

## CONTACT INFORMATION

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 08/28/2024

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

0a) Date of Collection:   /   /

0b) Staff Code:

**Instructions:** This form should be entered with current personal and contact information during the participant's in-person 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 to participant: \_\_\_\_\_

15) Current home address:

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 to participant: \_\_\_\_\_

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21) Current home address:

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 to participant: \_\_\_\_\_

27) Current home address:

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 to participant: \_\_\_\_\_

33) Current home address:

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**