OMB Number: 0925-0593
Expiration Date: July 31, 2013

LAST NAME: _____ STUDY ID: __ __ __ __ __
FIRST NAME / M.I.: _____ DATE: __ __ / __ __ / __ __ *(dd/mm/yy)*
DATE OF BIRTH: __ __ / __ __ / __ __ *(dd/mm/yy)* INTERVIEWER: __ __

CONTACT INFORMATION

"This information will allow us to contact you during the study. It is important that we have several ways to reach you in case one or more of them don't work (for example, cellphones can get disconnected, etc). ALL INFORMATION THAT YOU GIVE WILL BE KEPT CONFIDENTIAL".

Primary address: *(this is the address where the child participating in the study lives)*
Street and number: _____
City and zipcode: _____ / __ __ __ __ __
Backup address: *(secondary address where we can contact you or a relative or friend)*
Street and number: _____
City and zipcode: _____ / __ __ __ __ __
Who lives here: _____ / _____ *(name and relationship)*

Telephone numbers:
Primary: (__ __ __) - __ __ __ - __ __ __ __ ☐ Cellphone ☐ Landline
Belongs to: _____ / _____ *(name and relationship)*

Backup 1: (__ __ __) - __ __ __ - __ __ __ __ ☐ Cellphone ☐ Landline
Belongs to: _____ / _____ *(name and relationship)*

Email address:
Primary: _____
Belongs to: _____ / _____ *(name and relationship)*

Backup 1: _____
Belongs to: _____ / _____ *(name and relationship)*

Pediatrician:
Name: _____
Phone: (__ __ __) - __ __ __ - __ __ __ __