

Please see the form 'Data Collection Form: Notes for completion' for help in filling in this form.

Page 1: randomisation form

1. Reviewer

(Your details. All forms must include your Reviewer ID; other details need only be filled in on your first form)

Name:	Reviewer ID (assigned by us; based on your initials):
Email:	
Fax, address or telephone number if no email:	
Your location (country):	Review Group:
Review title:	

2. Investigator

(Details of the person to whom you will write. This information will be used to maximise balance in the randomisation process)

Study ID: <i>(usually surname and year of publication)</i>	Date last known at address: <i>(please use dd/mm/yyyy format for all dates)</i>
Amount of information to be requested (tick one): Small (approx 1-3 items) <input type="checkbox"/> / Medium (approx 4-10 items) <input type="checkbox"/> / Large (approx over 10 items) <input type="checkbox"/>	
Mode of contact: surface mail <input type="checkbox"/> / email <input type="checkbox"/>	
Have you had previous contact with this investigator? Yes <input type="checkbox"/> / No <input type="checkbox"/> / Don't know <input type="checkbox"/>	
Is this investigator involved with the Cochrane Collaboration? Yes <input type="checkbox"/> / No <input type="checkbox"/> / Don't know <input type="checkbox"/>	

*Please send the above details (or a copy of this page) to Mike Clarke for assignment:
email: mclarke@cochrane.co.uk or fax: +44 1865 516311
or post: UK Cochrane Centre, Summertown Pavilion, Middle Way, Oxford, OX2 7LG, UK*

3. Assignment *(the response to your request)*

This investigator is assigned to Experimental <input type="checkbox"/> / Control <input type="checkbox"/>	
This investigator is assigned the Unique First Contact Identifier	FC.....
<i>Please write this in the box at the top of this form (and the next page) and use it in future correspondence with us about this investigator.</i>	

4. either Control Intervention					FC.....
<u>0 weeks</u>	sent <input type="checkbox"/>	on (date):	by surface <input type="checkbox"/> / email <input type="checkbox"/>	to (country):	costs:
	contained: request letter <input type="checkbox"/> other (specify):				
or Experimental intervention					
<u>0 weeks</u>	sent pre-notification <input type="checkbox"/>	on (date):	by surface <input type="checkbox"/> / email <input type="checkbox"/>	to (country):	costs:
	contained (tick all that apply): letter <input type="checkbox"/> Cochrane leaflet <input type="checkbox"/> protocol <input type="checkbox"/> other (specify):				
<u>4 weeks</u>	sent request <input type="checkbox"/>	on (date):	by surface <input type="checkbox"/> / email <input type="checkbox"/>	to (country):	costs:
	contained (tick all that apply): letter <input type="checkbox"/> table/form <input type="checkbox"/> promise of acknowledgement <input type="checkbox"/> other (specify):				
<u>7-9 weeks</u>	follow-up <input type="checkbox"/>	on (dates):		to (country):	costs:
	attempted: surface mail <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> telephone <input type="checkbox"/> other (specify):				
Any other attempts to contact the investigator					
<u>Other attempts: 1</u>	on (date):		to (country):		costs:
	by surface mail <input type="checkbox"/> / email <input type="checkbox"/> / fax <input type="checkbox"/> / telephone <input type="checkbox"/> / other:				
	details (specify):				
<u>Other attempts: 2</u>	on (date):		to (country):		costs:
	by surface mail <input type="checkbox"/> / email <input type="checkbox"/> / fax <input type="checkbox"/> / telephone <input type="checkbox"/> / other:				
	details (specify):				

5. Diary (Please log all responses from this investigator)	
(1) Date received:	Response to: pre-notification* <input type="checkbox"/> / request <input type="checkbox"/> / follow-up* <input type="checkbox"/> / other(specify):
	Got: rejection <input type="checkbox"/> / new contact details <input type="checkbox"/> / some requested information <input type="checkbox"/> / all requested information <input type="checkbox"/>
(2) Date received:	Response to: pre-notification* <input type="checkbox"/> / request <input type="checkbox"/> / follow-up* <input type="checkbox"/> / other(specify):
	Got: rejection <input type="checkbox"/> / new contact details <input type="checkbox"/> / some requested information <input type="checkbox"/> / all requested information <input type="checkbox"/>
(3) Date received:	Response to: pre-notification* <input type="checkbox"/> / request <input type="checkbox"/> / follow-up* <input type="checkbox"/> / other(specify):
	Got: rejection <input type="checkbox"/> / new contact details <input type="checkbox"/> / some requested information <input type="checkbox"/> / all requested information <input type="checkbox"/>

*applicable to experimental intervention only

6. Outcomes	
At 12 weeks <input type="checkbox"/> / other (specify):	measured on (date):
<i>Primary outcome: Information retrieved of that requested:</i> No information <input type="checkbox"/> / Inadequate response <input type="checkbox"/> / Satisfactory response <input type="checkbox"/> / Perfect response <input type="checkbox"/>	
<i>Secondary outcome: Response:</i> Did you receive any response (from anyone) as a result of your letter(s)? Yes <input type="checkbox"/> / No <input type="checkbox"/>	

7. Comments	Please append any additional sheets as necessary
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