

P-ICECAP Participant Contact Information Form

Instructions: This form is provided as a guide to collect contact information before hospital discharge as well as to confirm vital status at 2 months and 11 months in preparation for the 3-month and 12-month assessments by Kennedy Krieger Institute.



- **Keep this information at your site. Complete both sides.**
- Use it to contact family at **2 months and** to update it at **11 months** to confirm vital status and contact info at those times.
- Let the family know that the call will take between 30 minutes and 1.5 hours.
- Provide this form to Kennedy Krieger Institute via secure dropbox (**INSERT how and when INSTRUCTIONS HERE**)

Participant Name: _____

Site Name: _____

Participant P-ICECAP ID: _____

Date of Birth: _____

Primary Caregiver Information

Preferred Language: English Spanish

Name of Caregiver: _____

Relationship to Participant: _____

Address: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email: _____

Preferred contact method: Cell Home Text Email

Additional Contacts (relatives, friends, pediatrician etc– someone who can find the participant and caregiver)

Name: _____ Relationship: _____ Home: _____

Email: _____ Cell: _____ Work: _____

Preferred contact method: Cell Home Text Email

Name: _____ Relationship: _____ Home: _____

Email: _____ Cell: _____ Work: _____

Preferred contact method: Cell Home Text Email

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Comments Section:

- Include best date and time to conduct 3-month/12-month interview if set up with family.
- Include date of neurologic exam, if set up. (Interview MUST be conducted BEFORE the neurologic exam.)

If unable to reach any contact for 2 or 11 month time point, reach out to Beth Slomine (slomine@kennedykrieger.org) or Moni Weber (monij@umich.edu)

RC Contact Information:

Name: _____

Email: _____