Please use this form to record all encounters with people that happen to you during a single day (from waking to sleep). We are interested in enounters that could

Single Day Contact Diary
Please return completed forms to Contact Diaries,

Please return completed forms to Contact Diaries, Ecology & Epidemiology Group, University of Warwick, Coventry, CV4 7AL, U.K. If you would like to record your contacts for

otentially spread disease, specifically face-to-face onversations and where physical skin-to-skin touch occurs (handshakes or kisses, for example).		n or assistance please contact Dr J	please use a seperate form for each day onathan Read, Tel: 02476 574188 or E Date		fidential. Age		
,	(optional)		(of recording)	(delete as appropriate)	(years)		
	What type?	How long?	Where was this?	How often?	Who knows who? Using the code numbers down the left-hand side, pleass list the other people in your contact list you think have met this person in the previous week.		
ou may cut off this section and discard once the form is completed	Please indicate what level of encounter occurred.	Indicate the total duration of contact with this individual, over the entire day.	Tick the location that best describes the location of the encounter. (Home is for encounters within the residence where you live, not at other	How often do you normally have contact with this individual? Please tick the appropriate box.			
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Single Day Contact Diary

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