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Phase 3

# REACH U.S.

## STUDY BOOKLET

If you have questions, please call 1-877-375-5964

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## REACH U.S. Household Member Interview

**The Centers for Disease Control and Prevention is conducting a study regarding health issues in your area. This is a research study. Taking part is up to you. You don't have to answer any question you don't want to, and you can stop at any time. The booklet takes about 15 minutes and your answers will be confidential. There are no risks or benefits to you for participating. If you would like to participate, please answer the questions in this booklet using a pen with blue or black ink. When you are finished, please return your booklet to us in the enclosed envelope.**

## Instructions for Completing the Booklet

**This booklet contains several types of questions. Each question should be answered only about yourself, not anyone else in your household.**

- **For some questions, you answer the question by marking a box, like this:**

  1 ☒ Yes
  2 ☐ No

- **For some questions, you answer the question by filling in one number per box, like this:**

  [0] [9] *NUMBER OF DAYS*

- **You will sometimes be instructed to skip one or more questions. In this example, if your choice is 'No', you skip to question 10; otherwise, you continue to the next question.**

  1 ☐ Yes
  2 ☒ No ⟶ **Go To 10**

## Section A

**1. Would you say that in general your health is:**

1 ☐ Excellent
2 ☐ Very good
3 ☐ Good
4 ☐ Fair
5 ☐ Poor

**2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?** *If none, enter 0.*

☐☐ *NUMBER OF DAYS*

**3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?** *If none, enter 0.*

☐☐ *NUMBER OF DAYS*

**4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?** *If none, enter 0.*

☐☐ *NUMBER OF DAYS*

**5. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?**

1 ☐ Yes
2 ☐ No

**6. Was there a time in the past 12 months when you needed to see a doctor, but could not because of cost?**

1 ☐ Yes
2 ☐ No

**7. About how long has it been since you last visited a doctor for a routine checkup?** *A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.*

1 ☐ Within the past year (anytime less than 12 months ago)
2 ☐ Within the past 2 years (1 year but less than 2 years ago)
3 ☐ Within the past 5 years (2 years but less than 5 years ago)
4 ☐ 5 or more years ago
5 ☐ Never

**8. About how much do you weigh without shoes?** *Answer in pounds or kilograms.*

☐☐☐ *POUNDS*
***OR***
☐☐☐ *KILOGRAMS*

**9. About how tall are you without shoes?**
*Answer in feet and inches or centimeters.*

☐☐ *FEET AND* ☐☐ *INCHES*
***OR***
☐☐☐ *CENTIMETERS*

**10. Are you currently . . .?** *Mark only one.*

1 ☐ Employed for wages → **Go To 11**
2 ☐ Self-employed → **Go To 11**
3 ☐ Out of work for more than 1 year → **Go To 14**
4 ☐ Out of work for less than 1 year → **Go To 14**
5 ☐ A Homemaker → **Go To 15**
6 ☐ A Student → **Go To 15**
7 ☐ Retired → **Go To 14**
8 ☐ Unable to work → **Go To 15**

**11. When you are at work, which of the following best describes what you do?** *Mark only one. If you have more than one job, please include all jobs in your answer.*

1 ☐ Mostly sitting or standing
2 ☐ Mostly walking
3 ☐ Mostly heavy labor or physically demanding work

**12. At your main job or business, how are you generally paid for the work you do?** *If you are paid in more than one way at your main job, please mark "paid some other way".*

1 ☐ Paid by salary
2 ☐ Paid by the hour
3 ☐ Paid by the job/task
4 ☐ Paid some other way

**13. About how many hours do you work per week at all of your jobs and businesses combined?**

☐☐ *HOURS* → **Go To 16**

**14. Thinking about the last time you worked, at your main job or business, how were you generally paid for the work you do?**

1 ☐ Paid by salary
2 ☐ Paid by the hour
3 ☐ Paid by the job/task
4 ☐ Paid some other way

