Attachment 5d. (MN 10.1)
CONTACT INFORMATION FORM

Script: We need up-to-date information about how to reach you so we can send you the results of tests done on your blood and urine samples. We won't use this information for any other purpose. Would you please verify, update or correct what I have.

Show or read the information provided to participant. Ask them if the information is correct. If they indicate the information is correct, check the verified/confirmed box. Ask them to tell you how to correct any item that is incorrect; make the corrections and check the changed box. If no information is already given, ask the optional probe question and record their answer.

1. **Is this your correct full name?** *Optional Probe if none supplied:* **What is your full name?**

    First: _____

    Last: _____

    Middle initial:_____

    [ ] verified/confirmed
    [ ] changed
    [ ] Refused

2. **Is this your correct email address?**

    Email: _____

    [ ] verified/confirmed
    [ ] changed
    [ ] Refused

    Optional Probe if none supplied: **Do you have an email address?** *Prompt:* We will <u>only</u> use this if we have trouble mailing your results to you.

    [ ] Yes   (if checked, go to 2a)
    [ ] No
    [ ] DK
    [ ] Refused

    2A. (If YES) **What is it?**_____

Study ID [ ][ ][ ][ ][ ][ ]

3. **Is this your correct phone number?**

    Phone: _____

    [ ] verified/confirmed
    [ ] changed
    [ ] Refused

    Optional Probe if none supplied: **Do you have a phone number where we can reach you?** *Prompt:* This can even be the number of a friend, relative or someone who will know how to find you if you move.

    [ ] Yes   (if checked, go to 3A)
    [ ] No
    [ ] DK
    [ ] Refused

    3A. (if YES) **What is it?** *Additional Prompt:* Are there any other numbers that could help us find you if you move.
    Phone:_____   ● Home ● Work ● Cell ● Other
    Phone:_____   ● Home ● Work ● Cell ● Other
    Phone:_____   ● Home ● Work ● Cell ● Other

4. **Is this your correct street address?** *Optional Probe if none supplied:* **What is your street address?**

    Street Number: _____ Street Name:_____ Unit: _____
    City: _____   State: __MN____   ZIP Code: _____

    [ ] verified/confirmed
    [ ] changed
    [ ] None
    [ ] Refused

5. **Is this on the Fond du Lac Reservation?**

    [ ] Yes
    [ ] No
    [ ] DK
    [ ] Refused

6. **Is your mailing address different from your street address?**

    [ ] Yes   (if checked, go to 6A)
    [ ] No
    [ ] DK
    [ ] None
    [ ] Refused

Study ID ☐☐☐☐☐☐

6A. (if YES to Q 6) **What is your mailing address?**

Street Number: _____ Street Name:_____ Unit: _____

City: _____State: _____ ZIP Code: _____

[ ] DK
[ ] Refused

7. **Is this your correct birthdate?** *Optional Probe if none supplied:* **What is your birthdate?**

_____ /_____ /_____.
 mm   dd   yyyy

[ ] verified/confirmed
[ ] changed
[ ] DK
[ ] Refused

Date:_____   Interviewer Name:_____