For Researchers’ Use Only

Questionnaire code\_\_\_\_\_\_\_\_\_\_\_

Study code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact Information Form

* Please complete the following information:

Name

Street Address

City/Prov/Postal Code

Telephone (H)

Telephone (C)

Email address

Please indicate your preferred format of contact……[ ] E-mail [ ] Regular Mail

* If we need to contact you in the future, would you be able to provide the contact information of a person outside your immediate household who will always know where you may be reached?

Name of Contact

Street Address

City/Prov/Postal Code

Telephone

Email address

# Research Study Coordinator

# Reproductive Health Research Program

### Child and Family Research Institute

**Room 2071, 950 West 28th Ave.**

**Vancouver, B.C. Canada V5Z 4H4**

**Phone: (604) 875-3015**

**Fax: 604-875-3490**

**mosaic@cw.bc.ca**

**Website: www.robinsonresearch.ca**

Your participation is confidential. The information gathered on the following questionnaire form is strictly for research purposes and will not be released without your specific consent isclosure.