

## CONTACT INFORMATION FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: CIF  
VERSION: 1.0 03/03/2021

Event: \_\_\_\_\_

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be entered with current personal and contact information during the participant's clinic visit. Read the statements regarding confidentiality and verify the participant fully understands. Please answer all questions.

1) What is your current home address:

1a) Address line 1: \_\_\_\_\_

1b) Address line 2: \_\_\_\_\_

1c) City: \_\_\_\_\_

1d) State:

1e) Zip Code:      -

1f) When did you begin living here?   /   /

1g) What is your primary email address? \_\_\_\_\_

1h) What is your secondary email address? \_\_\_\_\_

2) Have you lived only at the address listed above during the last 10 years?

No<sub>0</sub>

Yes<sub>1</sub> → **Go to 9**

**Please list any address as well as dates of residence for all other places that you have lived in the last 10 years, starting with the most recent:**

3) List full address and zip code:

3a) Address line 1: \_\_\_\_\_

3b) Address line 2: \_\_\_\_\_

3c) City: \_\_\_\_\_

3d) State:

ID NUMBER:

3e) Zip Code:  -

3f) Dates of residence:  /  /  through

3g)  /  /

3h) Did you live anywhere else in the last 10 years?

No<sub>0</sub> → **Go to 9**

Yes<sub>1</sub>

4) List full address and zip code:

4a) Address line 1: \_\_\_\_\_

4b) Address line 2: \_\_\_\_\_

4c) City: \_\_\_\_\_

4d) State:

4e) Zip Code:  -

4f) Dates of residence:  /  /  through

4g)  /  /

4h) Did you live anywhere else in the last 10 years?

No<sub>0</sub> → **Go to 9**

Yes<sub>1</sub>

5) List full address and zip code:

5a) Address line 1: \_\_\_\_\_

5b) Address line 2: \_\_\_\_\_

5c) City: \_\_\_\_\_

5d) State:

5e) Zip Code:  -

5f) Dates of residence:  /  /  through

5g)  /  /

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5h) Did you live anywhere else in the last 10 years?

No<sub>0</sub> → **Go to 9**

Yes<sub>1</sub>

6) List full address and zip code:

6a) Address line 1: \_\_\_\_\_

6b) Address line 2: \_\_\_\_\_

6c) City: \_\_\_\_\_

6d) State:

6e) Zip Code:      -

6f) Dates of residence:   /   /     through

6g)   /   /

6h) Did you live anywhere else in the last 10 years?

No<sub>0</sub> → **Go to 9**

Yes<sub>1</sub>

7) List full address and zip code:

7a) Address line 1: \_\_\_\_\_

7b) Address line 2: \_\_\_\_\_

7c) City: \_\_\_\_\_

7d) State:

7e) Zip Code:      -

7f) Dates of residence:   /   /     through

7g)   /   /

7h) Did you live anywhere else in the last 10 years?

No<sub>0</sub> → **Go to 9**

Yes<sub>1</sub>

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8) List full address and zip code:

8a) Address line 1: \_\_\_\_\_

8b) Address line 2: \_\_\_\_\_

8c) City: \_\_\_\_\_

8d) State:

8e) Zip Code:      -

8f) Dates of residence:   /   /     through

8g)   /   /

8h) Did you live anywhere else in the last 10 years?

No<sub>0</sub>

Yes<sub>1</sub>

9) Please list the address where you lived the longest during your childhood:

9a) Address line 1: \_\_\_\_\_

9b) Address line 2: \_\_\_\_\_

9c) City: \_\_\_\_\_

9d) State:

9e) Zip Code:      -

9f) Dates of residence:   /   /     through

9g)   /   /

10) Primary Phone Number:

(  )    -

No<sub>0</sub>

Yes<sub>1</sub>

10a) May we call this number?

10b) May we text this number?

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10c) What is the best time of day to reach you at this number?

