Public Burden Statement: The information collected through the Health Center Patient Survey (HCPS) informs HRSA on how health centers provide access to primary and preventative health care from the patients’ perspectives. It is the only nationally-representative survey of its type that focuses on the health care of populations seeking care at health centers. 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. The OMB control number for this information collection is 0915-0368 and it is valid until XX/XX/XXXX. This information collection is voluntary. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14N136B, Rockville, Maryland, 20857 or paperwork@hrsa.gov.

Contact Summary Report Form

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| Case ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FI Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FS Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Awardee Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Awardee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Site Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **RECORD OF CONTACTS** |
| **DATE** | **TIME** | **TYPE OF INTERVIEW** | **STATUS\*** | **COMMENTS** |
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|  |  |  |  |  |
| \*IF AN APPOINTMENT IS SET FOR A LATER TIME, DOCUMENT THE RESPONDENT’S FIRST NAME ONLY, CONTACT NUMBER, THE LOCATION AND TIME OF THE APPOINTMENT, AND THE PARENT/GUARDIAN NAME (IF APPLICABLE) IN THE COMMENTS SECTION.Interviewer Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SCREENER AND MAIN INTERVIEW STATUS CODES** |
| **PENDING CODES:**1036 No Action Taken (CMS)1130 Access Denied to Building (off-site)1180 Respondent Unlocatable1203 No One Home 1205 Respondent Not at Home1230 Respondent Unavailable, Come Back1242 Respondent Incarcerated/Institutionalized1243 Respondent Moved out of Country1244 Respondent Moved Out of Interviewing Area1254 Case Mistakenly Created1292 Appointment Made1294 Appointment Broken (CMS)1295 Break-Off, Appointment Made (CMS)1296 Break-Off/Friendly, No Appointment (CMS)1297 Appointment Made by Other (off site)1390 Ineligible, Quota Full (CMS)1410 Temporary Refusal by Respondent1420 Temporary Refusal by Parent/Guardian1430 Temporary Refusal by Other1435 Break-Off, Refusal (CMS)1530 Language Barrier Other Language (Specify)1554 Physically, Mentally Incapable1550 Respondent Deceased1589 Other non-Interview (Specify) | **FINALCODES:**2170 Final Unable to Reschedule Appointment2180 Respondent Unlocatable2231 Ineligible, Unaccompanied Minor (CMS)2242 Respondent Incarcerated2243 Respondent Moved out of Country2244 Respondent Moved Out of Interviewing Area2254 Case Mistakenly Created/Generated2320 Ineligible, Did Not Receive Services at HC (CMS)2348 Ineligible, Non-Interview2390 Ineligible, Quota Full 2410 Final Refusal by Respondent2420 Final Refusal by Parent/Guardian2430 Final Refusal by Other2530 Language Barrier Other Language (Specify)2554 Physically, Mentally Incapable2550 Respondent Deceased2570 Other Non-Interview – Fraudulent2584 Other Non-Interview – Eligible2589 Other Non-Interview (Specify)2690 Screener Interview Completed2691 Main Interview Break-off/Partial Interview2692 Main Interview Completed On Site2693 Main Interview Completed Off Site  |