



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) **SCHDt03**
 - (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
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- *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.