QUALITY CONTROL FORM

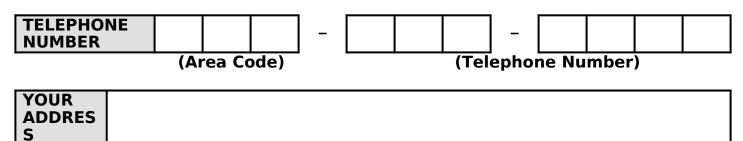
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OMB No.: OMB Expiration Date:

As part of our quality control program, we plan to contact a portion of the survey participants to make sure that the interviewer has followed the study procedures. We only ask general questions—no specific information is required. <u>We sincerely</u> <u>appreciate your cooperation</u>.

Please fill in the boxes below. (PLEASE PRINT CLEARLY.) Thank you.

[Your phone number will be kept private and will not be released to anyone other than our quality control representatives.]



СІТҮ	STAT		ZIP CODE			
	E					

BOXES BELOW MUST FIRST BE COMPLETED [IN INK] BY INTERVIEWER.									
TODAY'S DATEMM-D	- 1 5 TIME : AM PM								
FI NAME	FI ID #								
CAS E ID #	Includ e A or B!								
IF respondent is 12 - 17 years old, which adult granted permission for the interview? \rightarrow (Examples: father, mother, etc.)	[<u>Print</u> Parent/Guardian's relationship to the child in this box.]								