



The 3D Study:

Improving whole person care

CARER CONTACT FORM

If you are a carer, guardian or person responsible for a patient who is interested in taking part in the 3D Study, it would be helpful if you would give us your details in the box below as an extra point of contact:

Title: Mr/Mrs/Miss/other: _____ Full Name: _____

Address: _____

Home phone number: _____ Mobile number: _____

Email Address: _____

Contact Preference: morning/afternoon/evening/don't mind/other: _____

Name of patient responsible for: _____

Relationship to patient: _____

Signature: _____ Date: _____

THANK YOU

We are also interested in the views and experiences carers. In particular, we are interested in how the care and management of people living with a number of different long-term conditions affects the lives of their carers. You can help in the study by completing 3 short questionnaires (one now, then 6 months and 12 months later).

Please let us know if you are interested in more information about carers taking part in the 3D Study by ticking one of the following statements:

Tick 1 box only

YES– I WOULD LIKE more information about what’s involved

OR

NO – I WOULD NOT LIKE more information about what’s involved

If you have any questions, please contact <researcher name> on <researcher phone number> or email <local research site email address>.

PLEASE RETURN THIS FORM TO RESEARCHERS USING THE FREEPOST ENVELOPE. THANK-YOU!