Form Approved OMB Control No. 0920-XXXX Exp. Date: XX / XX / XXXX

Attachment G. Contact information form

Date:
Participant initials:
nterviewer initials:
Recruitment site:HomeClinic
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:

Public reporting burden of this collection of information is estimated to average 2 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-XXXX