



SLEEP HEART HEALTH STUDY

CONTACT FORM

Field Site ID: CLINIC

Participant ID#: PPTID

Alpha Code: SHHS

Date form initiated: FORMDATE - 2 0 0

Visit ID Code: F 0 2 VISIT

Form & revision: C F 2 FORMREV

A. Time and method of recruitment attempt

1. Date of final contact:

cf201 - month day year

2. Method of contact: cf202

- 1 Telephone
2 In-person, at clinic
3 In-person, at home
4 Other, (specify): cf202s

B. Result of final recruitment attempt

3. Final recruitment status (check one): cf203

- 1 Could not be reached
2 Too sick to participate
3 Deceased -> Skip to item 5.
4 Refused any follow-up contact
5 Refused home visit; agreed to mailed questionnaire
6 Moved out of area; agreed to mailed questionnaire
7 Home visit scheduled; no PSG (Home visit date cf203d month day - 2 0 0 year )
8 Home visit scheduled; including PSG (Home visit date cf203d month day - 2 0 0 year )
9 Other, (specify): cf203s

