STATE: , , ZIP: \_\_\_\_\_

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A6. 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?

YES, BEST ADDRESS..... 1 (G14A06)  
NO, PREFER DIFFERENT ADDRESS..... 2

IF A6 = 1, GO TO A8

A7. What is the preferred mailing address?

ADDRESS: APT. NO \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: , , ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

A8. I have your phone number listed as: FILL R'S PHONE # FROM FU1

Is this correct?

YES..... 1 (G14A08)  
NO ..... 2

IF A8 = 1 AND A8 = ASKED, GO TO A13

A9. What is your current telephone number?

NO PHONE..... 1  
ENTER PHONE NUMBER ..... 2

IF A9 <> 2 AND A9 = ASKED, GO TO A13

A10. What is your current telephone number?

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EXT: \_\_\_\_\_

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A11. Is this phone number listed in your name or in someone else's name?

Respondent's Name ..... 1 (G14A11)  
Someone else..... 2  
NOT LISTED..... 3

IF A11 <> 2 AND A11 = ASKED, GO TO A13

A12. Do you mind providing the name of the person in whose name this phone number is listed?

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

A13. Do you expect to move at any time in the next year?

YES..... 1 (G14A13)  
NO ..... 2

IF A13 <> 1 AND A13 = ASKED, GO TO A16

A14. Approximately when do you think you will be moving? PROBE FOR MONTH AND YEAR.

MONTH: ,,

Valid Values: 1-12

YEAR: ,,

Valid Values: 95-98

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A15. Do you know the address where you will be moving? (PROBE FOR DETAIL, SPECIFIC ADDRESS IF POSSIBLE)

ADDRESS:APT. NO \_\_\_\_\_

CITY:STATE:,,ZIP:

IF MODULE 12 A1 <> 1 AND MODULE 12 A8 <> 1, GO TO A20

A16. May we have your permission for an interviewer to contact you at your place of employment for scheduling an appointment for subsequent interviews?

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

IF A16 <> 1 AND A16 = ASKED, GO TO A20

A17. Employer Name:

A18. What is the address of EMPLOYER'S NAME?

ADDRESS:SUITE \_\_\_\_\_

CITY: \_\_\_\_\_ STATE:,,ZIP: \_\_\_\_\_

A19. What is the phone number where you can be reached at work?

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EXT: \_\_\_\_\_

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A20. Last time we interviewed you, you were asked to give names, addresses and phone numbers of some people who will know how to get in contact with you.

(G14A20)

IF GAVE ONE CONTACT PERSON AT FU1, GO TO A21, ELSE GO TO A24

A21. Is NAME CONTACT 1 still a good person for us to contact?

YES..... 1 (G14A21)  
NO ..... 2

IF A21 <> 1 AND A21 = ASKED, GO TO A24

A22. Is his/her address still: FILL ADDRESS OF CONTACT 1

YES..... 1 (G14A22)  
NO ..... 2

IF A22 <> 1, GO TO A27

A23. Is his/her phone number still FILL PHONE # OF CONTACT1?

YES..... 1 (G14A23)  
NO ..... 2

IF A23 = 2, GO TO A28

IF A23 <> 2 AND A23 = ASKED, GO TO A29

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A24. We need the name of someone who will always be able to put us in touch with  
IF CURRENTLY WORKING SAY:  
you in the event we can't reach you at home or place of employment.

ELSE SAY:  
you in the event we can't reach you at home.

If we have to contact someone, we will not mention HIV or AIDS or anything about the nature of the study. Can you give me the name of a person who always knows how to get in touch with you.

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

IF A24 = REF, GO TO A27

A25. What is NAME OF NEW CONTACT 1's relationship to you?

- |                               |    |          |
|-------------------------------|----|----------|
| Spouse.....                   | 1  | (G14A25) |
| Partner/lover .....           | 2  |          |
| Girlfriend or boyfriend ..... | 3  |          |
| Friend.....                   | 4  |          |
| Neighbor .....                | 5  |          |
| Mother.....                   | 6  |          |
| Father .....                  | 7  |          |
| Sibling .....                 | 8  |          |
| Child.....                    | 9  |          |
| Grandparent.....              | 10 |          |
| Grandchild .....              | 11 |          |
| Aunt/Uncle .....              | 12 |          |
| Niece/Nephew .....            | 13 |          |
| Cousin.....                   | 14 |          |
| In-law .....                  | 15 |          |
| Another relationship.....     | 16 |          |

IF A25 <> 16 AND A25 = ASKED, GO TO A27

A26. What is NAME OF NEW CONTACT 1's relationship to you?

