

**ATTACHMENT H**

Recruitment Data Form

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*The Natural History of Spina Bifida in Children Pilot Project*

**RECRUITMENT DATA FORM**

1. Name of person filling out form: \_\_\_\_\_

2. Time period covered: \_\_\_\_\_  
mm/dd/yy mm/dd/yy

3. How many families did you attempt to recruit in the past 2 weeks? \_\_\_\_\_

4. How many families did you recruit in the past 2 weeks? \_\_\_\_\_

5. How were the potential families approached?

*The total number should add up to the number in item 3*

\_\_\_\_\_ Phone (project staff initiated the phone call)

\_\_\_\_\_ Phone (the potential participant initiated the phone call)

\_\_\_\_\_ Clinic/Hospital

\_\_\_\_\_ Other, specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How many of these families were:

\_\_\_\_\_ Ineligible, *specify reason/s* \_\_\_\_\_

\_\_\_\_\_ Refused to participate, *specify reason/s* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Expressed interest, but did not enroll, *specify reason/s* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Enrolled/recruited, *if enrolled specify what component they enrolled in*

Phone survey component

In-person component

\_\_\_\_\_ Other, *please specify* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. How many of the families you attempted to recruit were MACDP families? \_\_\_\_\_

8. How many of the families that you did recruit were MACDP families? \_\_\_\_\_

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9. Describe any problems related to participant recruitment\_\_\_\_\_