

ENRGISE PILOT STUDY: CONTACT INFORMATION

Date Completed / /

Staff ID

Rev: _____

DE: _____

Date: _____

1. What is your name?

<i>Prefix</i>	<i>First Name</i>	<i>MI</i>	<i>Last Name</i>
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2. When our staff contact or interact with you, what name would you prefer that they use?

For example: Sally, Bill, Mr. or Mrs. Smith, Dr. Smith, etc.

3. What is your home address?

Street/Apt # _____

City _____ State _____ Zip Code

4. What is your home telephone number? - - N/A

5. What is your cell phone number? - - N/A

6. Do you have an email address that you check regularly?
 1 Yes →
 2 No

7. Are you on Facebook?
 1 Yes →
 2 No

7a. Can we contact you through your Facebook account? 1 Yes

2 No

8. What mode of contact do you prefer we use when contacting you in the future?

1 <input type="checkbox"/> Home Phone	3 <input type="checkbox"/> Email
2 <input type="checkbox"/> Cell Phone	4 <input type="checkbox"/> Facebook

Personal Information

9. What is your Social Security Number?

Refused

□□□-□□-□□□□

Proxy Information

10. Please provide the name, address, and phone number of someone who could provide information and answer questions for you in the event that you are unable to answer for yourself.

Prefix *First Name* *MI* *Last Name*

11. What is their address?

Street/Apt # _____

City _____ State _____ Zip Code □□□□□

12. Home telephone number? □□□-□□□-□□□□ N/A

13. Cell phone number? □□□-□□□-□□□□ N/A

14. Email address? Yes → _____
 No

15. How is this person related to you?
- My spouse
 - My Son or Daughter
 - My brother or sister
 - My mother or father
 - My niece or nephew
 - My grandchild
 - Friend/Neighbor
 - Other → _____

16. Have you given this person power of attorney?

Yes No Don't Know Refused

Additional Contact #1 Information

Please provide the name, address, and phone number of a close friend or relative who does not live with you and who would know how to reach you in case you move. They do not have to be local.

17. Contact #1

Prefix *First Name* *MI* *Last Name*

18. What is their address?

Street/Apt # _____

City _____ State _____ Zip Code

19. Home telephone number? -- 1 N/A

20. Cell phone number? -- 1 N/A

21. Email address? 1 Yes → _____
2 No

22. How is this person related to you?

- 1 My spouse
- 2 My Son or Daughter
- 3 My brother or sister
- 4 My mother or father
- 5 My niece or nephew
- 6 My grandchild
- 7 Friend/Neighbor
- 8 Other → _____

23. Have you given this person power of attorney?

- 1 Yes
- 2 No
- 3 Don't Know
- 4 Refused

Additional Contact #2 Information

Please provide the name, address, and phone number of another close friend or relatives who does not live with you and who would know how to reach you in case you move. They do not have to be local.

24. Contact #2

Prefix *First Name* *MI* *Last Name*

25. What is their address?

Street/Apt # _____

City _____ State _____ Zip Code

26. Home telephone number? -- N/A

27. Cell phone number? -- N/A

28. Email address? Yes → _____
 No

29. How is this person related to you?

My spouse My niece or nephew
 My Son or Daughter My grandchild
 My brother or sister Friend/Neighbor
 My mother or father Other → _____

30. Have you given this person power of attorney?

Yes No Don't Know Refused

Physician Information

31. Do you have a doctor or a place that you usually go to for health care or advice about your health care? 1 Yes 2 No

32. Where do you usually go for health care or advice about health care?
(Interview: Read response option, only check ONE)

- 1 Private Doctor's Office (individual or group practice)
- 2 Public clinic such as a neighborhood health center
- 3 Health Maintenance Organization (HMO)
- 4 Hospital outpatient clinic
- 5 Emergency Room
- 6 Other → _____

33. Please tell me the name, address, and phone number of the doctor or place that you usually go for health care. 1 N/A 2 Refused

Primary Care Physician or Practice

Name

34. What is their address?

Street/Apt # _____

City _____

State _____

Zip Code

35. Telephone number: - - 1 N/A

36. Fax number - - 1 N/A