Sleep Heart Health Study
Night to Night Variability Study
Contact Form

Field Center: SITE03                          Recruiter ID: RECRID03
Participant ID number: PPTID

1. Date of Final Recruitment Contact: DTFRC03

2. Method of contact: METHOD03
   □ (1) Telephone
   □ (2) In-person, at clinic
   □ (3) In-person, at home
   □ (4) Mail

3. Result of Final Recruitment Contact RESULT03
   □ (1) Scheduled sleep study for (date) SCHD03
   □ (2) Refused. Reason: REFRSN03
   □ (3) Unable to participate due to illness
   □ (4) Participant out of area for extended time; may call back later, after (date) CBDT03
   □ (5) Unable to locate
   □ (6) Participant deceased
   □ (7) Did not respond to mail contact
   □ (8) Other, specify: OTHRES03

4. Number of contacts attempted: NCONAT03
   (Count of 5, below)

5. Sequence of contacts attempted:

   Date   Result*   Comments   Recruiter

*Result codes:  (1) - No answer (phone)
                 (2) - Bad number
                 (3) - Busy
                 (4) - Left Message
                 (5) - Call back later
                 (6) - No one home (visit)
                 (7) - Unavailable, call back after
                 (8) - I’ll call back after
When a study is scheduled, please fax this form to the Reading Center and Coordinating Center.