

Call Monitoring Form

Interviewer Name _____

Client ID# _____

Date ____/____/____

Time of Call _____AM/PM

Question	Yes/No	Comments
Was the interviewer courteous?		
Did the interviewer read each question as written?		
Did the interviewer probe for additional information if needed?		
Did the interviewer use refusal avoidance techniques, if needed?		
Were skip patterns followed correctly?		
Did the interviewer record the result of the call? (Check Record of Contact)		

Additional Comments: _____

Comments reviewed with Interviewer:

Date ____/____/____ Time _____AM/PM

Interviewer Signature

Supervisor Signature