

**Multi-Ethnic Study of Atherosclerosis**

Follow-up Phone Call 11



**Participant Tracking**

**Participant Id#:**

**Acrostic:**

**Date:**   /   /     
Month Day Year

Current tracking information from the MESA database is printed in the space below.

Record tracking information changes reported during the interview in the space below. Enter all changes into the MESA, MESA Air/MESA Family/ database.

**A. Participant Information**

Is this a street address or mailing address?

Street  Mailing  →

If Mailing address, enter street address here →

Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If new address, enter the month and year of change:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Street address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Secondary Residence**

If a secondary residence is listed, ask participant if they still use the secondary residence at this address:



If yes, go to Section C Contacts/Proxies

If no, enter the month and year of end of use:

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Does participant have another secondary residence that they use?:



If no secondary residence is listed, ask the participant if they have a secondary residence:

Address of secondary residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If participant has a secondary address (a place he/she lives 4 or more weeks per year), enter address.



When did participant begin use of this secondary address?

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**C. Contacts/Proxies**

Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if used as proxy for this interview

Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if used as proxy for this interview

Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if used as proxy for this interview

Changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check if used as proxy for this interview

**Other proxy** (Record the following information only if interview is completed by proxy other than those listed above or on previous page.)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Phone: \_\_\_\_\_

**D. Health Care Providers**

Changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Changes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For MESA Field Center Use Only:

Data Collection Method:  Computer

Paper

Interviewer ID:

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Reviewer ID:

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Data Entry

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