



Sleep Heart Health Study

TRACKING INFORMATION

Field Center ID: __
Participant ID#: _____
Alpha Code: _____
Date form initiated: __ - __ - 200__
Visit ID Code: F 0 2
Form & revision: T I 2

Participant Name: _____

Address: _____

Telephone #(s): _____

Other SHHS participant(s) in household: _____

A. Recruitment for home visit and PSG

Results codes:

- 1 = No answer (phone)
- 2 = Bad number
- 3 = Busy
- 4 = Left message w/ person
- 5 = Call back later
- 6 = No one home (visit)
- 7 = Unavailable, call back after ...
- 8 = I'll call back after ...
- 9 = Left recorded message
- 10 = Scheduled
- 11 = Refused contact

Notes/Special Needs: _____

