



DVD Questionnaire Record

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Visitor A Name _____ Phone No _____

Visitor B Name _____ Phone No _____

Tick here when each Contact Report is returned

Copy information from DVD Distribution Record into these two columns for all recipients you intend to contact personally with the Questionnaire		Complete these two columns when the Questionnaire visit has been made		
Name/Address/Tel No	Pre-questionnaire visit comments & arrangements made for visit	Questionnaire completed (date)	Post-questionnaire visit comments & notes to myself	

It is essential to transfer the information on this form onto a Contact Report for each completed questionnaire. Please return this sheet to the Project Co-ordinator when all the questionnaires are completed.