General Instructions

For purposes of the HCHS/SOL annual follow-up call (AFU) an alternate respondent is defined as a well-informed, mature individual who can answer health related questions on behalf of an HCHS/SOL cohort member if the latter is not available, or is unable to provide the information. A family member or other person who shares the participant’s household or knows him/her well may qualify as an alternate respondent, if sufficiently well informed about the participant’s health and use of health care.

In order to ensure proper record for the information obtained by the alternate respondent letter use the Standalone form available on the DMS called Alternate Respondent Information-ARE, version A.

Question by Question Instructions

Once the AFU staff member receives the Alternate Respondent information back from the participant the data will be entered in the AREA form. The contact information entered in the AREA-form will be used to obtain AFU information when the interviewer has indications that the participant has difficulty answering the AFU questionnaire and/or has cognitive problems. The interviewer may use his/her judgment to determine if the participant is cognitively impaired and unable to answer questions reliably.

Q1a. Enter title for the Alternate respondent (Mr., Mrs., Ms. etc.)

Q 1b. Enter first name for Alternate Respondent

Q1c. Enter last name for Alternate Respondent

Q 2. Enter home address provided in the letter.

Q3. Primary phone number: if country selected on the address field is US/territories the Country Code will be skipped by the DMS.
   Phone-Country-Code: use this section to enter country code when the phone provided is outside the US/territories. If country code is only two digits, leave the extra space empty.

Q4. What is the best time of day to reach you at this number?
   Given that this question is not included in the Alternate Respondent Letter, you can complete this information if and when you contact the Alternate Respondent for the first time.