

Date _____

Subject # _____

Phone Screening Form

This form outlines the procedure to screen potential participants for the accessible ergometer study. When receiving a call from an interested participant, be sure to assign him/her a subject number and complete all the information below. **Be sure to note the participant's specific disability in the "Special considerations" section of this form.** This form will be destroyed at the conclusion of the study.

Last Name (optional) _____

First Name _____

Contact information (any one is acceptable)

Phone _____

E-Mail _____

If patient of UW-Hospital, clearance obtained from primary care physician? [Y/N] _____

Date & time available for study _____

Special considerations/other _____

Name of phone screener