**15. Thinking about the last time you worked, about how many hours did you work per week at all of your jobs and businesses combined?**

☐☐ *HOURS*

**16. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?**

1 ☐ Yes
2 ☐ No

## Section B

***We are interested in two types of physical activity – vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.***

**17. Now thinking about the moderate activities you do when you are not working in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?**

1 ☐ Yes
2 ☐ No → **Go To 20**

**18. How many days per week do you do these moderate activities for at least 10 minutes at a time?**

☐ *DAYS PER WEEK*

19. **On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?**

☐☐☐ *MINUTES PER DAY*

20. **Now thinking about the vigorous activities you do when you are not working in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?**

1 ☐ Yes
2 ☐ No ⟶ **Go To Section C**

21. **How many days per week do you do these vigorous activities for at least 10 minutes at a time?**

☐ *DAYS PER WEEK*

22. **On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?**

☐☐☐ *MINUTES PER DAY*

## Section C

***These next questions are about the foods you usually eat or drink. Include all foods you eat, both at home and away from home.*** *Enter a number in the "number of times" box and then mark if it is times per day, per week, per month or per year. If never, enter "0".*

| | NUMBER OF TIMES | Per Day | Per Week | Per Month | Per Year |
|---|---|---|---|---|---|
| | | *Mark only one.* | | | |
| 23. **How often do you drink fruit juices such as orange, grapefruit, or tomato?** | ☐☐☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 24. **Not counting juice, how often do you eat fruit?** | ☐☐☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 25. **How often do you eat green salad?** | ☐☐☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 26. **How often do you eat potatoes not including French fries, fried potatoes, or potato chips?** | ☐☐☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 27. **How often do you eat carrots?** | ☐☐☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |
| 28. **Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?** *(Example: A serving of vegetables at both lunch and dinner would be two servings.)* | ☐☐☐ | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ |

## Section D

*The next questions are about diabetes.*

**29. Have you ever been told by a doctor that you have diabetes?**

- [1] ☐ Yes — **If you are male → go to 31. If you are female → go to 30.**
- [2] ☐ No → **Go To Section E on page 7**
- [3] ☐ No, pre-diabetes or borderline diabetes → **Go To Section E on page 7**

**30. Was this only when you were pregnant?**

- [1] ☐ Yes → **Go To Section E on page 7**
- [2] ☐ No

**31. About how often do you check your blood for glucose or sugar?** *Include times when checked by a family member or friend, but do not include times when checked by a health professional. If never, enter "0".*

| NUMBER OF TIMES | Per Day | Per Week | Per Month | Per Year |
|---|---|---|---|---|
| ☐☐ | [1] ☐ | [2] ☐ | [3] ☐ | [4] ☐ |

*Mark only one.*

**32. About how often do you check your feet for any sores or irritations?** *Include times when checked by a family member or friend, but do not include times when checked by a health professional. If never, enter "0".*

| NUMBER OF TIMES | Per Day | Per Week | Per Month | Per Year |
|---|---|---|---|---|
| ☐☐ | [1] ☐ | [2] ☐ | [3] ☐ | [4] ☐ |

*Mark only one.*

***OR***

[555] ☐ Mark here if your feet have been amputated.

**33. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?** *If never, enter "0".*

☐☐ *NUMBER OF TIMES*

**34. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?** *If never, enter "0".*

☐☐ *NUMBER OF TIMES*

***OR***

[98] ☐ Mark here if you have never heard of an "A one C" test.

**35. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?** *If never, enter "0".*

☐☐ *NUMBER OF TIMES*

***OR***

[555] ☐ Mark here if your feet have been amputated.

