

PWA Short Telephone Interview

ID #: _____

Date: ____ / ____ / ____

If contact was established but participant unable or unwilling to complete the questionnaire, check here: _____

Visit #: _____

1. **Has your address changed since your last contact with us?** Yes No
 If yes, what is your new address?

2. **Have you had any serious illness(es) or significant symptoms since your last contact with us? If YES, briefly describe all illnesses below. Details are especially helpful on any AIDS diagnoses, cancer or neurologic conditions:**

Illness/Symptoms	MM	DD	YY	ICD - 9

At any time (since your last visit in [Month]) did you stay overnight as a patient in a hospital? Yes No

4. **Name and address of the doctor and/or hospital that we may contact for further information: (Any information that you provide will be helpful.)**

Dr. Name:	Telephone:
Address:	City:
Hospital/Address:	City:
Admission Dates:	

5. **Do you have any kind of health insurance coverage or Medical Assistance?** Yes No

a) Coverage by an HMO	Yes	No
b) Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO)	Yes	No
c) Individual Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO)	Yes	No
d) Medicaid, Medi-Cal or Medical Assistance	Yes	No
e) Medicare (for people over 65 or permanently disabled)	Yes	No
f) Health care benefits from the Armed Forces or Veteran's Administration	Yes	No
g) CHAMPUS or CHAMP-VA - medical insurance for dependents of military personnel or survivors or disabled veterans.	Yes	No
Other:	Yes	No