VOICE C	
VOICE C PTID	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 No 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:	Home visit?	Yes No	
(place X in "Yes" boxes for	Work visit?		
all methods of contact the	Phone call?*		
participant provides			
permission for)	Mail?*		
	OK to mention VOICE C?*		
10. <u>Best</u> way to contact	Cell phone	Work Visit	
partner:	Landline	Posted letter home	
	Home Visit	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

## **VOICE-C LOCATOR FORM**

		Today's Date
Name Potential Participant:		
	First Name:	Maiden:
	Nickname:	Married:
Home Address (draw map if necessary and attach to this form):		
		ns this property?
Home Phone Number:		
Cell Number:		
Work Address or NA:		
WORK Address of NA:		
Work Phone Number or NA:		
Permissions:		
(place X in appropriate box)	Home visit OK? OK to mention VOICE-C?	Yes No
	Work visit OK?	
	Phone call OK?	Yes No
Participant initials & date:	Mail OK?	Yes No
Best way to contact participant	Cell phone	
	Landline Home Visit	
	Work Visit	
	Posted letter home	
	Other:	

Staff Initials and Date \_\_\_\_\_