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>
10c1) Morning	<input type="checkbox"/>	<input type="checkbox"/>
10c2) Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
10c3) Evening	<input type="checkbox"/>	<input type="checkbox"/>

11) Secondary Phone Number: (    )    -

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>
11a) May we call this number?	<input type="checkbox"/>	<input type="checkbox"/>
11b) May we text this number?	<input type="checkbox"/>	<input type="checkbox"/>
11c) What is the best time of day to reach you at this number?		

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>
11c1) Morning	<input type="checkbox"/>	<input type="checkbox"/>
11c2) Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
11c3) Evening	<input type="checkbox"/>	<input type="checkbox"/>

12) Tertiary Phone Number: (    )    -

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>
12a) May we call this number?	<input type="checkbox"/>	<input type="checkbox"/>
12b) May we text this number?	<input type="checkbox"/>	<input type="checkbox"/>
12c) What is the best time of day to reach you at this number?		

	<u>No</u> <sub>0</sub>	<u>Yes</u> <sub>1</sub>
12c1) Morning	<input type="checkbox"/>	<input type="checkbox"/>
12c2) Afternoon	<input type="checkbox"/>	<input type="checkbox"/>
12c3) Evening	<input type="checkbox"/>	<input type="checkbox"/>

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Event: \_\_\_\_\_

**CONTACT 1**

13a) Title: \_\_\_\_\_

13b) First Name: \_\_\_\_\_

13c) Middle/Second Name: \_\_\_\_\_

13d) Last Name: \_\_\_\_\_

13e) Maternal Last Name: \_\_\_\_\_

14) Relationship: \_\_\_\_\_

15) Current home address of contact:

15a) Address line 1: \_\_\_\_\_

15b) Address line 2: \_\_\_\_\_

15c) City: \_\_\_\_\_

15d) State:

15e) Zip Code:      -

16) Primary Phone Number:

(  )    -

17) Secondary Phone Number:

(  )    -

18) Email address: \_\_\_\_\_

**CONTACT 2**

19a) Title: \_\_\_\_\_

19b) First Name: \_\_\_\_\_

19c) Middle/Second Name: \_\_\_\_\_

19d) Last Name: \_\_\_\_\_

19e) Maternal Last Name: \_\_\_\_\_

20) Relationship: \_\_\_\_\_

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21) Current home address of contact:

21a) Address line 1: \_\_\_\_\_

21b) Address line 2: \_\_\_\_\_

21c) City: \_\_\_\_\_

21d) State:

21e) Zip Code:      -

22) Primary Phone Number: (  )    -

23) Secondary Phone Number: (  )    -

24) Email address: \_\_\_\_\_

**CONTACT 3**

25a) Title: \_\_\_\_\_

25b) First Name: \_\_\_\_\_

25c) Middle/Second Name: \_\_\_\_\_

25d) Last Name: \_\_\_\_\_

25e) Maternal Last Name: \_\_\_\_\_

26) Relationship: \_\_\_\_\_

27) Current home address of contact:

27a) Address line 1: \_\_\_\_\_

27b) Address line 2: \_\_\_\_\_

27c) City: \_\_\_\_\_

27d) State:

27e) Zip Code:      -

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Event: \_\_\_\_\_

28) Primary Phone Number:

()  -

29) Secondary Phone Number:

()  -

30) Email address: \_\_\_\_\_

**CONTACT 4**

31a) Title: \_\_\_\_\_

31b) First Name: \_\_\_\_\_

31c) Middle/Second Name: \_\_\_\_\_

31d) Last Name: \_\_\_\_\_

31e) Maternal Last Name: \_\_\_\_\_

32) Relationship: \_\_\_\_\_

33) Current home address of contact:

33a) Address line 1: \_\_\_\_\_

33b) Address line 2: \_\_\_\_\_

33c) City: \_\_\_\_\_

33d) State:

33e) Zip Code:  -

34) Primary Phone Number:

()  -

35) Secondary Phone Number:

()  -

36) Email address: \_\_\_\_\_

**END OF FORM**