RECONTACT INFORMATION

RCI.010 FR: VERIFY OR ASK IF NAME IS MISSING OR WAS REFUSED OR NOT KNOWN. ENTER (D) OR (R) FOR ANY PARTS OF NAME REFUSED OR NOT KNOWN. IF THERE IS NO MIDDLE INITIAL, LEAVE BLANK.

>NAMVER_F< First name of {subject’s name} is: ______________________

>NAMVER_M< Middle initial of {subject’s name}: ______________________

>NAMVER_L< Last name of {subject’s name}: ______________________

RCI.020 FR: MARK FIRST CATEGORY THAT APPLIES FOR {subject’s name}.

>PROXY< (1) Present for all questions
(2) Present for some questions
(3) Not present

RCI.030 Does {subject’s name} usually go by another first name?

>NCNAM< (1) Yes (RCI.040) (7) Refused (Check item RCICCI1)
(2) No (Check item RCICCI1) (9) Don’t know (Check item RCICCI1)

RCI.040 What is this other first name?

>NCNAME< Name: ______________________

(7) Refused
(9) Don’t know

Check item RCICCI1: If HHC.040 = 1, 7, or 9 go to RCI.060; Else if HHC.040 = 2 and HHC.460 = 5 or AGE less than 14 go to RCI.060; Else if HHC.040 = 2 and HHC.460 = 6 and HHC.490 not = 1 go to RCI.060; Else go to RCI.050.

RCI.050 What is {subject’s name}’s maiden name?

>MAIDNAM< (S) Same as CURRENT last name (displayed above)
(7) Refused
(9) Don’t know

RCI.060 What is {subject’s name}’s FATHER’S last name?

>FATHNAM< (S) Same as CURRENT last name (displayed above)
(7) Refused
(9) Don’t know
We also need {subject’s name}’s Social Security Number. The National Center for Health Statistics will use {subject’s name}’s Social Security Number to conduct health-related research by linking your survey data with vital statistics and other records. We may also use it if we need to recontact you or your family. Except for these purposes, the National Center for Health Statistics will not release {subject’s name}’s SSN to anyone, including any government agency. Providing this information is voluntary and is collected under the authority of the Public Health Service Act. There will be no effect on {subject’s name}’s benefits if you do not provide it.

FR: READ TO RESPONDENT(S):

The Public Health Service Act is title 42, United States Code, section 242k.

RCI.070
What is {subject’s name}’s Social Security Number?
Social Security Number: _______ - ___ - _______ (RCI.080)

(999999997) Refused (RCI.075)
(999999999) Don’t know (RCI.075)

RCI.075
FR: DO NOT READ TO RESPONDENTS(S): YOU MIGHT WANT TO ENTER (H) TO READ SSN HELP SCREEN.

>SSN2<
Have you now convinced the respondent to give you the SSN?

(1) Yes (RCI.070)  (2) No (Check item RCICCI2)

RCI.080
FR: ENTER HOW SOCIAL SECURITY NUMBER WAS REPORTED.

>SSNREP<
(1) from Memory  (2) from Records

RCI.090
FR: SELECT ONE CATEGORY BELOW TO INDICATE REPORTING OF SOCIAL SECURITY NUMBER

>SSNPRXY<
(1) Self - in person  (3) Proxy - in person
(2) Self - telephone  (4) Proxy - telephone

Check item RCICCI2: Return to RCI.020 for next non-deleted person until the family roster is exhausted. When family roster is exhausted go to Check item RCICCI3.

Check item RCICCI3: If TELENUM = N go to RCI.096; If TELENUM = R or D go to RCI.092; Else go to RCI.091. (Note: Telephone number, TELENUM, obtained at beginning of interview)
Earlier I recorded the telephone number as {fill TELENUM}. Is this {your/your family’s} telephone number?

>TELECHK<
(1) Yes (RCI.093)  (7) Refused (RCI.096)
(2) No (RCI.092)  (9) Don’t know (RCI.096)

What is {your/your family’s} telephone number? (____)____-________

>TELECHG<
(1000000000- 9999999999)  1000000000-9999999999 (RCI.093)
(999999997) Refused (RCI.096)
(999999999) Don’t know (RCI.096)

How is this phone number listed in the telephone directory? (What is the relationship of the person listed in the telephone directory to {fill Family Respondent}?)

>TELST<
NAME: _______________________________
RELATIONSHIP: ______________________
(7) Refused
(9) Don’t know

{Do/Does} {you/your family} expect to move at any time in the next year?

>MOVE<
(1) Yes (RCI.097)  (7) Refused (RCI.100)
(2) No (RCI.100)  (9) Don’t know (RCI.100)

Approximately when do you think that will happen?

>MVTIME<
MONTH: __________
YEAR: __________
(7) Refused
(9) Don’t know

Where do you expect to move?

>MVINFO<
Number, Street, Apartment Number: ________________________________
City: ________________________________
State: __________
Zip: __________
(7) Refused
(9) Don’t know
RCI.100 Please give me the names, addresses, and telephone numbers of TWO relatives or friends who would know where you could be reached in case we have trouble reaching you. (Please give me the names of persons not currently living in the household.)

FIRST CONTACT PERSON'S NAME:

>CP1NAME1< First Name: __________________________

>CP1NAME2< Middle Initial: _________________________

>CP1NAME3< Last Name: ____________________________

RCI.110 What is this person's address?

>CP1ADDR1< Number and street: ________________________________________________

>CP1ADDR2<

>CP1ADDR3< City: _________________________________

>CP1ADDR4< State: ______

>CP1ADDR5< Zip: __________ -

>CP1ADDR6< Zip: __________

RCI.120 What is this person's telephone number, beginning with the area code?

>CP1TELNO< (____)____-________

(1000000000 - 9999999999) 1000000000-9999999999
(9999999996) Does not have a telephone
(9999999997) Refused
(9999999999) Don’t know

RCI.130 What is the relationship of this contact person to [fill CP1NAME]? 

>CP1REL<

(1) Spouse (Husband or wife)/ex-spouse not living in HH (9) Legal Guardian
(2) Unmarried partner not living in HH (10) Friend
(3) Child (11) Co-worker
(4) Grandchild (12) Neighbor
(5) Parent (mother or father) (13) Other
(6) Brother or sister (97) Refused
(7) Grandparent (99) Don’t know
(8) Other relative
Please give us the name, address, and telephone number of the second relative or friend who would also know where you could be reached in case we have trouble reaching you. Again, this should be someone who is not currently living in the household.

SECOND CONTACT PERSON'S NAME:

First Name: _______________________

Middle Initial: ___________________

Last Name: _______________________

What is this person's address?

Number and street: ________________________________

City: _______________________

State: ______

Zip: _______

What is this person's telephone number, beginning with the area code?

(_____)_____-__________

1000000000-9999999999

9999999996 Does not have a telephone

9999999997 Refused

9999999999 Don't know

What is the relationship of this contact person to [fill CPNAME]?

(1) Spouse (Husband or wife)/ex-spouse not living in HH

(2) Unmarried partner not living in HH

(3) Child

(4) Grandchild

(5) Parent (mother or father)

(6) Brother or sister

(7) Grandparent

(8) Other relative

(9) Legal Guardian

(10) Friend

(11) Co-worker

(12) Neighbor

(13) Other

(97) Refused

(99) Don’t know
RCI.172 If we need to contact you again, when are the best times to call or visit?

>CINFO1<

>CINFO2<

>CINFO3<

>CINFO4<

Check item RCICCI4: Go to child questionnaire, adult questionnaire, or next family.