

Lung Screening Study

Call Record for the Health Assessment Questionnaire

Participant Name: _____ Screening Center: |_|_|

Address: _____

Telephone Number: (H) |_|_|_|-|_|_|_|-|_|_|_|_| (W) |_|_|_|-|_|_|_|-|_|_|_|_| (Other) |_|_|_|-|_|_|_|-|_|_|_|_|

Gender (M/F) |_|_|

Date of First Mailing: |_|_|-|_|_|-|_|_| Date of Last Contact: |_|_|-|_|_|-|_|_|

<p>Day: _____</p> <p>Date: _ _ - _ _ - _ _ _ _ </p> <p>Time of Call: ____:____ am</p> <p>____:____ pm</p> <p>Initials: _ _ _ _ </p>	<p>Outcome of Call:</p> <p><input type="checkbox"/> No Answer</p> <p><input type="checkbox"/> Busy</p> <p><input type="checkbox"/> Call Back</p> <p><input type="checkbox"/> Left Message</p> <p><input type="checkbox"/> Form Complete</p> <p><input type="checkbox"/> Refusal</p>	<p>Reason for Refusal:</p> <p><input type="checkbox"/> Too Busy</p> <p><input type="checkbox"/> Not Interested</p> <p><input type="checkbox"/> Other (Specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Level of Refusal:</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Firm</p> <p><input type="checkbox"/> Hostile</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Day: _____</p> <p>Date: _ _ - _ _ - _ _ _ _ </p> <p>Time of Call: ____:____ am</p> <p>____:____ pm</p> <p>Initials: _ _ _ _ </p>	<p>Outcome of Call:</p> <p><input type="checkbox"/> No Answer</p> <p><input type="checkbox"/> Busy</p> <p><input type="checkbox"/> Call Back</p> <p><input type="checkbox"/> Left Message</p> <p><input type="checkbox"/> Form Complete</p> <p><input type="checkbox"/> Refusal</p>	<p>Reason for Refusal:</p> <p><input type="checkbox"/> Too Busy</p> <p><input type="checkbox"/> Not Interested</p> <p><input type="checkbox"/> Other (Specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Level of Refusal:</p> <p><input type="checkbox"/> Mild</p> <p><input type="checkbox"/> Firm</p> <p><input type="checkbox"/> Hostile</p>	<p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Day: _____ Date: _ _ - _ _ - _ _ _ _ Time of Call: ____:____ am ____:____ pm Initials: _ _ _ _	Outcome of Call: <input type="checkbox"/> No Answer <input type="checkbox"/> Busy <input type="checkbox"/> Call Back <input type="checkbox"/> Left Message <input type="checkbox"/> Form Complete <input type="checkbox"/> Refusal	Reason for Refusal: <input type="checkbox"/> Too Busy <input type="checkbox"/> Not Interested <input type="checkbox"/> Other (Specify): _____ _____ _____	Level of Refusal: <input type="checkbox"/> Mild <input type="checkbox"/> Firm <input type="checkbox"/> Hostile	Comments: _____ _____ _____ _____ _____
Day: _____ Date: _ _ - _ _ - _ _ _ _ Time of Call: ____:____ am ____:____ pm Initials: _ _ _ _	Outcome of Call: <input type="checkbox"/> No Answer <input type="checkbox"/> Busy <input type="checkbox"/> Call Back <input type="checkbox"/> Left Message <input type="checkbox"/> Form Complete <input type="checkbox"/> Refusal	Reason for Refusal: <input type="checkbox"/> Too Busy <input type="checkbox"/> Not Interested <input type="checkbox"/> Other (Specify): _____ _____ _____	Level of Refusal: <input type="checkbox"/> Mild <input type="checkbox"/> Firm <input type="checkbox"/> Hostile	Comments: _____ _____ _____ _____ _____
Day: _____ Date: _ _ - _ _ - _ _ _ _ Time of Call: ____:____ am ____:____ pm Initials: _ _ _ _	Outcome of Call: <input type="checkbox"/> No Answer <input type="checkbox"/> Busy <input type="checkbox"/> Call Back <input type="checkbox"/> Left Message <input type="checkbox"/> Form Complete <input type="checkbox"/> Refusal	Reason for Refusal: <input type="checkbox"/> Too Busy <input type="checkbox"/> Not Interested <input type="checkbox"/> Other (Specify): _____ _____ _____	Level of Refusal: <input type="checkbox"/> Mild <input type="checkbox"/> Firm <input type="checkbox"/> Hostile	Comments: _____ _____ _____ _____ _____
Day: _____ Date: _ _ - _ _ - _ _ _ _ Time of Call: ____:____ am ____:____ pm Initials: _ _ _ _	Outcome of Call: <input type="checkbox"/> No Answer <input type="checkbox"/> Busy <input type="checkbox"/> Call Back <input type="checkbox"/> Left Message <input type="checkbox"/> Form Complete <input type="checkbox"/> Refusal	Reason for Refusal: <input type="checkbox"/> Too Busy <input type="checkbox"/> Not Interested <input type="checkbox"/> Other (Specify): _____ _____ _____	Level of Refusal: <input type="checkbox"/> Mild <input type="checkbox"/> Firm <input type="checkbox"/> Hostile	Comments: _____ _____ _____ _____ _____