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Contact Information Update Form

ID# _

* Please fill out this form even if there are no changes to report. *

Help us keep in touch with you by reporting changes to your contact information.

1. Do you have any changes, updates or corrections to any of **your contact information**? If you've moved, are about to move, or changed your phone number or email address, please provide your updated information.

		NO CHANGES	YES, CHANGES	→ PLEASE PROVIDE YOUR UPDATED INFORMATION.
a.	Your first name:			
b.	Your middle name:			
с.	Your last name:			
d.	Your primary street address:			If you have more than one residence, provide information for your primary address, where you live most of the year.
	Did you move or are you			What is the date of your move?
e.	planning to move soon?			month / day / 2 0 year
f.	Your mailing address:			Is your mailing address the same as your street address?
				$\Box \text{ No } \rightarrow \text{ CONTINUE } \qquad \Box \text{ Yes } \rightarrow \text{ Go to 1g}$

		NO CHANGES	YES, CHANGES	→ PLEASE PROVIDE YOUR UPDATED INFORMATION.
g.	Do you have an alternate address (such as a vacation home or a relative's home) where you spend at least one month at a time each year?			What is that address? Herein and the image of the imag
h.	Your home telephone number:			() Is this a cell phone? Yes No
i.	Your work telephone number:			() ext Is this a cell phone? Yes No
j.	Your other telephone number:			() Is this a cell phone? Yes No
k.	What is the best telephone number to reach you?			Home Work Other

ID# ____ ___

		NO CHANGES	YES, CHANGES	→	PLEASE PROVIDE YOUR UPDATED INFORMATION.
ι.	Your email address:				
				@	
m.	Do you have another email address that we could use to reach you?				
				@	

2. When we contact you, do you prefer that we contact you...

Check all that apply.

TYPE OF CONTACT	TIME OF WEEK	TIME OF DAY
🗌 By email	🗌 On weekdays	Morning
🗌 By standard mail	On weekends	Afternoon
☐ By telephone	No preference	Evening
□ No preference		No preference

Other Contacts

In the past, we have requested the names of two people who do not live with you, but who will always know how to reach you. Remember, it is best to give names of people who are about your age or younger and <u>do not</u> live in your household. On the next two pages, please be sure their information is up to date and provide new information (additional phone numbers and email address). You may replace a contact person with someone else by filling in the new information.

We would also like to collect information on new contacts on pages 6 and 7.

First Contact

Has the following information changed?

If you have not previously provided this information, please provide that information now.

		NO CHANGES	YES, CHANGES	→ PLEASE PROVIDE UPDATED INFORMATION.
a.	First name:			
b.	Last name:			
с.	Relationship to you:			
d.	Primary street address:			
e.	Home telephone number:			() Is this a cell phone? Yes No
f.	Work telephone number:			()
g.	Other telephone number:			() Is this a cell phone?
h.	What is the best telephone number to reach this contact?			Home Work Other
i.	Email address:			• •

 $\hfill\square$ Information above is correct, no changes needed.

Second Contact

Has the following information changed?

If you have not previously provided this information, please provide that information now.

		NO CHANGES	YES, CHANGES	→ PLEASE PROVIDE UPDATED INFORMATION.
a.	First name:			
b.	Last name:			
с.	Relationship to you:			
d.	Primary street address:			
e.	Home telephone number:			() Is this a cell phone?
f.	Work telephone number:			() ext Is this a cell phone?
g.	Other telephone number:			() Is this a cell phone?
h.	What is the best telephone number to reach this contact?			Home Work Other
i.	Email address:			• •

□ Information above is correct, no changes needed.

Third Contact/New Contact

Remember it is best to give names of people who are about your age or younger and <u>do not</u> live in the same household as you.

a. First name:		
b. Last name:		
c. What is this per relationship to		
d. Primary stree	t address:	
e. Home telepho	ne number:	
		Is this a cell phone? 🗌 Yes 🗌 No
f. Work telephon	e number:	
		ext.
		Is this a cell phone? 🗌 Yes 🗌 No
g. Other telepho	ne number:	
		Is this a cell phone? 🗌 Yes 🗌 No
h. What is the be number to rea	est telephone ch this contact?	🗌 Home 🗌 Work 🗌 Other
i. Email address:		
		@

Assistant

Sometimes people have personal or family issues that require assistance with completing a study activity. We would like to collect information about someone who might help you complete a questionnaire or another study activity, in case you ever need assistance in the future. This person should be someone knowledgeable about your health and physically close enough to easily arrange for a joint telephone interview or help in filling out a form. Consider close relatives (such as a spouse, partner, sister, brother, daughter, or son) or a health caregiver (such as a home health aide).

person's to you?	
rson live with you?	$\square \text{ No} \rightarrow \text{ Go to e} \qquad \square \text{ Yes} \rightarrow \text{ Go to f}$
et address:	
none number:	() Is this a cell phone?
one number:	() ext Is this a cell phone?
none number:	() Is this a cell phone? Yes No
	🗌 Home 🗌 Work 🗌 Other
55:	@ <t< td=""></t<>
	person's to you? rson live with you? eet address: one number: one number: none number: best telephone each this contact?

After completing this form, please mail it to the address below. A postage-paid envelope is provided. Thank you!

The Sister Study, 4505 Emperor Blvd, Suite 400, Durham, NC 27703 phone: 1-877-4SISTER (1-877-474-7837); email: update@sisterstudy.org

Public reporting burden for this collection of information is estimated to average 10 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0522). Do not return the completed form to this address.

National Institute of Environmental Health Sciences / National Institutes of Health / U.S. Department of Health and Human Services