

RECOVER Family REFERRAL FORM Practice

Name: Pediatric Associates of the Northwest

HRSA designation (CODE): oo

After hearing about the RECOVER COVID-19 study being done to understand the virus's long term impact on children, are you interested in being contacted to learn more about the study and what participation involves?

Yes No

If yes, please provide the following information so a representative from the RECOVER study team can contact you

Your name (First and Last) _____

What language do you speak at home? _____

Please enter your email and/or phone number:

Email Address _____

Phone (Cell) _____

Phone (Home) _____

How do you prefer to be contacted? Please circle.

Email

Phone Call

Text Message

What time of day is best to contact you? Please circle one.

Morning

Afternoon

Evening

What time zone are you in? Please circle one.

Eastern

Central

Mountain

Pacific

How many children under age 18 do you have? _____

How many children do you have in each of the following age groups? Please write the number of children on each line that applies.

<5 years old _____

5-9 years old _____

10-17 years old _____

To your knowledge, how many of your children under 18 years currently have or ever had COVID-19? If you have 1 child, please write "1" on the line that applies to your child. If you have more than 1 child, please write the number of children on each line that applies.

Number of children who currently have and/or ever had COVID-19: _____

Number of children who never had COVID-19: _____

Number of children I am unsure if ever had COVID-19: _____