Psychosocial Wellbeing - Closest Support Person
CONTACT INFORMATION Form

ID NUMBER: __________________________ FORM CODE: P S I DATE: 06/01/2020

ADMINISTRATIVE INFORMATION

Instructions: This form is completed directly following completion of the Psychosocial Wellbeing Questionnaire for all who agree. The information in this form is collected at the end of that interview with either the participant or the proxy. The date is the date the contact information was collected. The ID number for the closest support person is the same as the corresponding ARIC participant ID number. We need the contact information for the closest support person who does not live with the participant. This could be a family member, friend or other person; professional staff in a facility are not eligible.

A. CONTACT INFORMATION FOR THE CLOSEST SUPPORT PERSON

1. Full Name: __________________________
   a. First __________________________
   b. Last __________________________

2. Primary Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___
   a. Type:
      Home ................... H
      Mobile ................... M
   b. Best time to call:
      Weekday daytime .............. A
      Weekday evening .............. B
      Weekend ...................... C
      Anytime ...................... D

3. Alternative Phone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___
   a. Type:
      Home ................... H
      Mobile ................... M
b. Best time to call:
    Weekday daytime...................□\text{A}
    Weekday evening...................□\text{B}
    Weekend .........................□\text{C}
    Anytime .........................□

4. Email address: _____________________________________________

5. Home Address:
   a. Address Line 1: ___________________________________________
   b. Address Line 2: ___________________________________________