**36. When was the last time you had an eye exam in which your pupils were dilated? This would have made you temporarily sensitive to bright light.**

- [1] ☐ Within the past month (anytime less than 1 month ago)
- [2] ☐ Within the past year (1 month but less than 12 months ago)
- [3] ☐ Within the past 2 years (1 year but less than 2 years ago)
- [4] ☐ 2 or more years ago
- [5] ☐ Never

37. **Have you ever taken a course or class in how to manage your diabetes yourself?**

1 ☐ Yes
2 ☐ No

## Section E

***The next questions are about high blood pressure.***

38. **Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?**

1 ☐ Yes
2 ☐ No → **Go To Section F**
3 ☐ Told borderline or pre-hypertensive → **Go To Section F**

39. **Are you currently taking medicine for your high blood pressure?**

1 ☐ Yes
2 ☐ No

40. **Are you now doing any of the following to help lower or control your high blood pressure?**

a. **changing your eating habits?**
1 ☐ Yes
2 ☐ No

b. **cutting down on salt?**
1 ☐ Yes
2 ☐ No
3 ☐ Do not use salt

c. **reducing alcohol use?**
1 ☐ Yes
2 ☐ No
3 ☐ Do not drink

d. **exercising?**
1 ☐ Yes
2 ☐ No

## Section F

***The next questions are about blood cholesterol.***

41. **Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?**

1 ☐ Yes
2 ☐ No → **Go To Section G on page 8**

42. **About how long has it been since you last had your blood cholesterol checked?**

1 ☐ Within the past year (anytime less than 12 months ago)
2 ☐ Within the past 2 years (1 year but less than 2 years ago)
3 ☐ Within the past 5 years (2 years but less than 5 years ago)
4 ☐ 5 or more years ago

43. **Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?**

1 ☐ Yes
2 ☐ No

## Section G

*The next questions are about cardiovascular disease.*

**44. Has a doctor, nurse, or other health professional ever told you that you had any of the following?**

| | Yes | No | Not sure |
|---|---|---|---|
| a. a heart attack, also called a myocardial infarction | 1 ☐ | 2 ☐ | 77 ☐ |
| b. angina or coronary heart disease | 1 ☐ | 2 ☐ | 77 ☐ |
| c. a stroke | 1 ☐ | 2 ☐ | 77 ☐ |

**45. Which of the following do you think is a symptom of a heart attack?**

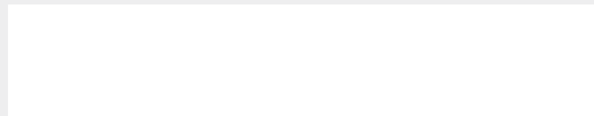
| | Yes | No | Not sure |
|---|---|---|---|
| a. pain or discomfort in the jaw, neck, or back | 1 ☐ | 2 ☐ | 77 ☐ |
| b. feeling weak, lightheaded, or faint | 1 ☐ | 2 ☐ | 77 ☐ |
| c. chest pain or discomfort | 1 ☐ | 2 ☐ | 77 ☐ |
| d. sudden trouble seeing in one or both eyes | 1 ☐ | 2 ☐ | 77 ☐ |
| e. pain or discomfort in the arms or shoulder | 1 ☐ | 2 ☐ | 77 ☐ |
| f. shortness of breath | 1 ☐ | 2 ☐ | 77 ☐ |

**46. Which of the following do you think is a symptom of a stroke?**

| | Yes | No | Not sure |
|---|---|---|---|
| a. sudden confusion or trouble speaking | 1 ☐ | 2 ☐ | 77 ☐ |
| b. sudden numbness or weakness of face, arm, or leg, especially on one side | 1 ☐ | 2 ☐ | 77 ☐ |
| c. sudden trouble seeing in one or both eyes | 1 ☐ | 2 ☐ | 77 ☐ |
| d. sudden chest pain or discomfort | 1 ☐ | 2 ☐ | 77 ☐ |
| e. sudden trouble walking, dizziness, or loss of balance | 1 ☐ | 2 ☐ | 77 ☐ |
| f. severe headache with no known cause | 1 ☐ | 2 ☐ | 77 ☐ |

