RECONTACT INFORMATION

RCI.010  FR:  VERIFY OR ASK IF NAME IS MISSING OR WAS REFUSED OR NOT KNOWN. ENTER 7 or 9 FOR ANY PARTS OF NAME REFUSED OR NOT KNOWN.

IF THERE IS NO MIDDLE INITIAL, LEAVE BLANK.

> NAMVER_F <  First name of {subject name} is: _______________________________
> NAMVER_M <  Middle initial of {subject name}: _______________________________
> NAMVER_L <  Last name of {subject name}: _______________________________
(7) Refused
(9) Don’t know

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

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

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

> NCNAM <  (1) Yes (RCI.040)  (7) Refused (Check item RCI.CC1)
(2) No (Check item RCI.CC1)  (9) Don’t know (Check item RCI.CC1)

RCI.040  What is this other first name?

> NCNAME <  Name: _______________________________________
(7) Refused
(9) Don’t know

Check item RCI.CC1:  If male, then go to RCI.060.
If female and (never married or age is under 14), then go to RCI.060.

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

> MAIDNAM <  Name: _______________________________________
(S) Same as current last name (displayed above)
(7) Refused
(9) Don’t know

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

> FATHNAM <  Name: _______________________________________
(S) Same as current last name (displayed above)
(7) Refused
(9) Don’t know
FR: READ TO RESPONDENT(S):

We also need {subject name}’s Social Security Number. The National Center for Health Statistics will use {subject 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 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 name}’s benefits if you do not provide it.

FR: READ IF NECESSARY:

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

RCI.070 What is {subject name}’s Social Security Number?

FR: ENTER (N) IF NO SOCIAL SECURITY NUMBER.

RCI.075 FR: DO NOT READ TO RESPONDENTS(S):

YOU MIGHT WANT TO ENTER H TO READ SSN HELP SCREEN.

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

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

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

RCI.090 FR: READ TO RESPONDENT:

The United States Public Health Service may wish to contact {you/your family} again to obtain additional health related information.

@ ENTER (P) TO PROCEED
Check item RCICCI3:  If TELENUM = N go to RCI.096; If TELENUM = 7 or 9 go to RCI.092. (Note: Telephone number TELENUM was obtained at beginning of interview.)

RCI.091  Earlier I recorded the telephone number as {fill TELENUM}. Is this {your/your family ≠} telephone number?

>TELECHK<
(1) Yes (RCI.093)  
(2) No (RCI.092)  
(7) Refused (RCI.096)  
(9) Don≠Know (RCI.096)

RCI.092  What is {your/your family ≠} telephone number?

>TELECHG<
<1000000000-9999999999>  
(7) Refused (RCI.096)  
(9) Don≠Know (RCI.096)

RCI.093  How is this phone number listed in the telephone directory? What is the relationship of the person listed in the telephone directory to {Reference Person}?

FR:  SPECIFY NAME AND RELATIONSHIP AND/OR OTHER VERBATIM RESPONSE. RECORD UP TO FOUR LINES OF INFORMATION. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

>TELST_A<  
>TELST_B<  
>TELST_C<  
>TELST_D<  
(7) Refused  
(9) Don≠Know

RCI.096  {Do/Does} {you/your family} expect to move at any time in the next year?

>MOVE<
(1) Yes (RCI.097)  
(2) No (RCI.100)  
(7) Refused (RCI.100)  
(9) Don≠Know (RCI.100)

RCI.097  Approximately when do you think that will happen?

FR:  PROBE FOR MONTH AND YEAR.

>MVTIME_M<  
>MVTIME_Y<  
(7) Refused  
(9) Don≠Know
Where do you expect to move?

FR: PROBE FOR AS MUCH DETAIL AS RESPONDENT CAN PROVIDE. LOCATION, SPECIFIC ADDRESS IF POSSIBLE (STREET ADDRESS, APT #, CITY, STATE, ZIP). RECORD UP TO FOUR LINES OF ADDRESS INFORMATION. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

> MVINFO_A < __________________________________________________________
> MVINFO_B < __________________________________________________________
> MVINFO_C < __________________________________________________________
> MVINFO_D < __________________________________________________________

(7) Refused
(9) Don’t Know

Please give me the names, addresses, and telephone numbers of TWO relatives or friends who would know where {you/your family} 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:

> CP1NAME_F < First Name: ___________________________________
> CP1NAME_M < Middle Initial: _________________________________
> CP1NAME_L < Last Name: ___________________________________

(7) Refused
(9) Don’t Know

Check item: If CP1NAME_L = 7 or 9 go to RCI.172.

What is this person’s address?

FR: READ IF NECESSARY:

If there is more than one address, please give us the address used most often.

> CP1ADDR1 < Number and street: ____________________________________________
> CP1ADDR2 < ______________________________________________________________
> CP1ADDR3 < City: __________________________________________________________
> CP1ADDR4 < State: ________
> CP1ADDR5 < Zip: ________ -
> CP1ADDR6 < Zip: ______

(7) Refused
(9) Don’t Know

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

FR: ENTER THE AREA CODE AND THE NUMBER OR ENTER (N) IF NO PHONE.

> CP1TELN1 < ( _____ ) _____ - ______
> CP1TELN2 < ______

(9999999996) Does not have a telephone
(9999999997) Refused
(9999999999) Don’t Know
RCI.130  What is the relationship of this contact person to [Reference Person]?

>CP1REL<  
(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

>CPNAME2<

**FR: READ TO RESPONDENT:**

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.

RCI.140  SECOND CONTACT PERSON'S NAME:

>CP2NAME_F<  First Name: _______________________________________
>CP2NAME_M<  Middle Initial: _______________________________________
>CP2NAME_L<  Last Name: _______________________________________

(7) Refused  
(9) Don’t Know

Check item: If CP2NAME_L = 7 or 9 go to RCI.172.

RCI.150  What is this person’s address?

**FR: READ IF NECESSARY:**

If there is more than one address, please give us the address used most often.

>CP2ADDR1<  Number and street: _______________________________________
>CP2ADDR2<  ___________________________________________________________
>CP2ADDR3<  City: _____________________________________________________
>CP2ADDR4<  State: _____
>CP2ADDR5<  Zip: _______ -
>CP2ADDR6<  Zip: _______

(7) Refused  
(9) Don’t Know
RCI.160 What is this person's telephone number, beginning with the area code?

FR: ENTER THE AREA CODE AND THE NUMBER OR ENTER (N) IF NO PHONE.

>CP2TELN1< ( _____ ) _____ - ______
>CP2TELN2< __________________

(9999999996) Does not have a telephone
(9999999997) Refused
(9999999999) Don’t Know

RCI.170 What is the relationship of this contact person to [Reference Person]?

>CP2REL<
(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/your family} again, when are the best times to call or visit?

FR: PROBE FOR DETAIL (FOR EXAMPLE EVENINGS, WEEKENDS, WORK TELEPHONE NUMBER, ETC.) RECORD UP TO FOUR LINES OF INFORMATION. ENTER (N) WHEN ALL ENTRIES HAVE BEEN MADE.

>CINFO<
______________
______________
______________

(7) Refused
(9) Don’t Know

Check item END_CP: Roster end PERSONS

Go to next section -- Child section, or Adult section, or next family.