



Participant ID #:

Acrostic:

Date:   /   /       
 Month Day Year

## MESA Follow-up Phone Call 22: Participant Tracking

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 database.

### A. Participant Information

Is this a street address or mailing address? →

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

Is the primary mailing address outside the US?

Yes     No

May we contact you via email or text (check all that apply)?

Email     Text

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?:



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. →



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### C. Contacts/Proxies

May we send [Contact Name] a brochure or newsletter to tell them about MESA and their role as your contact person for MESA? If you say yes, we will send a newsletter to them at the address that you provided.

Yes  No

Check if used as proxy for this interview

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

May we send [Contact Name] a brochure or newsletter to tell them about MESA and their role as your contact person for MESA? If you say yes, we will send a newsletter to them at the address that you provided.

Yes  No

Check if used as proxy for this interview

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

May we send [Contact Name] a brochure or newsletter to tell them about MESA and their role as your contact person for MESA? If you say yes, we will send a newsletter to them at the address that you provided.

Yes  No

Check if used as proxy for this interview

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



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Yes  No

Check if used as proxy for this interview

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we send [Contact Name] a brochure or newsletter to tell them about MESA and their role as your contact person for MESA? If you say yes, we will send a newsletter to them at the address that you provided.

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 \_\_\_\_\_ Any  None

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 parent: \_\_\_\_\_

\_\_\_\_\_

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



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### D. Health Care Providers

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

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

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