



CONTACT INFORMATION

Initial RHSCIR

INTERVIEW

CONTACT-InitialRHSCIR

Page 1 of 1

This page contains personal identifiers and must be stored separately from the main case report forms. It is advisable to store this form with the informed consent form.

Contact Information

(If you are able to enter email addresses in GRP for automated CFU only, please enter & edit in Contact Information form of the Enrollment section.)

Please provide as many contacts as possible.

Preferred contact
(select one only)

☐

Home:

Phone (Home): _____ Phone (Cell): _____

Email: _____

☐

Work:

Phone: _____ Ext: _____

Email: _____

☐

Next of Kin:

Last Name: _____ First Name: _____

Relationship to contact (e.g., spouse, mother): _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

☐

Other Contact:

Last Name: _____ First Name: _____

Relationship to contact (e.g., friend, sister): _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

☐

Other Contact:

Last Name: _____ First Name: _____

Relationship to contact (e.g., friend, sister): _____

Phone (Home): _____ Phone (Cell): _____

Email: _____

Data Collection Details

Interviewer Name: (please print)		Initial Here:		Date Interview Completed:	YYYY-MM-DD
--	--	----------------------	--	----------------------------------	------------