\_\_\_\_\_

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A27. What is CONTACT 1's address? PROBE FOR STREET ADDRESS, APARTMENT#, AND ZIPCODE).

ADDRESS:APT. NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: , , ZIP: \_\_\_\_\_

COUNTRY:

A28. What is (his/her) telephone number?

NO PHONE..... 1 (G14A28)  
ENTER PHONE NUMBER..... 2

IF A28 <> 2 AND A28 = ASKED, GO TO A29

( ) \_\_\_\_\_ - \_\_\_\_\_

EXT: \_\_\_\_\_

IF R DID NOT GIVE 2 ND CONTACT AT FU1, GO TO A32

A29. Is NAME CONTACT 2 still a good person for us to contact?

YES..... 1 (G14A29)  
NO ..... 2

IF A29 <> 1 AND A29 = ASKED, GO TO A32

A30. Is his/her address still: FILL ADDRESS OF CONTACT 2

YES..... 1 (G14A30)  
NO ..... 2

IF A30 <> 1 AND A30 = ASKED, GO TO A36

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A31. Is his/her phone number still: FILL PHONE # OF CONTACT 2

YES.....1 (G14A31)  
NO .....2

IF A31 <> 1 AND A31 = ASKED, GO TO A37  
IF A31 = 1, GO TO A38

A32. 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?  
IF MODULE 8 B21 = 1 SAY: (NOTE: REFERENCE TO MODULE 8 B21 WAS A PROGRAMMING ERROR)

ELSE SAY:  
home?

NO SECOND CONTACT .....1 (G14A32)  
YES, ENTER CONTACT INFO .....2

IF A32 <> 2 AND A32 = ASKED, GO TO A38

A33. What is that person's name?

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

IF A33 = REF, GO TO A36



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A34. What is NAME OF NEW CONTACT 2's relationship to you?

- |                               |    |          |
|-------------------------------|----|----------|
| Spouse/partner/lover .....    | 1  | (G14A34) |
| Girlfriend or boyfriend ..... | 2  |          |
| Friend.....                   | 3  |          |
| Neighbor .....                | 4  |          |
| Mother.....                   | 5  |          |
| Father .....                  | 6  |          |
| Sibling .....                 | 7  |          |
| Child.....                    | 8  |          |
| Grandparent.....              | 9  |          |
| Grandchild .....              | 10 |          |
| Aunt/Uncle .....              | 11 |          |
| Niece/Nephew .....            | 12 |          |
| Cousin.....                   | 13 |          |
| In-law .....                  | 14 |          |
| Another relationship.....     | 15 |          |

IF A34 <> 15 AND A34 = ASKED, GO TO A36

A35. What is NAME OF CONTACT 2's relationship to you?

\_\_\_\_\_

A36. What is CONTACT 2's address? PROBE FOR STREET ADDRESS, APARTMENT #, AND ZIPCODE).

ADDRESS:APT. NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: , , ZIP: \_\_\_\_\_

COUNTRY: \_\_\_\_\_

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A37. What is (his/her) telephone number?

NO PHONE..... 1 (G14A37)  
ENTER PHONE NUMBER..... 2

IF A37 <> 2 AND A37 = ASKED, GO TO A38

( ) \_\_\_\_\_ - \_\_\_\_\_

EXT: \_\_\_\_\_

A38. As we discussed in the last interview, we also need the names of people who know enough about your health care situation to complete a future interview in the case that you are not able to participate in the study. This person could serve as a proxy respondent. They can be a spouse, partner, family member or friend, but mostly it should be someone who stays informed about the status of your health care.

(G14A38)

IF NAMED PROXY 1 AT FU1, GO TO A39, ELSE GO TO A42

A39. Is NAME OF PROXY 1 still informed about your health care?

YES..... 1 (G14A39)  
NO ..... 2

IF A39 <> 1 AND A39 = ASKED, GO TO A42

A40. Is his/her address still: FILL ADDRESS OF PROXY 1

YES..... 1 (G14A40)  
NO ..... 2

IF A40 <> 1 AND A40 = ASKED, GO TO A46

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A41. Is his/her phone number still: FILL PHONE # OF PROXY 1

YES.....1 (G14A41)  
NO .....2

IF A41 <> 1 AND A41 = ASKED, GO TO A47  
IF A41 = 1, GO TO A48

A42. Can you think of a person in your life who would be able to provide information about your health care?

