



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?:



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

May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA? Yes No

Check if used as proxy for this interview

Changes: _____

May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA? Yes No

Check if used as proxy for this interview

Changes: _____

May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA? Yes No

Check if used as proxy for this interview

Changes: _____

May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA? Yes No

Check if used as proxy for this interview

Changes: _____

Which of your contacts is the best person to provide information about your health status or any hospitalizations that you may have had if we cannot reach you?

Select one from above _____

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 ID:

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