**SWOG**

**S1316 PARTICIPANT CONTACT FORM**

**SWOG Patient ID:\_\_\_\_\_\_\_\_\_\_\_\_** Patient Initials \_\_\_\_\_\_\_\_\_\_ (L, F M) Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution / Affiliate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Page 1 is used to track the weekly phone calls. Pages 2 & 3 are to obtain information on other caregivers or family who you may need to contact if the participant is unavailable. At each contact, ask if there are any changes to this information as the study participant’s friends and family become more or less involved with the participant’s care. Do NOT fax to the SWOG Data Operations Center.

|  |  |
| --- | --- |
| **Participant Name** |  |
| **🞏** | **Do not call participant, contact authorized alternate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Ethnicity (choose one):** | 🞏 Asian | 🞏 Black | 🞏 Hispanic | 🞏 Native American | 🞏 White/Caucasian |
| **Address:** | 🞏 Home | 🞏 Nursing Home | 🞏 Care Facility | 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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|  |
|  |  | **Preferred phone for calls**(choose one) |
| **Home phone number** | **( )** | 🞏 |
| **Cell phone number** | **( )** | 🞏 |
| **Other phone number** | **( )** | 🞏 |
| **Email address** |  |

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| **Week of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Study Week #\_\_\_\_\_\_\_** |
| **Preferred time to call (place “X” in all that apply and a “C” to indicate when the call was completed):** |
| **Time** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| **Morning - Anytime**  |  |  |  |  |  |  |  |
| **7 - 9 AM** |  |  |  |  |  |  |  |
| **9 - 11 AM**  |  |  |  |  |  |  |  |
| **11 - noon** |  |  |  |  |  |  |  |
| **Afternoon - Anytime**  |  |  |  |  |  |  |  |
| **Noon - 2 PM** |  |  |  |  |  |  |  |
| **2 - 4 pm** |  |  |  |  |  |  |  |
| **4 – 6 pm** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| **6 – 8 pm** |  |  |  |  |  |  |  |
| **8 – 9 pm** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |

*Complete as much information as possible to be able to remain in contact with the study participant. Indicate relationship of the contact to the study participant (e.g.., spouse, caregiver, daughter, friend)*

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| **Name, Address and Phone Numbers for other contacts in order of preferred contact:** |
| **Name:** |  |
| **Relationship to Pt:** |  |
| **Home Address:** |  |
|  |  |
|  |  |
|  |
|  |  | **Preferred phone for calls**(choose one) |
| **Home phone number:** | **( )** | 🞏 |
| **Cell phone number:** | **( )** | 🞏 |
| **Other phone number:** | **( )** | 🞏 |
| **Email address:** |  |
| **Notes:** |  |
| **🞏** | **Authorized to represent patient** |  | **🞏** | **Only authorized to know contact info for patient** |
|  |
|  |
| **Name:** |  |
| **Relationship to Pt:** |  |
| **Home Address:** |  |
|  |  |
|  |  |
|  |
|  |  | **Preferred phone for calls**(choose one) |
| **Home phone number:** | **( )** | 🞏 |
| **Cell phone number:** | **( )** | 🞏 |
| **Other phone number:** | **( )** | 🞏 |
| **Email address:** |  |
| **Notes:** |  |
| **🞏** | **Authorized to represent patient** |  | **🞏** | **Only authorized to know contact info for patient** |

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| --- | --- |
| **Name:** |  |
| **Relationship to Pt:** |  |
| **Home Address:** |  |
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|  |  | **Preferred phone for calls**(choose one) |
| **Home phone number:** | **( )** | 🞏 |
| **Cell phone number:** | **( )** | 🞏 |
| **Other phone number:** | **( )** | 🞏 |
| **Email address:** |  |
| **Notes:** |  |
| **🞏** | **Authorized to represent patient** |  | **🞏** | **Only authorized to know contact info for patient** |
|  |
|  |
| **Name:** |  |
| **Relationship to Pt:** |  |
| **Home Address:** |  |
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|  |
|  |  | **Preferred phone for calls**(choose one) |
| **Home phone number:** | **( )** | 🞏 |
| **Cell phone number:** | **( )** | 🞏 |
| **Other phone number:** | **( )** | 🞏 |
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