

APPENDIX NUMBER 11: Contact Information

**Form
Approved**
OMB NO. _____
Exp. Date _____

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXX)

**THIS INFORMATION WILL BE KEPT PRIVATE.
IT WILL BE KEPT IN A LOCKED FILE AND WILL BE DESTROYED
IN THREE MONTHS.**

Only SOL/Share project staff will have access to your contact information.

We will use this information to contact you, if necessary, while you are taking part in this study.

Interview Date: ___/___/___ (mm/dd/yy)

| | |
|---|--------------------------------|
| Participant Study Number | |
| Last Name | |
| First Name | |
| Middle Initial | |
| Do you go by any other names? (list aliases) | _____ _____ _____ |
| What is your address? | Street: _____ Apt. #: _____ |

| | |
|--|---|
| <p>Is it OK to send a reminder card to you at this address?</p> | <p>City: _____ Zip Code: _____</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> |
| <p>What is your home phone number</p> <p>Is it OK to call you at this number?</p> <p>Is it OK to leave a message for you at this number?</p> <p>What is the best time to call you?</p> | <p>_____</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> <p>Days of week _____ Time of day _____</p> |
| <p>What is your cell phone number?</p> <p>Is it OK to call you at this number?</p> <p>Is it OK to leave a message for you at this number?</p> <p>What is the best time to call you?</p> <p>Do you have an email address? What is it?</p> <p>Is it OK to send you an email message?</p> | <p>_____</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> <p>Days of week _____ Time of day _____</p> <p>_____</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> |
| <p>Is there someone who always knows how to reach you?</p> <p>Who is that person?</p> <p>Is it OK to write to this person and ask how to reach you?</p> <p>Is it OK to call this person and ask how to reach you?</p> | <p>Name _____ Relationship: _____ Address _____ Apt. #: _____ City: _____ Zip Code: _____ Home Phone#: _____ Cell Phone #: _____</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> <p><input type="checkbox"/> Yes, it is OK <input type="checkbox"/> No, it is not OK</p> |

| | |
|---|---|
| <p>Is there another person who always knows how to reach you?</p> <p>Is it OK to write to this person and ask how to reach you?</p> <p>Is it OK to call this person and ask how to reach you?</p> | <p>Name _____</p> <p>Relationship: _____</p> <p>Address _____</p> <p>Apt. #: _____</p> <p>City: _____</p> <p>Zip Code: _____</p> <p>Home Phone#: _____</p> <p>Cell Phone #: _____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> No, it is not OK</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> No, it is not OK</p> |
| <p>1. Where do you like to hang out??</p> <p>Is it OK to try to find you at this location?</p> <p>2. Where else do you like to hang out??</p> <p>Is it OK to try to find you at this location?</p> <p>3. Where else do you like to hang out??</p> <p>Is it OK to try to find you at this location?</p> | <p>Place _____</p> <p>Location _____</p> <p>_____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> No, it is not OK</p> <p>Place _____</p> <p>Location _____</p> <p>_____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> No, it is not OK</p> <p>Place _____</p> <p>Location _____</p> <p>_____</p> <p><input type="checkbox"/> Yes, it is OK</p> <p><input type="checkbox"/> No, it is not OK</p> |

