



**CYCLE RCT 90-Day Follow-Up – Call Log**

Patient ID        
(site#) (patient#)

**Call Attempts**

<b>Call #1</b>	Date:		Time:	
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	<input type="checkbox"/> Alternate Contact
	Voicemail Left		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interview Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			
Caller Initials: _____				
<b>Call #2</b>	Date:		Time:	
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	<input type="checkbox"/> Alternate Contact
	Voicemail Left		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interview Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			
Caller Initials: _____				
<b>Call #3</b>	Date:		Time:	
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	<input type="checkbox"/> Alternate Contact
	Voicemail Left		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interview Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			
Caller Initials: _____				
<b>Call #4</b>	Date:		Time:	
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	<input type="checkbox"/> Alternate Contact
	Voicemail Left		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interview Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			
Caller Initials: _____				

<b>Call #5</b>	Date:		Time:	
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	<input type="checkbox"/> Alternate Contact
	Voicemail Left		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interview Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			
Caller Initials: _____				
<b>Call #6</b>	Date:		Time:	
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	<input type="checkbox"/> Alternate Contact
	Voicemail Left		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interview Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			
Caller Initials: _____				
<b>Call #7</b>	Date:		Time:	
	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Other	<input type="checkbox"/> Alternate Contact
	Voicemail Left		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Interview Completed		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Comments:			
Caller Initials: _____				

E-mail/Mail Attempts

Date:	Comments:	Initials: _____
Date:	Comments:	Initials: _____
Date:	Comments:	Initials: _____

Additional pages can be attached to this log if necessary.