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VOICE C PTID

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Today's Date (dd/mmm/yy)

VOICE-C Permission to Contact Form

Instructions: This form is to be completed for each Group 1 participant prior to contacting her male partner for VOICE-C participation.

1. Permission	I grant permission for VOICE-C staff to contact my male partner for participation in the VOICE-C study, per the contact information and method specified below. Yes <input type="checkbox"/> No <input type="checkbox"/> Participant initials & date: _____						
2. Name of Partner	First Name: _____ Surname: _____ Nickname: _____ Age: _____						
3. Partner Type: (primary? another type?)							
4. Cell Number:							
5. Home Address:							
6. Home Phone Number:							
7. Work Address or NA:							
8. Work Phone Number (or NA):							
9. Permissions: (place X in "Yes" boxes for all methods of contact the participant provides permission for)	Home visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Work visit? <input type="checkbox"/> Yes <input type="checkbox"/> No Phone call?* <input type="checkbox"/> Yes <input type="checkbox"/> No Mail?* <input type="checkbox"/> Yes <input type="checkbox"/> No OK to mention VOICE C?* <input type="checkbox"/> Yes <input type="checkbox"/> No						
10. Best way to contact partner:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Cell phone</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Work Visit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Landline</td> <td style="border: none;"><input type="checkbox"/> Posted letter home</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Home Visit</td> <td style="border: none;"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Cell phone	<input type="checkbox"/> Work Visit	<input type="checkbox"/> Landline	<input type="checkbox"/> Posted letter home	<input type="checkbox"/> Home Visit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Cell phone	<input type="checkbox"/> Work Visit						
<input type="checkbox"/> Landline	<input type="checkbox"/> Posted letter home						
<input type="checkbox"/> Home Visit	<input type="checkbox"/> Other: _____						
11. Updates to Permissions/ Contact information (Initial and date all entries)							
12. Comments: include any comments said by the participant about permission to contact male partner	_____ _____ _____ _____						

**Specify in comments section if these permissions apply to only work, only home, etc. or any other special circumstances*

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