

Multi-Ethnic Study of Atherosclerosis  
Follow-up Phone Call 14



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

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

If new address, enter the month and year of change:  
Month: \_\_\_\_ Year: \_\_\_\_\_

Street address:

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

Is this a street address or mailing address?

Street  Mailing  → If Mailing address, enter street address here →

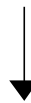
B. Secondary Residence

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?:



Address of secondary residence:

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

When did participant begin use of this secondary address?

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

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

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

**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:** \_\_\_\_\_

|                                 |                                  |
|---------------------------------|----------------------------------|
| <b>D. Health Care Providers</b> | Changes: _____<br>_____<br>_____ |
|                                 | Changes: _____<br>_____<br>_____ |
|                                 | Changes: _____<br>_____<br>_____ |

|                                 |                      |  |                      |                             |                      |
|---------------------------------|----------------------|--|----------------------|-----------------------------|----------------------|
| For MESA Field Center Use Only: |                      | Data Collection Method: <input type="radio"/> Computer |                      | <input type="radio"/> Paper |                      |
| Interviewer ID:                 | <input type="text"/> | Reviewer ID:   | <input type="text"/> | Data Entry ID:              | <input type="text"/> |