Form: 72 Vers: 03 ID#: SIS



The Sister Study Contact Information Form

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

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

1. Do you have any 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 UPDATES	YES, UPDATES	PLEASE PROVIDE YOUR UPDATED INFORMATION.
a.	Your first name:	0	0	
b.	Your middle name:	0	0	
c.	Your last name:	0	0	
d.	Your primary street address:	0	0	If you have more than one residence, provide information for your primary address, where you live most of the year.
				STREET CITY ZIP CODE
e.	Your mailing street address:	0	0	Is your mailing address the same as your street address? ○ NO → CONTINUE → GO TO 1f STREET CITY ZIP CODE STATE

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



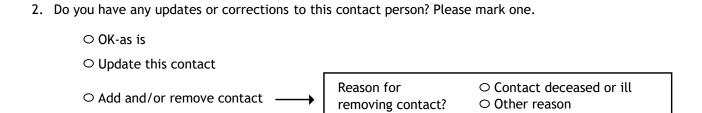
NO UPDATES	YES, UPDATES	PLEASE PROVIDE YOUR UPDATED INFORMATION.
f. If you have an alternate address (such as a vacation home or a relative's home) where you spend at least one month at a time each year, has it changed?	0	What is that address? STREET CITY ZIP CODE What months are you typically at this address? Check all that apply. January February June October March July November April August December Varies from year-to-year If you have a landline telephone number at this address, please enter it in these boxes: (Additional comments:
g. Your home telephone number: \bigcirc	0	(S this a cell phone? • Yes • No
h. Your work telephone number: ext.	0	ext
i. Your other telephone number: \bigcirc	0	Is this a cell phone? • Yes • No

		NO UPDATES	YES, UPDATES	PLEASE PROVIDE YOUR UPDATED INFORMATION.
j.	Your email address:	0	0	EMAIL ADDRESS
k.	Do you have another email address that we could use to reach you? If already provided, has it changed?	0	0	EMAIL ADDRESS

Other Contacts

In the past, we have requested the names of 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 do not live in your household. On the next 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.

Contact Person



	PLEASE PROVIDE UPDATED OR NEW INFORMATION.
a. First name:	
b. Last name:	
c. Relationship to you:	
d. Primary street address:	
	STREET
	CITY
	STATE
	ZIP CODE
e. Home telephone number:	
	Is this a cell phone? ○ Yes ○ No
f. Work telephone number:	(
ext.	ext.
	Is this a cell phone? ○ Yes ○ No
g. Other telephone number:	
	Is this a cell phone? ○ Yes ○ No
h. Email address:	
	EMAIL ADDRESS

Contact Person

3.	3. Do you have any updates or corrections to this contact person? Please mark one.		
	OK-as is		
	O Update this contact		
	○ Add and/or remove contact →	Reason for removing contact?	Contact deceased or illOther reason

	PLEASE PROVIDE UPDATED OR NEW INFORMATION.
a. First name:	
b. Last name:	
c. Relationship to you:	
C. Retationship to your	
Deine and the discount	
d. Primary street address:	STREET
	CITY
	STATE
	ZIP CODE
e. Home telephone number:	
	Is this a cell phone? ○ Yes ○ No
f. Work telephone number:	
ext.	ext.
	Is this a cell phone? ○ Yes ○ No
g. Other telephone number:	
	Is this a cell phone? ○ Yes ○ No
h. Email address:	
	EMAIL ADDRESS

Contact Person

○ OK-as is○ Update this contact		
○ Add and/or remove contact ——	Reason for removing contact?	○ Contact deceased or ill

4. Do you have any updates or corrections to this contact person? Please mark one.

	PLEASE PROVIDE UPDATED OR NEW INFORMATION.
a. First name:	
b. Last name:	
c. Relationship to you:	
d. Primary street address:	STREET
	CITY ,
	ZIP CODE — STATE
e. Home telephone number:	
	Is this a cell phone? ○ Yes ○ No
f. Work telephone number:	(
ext.	ext.
	Is this a cell phone? ○ Yes ○ No
g. Other telephone number:	
	Is this a cell phone? ○ Yes ○ No
h. Email address:	
	EMAIL ADDRESS

Assistant

You may have provided what we call an "assistant" which is someone who could help you complete a questionnaire or study activity. Your assistant's contact information is below for editing as needed. However, if you did not provide an assistant but you would like to, please use the space below.

- 5. Do you have any updates or corrections to your assistant? Please mark one.
 - OK-as is
 - O Update assistant

O Add and/or remove assistant	\longrightarrow
-------------------------------	-------------------

Reason for	O Assistant deceased or ill
removing assistant?	Other reason

	PLEASE PROVIDE UPDATED OR NEW INFORMATION.
a. First name:	
b. Last name:	
c. Relationship to you:	
d. Primary street address:	Is assistant's street address the same as your street address?
	\circ NO \rightarrow CONTINUE \uparrow \circ YES \rightarrow GO TO e
	STREET
	CITY
	STATE
	ZIP CODE
e. Home telephone number:	(
	Is this a cell phone? • Yes • No
f. Work telephone number:	(
ext.	ext.
	Is this a cell phone? ○ Yes ○ No
g. Other telephone number:	
	Is this a cell phone? ○ Yes ○ No
h. Email address:	
	EMAIL ADDRESS

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

Please do not fold or tear any pages.

Thank you!

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