

Attachment N: Verification Form

Form approved
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National Survey of Residential Care Facilities (NSRCF)

Verification Form

REFER TO PROJECT FAQs IF NECESSARY

READ IF NECESSARY

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INTRODUCTION: Hello, my name is _____. I'm a supervisor with RTI International. May I speak with DIRECTOR'S NAME)?

I am calling to verify the work of one of our interviewers FI NAME who conducted a recent survey with this facility, called the National Survey of Residential Care Facilities.

1. Do you remember completing an interview with FI NAME on DATE?
 - a. YES
 - b. NO
 - c. DON'T REMEMBER

2. Were you (IF Q1=DON'T REMEMBER: You would have been) asked questions about NAME OF FACILITY, such as the number of residents, the number of rooms, the services you offer, and general information on staffing?
 - a. YES
 - b. NO. FS: CODE AS PROBLEM. SKIP TO Q.5 IF REMEMBERS INTERVIEW, OR Q6 IF DOESN'T. RECORD ANY INFORMATION AT BOTTOM.
 - c. DON'T REMEMBER

3. Did the interviewer ask you to provide a list of residents?
 - a. YES
 - b. NO. FS: CODE AS A PROBLEM
 - c. DON'T REMEMBER

4. And did the interviewer ask a series of questions about NUMBER residents?
 - a. YES
 - b. NO. FS: CODE AS A PROBLEM
 - c. DON'T REMEMBER.

5. About how long did the interview take?

6. Thanks, those are all the questions I have. Do you have any additional comments you'd like to make about the interview or interviewer?

CONCLUSION: Thank you very much for your time. Have a nice day/evening.

ADDITIONAL COMMENTS: