L. TRACING AND CLOSING

L1. Can you give me the name, address and telephone number of (SP's) next of kin or responsible person?

ISNOK

Yes 1 (L2)
No 2 (L3)

L2. RECORD NAME, ADDRESS, PHONE NUMBER AND RELATIONSHIP BELOW.

1. **FNOKFNAM** **FNOKMINT** **FNOKLNAM**

NAME

FNOKADDR

ADDRESS

FNOKCITY **FNOKSTAT** **FNOKZIP**

CITY STATE ZIP

(_____) _____ **FNOKAREA** **FNOKEXCH** **FNOKLOCL**

PHONE

FNOKREL **FNOKRLOS**

RELATIONSHIP _____

2. **FNOKFNAM** **FNOKMINT** **FNOKLNAM**

NAME

FNOKADDR

ADDRESS

FNOKCITY **FNOKSTAT** **FNOKZIP**

CITY STATE ZIP

(_____) _____ **FNOKAREA, FNOKEXCH, FNOKLOCL**

PHONE

RELATIONSHIP **FNOKREL**

COMPLETE L3-L6 FOR EACH RESPONDENT	RESPONDENT 1	RESPONDENT 2
L3. Thank you. (ENTER RESPONDENT NAME) **FRESFNAM** **FRESMINT** **FRESLNAM**	NAME: _____	NAME: _____
L4. What is your job title? **FRESTITL**	TITLE: _____	TITLE: _____
L5. INTERVIEWER: WERE PATIENT RECORDS USED? **FRESREC**	YES ..... 1 NO 2	YES ..... 1 NO 2
L6. INTERVIEWER: WHICH SECTIONS DID RESPONDENT ANSWER? (CIRCLE ALL THAT APPLY) **FRESSECA** **FRESSECB** **FRESSECC** **FRESSECD** **FRESSECL**	A B C D L	A B 3 C D L

RESPONDENT 3	RESPONDENT 4
NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
YES .....1 NO 2	YES .....1 NO 2
A B C D L	A B C D L

MRESETIM TIME INTERVIEW ENDED: _____ AM/PM

FOLD OUT FLAP

1. SURVEY ROUND (CIRCLE ONE)
   FACLBRND
   10 11 12 13 14 15 16 17 18

2. REFERENCE DATE _____/_____/_____
   MREFDATE MONTH DAY YEAR

3. DATE OF INTERVIEW _____/_____/_____
   MRESEDAT MONTH DAY YEAR

4. DATE OF BIRTH _____/_____/_____
   HHDOBMM MONTH DAY YEAR
   HHDOBDD
   HHDOBYY
5. ADMISSION DATE _____/_____/_____
   ADMINMM MONTH DAY YEAR
   ADMINDD
   ADMINYY
6. KEY DATE _____/_____/_____
   KEYDATMM MONTH DAY YEAR
   KEYDATDD
   KEYDATYY
7. DISCHARGE DATE _____/_____/_____
   DISCHMM MONTH DAY YEAR
   DISCHDD
   DISCHYY
8. VITAL STATUS:
   VITALS

ALIVE 1

DECEASED 2

UNKNOWN 3