

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.**
- **Collect more than just parental contact information. Collect at least 1 additional contact.**
- Use it to contact family at **2 months** and to update it at **11 months** to confirm vital status and contact info.
- Let the family know that the call will take between 30 minutes and 1.5 hours (younger=shorter).
- **Provide this form to Kennedy Krieger Institute via your site's secure dropbox link at 2 and 11 months**

Participant Name: _____

Site Name: _____

Subject Number: _____

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 (2nd parent, relatives, friends, pediatrician etc– someone who can find the participant and caregiver)

Collect at least 1 additional contact after parental contacts.

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

Name: _____	Relationship: _____	Home: _____
Email: _____	Cell: _____	Work: _____
Preferred contact method: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Text <input type="checkbox"/> Email		

SELECT BELOW BEFORE UPLOADING to Secure drop box link:

- Contact information confirmed for 3 month follow up
- Contact information confirmed for 12 month follow up (Remember: KKI 12 month call must take place BEFORE Neurologic Exam)

On-site Neurologic exam scheduled? YES DATE: _____ NO Explain: _____

Comments Section:

- Include best date and time to conduct 3-month/12-month interview if set up with family.

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: _____