CONTACT INFORMATION FORM

ID NUMBER: ☐☐☐☐☐☐☐☐

FORM CODE: **CIF**
VERSION: **1.0** 9/21/11

Visit Number ☐☐   SEQ # ☐☐☐

0a) Form Date .... ☐☐ / ☐☐ / ☐☐☐☐   0b) Code .... ☐☐☐

> ***Instructions:*** *This form should be completed during the participant's visit. Read the statements regarding confidentiality and verify the participant fully understands. Please answer all questions.*

I am going to ask you for your current address and phone number. This is both to make sure we have the most current contact information for you as well as to help us examine the relationship between place of residence and COPD. Please remember that all information that you give us is confidential, and only certified SPIROMICS personnel will have access to this information.

1) What is your current home address:

   a) Address line 1: _____

   b) Address line 2: _____

   c) City: _____   d) State: ☐☐

   e) Zip Code: ☐☐☐☐☐-☐☐☐☐

   f) When did you begin living here? ☐☐ / ☐☐ / ☐☐☐☐

2) Have you lived at the address listed above during the past 12 months? .... ☐

   Yes .... Y → **Go to Item 9**

   No .... N

If 'No' to #2:

Please list all the full address and dates of residence for each place you have lived in the past 12 months, starting with the most recent:

3) List **full** address and zip code:

   a) Address line 1: _____

   b) Address line 2: _____

   c) City: _____   d) State: ☐☐

   e) Zip Code: ☐☐☐☐☐-☐☐☐☐

   f) Dates of residence: ☐☐ / ☐☐ / ☐☐☐☐ through g) ☐☐ / ☐☐ / ☐☐☐☐

h) Did you live anywhere else in the last 12 months .... [ ]

      Yes.. Y

      No.. N→**Go to Item 9**

4) List **full** address and zip code:

 a) Address line 1: _____

 b) Address line 2: _____

 c) City: _____   d) State: [ ][ ]

 e) Zip Code: [ ][ ][ ][ ][ ]-[ ][ ][ ][ ]

 f) Dates of residence: [ ][ ]/[ ][ ]/[ ][ ][ ][ ] through g) [ ][ ]/[ ][ ]/[ ][ ][ ][ ]

 h) Did you live anywhere else in the last 12 months .... [ ]

      Yes.. Y

      No.. N→**Go to Item 9**

5) List **full** address and zip code:

 a) Address line 1: _____

 b) Address line 2: _____

 c) City: _____   d) State: [ ][ ]

 e) Zip Code: [ ][ ][ ][ ][ ]-[ ][ ][ ][ ]

 f) Dates of residence: [ ][ ]/[ ][ ]/[ ][ ][ ][ ] through g) [ ][ ]/[ ][ ]/[ ][ ][ ][ ]

 h) Did you live anywhere else in the last 12 months .... [ ]

      Yes.. Y

      No.. N→**Go to Item 9**

6) List **full** address and zip code:

 a) Address line 1: _____

 b) Address line 2: _____

 c) City: _____   d) State: [ ][ ]

 e) Zip Code: [ ][ ][ ][ ][ ]-[ ][ ][ ][ ]

 f) Dates of residence: [ ][ ]/[ ][ ]/[ ][ ][ ][ ] through g) [ ][ ]/[ ][ ]/[ ][ ][ ][ ]

h) Did you live anywhere else in the last 12 months .... ☐

        Yes .... Y

        No .... N→**Go to Item 9**

7) List **full** address and zip code:

   a) Address line 1: _____

   b) Address line 2: _____

   c) City: _____   d) State: ☐☐

   e) Zip Code: ☐☐☐☐☐-☐☐☐☐

   f) Dates of residence: ☐☐/☐☐/☐☐☐☐ through g) ☐☐/☐☐/☐☐☐☐

   h) Did you live anywhere else in the last 12 months .... ☐

        Yes .... Y

        No .... N→**Go to Item 9**

8) List **full** address and zip code:

   a) Address line 1: _____

   b) Address line 2: _____

   c) City: _____   d) State: ☐☐

   e) Zip Code: ☐☐☐☐☐-☐☐☐☐

   f) Dates of residence: ☐☐/☐☐/☐☐☐☐ through g) ☐☐/☐☐/☐☐☐☐

   h) Did you live anywhere else in the last 12 months .... ☐

        Yes .... Y

        No .... N

9) Primary Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

10) What is the best time of day to reach you at this number?

        Morning .... ☐
        Afternoon .... ☐
        Evening .... ☐

11) Secondary Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

12) What is the best time of day to reach you at this number?

Morning .... ☐
Afternoon............................. ☐
Evening .... ☐

LOCAL CONTACT 1

13) a) Title: _____   b) First Name: _____

c) Middle/Second Name: _____

d) Last Name: _____

e) Maternal Last Name: _____

14) Relationship: _____

15) Current home address of local contact:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State: ☐☐

e) Zip Code: ☐☐☐☐☐-☐☐☐☐

16) Telephone: (☐☐☐) ☐☐☐-☐☐☐☐

17) Secondary Phone Number: (☐☐☐) ☐☐☐-☐☐☐☐

LOCAL CONTACT 2

18) a) Title: _____   b) First Name: _____

c) Middle/Second Name: _____

d) Last Name: _____

e) Maternal Last Name: _____

19) Relationship: _____

20) Current home address of local contact:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State: ☐☐

e) Zip Code: ☐☐☐☐☐-☐☐☐☐

21) Telephone: (　　　) 　　　-　　　　

22) Secondary Phone Number: (　　　) 　　　-