YES.....1 (G14A42)  
NO .....2

IF A42 <> 1 AND A42 = ASKED, GO TO MODULE 15

A43. May we have your permission to ask this person to complete an interview about you if you are not able to do it yourself?

[ASK RESPONDENT IF THERE IS SOMEONE ELSE THEY CAN THINK OF BEFORE CODING NO.]

YES.....1 (G14A43)  
NO .....2

IF A43 <> 1 AND A43 = ASKED, GO TO MODULE 15

A44. What is this person's name?

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

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A45. What is FILL NAME OF NEW PROXY 1's relationship to you? Is (he/she) your:

- |                                      |    |                 |
|--------------------------------------|----|-----------------|
| Spouse or partner .....              | 1  | <b>(G14A45)</b> |
| Girlfriend or boyfriend .....        | 2  |                 |
| Friend.....                          | 3  |                 |
| Neighbor .....                       | 4  |                 |
| Mother.....                          | 5  |                 |
| Father .....                         | 6  |                 |
| Sibling .....                        | 7  |                 |
| Child.....                           | 8  |                 |
| Grandparent.....                     | 9  |                 |
| Grandchild .....                     | 10 |                 |
| Aunt or Uncle .....                  | 11 |                 |
| Niece or Nephew .....                | 12 |                 |
| Cousin.....                          | 13 |                 |
| In-law .....                         | 14 |                 |
| Some other relationship to you?..... | 15 |                 |

IF A45 <> 15 AND A45 = ASKED, GO TO A47

A46. SPECIFY OTHER RELATIONSHIP: \_\_\_\_\_

A47. What is his/her address?

ADDRESS:APT. NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: , , ZIP: \_\_\_\_\_

A48. What is his or her telephone number, including area code?

- |                          |   |                 |
|--------------------------|---|-----------------|
| NO PHONE.....            | 1 | <b>(G14A48)</b> |
| ENTER PHONE NUMBER ..... | 2 |                 |

IF A48 <> 2 AND A48 = ASKED, GO TO A49

( ) \_\_\_\_\_ - \_\_\_\_\_

EXT: \_\_\_\_\_

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A49. Does FILL NAME OF PROXY 1 help care for you, either formally or informally, with illnesses or other circumstances related to your HIV condition?

YES..... 1 (G14A49)  
NO ..... 2

A50. Does FILL NAME OF PROXY 1 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?

YES..... 1 (G14A50)  
NO ..... 2

A51. Does FILL NAME OF PROXY 1 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?

YES..... 1 (G14A51)  
NO ..... 2

IF DID NOT NAME PROXY 2 AT FU1, GO TO A55

A52. Is NAME OF PROXY 2 still a good person to ask about your health care?

YES..... 1 (G14A52)  
NO ..... 2

IF A52 <> 1 AND A52 = ASKED, GO TO A55

A53. Is his/her address still: FILL ADDRESS OF PROXY 2

YES..... 1 (G14A53)  
NO ..... 2

IF A53 <> 1 AND A53 = ASKED, GO TO A57

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A54. Is his/her phone number still: FILL PHONE # OF PROXY 2

YES.....1 (G14A54)  
NO .....2

IF A54 = 1, GO TO A60  
IF A54 <> 1 AND A54 = ASKED, GO TO A58

A55. Is there any other person who could provide information about your health care experiences? If neither you nor NAME OF PROXY is available, it will be important for the study to have the name of another person who can serve as your proxy.

YES.....1 (G14A55)  
NO .....2

IF A55 <> 1 AND A55 = ASKED, GO TO MODULE 15

A56. What is this person's name?

FIRST: \_\_\_\_\_

MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_

A57. What is this person's address?

ADDRESS:APT. NO.: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: , , ZIP: \_\_\_\_\_

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A58. What is his/her telephone number, including area code?

NO PHONE..... 1 (G14A58)  
ENTER PHONE NUMBER ..... 2

IF A58 <> 2 AND A58 = ASKED, GO TO A60

A59. What is his/her telephone number, including area code?

( ) \_\_\_\_\_ - \_\_\_\_\_

EXT: \_\_\_\_\_

A60. Does NAME OF PROXY2 help care for you, either formally or informally, with illnesses or other circumstances related to your HIV condition?

YES..... 1 (G14A60)  
NO ..... 2

A61. Does NAME OF PROXY2 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?

YES..... 1 (G14A61)  
NO ..... 2

A62. Does NAME OF PROXY2 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?

YES..... 1 (G14A62)  
NO ..... 2