Form 19	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline

Sociodemographics

1. ADDRESS:

Street Name1: *street_1*

Street Name2: *street_2*

City: *city* **State:** *state* **Zip Code:** *zip_code*

2. TELEPHONE:

Home Phone: *home_phone*

\- \-

***Work Phone:** *work_phone*

\- \-

***Cell Phone:** *cell_phone*

\- \-

Best time to contact:

Time 1: _____ *contact_time_1*

At which telephone? *contact_phone_1*

1 ☐ Home **2 ☐ Work** **3 ☐ Cell**

***Time 2: _____** *contact_time_2*

***At which telephone?** *contact_phone_2*

1 ☐ Home 2 ☐ Work 3 ☐ Cell

Patient prefers reminders via

1 ☐ Telephone Call *reminder_phone* 2 ☐ E-Mail *reminder_email* 3☐ Text Message *reminder_text*

Form 19	Date Completed *dtcomplete*							
	M	M	D	D	Y	Y	Y	Y

Assessment: 2 ☐ baseline

3. HealthTrak

Did you use your Healthtrak account recently? *health_track*

0 ☐ No, do not have one (go to 4) 0 ☐ Not recently (go to 4) 1 ☐ Yes

4. SS# (for WePAY) *ssn*

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5. CONTACT NAME:

If for some reason I cannot contact you, is there someone who doesn't live with you that I can call to get in touch with you such as a friend or a family member?

Contact A:

Name: *contact_a_name*

Relationship to Subject: _____ *contact_a_relationship*

Phone(s): *contact_a_phone1* *contact_a_phone2*

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***Contact B: (Optional)**

Name: *contact_b_name*

Relationship to Subject: _____ *contact_b_relationship*

Phone (s): *contact_b_phone1* *contact_b_phone2*

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