



Annual Follow-up Record of Calls

FORM CODE: ARC
VERSION A 03/30/2016

PARTICIPANT ID NUMBER: CONTACT YEAR:

LAST NAME: INITIALS:

DATE OF BASELINE VISIT: / /
m m d d y y y y

EARLIEST DATE OF CONTACT: / /
m m d d y y y y

TARGET CONTACT DATE: / /
m m d d y y y y

LATEST CONTACT DATE: / /
m m d d y y y y

INSTRUCTIONS: Use this form to record every call to the participant. Complete as indicated, including appropriate Result Codes.

A. RECORD OF CALLS

	A. Day of Week	B. Date mm/dd/yyyy	C. Time	D. A P	E. Int. ID	F. Result Code *	G. Notes
1.	S M T W H F A	/ /		A P			
2.	S M T W H F A	/ /		A P			
3.	S M T W H F A	/ /		A P			
4.	S M T W H F A	/ /		A P			
5.	S M T W H F A	/ /		A P			
6.	S M T W H F A	/ /		A P			

* RESULT CODES [ENTER AND CIRCLE THE FINAL SCREENING RESULT CODE IN ITEM 15.f] (Continue on next page)

- | | | |
|--|---|---|
| A AFU letter sent | J Participant lived here, but moved permanently | R Reported alive, contact not possible this year |
| B No action taken | K Tracing | S Reported deceased |
| C No answer | L Physically/mentally incompetent | T Unknown/lost to AFU |
| D Busy signal | M Language barrier | U Does not want further contact |
| E Answering machine | N Contacted, interview complete | V Other |
| F Privacy block | O Contacted, interview partially completed or Rescheduled | W ARIC AFU |
| G Disconnected/non-working number | P Contacted, interview refused | X Exam scheduled |
| H Recording/# Change | Q Reported alive, will continue to attempt to contact this year | Y Clinic exam not scheduled, pending |
| I Participant does not live here/unknown | | Z Clinic exam not scheduled, refused |
| | | AA Contacted, interview complete by proxy/Informant |
| | | AB Contact not possible/exhausted all options |

B. THE SOURCE OF INFORMATION FOR ARC RESULT CODES L, Q, R and S

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Source's Name

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Number/Street/RFD

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Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City

--	--

State

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Zip Code

RECORD OF CALLS (cont'd)

	A. Day of Week	B. Date mm/dd/yyyy	C. Time	D.	E. Int. ID	F. Result Code *	G. Notes
7.	S M T W H F A	/ /		A P			
8.	S M T W H F A	/ /		A P			
9.	S M T W H F A	/ /		A P			
10.	S M T W H F A	/ /		A P			
11.	S M T W H F A	/ /		A P			
12.	S M T W H F A	/ /		A P			
13.	S M T W H F A	/ /		A P			
14.	S M T W H F A	/ /		A P			
15.	FINAL CODE OFFICE USE ONLY						

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- | | | |
|--|---|--|
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16. Does participant live within official JHS boundaries?..... Yes 1
 No 2
 Unknown 3