



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)

<input type="checkbox"/>	Home:		
	Phone (Home):	_____	Phone (Cell): _____
	Email:	_____	
<input type="checkbox"/>	Work:		
	Phone:	_____	Ext: _____
	Email:	_____	
<input type="checkbox"/>	Next of Kin:		
	Last Name:	_____	First Name: _____
	Relationship to contact (e.g., spouse,mother): _____		
	Phone (Home):	_____	Phone (Cell): _____
	Email:	_____	
<input type="checkbox"/>	Other Contact:		
	Last Name:	_____	First Name: _____
	Relationship to contact (e.g., friend,sister): _____		
	Phone (Home):	_____	Phone (Cell): _____
	Email:	_____	
<input type="checkbox"/>	Other Contact:		
	Last Name:	_____	First Name: _____
	Relationship to contact (e.g., friend,sister): _____		
	Phone (Home):	_____	Phone (Cell): _____
	Email:	_____	

Data Collection Details

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