



Contact Tracking Log

Participant P-ICECAP ID: _____ Site: _____

Use this form to document contact attempts. Be sure to try different times of day and different modes. There is no minimum or maximum number of contacts prescribed, but if you are having trouble reaching the family, reach out to Moni Weber (monij@umich.edu) or Beth Slomine (slomine@kennedykrieger.org) early.

Attempt #1

Date: _____ Time Contacted: _____ AM PM

Calling for: 2-month contact verification 11-month contact verification

Method of Contact: Call Text Email Other: _____

Narrative: _____

Attempt #2

Date: _____ Time Contacted: _____ AM PM

Calling for: 2-month contact verification 11-month contact verification

Method of Contact: Call Text Email Other: _____

Narrative: _____

Attempt #3

Date: _____ Time Contacted: _____ AM PM

Calling for: 2-month contact verification 11-month contact verification

Method of Contact: Call Text Email Other: _____

Narrative: _____

Attempt #4

Date: _____ Time Contacted: _____ AM PM

Calling for: 2-month contact verification 11-month contact verification

Method of Contact: Call Text Email Other: _____

Narrative: _____

Attempt #5

Date: _____ Time Contacted: _____ AM PM

Calling for: 2-month contact verification 11-month contact verification

Method of Contact: Call Text Email Other: _____

Narrative: _____

Attempt #6

Date: _____ Time Contacted: _____ AM PM

Calling for: 2-month contact verification 11-month contact verification

Method of Contact: Call Text Email Other: _____

Narrative: _____

Attempt #7

Date: _____ Time Contacted: _____ AM PM

Calling for: 2-month contact verification 11-month contact verification

Method of Contact: Call Text Email Other: _____

Narrative: _____

