



Participant ID #:

Acrostic:

Date: / /
Month Day Year

MESA Follow-up Phone Call 24: Participant Tracking

A. Participant Information

First, I'd like to make sure our records are up to date. Could you please tell me if the following information is correct? For your phone numbers, I have [see below] as your home/cell/work numbers. Are these numbers still correct? **(update as necessary)**.

If email is provided:

For your email address, I have [see below]. Is that still correct? **(update as necessary)**.

If email is not provided:

I don't have an email address in our records. Would you like to provide an email address?

Participant phone numbers:

Home: _____

Work: _____

Cell: _____

Email: _____

If there is a problem with the mailing address:

Verify home address. Materials mailed to this address were returned. I have your home address listed as [see below]. Is that correct?

Address: _____

City: _____

State: _____

ZIP: _____

If this is a new address, what was the month and year of change:

Month: _____

Year: _____

Is this a street address or mailing address?

- Street →
- Mailing

Street address: _____

City: _____

State: _____

ZIP: _____



MESA Follow-up Phone Call 24: Participant Tracking

Is your primary mailing address outside the US?

- Yes
- No

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

- Email
- Text

B. Secondary Residence

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

- Yes
- No →

Enter the month and year of end of use:

Month: _____

Year: _____

Secondary address: _____

Secondary-address city: _____

Secondary-address state: _____

Secondary-address ZIP: _____

If no secondary residence is listed, ask the participant: Do you have a secondary residence? May I please have the address?

- Yes →
- No

Secondary address: _____

City: _____

State: _____

ZIP: _____

When did you begin using this secondary address?

Month: _____

Year: _____



MESA Follow-up Phone Call 24: Participant Tracking

C. Contacts/Proxies

If contacts are provided: Next, we'll review the contacts that you have named in case we can't reach you in the future. Let's review their information.

If contacts are not provided: Do you have a contact person that we can add to your MESA record in case we can't reach you in the future?

Contact 1

Remove this contact permanently?

- Yes
- No

Contact first name: _____

Contact middle initial: _____

Contact last name: _____

Contact second sur-name: _____

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

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Grand-daughter |
| <input type="radio"/> sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grand-son |
| <input type="radio"/> brother | <input type="radio"/> Nephew | <input type="radio"/> Sister-in-law | <input type="radio"/> Neighbor | <input type="radio"/> Other relative |
| <input type="radio"/> mother | <input type="radio"/> Niece | <input type="radio"/> Cousin | <input type="radio"/> Son-in-law | <input type="radio"/> Other |
| <input type="radio"/> father | <input type="radio"/> Uncle | <input type="radio"/> Mother-in-law | <input type="radio"/> Daughter-in-law | |

Contact phone numbers:

Home: _____

Address: _____

Work: _____

City: _____

Cell: _____

State: _____

Email: _____

ZIP: _____

Select as health contact



MESA Follow-up Phone Call 24: Participant Tracking

Contact 2

Remove this contact permanently?

- Yes
- No

Contact first name: _____

Contact middle initial: _____

Contact last name: _____

Contact second sur-name: _____

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

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Grand-daughter |
| <input type="radio"/> Sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grand-son |
| <input type="radio"/> Brother | <input type="radio"/> Nephew | <input type="radio"/> Sister-in-law | <input type="radio"/> Neighbor | <input type="radio"/> Other relative |
| <input type="radio"/> Mother | <input type="radio"/> Niece | <input type="radio"/> Cousin | <input type="radio"/> Son-in-law | <input type="radio"/> Other |
| <input type="radio"/> Father | <input type="radio"/> Uncle | <input type="radio"/> Mother-in-law | <input type="radio"/> Daughter-in-law | |

Contact phone numbers:

Home: _____

Address: _____

Work: _____

City: _____

Cell: _____

State: _____

Email: _____

ZIP: _____

Select as health contact



MESA Follow-up Phone Call 24: Participant Tracking

Contact 3

Remove this contact permanently?

