

CARET

Date Printed:

PARTICIPANT CONTACT INFORMATION UPDATE

INSTRUCTIONS: Review with participant at each contact. Make corrections in RED ink. Asterisks in margin denote missing or inconsistent data.

Last Updated:

Familiar Name: Mr. (Title/First/Last)
Full Legal Name:
Maiden Name: (First/Middle/Last)
Home Address:

City/St/Zip: Seattle WA

\* Home Phone: 3:00 - 6:00 P.M.
\* Work Phone: 8:00 - 10:00 A.M.
Contact Notes: Work phone does not apply July-August

Birthdate:
Sex: 0 - Male
Soc Sec #:
Marital Status: 1 - (1-Single, 2-Married, 3-Widowed, 4-Divorced/Separated)
Spouse's Name: (First/Middle/Last)

Spouse Study ID if ever in CARET
Employment Status: 1
1=Employed 4=Disabled
2=Homemaker 5=Unemployed
3=Retired 8=Other, Specify

\* Employer:

PHYSICIAN INFORMATION:

\* Name:
\* Address:
\* City/St/Zip:
\* Phone #:

EMERGENCY CONTACTS (Name/Relationship/Address/Phone):

\* (1)
(2)
(3)

Local ID:

Enrollment Date:
Status: 500 - On-Study, Active (full dose)

Interviewer Initials: Date Reviewed: Any Changes?