Date form completed:

**Study Title:**

|  | **Name & Role** | **Institutional Affiliation** | **Role in the study** | **Qualifications** |
| --- | --- | --- | --- | --- |
|  |  |  | Recruitment  Data Collection  Data Analysis  Screening  Consent  Data Entry  Participant Interaction  Accessing Personal Health Information  Other (please specify): |  |
|  |  |  | Recruitment  Data Collection  Data Analysis  Screening  Consent  Data Entry  Participant Interaction  Accessing Personal Health Information  Other (please specify): |  |
|  |  |  | Recruitment  Data Collection  Data Analysis  Screening  Consent  Data Entry  Participant Interaction  Accessing Personal Health Information  Other (please specify): |  |
|  |  |  | Recruitment  Data Collection  Data Analysis  Screening  Consent  Data Entry  Participant Interaction  Accessing Personal Health Information  Other (please specify): |  |
|  |  |  | Recruitment  Data Collection  Data Analysis  Screening  Consent  Data Entry  Participant Interaction  Accessing Personal Health Information  Other (please specify): |  |
|  |  |  | Recruitment  Data Collection  Data Analysis  Screening  Consent  Data Entry  Participant Interaction  Accessing Personal Health Information  Other (please specify): |  |
|  |  |  | Recruitment  Data Collection  Data Analysis  Screening  Consent  Data Entry  Participant Interaction  Accessing Personal Health Information  Other (please specify): |  |