$Ins 3_Arm 1234_Provider\ documentation\ 1^{st}\ contact_recruitment_EN$ $Primary\ Health\ Care\ Provider\ -\ Contact\ Documentation$

1) Recruitment details

for all contacted providers

The following points need to be documented for each contacted provider:

Provider ID		eru) prov.id
Gender	(1) Female (2) Male (3) Other	sex
Age	years	age
Profession	(1) Doctor (2) Nurse (3) Nurse technician (4) Midwife (5) Psychologis (6) Social work (7) Other:	er profession/ profession.other
Average number of consultations per week	consultations per (day/week	/month) consultations1/
Accepted / Refused / No response	(1) Accepted(2) Refused(3) No response	accept
If refused, give reasons		reason1
If no response, any reasons suspected?		reason2

$Ins 3_Arm 1234_Provider\ documentation\ 1^{st}\ contact_recruitment_EN$ $Primary\ Health\ Care\ Provider\ -\ Contact\ Documentation$

2) C	Consent form			
Prov	ider ID:			
			Please check box	
1.		ad and understand the informad the opportunity to ask qu		
2.		e read and understand that study data collected processed at the TU Dresden (Germany) and shared ta Service.		
3.	. I understand that my participation is voluntary and that I am free to not participate, without giving any reason			
Nam	e of provider	Date	Signature	
 Rese	archer	Date	Signature	
Nam	e of provider: Dr/Mr/Mrs	/Ms		
E-ma	ail address			
Геle	ohone no. (day)			
Mob	ile phone no			