

INTERVIEWER'S LOG OF NDMS HOSPITAL SURVEY

Interviewer Name: _____ Contact Phone: _____ Date Shipped to SAR Corp.: _____

NDMS Region: _____ Contact email: _____ Number of Questionnaires Shipped: _____

No.	Hosp. Name	Hospital Point-of-Contact Name Phone # email address	First Contact Date	Permissi on Status: Refused (R) or Permitted (P)	Interviewee Name Phone # email address	Interviewee Job Title POC/EM (POC/EM) Admin (A) Clinical Serv. Dir (CD)	Scheduled Interview Date	Time of Interview	On Site (S) or Phone Interview (P)	COMMENTS (If refused to participate, include reason below)
1.										
2.										
3.										
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9.										
10.										
11.										

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12.										
13.										
14.										
15.										
16.										
17.										
18.										
19.										
20.										
21.										
22.										
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25.										

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