

APPENDIX 2 B

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

LIVEHELP QUESTIONS

LiveHelp Point of Access - Information Specialist Screen

File Help ROO Save ECRF Home Exit

No Service Provided:

*Purpose of Contact: Health concern (self)

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

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

Electronic Contact Record Form

Service Contact Memo

Service Information (Provided Medical Disclaimer) Break off

COLLECT DEMOGRAPHICS ON THE CALL

Subject of Interaction	Cancer Site/Type	Response	Resource Used	Special Codes	Actions
<input type="text" value="325"/>	<input type="text" value="08"/>	<input type="text" value="042"/>	<input type="text" value="10"/>	<input type="text"/>	<input type="text" value="4"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Clear All Select Wizard

Primary Language: English

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?

Informed consent? Yes No Not able to ascertain

Public reporting burden for this collection...

"Public reporting burden" -- Webpage Dialog [X]

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


Public reporting burden for this collection of information is estimated to average 2 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

Have you used our service before?


Demographics URL:

Please Answer These Questions



Thank you for responding to our questions. For information about the confidentiality of your responses, [click here.](#)

Windows Internet Explorer

 Q: How can I be certain that the information I provide is confidential?

A: The Cancer Information Service is a confidential program. We will not obtain personal information about you unless you provide such information to us. If you identify yourself by sending an e-mail or ordering publications, we use this information to respond to your request and improve our customer service. Names and addresses of people ordering publications are kept in our publications fulfillment system for 3 months in order to follow up on orders, if necessary. They are then deleted from the system.

To read more about this data collection, [click here.](#)

"Public reporting burden"-- Webpage Dialog

https://cissecuredev.lmbps.com/demo/public_burden_livehelp.asp

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https://cissecuredev.lmbps.com/demo/public_burden_livehelp.asp Internet

How did you find our site today?

Relative/friend

What is your age?

44

Are you female or male?

Female

Which of these categories best describes your ethnic background?

Not Hispanic or Latino

Which of these categories best describes your racial background?

(Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

What is the highest level of education you have completed?

College graduate

What is your home ZIP code?

For use by U.S. residents only.

20850

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

YES

What kind of place do you go most often?

A doctor's office

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

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

All 12 months

Which type of coverage did you have...

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

What was your total household income from all sources before taxes last year?

\$80,000 or more

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

2

[Clear Page](#) [Submit](#)