



CONTACT INFORMATION

Community Follow-Up

INTERVIEW/MAIL

CONTACT-CFU

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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

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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 ~~home city, province, postal code, and country~~ 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.