



Participant ID:

Participant Initials:

Site:

Visit Number:

CRF Date:

RC ID:

PERSONAL INFORMATION

1. Below is a list of income groups. Please mark which group best represents your total combined family income for the past 12 months. This includes the total income before taxes earned in the past year by all family members living with you. Please include money from jobs, net income from business, farm or rent, pensions, dividends, welfare, social security payments and any other money received by you or any other family member living with you.

- Less than \$5,000 \$5,000 - \$7,999 \$8,000 - \$11,999 \$12,000 - \$15,999
 \$16,000 - \$19,999 \$20,000 - \$24,999 \$25,000 - \$29,999 \$30,000 - \$34,999
 \$35,000 - \$39,999 \$40,000 - \$49,999 \$50,000 - \$74,999 \$75,000 - \$99,999
 \$100,000 or more

2. How many people are supported by this income?

3. Social Security Number (SSN):

_____ Don't have a SSN Don't know

4. Emergency Contact (same household):

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Home Phone: _____

Relationship to you (check one):

Spouse/Partner Sibling Child Friend/other Other Relative

5. Emergency Contact (different household):

First Name: _____ Last Name: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Email: _____ Home Phone: _____

Relationship to you (check one):

Spouse/Partner Sibling Child Friend/other Other Relative



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6. Physician/ Provider Information:

First Name: _____ Last Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: _____ Last Seen: _____

For Research Coordinator use only: CRF was: Self-administered Interviewer-administered