

Attachment G. Contact information form

Date: _____

Participant initials: _____

Interviewer initials: _____

Recruitment site: __Home __Clinic

First Name: _____

Paternal Surname: _____

Maternal surname: _____

Cell phone number: _____

Cell phone company: _____

Alternative phone number: _____

Email: _____

Alternative email: _____

Address: _____

Municipality: _____

Zip code: _____

Preferred contact method: _____

Other Contact method: _____

Secondary contact first name: _____

Paternal last name: _____

Maternal last name: _____

Phone number: _____

Relationship: _____