

Ch

University

qu t T u

UH Shaken Baby Syndrome Prevention and Awareness Program
Follow-up Telephone Survey and Consent



Tên : _____

u : _____ Cha _____

: _____ / /

: _____

nh c t t _____ t v University. Xin c t t c u v
t (___ OTHER'S A E ___) IF NOT AVAILABLE, ARRANGE CALL BACK.

(WHEN ON LINE, REINTRODUCE IF NECESSARY) C ú t a t c u qua
tr v s c e c a t r e A b u q u e r q u e . 7 t t r c â q u v s c t
v U n i v e r s i t y . T t ó q u v c t t v c c c s ó c e b é c a
q u v , và t a t u t h a m v t c u c s t t t h e o .

1. u v c b c c a

c ó t r s s b t v s u c a v c c e b é . C â u t r q u v r t q u a t r
c c ú t t r v c x c c u q u t r o n g v c c u c t h o n g c c c b c
c a . T h o n g t i n q u ý v c u c s c c â ó c ù v c t u
c a c v c â u t r c a q u v s b d . R t c a q u v s l u o n c
t t r .

2. Tr c r b v v b é , q u v v a c ó t h o n g t i n v u c a v c
c t r s s ò t r H C T r L c v c u b é ó c

u?
 C KHÔNG KHÔNG (answered Q 2 with SBS)
(IF NO, thank them for their time and hang up)

3. u v a c n t h o n g t i n n à y k h o n g ?
 C t r a
 C h a
 c _____

4. u v t â v x a t d c s c e ó v q u v v
u c a v c c e b é ?
 C KHÔNG

5. Qu v

