

Multi-Ethnic Study of Atherosclerosis
Follow-up Phone Call 15



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: _____

D. Health Care Providers	Changes: _____ _____ _____
	Changes: _____ _____ _____
	Changes: _____ _____ _____

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