

CATI RESPONDENT INFORMATION AND ASSESSMENT

Respondent Relationship: _____

RESPONDENT NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (_____) _____

SUBJECT NAME: _____

ASSESSMENT:

<p>1. Does (respondent) live independently? ___ YES ___ NO</p> <p>IF NO: Would a phone be available for a 1 to 2 hour phone call? ___ YES ___ NO</p>	<p><i>If NO, explain:</i></p>
<p>2. Does (respondent) have a hearing impairment? ___ YES ___ NO</p> <p>IF YES: Is (respondent) able to hear well over the phone? ___ YES ___ NO</p>	<p><i>If YES, explain:</i></p>
<p>3. Would (respondent) be able to read materials we send? ___ YES ___ NO</p> <p>IF NO: Is there assistance available for written materials? ___ YES ___ NO</p>	<p><i>If NO, explain:</i></p>
<p>4. Does (respondent) have any health problems or impairments that would make it difficult to be interviewed over the phone for 1 to 2 hours? (e.g., arthritis, back trouble, stroke, speech problems)</p> <p>___ YES ___ NO</p>	<p><i>If YES, explain:</i></p>

OTHER CONSIDERATIONS:

<p>GOOD TIMES TO CALL:</p>	<p>BAD TIMES TO CALL:</p>
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GENERAL COMMENTS:

RECRUITER: _____

DATE: ___ / ___ / ___

INTERVIEWER: _____