



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

□ □ □ □ □ □ □ □ □

d d M M M y y y y
(e.g., 10JUN2005)

Interviewer Code: □ □ □

Circle Field Center Location:

BU CU DK UP

Circle Visit:

¹Visit 1

²Visit 1 Follow-Up

³Visit 2

⁴Visit 2 (New Participant)

⁵Visit 2 Follow-Up

Form Version Date: 12/03/2015

LLFS Participant Contact Information

Interviewer Note: This form is to be kept in a confidential file, separate from data entry forms.

Q1. What is your name? _____
PREFIX FIRST NAME MI LAST NAME

Q2. What is your home address? (Street, City, State, Zip) _____

Q3a. What is your home telephone number? _____

Q3b. What is an alternate telephone number? _____

Q4a. US: What is your Social Security Number? (Check this box if refused to provide)

SSN: _ _ _ - - _ - - - -

Q4b. DK: What is your CPR (Civil Public Registry) Number? (Check this box if refused to provide)

CPR: _ _ _ - - - - - - - - - -

Q5. US: What is your Medicare Number? (Check this box if refused to provide)

Medicare ID: _ _ _ - - - - - - - - - -

Participant ID: _____

Participant Name Code: _____

Q6a. Please provide the names of three people who you would want us to ask to provide information and answer questions for you in the event that you are unable to answer for yourself.

Name: _____
 PREFIX **FIRST NAME** **MI** **LAST NAME**

Q6a1. Do you want this contact person to remain in our system as your contact person?

¹Yes
⁰No **Go to Q6e**

Q6b. Is this person a family member enrolled in LLFS?

¹Yes **Go to Q6e**
⁰No
^DDon't Know

Q6c. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q6d. Relationship to You (i.e. spouse, friend, etc.): _____

Q6e. Person #2

Name: _____
 PREFIX **FIRST NAME** **MI** **LAST NAME**

Q6e1. Do you want this contact person to remain in our system as your contact person?

¹Yes
⁰No **Go to Q6i**

Q6f. Is this person a family member enrolled in LLFS?

¹Yes **Go to Q6i**
⁰No
^DDon't Know

Participant ID: _____

Participant Name Code: _____

Q6g. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q6h. Relationship to You (i.e. spouse, friend, etc.): _____

Q6i. Person #3

Name: _____

PREFIX FIRST NAME MI LAST NAME

Q6i1. Do you want this contact person to remain in the system as your contact person?

1Yes

0No

Go to Q8

Q6j. Is this person a family member enrolled in LLFS?

1Yes

0No

DDon't Know

Go to Q8

Q6k. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q6l. Relationship to You (i.e. spouse, friend, etc.): _____

Interviewer Note: If there are **NOT** three available contact people listed above, go to **Q8a** and provide the names of any additional people who you would want us to ask to provide information and answer questions for you in the event that you are unable to answer for yourself. If three available contact people are listed above, go to **Q9a**.

Q8. Person #4

Q8a. Name: _____

PREFIX FIRST NAME MI LAST NAME

Participant ID: _____

Participant Name Code: _____

Q8a1. Do you want this contact person to remain in the system as your contact person?

¹Yes
⁰No

Go to Q8e

Q8b. Is this person a family member enrolled in LLFS?

¹Yes
⁰No
^DDon't Know

Go to Q8e

Q8c. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q8d. Relationship to You (i.e. spouse, friend, etc.): _____

Q8e. Person #5

Name: _____

PREFIX	FIRST NAME	MI	LAST NAME
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Q8d1. Do you want this contact person to remain in the system as your contact person?

¹Yes
⁰No

Go to Q8i

Q8f. Is this person a family member enrolled in LLFS?

¹Yes
⁰No
^DDon't Know

Go to Q8i

Q8g. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q8h. Relationship to You (i.e. spouse, friend, etc.): _____

Participant ID: _____

Participant Name Code: _____

Q8i. Person #6

Name: _____
 PREFIX **FIRST NAME** **MI** **LAST NAME**

Q8i1. Do you want this contact person to remain in the system as your contact person?

- ¹Yes
- ⁰No

Go to Q8m

Q8j. Is this person a family member enrolled in LLFS?

- ¹Yes
- ⁰No
- ^DDon't Know

Go to Q8m

Q8k. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q8l. Relationship to You (i.e. spouse, friend, etc.): _____

Q8m. Person #7

Name: _____
 PREFIX **FIRST NAME** **MI** **LAST NAME**

Q8m1. Do you want this contact person to remain in the system as your contact person?

- ¹Yes
- ⁰No

Go to Q8q

Q8n. Is this person a family member enrolled in LLFS?

- ¹Yes
- ⁰No
- ^DDon't Know

Go to Q8q.

Q8o. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Participant ID: _____

Participant Name Code: _____

Q8p. Relationship to You (i.e. spouse, friend, etc.): _____

Q8q. Person #8

Name: _____

PREFIX	FIRST NAME	MI	LAST NAME
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Q8q1. Do you want this contact person to remain in the system as your contact person?

¹Yes

⁰No

Go to 8u

Q8r. Is this person a family member enrolled in LLFS?

¹Yes

⁰No

^DDon't Know

Go to Q8u

Q8s. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q8t. Relationship to You (i.e. spouse, friend, etc.): _____

Q8u. Person #9

Name: _____

PREFIX	FIRST NAME	MI	LAST NAME
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Q8u1. Do you want this contact person to remain in the system as your contact person?

¹Yes

⁰No

Go to 9a

Q8v. Is this person a family member enrolled in LLFS?

¹Yes

⁰No

^DDon't Know

Go to Q9a

Participant ID: _____

Participant Name Code: _____

Q8w. Address (Street, City, State, Zip) _____

Phone: _____ (Home Work) Best day/time to call: _____

E-Mail Address: _____

Q8x. Relationship to You (i.e. spouse, friend, etc.): _____

Q9a. Do you have a primary care physician or a specific location that you *usually* go to for health care or for advice about your health care?

- 1Yes
- 0No

Interviewer Note: Please read response options for 9b and check only one.

Q9b. Where do you *usually* go for health care or advice about health care?

- 1Private Doctor's Office (individual or group practice)
- 2Public Clinic, such as a neighborhood health center
- 3Health Maintenance Organization (HMO)
- 4Hospital Outpatient Clinic
- 5Emergency Room
- 6Other (Please Specify) _____
- DDon't Know
- RRefused

Q9c. Please tell me the name, address and telephone number of the doctor or health care provider that you usually visit for health care needs.

Organization Name: _____

Physician Name: _____
PREFIX FIRST NAME MI LAST NAME

Address (Street, City, State, Zip): _____

Office Phone: _____ Office Fax: _____

E-Mail Address: _____