**47. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?**

1 ☐ Take them to the hospital
2 ☐ Tell them to call their doctor
3 ☐ Call 911
4 ☐ Call their spouse or a family member
5 ☐ Do something else



## Section H

*The next questions are about vaccines.*

**48. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?**

1 ☐ Yes
2 ☐ No

**49. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?**

1 ☐ Yes
2 ☐ No

## Section I

*The next questions are about breast and cervical cancer. Only women should answer these questions. If you are male, go to Section J on page 10.*

**50. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?**

1 ☐ Yes
2 ☐ No → **Go To 52**

**51. How long has it been since you had your last mammogram?**

1 ☐ Within the past year (anytime less than 12 months ago)
2 ☐ Within the past 2 years (1 year but less than 2 years ago)
3 ☐ Within the past 3 years (2 years but less than 3 years ago)
4 ☐ Within the past 5 years (3 years but less than 5 years ago)
5 ☐ 5 or more years ago

**52. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam?**

1 ☐ Yes
2 ☐ No → **Go To 54**

**53. How long has it been since your last breast exam?**

1 ☐ Within the past year (anytime less than 12 months ago)
2 ☐ Within the past 2 years (1 year but less than 2 years ago)
3 ☐ Within the past 3 years (2 years but less than 3 years ago)
4 ☐ Within the past 5 years (3 years but less than 5 years ago)
5 ☐ 5 or more years ago

**54. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?**

1 ☐ Yes
2 ☐ No → **Go To 56**

**55. How long has it been since you had your last Pap test?**

1 ☐ Within the past year (anytime less than 12 months ago)
2 ☐ Within the past 2 years (1 year but less than 2 years ago)
3 ☐ Within the past 3 years (2 years but less than 3 years ago)
4 ☐ Within the past 5 years (3 years but less than 5 years ago)
5 ☐ 5 or more years ago

**56. Have you had a hysterectomy? A hysterectomy is an operation to remove the uterus (womb).**

1 ☐ Yes
2 ☐ No

**If you are 18-49 years old → go to 57.**
**If you are 50 years old or older → go to Section J.**

**57. A vaccine to prevent the human papilloma virus or HPV infection is available and is called the cervical cancer or genital warts vaccine, HPV shot, GARDASIL® or CERVARIX®. Have you ever had an HPV vaccination?**

1 ☐ Yes
2 ☐ No → **Go To Section J**
3 ☐ Doctor refused when asked → **Go To Section J**
4 ☐ No, never heard about it/ Never offered to you → **Go To Section J**

**58. How many HPV shots did you receive?**

☐ *NUMBER OF SHOTS*

## Section J

***The next questions are about cigarette smoking.***

**59. Have you smoked at least 100 cigarettes (5 packs) in your entire life?**

1 ☐ Yes
2 ☐ No → **Go To Section K**

**60. Do you now smoke cigarettes everyday, some days, or not at all?**

1 ☐ Everyday
2 ☐ Some days
3 ☐ Not at all → **Go To Section K**

**61. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

1 ☐ Yes
2 ☐ No

## Section K

***The next questions are about hepatitis.***

**62. Have you ever had a blood test for hepatitis B?**

1 ☐ Yes
2 ☐ No → **Go To 65**

**63. Where were you tested for hepatitis B?** *Mark all that apply.*

1 ☐ Your doctor's office/lab
2 ☐ In the hospital (as an overnight patient)
3 ☐ At a clinic (other than your doctor's office)
4 ☐ In a community screening program
5 ☐ Other site (such as blood bank, military installation, mobile clinic, prison or jail, emergency room, etc.)

