



Nursing Home (NH) Information to Confirm Pre-Visit

Study Site ID Number:

NH Name:

Address:

Administrator Name:

Administrator Info (phone/email):

Primary Contact Name(s):

On-site Contact Info (phone/email):

Date of Visit:

Start Time:

Approximate Travel Time to NH:

Pre-Visit Confirmation Points

Study Activities

Parking

Building Information

Time of Shift Changes

**Health and Safety
Requirements**

Study Activity Space

NH Staff Support