

Care home name:

Date:

**NATIONAL STUDY OF CARE HOME RESIDENTS' AND RELATIVES'  
EXPECTATIONS AND EXPERIENCES 2008**

**RESPONDENT CONTACT DETAILS FORM**

This form is to collect the contact details of all new residents **or** their relative, friend or carer wishing to take part in the study. Please use a new form for each person wishing to take part.

Once this form has been completed, **please return to BMRB in the reply paid envelopes provided**, or if you prefer, call Shreena Kotecha from BMRB on 020 8433 4478 to pass on this information over the phone.

**The information given on this form will be completely confidential – no details will be passed on to anyone outside of BMRB.**

<b>1. Full name of resident (include full name and title):</b>		
<b>2. Date moved into the home:</b>	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="text"/><input type="text"/> <b>D D</b></div> <div style="text-align: center;"><input type="text"/><input type="text"/> <b>M M</b></div> <div style="text-align: center;"><input type="text"/><input type="text"/> <b>Y Y</b></div> </div>	
<b>3. Informed consent gained:</b>	<input type="checkbox"/> <b>Yes</b> Go to question 4	<input type="checkbox"/> <b>No</b> Go to question 7
<b>4. Does this resident want someone else to be present at the interview?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>5. Does this resident require the interview to be conducted in a language other than English?</b>	<input type="checkbox"/> <b>Yes - please specify which language</b> <hr style="width: 100%; border: 0; border-top: 1px solid black; margin-top: 5px;"/>	<input type="checkbox"/> <b>No</b>
<b>6. Would this resident prefer to be interviewed by a female interviewer?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No preference</b>

**IF RELATIVE, FRIEND OR CARER RECRUITED INSTEAD PLEASE COMPLETE OVERLEAF**

Care home name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>7. Has a family member, friend or carer (key decision maker) been contacted about the survey?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>8. Is this person happy for their details to be passed on to BMRB, so we can ask them to take part in a telephone survey on behalf of the resident?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>
<b>9. Does this person require the telephone call to be conducted in a language other than English?</b>	<input type="checkbox"/> <b>Yes - please specify which language</b> _____	<input type="checkbox"/> <b>No</b>
<b>10. Would this person prefer to be called by a female interviewer?</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No preference</b>
<b>11. Full name and title of family member, friend or carer (key decision maker) to be contacted</b>	_____ (include full name, including title)	
<b>12. Relationship to resident? (Family/friend/Carer)</b>	_____	
<b>12. Full telephone number of member, friend or carer (key decision maker) to be contacted</b>	<b>Landline number:</b> _____ <b>Mobile phone number:</b> _____ <b>(don't forget to include area code)</b>	