**64. Why were you tested for hepatitis B?** *Mark all that apply.*

1 ☐ You had symptoms (such as yellow eyes, abdominal pain, etc.)
2 ☐ You had an abnormal lab test
3 ☐ You or someone else was concerned you might be at risk of having hepatitis B
4 ☐ You were pregnant and testing was part of your care
5 ☐ You were donating blood
6 ☐ You were in a special screening program
7 ☐ Doctor ordered test
8 ☐ Other reason

**65. Have you ever been told by a medical doctor, nurse, or other health professional that you have hepatitis B?**

1 ☐ Yes
2 ☐ No → **Go To 69**

**66. How long ago did you first learn you had hepatitis B?** *Answer in years or months.*

☐☐ *YEARS AGO*
*OR*
☐☐ *MONTHS AGO*

**67. Are you currently seeing a doctor for your hepatitis B?**

1 ☐ Yes
2 ☐ No

**68. Have you ever taken any medications such as pills or shots prescribed by a doctor for hepatitis B?**

1 ☐ Yes
2 ☐ No

**69. Have you ever had a blood test for hepatitis C?**

1 ☐ Yes
2 ☐ No → **Go To 72**

**70. Where were you tested for hepatitis C?** *Mark all that apply.*

1 ☐ Your doctor's office/lab
2 ☐ In the hospital (as an overnight patient)
3 ☐ At a clinic (other than your doctor's office)
4 ☐ In a community screening program
5 ☐ Other site (such as blood bank, military installation, mobile clinic, prison or jail, emergency room, etc.)

**71. Why were you tested for hepatitis C?** *Mark all that apply.*

1 ☐ You had symptoms (such as yellow eyes, abdominal pain, etc.)
2 ☐ You had an abnormal lab test
3 ☐ You or someone else was concerned you might be at risk of having hepatitis C
4 ☐ You were pregnant and testing was part of your care
5 ☐ You were donating blood
6 ☐ Doctor ordered test
7 ☐ Other reason

**72. Have you ever been told by a medical doctor, nurse, or other health professional that you have hepatitis C?**

1 ☐ Yes
2 ☐ No → **Go To 76**

**73. How long ago did you first learn you had hepatitis C?** *Answer in years or months.*

☐☐ *YEARS AGO*
*OR*
☐☐ *MONTHS AGO*

**74. Are you currently seeing a doctor for your hepatitis C?**

1 ☐ Yes
2 ☐ No

**75. Have you ever taken any medications such as pills or shots prescribed by a doctor for hepatitis C?**

1 ☐ Yes
2 ☐ No

76. **This question is about behaviors or events related to hepatitis.** *Please mark all that apply to you.*

1 ☐ You received a blood transfusion before 1992
2 ☐ You ever received a blood transfusion outside of the U.S.
3 ☐ Your mother had hepatitis B before you were born
4 ☐ You ever had sex with a person who had hepatitis
5 ☐ You are a man and you have had sex with other men, even just one time
6 ☐ You have taken street drugs by needle, even just one time
7 ☐ At least one of the above is true but you do not want to specify which one
8 ☐ None of the above

## Section L

***The next questions are about you and your household.***

77. **Were you born in the United States?**

1 ☐ Yes
2 ☐ No

78. **Are you male or female?**

1 ☐ Male
2 ☐ Female

79. **What is your age?**

☐☐ *YEARS OLD*

80. **How many adults, age 18 or older, live in this household?** *Please include yourself. Do not include adult family members who are currently living elsewhere, college students away at school, or anyone in a prison, mental hospital, or nursing home.*

☐☐ *NUMBER OF ADULTS*

81. **What is the highest grade or year of school you completed?**

1 ☐ Never attended school or only attended kindergarten
2 ☐ Grades 1 through 8 (Elementary)
3 ☐ Grades 9 through 11 (Some high school)
4 ☐ Grade 12 or GED (High school graduate)
5 ☐ College 1 year to 3 years (Some college or technical school)
6 ☐ College 4 years or more (College graduate)

82. **Are you Hispanic or Latino?**

1 ☐ Yes
2 ☐ No

83. **Which one or more of the following would you say is your race?** *Mark all that apply.*

