

**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) DK (Check item RCICCI1)

RCI.040 What is this other first name?

>NCNAME< Name: \_\_\_\_\_  
  
(7) Refused  
(9) DK

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

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

>FATHNAM< (S) Same as **current** last name (displayed above)  
(7) Refused  
(9) DK

>SSN<

**FR: READ TO RESPONDENT(S):**

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 IF NECESSARY:**

**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) DK (RCI.075)

RCI.075

**FR: DO NOT READ TO RESPONDENTS(S)**

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

- (1) Yes (RCI.060) (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: If family respondent, go to RCI.100; Else goto Check item RCICCI3.

**FR: READ TO RESPONDENT:**

The United States Public Health Service may wish to contact you again to obtain additional health related information. 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.)

RCI.100 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< City : \_\_\_\_\_  
>CP1ADDR3< State: \_\_\_\_\_  
>CP1ADDR4< Zip: \_\_\_\_\_ - \_\_\_\_\_  
>CP1ADDR5< Zip: \_\_\_\_\_

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

>CP1TELNO< ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
(9999999996) Does not have a telephone  
(9999999997) Refused  
(9999999999) DK

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) DK  
(8) Other relative

**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:

>CP2NAME1< First Name: \_\_\_\_\_  
>CP2NAME2< Middle Initial: \_\_\_\_\_  
>CP2NAME3< Last Name: \_\_\_\_\_

