



HCHS / SOL Annual Follow-up Tracking form

PARTICIPANT ID NUMBER:

FORM CODE: AFT
VERSION: B 01/08/2013

Contact Occasion SEQ #

Administrative Information

0a. Completion Date (mm/dd/yy): / / 0b. Staff ID:

0c. Interview Mode (1=phone, 2=in-person): 0d. Interviewer Location (1=clinic, 2=home visit):

Instructions: This form is completed by the annual follow-up Interviewers to document each contact with a participant during annual follow-up for the HCHS / SOL. Complete this form for ALL cohort participants who are being followed for HCHS. Use as many paper forms as needed to track contacts with participants. The form is entered into the DMS as a multi-line form with the last contact status being the one of record for a give contact year.

Contact Tracking Results

1. Day of Week Date (MM/DD/YY)	2. Time 3.	4. Notes	5. Result Code *	6. Interviewer Code
S M T W T F S / /	A P			
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S M T W T F S / /	A P			
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S M T W T F S / /	A P			
S M T W T F S / /	A P			
S M T W T F S / /	A P			

*RESULT CODES

- 0 Pending contact/ No action taken
- 1 Tracing (No contact with any source, primary or secondary, yet)
- 2 Contacted, AFU interview completed with Cohort Member
- 3 Contacted, AFU interview completed by Proxy/Informant.
- 4 Contacted, Interview partially complete or rescheduled
- 5 Contacted, Interview refused
- 6 Reported alive, will continue to attempt contact this year
- 7 Reported alive, contact not possible this year
- 8 Reported deceased.
- 9 Unknown vital status