1 ☐ White → **Go To 86**
2 ☐ Black or African American → **Go To 86**
3 ☐ Asian → **Go To 84**
4 ☐ Native Hawaiian or Other Pacific Islander → **Go To 85**
5 ☐ American Indian or Alaska Native → **Go To 86**
6 ☐ Some other race *(specify here)*

☐ → **Go To 86**

**84. Are you …?** *Mark all that apply.*

1 ☐ Cambodian
2 ☐ Chinese
3 ☐ Filipino
4 ☐ Laotian
5 ☐ Thai
6 ☐ Vietnamese
7 ☐ Hmong
8 ☐ Korean
9 ☐ Asian Indian
10 ☐ Other Asian *(specify here)*

**If you are Native Hawaiian or other Pacific Islander → go to 85.**
**If you are not Native Hawaiian or other Pacific Islander → go to 86.**

**85. Are you …?** *Mark all that apply.*

1 ☐ Native Hawaiian
2 ☐ Chamorro or Guamanian
3 ☐ Samoan
4 ☐ Tongan
5 ☐ Marshallese
6 ☐ Other Pacific Islander *(specify here)*

**86. What is the main language that you speak at home?** *Mark only one.*

1 ☐ English
2 ☐ Spanish
3 ☐ Haitian Creole
4 ☐ Vietnamese
5 ☐ Khmer
6 ☐ Chinese (Cantonese or Mandarin)
7 ☐ Korean
8 ☐ Other *(specify here)*

**87. What type of telephone service does your household have?** *Mark all that apply.*

1 ☐ Cell phone
2 ☐ Regular phone
3 ☐ No phone service

## Section M

***These next questions are about your daily life.***

**88. Do you own or rent your home?**

1 ☐ Own
2 ☐ Rent
3 ☐ Other Arrangement (such as group home or staying with friends or family without paying rent) → **Go To 90**

**89. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?**

1 ☐ Always
2 ☐ Usually
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
6 ☐ Not Applicable (Do not pay rent/ mortgage)

**90. How often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?**

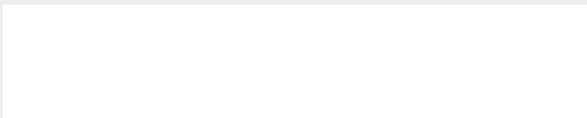
1 ☐ Always
2 ☐ Usually
3 ☐ Sometimes
4 ☐ Rarely
5 ☐ Never
6 ☐ Not Applicable (Do not buy food)

**91. Is your annual household income from all sources . . . ?**

1 ☐ Less than $10,000
2 ☐ $10,000 to less than $15,000
3 ☐ $15,000 to less than $20,000
4 ☐ $20,000 to less than $25,000
5 ☐ $25,000 to less than $35,000
6 ☐ $35,000 to less than $50,000
7 ☐ $50,000 to less than $75,000
8 ☐ $75,000 or more

**92. Have you ever heard of a program in your area called [PROGRAM NAME]?**

1 ☐ Yes
2 ☐ No



**Thank you very much for your time and cooperation. Please place your completed booklet in the envelope marked confidential, then place all completed booklets for your household in the pre-paid return envelope and mail back to:**

**CENTERS FOR DISEASE CONTROL AND PREVENTION**
**C/O NATIONAL OPINION RESEARCH CENTER**
**1 NORTH STATE STREET, 16TH FLOOR**
**CHICAGO, IL 60602**

**If you have misplaced the pre-paid return envelope, please call 1-877-375-5964 for a replacement.**

**If you have questions about your rights as a study participant, you may call the NORC Institutional Review Board Administrator toll free, at 866-309-0542.**

| OFFICE USE ONLY | | | | | | | |
|---|---|---|---|---|---|---|---|
| Receipt | | CADE | | Verification | | Adjudication | |
| Initials | Date | Initials | Date | Initials | Date | Initials | Date |
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