

APPENDIX 2 A

**DATA COLLECTION INSTRUMENTS AND
ELECTRONIC CONTACT RECORD FORM (ECRF)**

**TELEPHONE QUESTIONS
(CUSTOMER SERVICE AND DEMOGRAPHICS QUESTIONS)**

File Help ROO Save ECRF Home Exit

*Service Number: 4 CANCER *Time Ranges: [dropdown]

No Service Provided: [dropdown]

*Purpose of Contact: Health concern (self)

*Type of User: 01 Patient diagnosed with cancer, no treatment Access: Telephone

Region: New York Case: Staff: Tester Region02 Date: 4/27/2009

ECRF

Service Demographics Contact Memo

Customer Service

Previous Next Break off

COLLECT DEMOGRAPHICS ON THE CALL

Is caller distressed or terminally ill? Yes No

During our conversation, I already asked you some background information about yourself. I'd like to ask you just a few more questions that will help us to understand who we are serving. We appreciate your taking the time to answer these questions. Please know that all of your answers will be kept confidential. Is this OK?

Yes No Not able to ascertain

Public reporting burden for this collection...

"Public reporting burden" -- Webpage Dialog

Form approved: OMB No. 0925-0208, expires 09/30/2009

Public reporting burden for this collection of information is estimated to vary from 1 to 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0208).

OK

How did you find our number to call?

300

TV 300

What is your home ZIP code?

20850

[Promotion?](#)

Demographics

What is your age?

44

Are you female or male?

2

Male 2

Which of these categories best describes you?

100

Hispanic or Latino 100

[I am going to read another set of categories. Which of these categories best describes you?](#)

Black or African American 300

What is the highest level of education you have completed? (read categories 1-6)

05

College graduate 05

Is there a place you usually go to when you are sick or need advice about your health?

YES 01

What kind of place do you go most often?

A doctor's office 01

In the last 12 months, did you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

YES 01

Would you say you had this coverage during all 12 months or less than 12 months?

All 12 months 01

Which type of coverage did you have...

Was it private, such as an HMO, Blue Cross, Kaiser, Aetna? 02

The final questions are about your family income. I understand that this is sensitive information and I would like to stress again that all of the information you provide is confidential.

What was your total household income from all sources before taxes last year? Just stop me when I get to the right category.

\$80,000 or more 07

Including yourself, how many people living in your household are supported by this total household income?

2

NUMBER OF PEOPLE

No promo found...

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100%