



	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?	<input type="radio"/>	<input type="radio"/> <p><i>What is that address?</i></p> <p>STREET <input type="text"/></p> <p><input type="text"/></p> <p>CITY <input type="text"/>, <input type="text"/> STATE</p> <p>ZIP CODE <input type="text"/> - <input type="text"/></p> <p><i>What months are you typically at this address?</i> Check all that apply.</p> <p> <input type="radio"/> January      <input type="radio"/> May      <input type="radio"/> September  <input type="radio"/> February      <input type="radio"/> June      <input type="radio"/> October  <input type="radio"/> March      <input type="radio"/> July      <input type="radio"/> November  <input type="radio"/> April      <input type="radio"/> August      <input type="radio"/> December         </p> <p><input type="radio"/> Varies from year-to-year</p> <p><i>If you have a landline telephone number at this address, please enter it in these boxes:</i></p> <p>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Additional comments: <input type="text"/></p>
g. Your home telephone number:	<input type="radio"/>	<input type="radio"/> <p>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Is this a cell phone?      <input type="radio"/> Yes      <input type="radio"/> No</p>
h. Your work telephone number:  ext.	<input type="radio"/>	<input type="radio"/> <p>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ext. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Is this a cell phone?      <input type="radio"/> Yes      <input type="radio"/> No</p>
i. Your other telephone number:	<input type="radio"/>	<input type="radio"/> <p>( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Is this a cell phone?      <input type="radio"/> Yes      <input type="radio"/> No</p>



	NO UPDATES	YES, UPDATES	→ PLEASE PROVIDE YOUR UPDATED INFORMATION.
j. Your email address:	<input type="radio"/>	<input type="radio"/>	<input type="text"/> EMAIL ADDRESS
k. Do you have another email address that we could use to reach you? If already provided, has it changed?	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 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

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

- OK-as is
- Update this contact

Add and/or remove contact →

Reason for removing contact?

- Contact deceased or ill
- Other reason

	<b>PLEASE PROVIDE UPDATED OR NEW INFORMATION.</b>
a. First name:	<input type="text"/>
b. Last name:	<input type="text"/>
c. Relationship to you:	<input type="text"/>
d. Primary street address:	<p>STREET <input type="text"/></p> <p><input type="text"/></p> <p>CITY <input type="text"/>, <input type="text"/> STATE</p> <p>ZIP CODE <input type="text"/> - <input type="text"/></p>
e. Home telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No</p>
f. Work telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>ext. <input type="text"/></p> <p>Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No</p>
g. Other telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No</p>
h. Email address:	<p><input type="text"/></p> <p>EMAIL ADDRESS</p>



# Contact Person

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

- OK-as is
- Update this contact

Add and/or remove contact



Reason for removing contact?

- Contact deceased or ill
- Other reason

	<b>PLEASE PROVIDE UPDATED OR NEW INFORMATION.</b>
a. First name:	<input type="text"/>
b. Last name:	<input type="text"/>
c. Relationship to you:	<input type="text"/>
d. Primary street address:	<p>STREET <input type="text"/></p> <p><input type="text"/></p> <p>CITY <input type="text"/>, <input type="text"/> STATE</p> <p>ZIP CODE <input type="text"/> - <input type="text"/></p>
e. Home telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No</p>
f. Work telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>ext. <input type="text"/></p> <p>Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No</p>
g. Other telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No</p>
h. Email address:	<p><input type="text"/></p> <p>EMAIL ADDRESS</p>



# Contact Person

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

- OK-as is
- Update this contact

Add and/or remove contact →

Reason for removing contact?

- Contact deceased or ill
- Other reason

PLEASE PROVIDE UPDATED OR NEW INFORMATION.	
<input type="text"/>	
a. First name:	<input type="text"/>
b. Last name:	<input type="text"/>
c. Relationship to you:	<input type="text"/>
d. Primary street address:	STREET <input type="text"/> <input type="text"/> CITY <input type="text"/> , <input type="text"/> STATE ZIP CODE <input type="text"/> - <input type="text"/>
e. Home telephone number:	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No
f. Work telephone number:  ext.	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> ext. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No
g. Other telephone number:	( <input type="text"/> <input type="text"/> <input type="text"/> ) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Is this a cell phone? <input type="radio"/> Yes <input type="radio"/> No
h. Email address:	<input type="text"/> 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
- Update assistant

Add and/or remove assistant →

Reason for removing assistant?	<input type="radio"/> Assistant deceased or ill
	<input type="radio"/> Other reason

PLEASE PROVIDE UPDATED OR NEW INFORMATION.	
<input type="text"/>	
a. First name:	<input type="text"/>
b. Last name:	<input type="text"/>
c. Relationship to you:	<input type="text"/>
d. Primary street address:	<p><i>Is assistant's street address the same as your street address?</i></p> <p><input type="radio"/> NO → CONTINUE ↴      <input type="radio"/> YES → GO TO e</p> <p>STREET <input type="text"/></p> <p><input type="text"/></p> <p>CITY <input type="text"/>, <input type="text"/> STATE</p> <p>ZIP CODE <input type="text"/> - <input type="text"/></p>
e. Home telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>Is this a cell phone?    <input type="radio"/> Yes    <input type="radio"/> No</p>
f. Work telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>ext. <input type="text"/></p> <p>Is this a cell phone?    <input type="radio"/> Yes    <input type="radio"/> No</p>
g. Other telephone number:	<p>( <input type="text"/> ) <input type="text"/> - <input type="text"/></p> <p>Is this a cell phone?    <input type="radio"/> Yes    <input type="radio"/> No</p>
h. Email address:	<input type="text"/>
	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](mailto:update@sisterstudy.org)

