

FEATHER Patient Identification Log

For each patient that you complete follow-up at discharge, please remind them that they may be contacted for a short interview about their experiences within the [\[Host trial\]](#) trial as part of the FEATHER study. Written consent for further contact as part of this research is included in the [\[Host trial\]](#) Informed Consent Form and Patient Information Sheet.

Hospital name: _____

[Host trial] Trial Number	Age	Sex	Level of education	Home location	Planned [Host trial] 30-day Follow-up	Verbal consent to be contacted for FEATHER	Preferred days for telephone interview (Circle all that apply)	Preferred time for telephone interview (Circle all that apply)
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> High school level or above <input type="checkbox"/> Below high school level	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any day M / Tu / W / Th / F / Sa / Su	Any time AM / PM / Evening
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> High school level or above <input type="checkbox"/> Below high school level	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any day M / Tu / W / Th / F / Sa / Su	Any time AM / PM / Evening
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> High school level or above <input type="checkbox"/> Below high school level	<input type="checkbox"/> Urban <input type="checkbox"/> Rural	<input type="checkbox"/> In-person <input type="checkbox"/> Telephone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Any day M / Tu / W / Th / F / Sa / Su	Any time AM / PM / Evening
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