

Comments	<p style="text-align: center;">- Affix label here-</p> Member ID: _____ - _____ - _____ First Name _____ M.I. _____ Last Name _____
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FOLLOW-UP CONTACTS

Contact Date (m/d/y)	Staff ID	Contact Type	Reason for Problem* (Check All That Apply)			Participation Level	Continue Contacts?	Recontact Date (m/d/y)	Data Entry Initial/Date
		1 = Phone 2 = Mail 8 = Other	Personal / Family	Travel / Scheduling	Other	0 = None 1 = Low 2 = Full	0 = No 1 = Yes		

_ _ _ _ _ _ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8	_	_	_ _ _ _ _ _ _
Contact Note:						

_ _ _ _ _ _ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8	_	_	_ _ _ _ _ _ _
Contact Note:						

_ _ _ _ _ _ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8	_	_	_ _ _ _ _ _ _
Contact Note:						

_ _ _ _ _ _ _	_ _ _ _ _ _ _	_	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 8	_	_	_ _ _ _ _ _ _
Contact Note:						

* Reason for Problem: 1 = Personal/Family issues, 2 = Travel/Scheduling problems, 8 = Other

Note: If participation status has changed when retention activities have ended, complete *Form 9 – Participation Status*.