



CONTACT INFORMATION

Final RHSCIR

INTERVIEW

CONTACT-FinalRHSCIR

Page 1 of 2

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

(Enter the the first 3 digits of the participant's postal code in the "CONTACT -FinalRHSCIR" form on the GRP. If you are able to enter email addresses in GRP for automated CFUs, please also keep that information up to date in the "Contact Information" form of the Enrollment section.)

Please provide as many contacts as possible.

Preferred contact
(select one only)

☐

Home:

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

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

Email: _____

☐

Work:

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

Phone: _____ Ext: _____

Email: _____

☐

Next of Kin:

Last Name: _____ First Name: _____

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

Address: ☐ Same as home _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

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

Email: _____

Contact Information - continued☐**Other Contact:**

Last Name: _____ First Name: _____

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

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

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

Email: _____

☐**Other Contact:**

Last Name: _____ First Name: _____

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

Address: _____

City: _____ Province/State: _____

Postal/Zip Code: _____ Country: _____

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

Email: _____

Data Collection Details

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