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](mailto: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 Unlocatable  1203 No One Home  1205 Respondent Not at Home  1230 Respondent Unavailable, Come Back  1242 Respondent Incarcerated/Institutionalized  1243 Respondent Moved out of Country  1244 Respondent Moved Out of Interviewing Area  1254 Case Mistakenly Created  1292 Appointment Made  1294 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 Respondent  1420 Temporary Refusal by Parent/Guardian  1430 Temporary Refusal by Other  1435 Break-Off, Refusal (CMS)  1530 Language Barrier Other Language (Specify)  1554 Physically, Mentally Incapable  1550 Respondent Deceased  1589 Other non-Interview (Specify) | | | **FINALCODES:**  2170 Final Unable to Reschedule Appointment  2180 Respondent Unlocatable  2231 Ineligible, Unaccompanied Minor (CMS)  2242 Respondent Incarcerated  2243 Respondent Moved out of Country  2244 Respondent Moved Out of Interviewing Area  2254 Case Mistakenly Created/Generated  2320 Ineligible, Did Not Receive Services at HC (CMS)  2348 Ineligible, Non-Interview  2390 Ineligible, Quota Full  2410 Final Refusal by Respondent  2420 Final Refusal by Parent/Guardian  2430 Final Refusal by Other  2530 Language Barrier Other Language (Specify)  2554 Physically, Mentally Incapable  2550 Respondent Deceased  2570 Other Non-Interview – Fraudulent  2584 Other Non-Interview – Eligible  2589 Other Non-Interview (Specify)  2690 Screener Interview Completed  2691 Main Interview Break-off/Partial Interview  2692 Main Interview Completed On Site  2693 Main Interview Completed Off Site | | |