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

Case ID:					
FI Name: FS N			ame:		
			dee Name:		
Site Number: Site Name:					
RECORD OF CONTACTS					
DATE	TIME	TYPE OF INTERVIEW	STATUS*	COMMENTS	
NAME (IF APPLICABLE) IN THE COMMENTS SECTION. Interviewer Notes:					
SCREENER AND MAIN INTERVIEW STATUS CODES PENDING CODES: FINALCODES:					
1036 No Action Taken (CMS)			2170 Final Unable to Decembedule Appointment		
1130 Access Denied to Building (off-site)			2170 Final Unable to Reschedule Appointment 2180 Respondent Unlocatable		
1180 Respondent Unlocatable			2231 Ineligible, Unaccomp		
1203 No One Home			2242 Respondent Incarcerated		
1205 Respondent Not at Home 1230 Respondent Unavailable, Come Back			2243 Respondent Moved out of Country		
1242 Respondent Incarcerated/Institutionalized			2244 Respondent Moved Out of Interviewing Area		
1243 Respondent Moved out of Country			2254 Case Mistakenly Created/Generated 2320 Ineligible, Did Not Receive Services at HC (CMS)		
1244 Respondent Moved Out of Interviewing Area			2348 Ineligible, Non-Interview		
1254 Case Mistakenly Created			2390 Ineligible, Quota Full		
1292 Appointment Made			2410 Final Refusal by Respondent		
1294 Appointment Broken (CMS)			2420 Final Refusal by Parent/Guardian		
1295 Break-Off, Appointment Made (CMS) 1296 Break-Off/Friendly, No Appointment (CMS)			2430 Final Refusal by Other		
1297 Appointment Made by Other (off site)			2530 Language Barrier Other Language (Specify) 2554 Physically, Mentally Incapable		
1390 Ineligible, Quota Full (CMS)			2550 Respondent Deceased		
1410 Temporary Refusal by Respondent			2570 Other Non-Interview – Fraudulent		
1420 Temporary Refusal by Parent/Guardian			2584 Other Non-Interview – Eligible		
1430 Temporary Refusal by Other			2589 Other Non-Interview (Specify)		
1435 Break-Off, Refusal (CMS)			2690 Screener Interview Completed		
1530 Language Barrier Other Language (Specify) 1554 Physically, Mentally Incapable			2691 Main Interview Break-off/Partial Interview		
1550 Respondent Deceased			2692 Main Interview Completed On Site		
1589 Other non-Interview (Specify)			2693 Main Interview Completed Off Site		

OMB# 0915-0368 Expiration Date XX/XX/XXXX