



# CONTACT INFORMATION

## Initial RHSCIR

INTERVIEW

CONTACT-InitialRHSCIR

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**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 identifiers into the GRP, 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

|  |  |                      |  |                                  |            |
|--|--|----------------------|--|----------------------------------|------------|
| <b>Interviewer Name:</b><br>(please print) |  | <b>Initial Here:</b> |  | <b>Date Interview Completed:</b> | YYYY-MM-DD |
|--|--|----------------------|--|----------------------------------|------------|