The Toolkit of Instruments to Measure End-of-Life Care

User Information and Registration Form

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3. T.I.M.E. will not be sold, either in its original or adapted form.

I agree to the above conditions.

Name: ____________________________________________

Address: ____________________________________________

Telephone: ____________________________________________

E-Mail: ____________________________________________

Signature of Applicant: __________________________ Date: _________

Location where you will use T.I.M.E. (please circle as appropriate):

Hospice / Nursing Home / Hospital

Other (please specify): __________________________

Do you plan to use T.I.M.E.? (please circle as appropriate)

Yes, definitely / Probably / Not Sure / Probably Not / No, definitely not

Note: Upon receipt of this registration form, Dr. Teno will send the necessary information for scoring the T.I.M.E. instruments to the applicant at the address provided above.

Please return this form to:

Dr. Joan M. Teno, MD, MS, Center for Gerontology & Health Care Research, Brown University School of Medicine, 167 Angell Street, Lower Level, Providence, RI 02912 or fax at 401-863-1742.