

WORKERS' COMPENSATION PROSPECTIVE STUDY - CONTACT SHEET BASELINE INTERVIEW

UNITE Union Health Center/Robert Wood Johnson Questionnaire

Today's date: ___ / ___ / ___

OFFICE USE ONLY

UHC#: _____

PATIENT INFORMATION:

We will contact you in six months to interview you again and to see what effects your work injury may have had on your health, your daily activities, and your job. Please tell me your full name, address, phone number, and when you may be reached by phone.

NAME: _____ / _____
Last First Middle Initial

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (____) - _____ - _____ Circle One: Day Evening Both
WORK

(____) - _____ - _____ Circle One: Day Evening Both
HOME

Will you be living at the above address 6 months from now? (Circle one): Yes No Don't Know

If no, please tell me where you will be living:

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

We have found that people sometimes move unexpectedly. So that we can be sure we'll be able to reach you, please provide the name and addresses of two relatives or friends who will know how to contact you. These people should not live with you.

CONTACT #1:

NAME: _____ / _____
Last First

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (____) - _____ - _____ Circle One: Day Evening Both
WORK

(____) - _____ - _____ Circle One: Day Evening Both
HOME

CONTACT #2:

NAME: _____ / _____
Last First

RELATIONSHIP: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (____) - _____ - _____
WORK

Circle One: Day Evening Both

(____) - _____ - _____
HOME

Circle One: Day Evening Both