



CONTACT INFORMATION

Final RHSCIR

INTERVIEW

CONTACT-FinalRHSCIR

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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 (Enter the participant's home city, province, postal code, and country in the "CONTACT - FinalRHSCIR" form on the GRP. If you are able to enter identifiers into the GRP, please also keep the participant's current contact 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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