Site # ___ and Line # ___ ___ ___
(or)
Study ID # ___ ___ ___ ___ ___

Veterans Walk for Health Study

Correspondence with Participant

Date: ___ ___ / ___ ___ / ___ ___ ___ ___
(month) (day) (year)

Time: ___ ___ : ___ ___ am / pm

Medium (select one):

☐ telephone ☐ in person ☐ e-mail ☐ other: _____

Contact initiated by:

☐ participant ☐ study coordinator ☐ dietitian ☐ other: _____

Summary of Discussion:

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Signature: _____ Date: _____