

Study Number

Date form filled in

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BEST CONTACT FORM

We would be very grateful if you could send this form back indicating:

- Any change of address for your relative/friend (*question 1*)
- Any issues or comments that may have prevented us from contacting your relative/friend (*question 2*)

CONFIDENTIAL

1. PLEASE GIVE DETAILS OF ANY NEW ADDRESS FOR YOUR FRIEND/RELATIVE

House Name

House Number

Street Name

District

Town/City

County

Postcode

Telephone No
(including code)

2. ANY OTHER ISSUES OR COMMENTS

Thank you very much for filling in this form. Please return it to the CHaRT Study Office, Health Services Research Unit, University of Aberdeen, Foresterhill, Aberdeen, AB25 2ZD in the prepaid envelope provided.

Please do not hesitate to telephone the Study Office on [REDACTED] if you have any queries.