

	<p>- Affix label here-</p> <p>Member ID: ____ - ____ - ____ - ____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
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1. Date of Contact: - - (M/D/Y)

2. Completed By: - -

3. Contact Type:

- ₁ Phone
- ₂ Mail
- ₃ Visit
- ₈ Other, _____

4. Status

- ₂ Consent refused
- ₃ No response to contact attempts
- ₄ Not approached by FC, reason: _____
- ₇ Participant verbally consented to study by phone. **Sign and date Interviewer's Statement below.**

INTERVIEWER'S STATEMENT

I certify that I have read a description of continued participation in the WHI to this participant and she has consented to participate. I informed the participant that her consent is voluntary and that she may quit at any time. I gave her a toll-free number to call to ask questions about the study and let her know that she can call this same number if she has any questions about her rights as a research subject.

Signature of Interviewer

Date