



# CONTACT INFORMATION

## Community Follow-Up

INTERVIEW/MAIL

CONTACT-CFU

Page 1 of 2

### Contact Information

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: \_\_\_\_\_

INTERVIEW/MAIL

CONTACT-CFU

Page 2 of 2

**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: \_\_\_\_\_

**Enter the first 3 digits of the participant's postal code in the "CQ-CFU" form on GRP.****Data Collection Details****Data  
Collection  
Point:****Community Follow Up Year (i.e., 18 months, 5, 10, 15, 20):****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.**