- Yes
- No

Contact first name: _____

Contact middle initial: _____

Contact last name: _____

Contact second sur-name: _____

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

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Grand-daughter |
| <input type="radio"/> Sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grand-son |
| <input type="radio"/> Brother | <input type="radio"/> Nephew | <input type="radio"/> Sister-in-law | <input type="radio"/> Neighbor | <input type="radio"/> Other relative |
| <input type="radio"/> Mother | <input type="radio"/> Niece | <input type="radio"/> Cousin | <input type="radio"/> Son-in-law | <input type="radio"/> Other |
| <input type="radio"/> Father | <input type="radio"/> Uncle | <input type="radio"/> Mother-in-law | <input type="radio"/> Daughter-in-law | |

Contact phone numbers:

Home: _____

Address: _____

Work: _____

City: _____

Cell: _____

State: _____

Email: _____

ZIP: _____

Select as health contact



MESA Follow-up Phone Call 24: Participant Tracking

Contact 4

Remove this contact permanently?

- Yes
- No

Contact first name: _____

Contact middle initial: _____

Contact last name: _____

Contact second sur-name: _____

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

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Grand-daughter |
| <input type="radio"/> Sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grand-son |
| <input type="radio"/> Brother | <input type="radio"/> Nephew | <input type="radio"/> Sister-in-law | <input type="radio"/> Neighbor | <input type="radio"/> Other relative |
| <input type="radio"/> Mother | <input type="radio"/> Niece | <input type="radio"/> Cousin | <input type="radio"/> Son-in-law | <input type="radio"/> Other |
| <input type="radio"/> Father | <input type="radio"/> Uncle | <input type="radio"/> Mother-in-law | <input type="radio"/> Daughter-in-law | |

Contact phone numbers:

Home: _____

Address: _____

Work: _____

City: _____

Cell: _____

State: _____

Email: _____

ZIP: _____

Select as health contact



MESA Follow-up Phone Call 24: Participant Tracking

Contact 5

Remove this contact permanently?

- Yes
- No

Contact first name: _____

Contact middle initial: _____

Contact last name: _____

Contact second sur-name: _____

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

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Grand-daughter |
| <input type="radio"/> Sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grand-son |
| <input type="radio"/> Brother | <input type="radio"/> Nephew | <input type="radio"/> Sister-in-law | <input type="radio"/> Neighbor | <input type="radio"/> Other relative |
| <input type="radio"/> Mother | <input type="radio"/> Niece | <input type="radio"/> Cousin | <input type="radio"/> Son-in-law | <input type="radio"/> Other |
| <input type="radio"/> Father | <input type="radio"/> Uncle | <input type="radio"/> Mother-in-law | <input type="radio"/> Daughter-in-law | |

Contact phone numbers:

Home: _____

Address: _____

Work: _____

City: _____

Cell: _____

State: _____

Email: _____

ZIP: _____

Select as health contact



MESA Follow-up Phone Call 24: Participant Tracking

Contact 6

Remove this contact permanently?

- Yes
- No

Contact first name: _____

Contact middle initial: _____

Contact last name: _____

Contact second sur-name: _____

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

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Grand-daughter |
| <input type="radio"/> Sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grand-son |
| <input type="radio"/> Brother | <input type="radio"/> Nephew | <input type="radio"/> Sister-in-law | <input type="radio"/> Neighbor | <input type="radio"/> Other relative |
| <input type="radio"/> Mother | <input type="radio"/> Niece | <input type="radio"/> Cousin | <input type="radio"/> Son-in-law | <input type="radio"/> Other |
| <input type="radio"/> Father | <input type="radio"/> Uncle | <input type="radio"/> Mother-in-law | <input type="radio"/> Daughter-in-law | |

Contact phone numbers:

Home: _____

Address: _____

Work: _____

City: _____

Cell: _____

State: _____

Email: _____

ZIP: _____

Select as health contact



MESA Follow-up Phone Call 24: Participant Tracking

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.)

Contact first name: _____

Contact middle initial: _____

Contact last name: _____

Contact second sur-name: _____

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

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Grand-daughter |
| <input type="radio"/> Sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grand-son |
| <input type="radio"/> Brother | <input type="radio"/> Nephew | <input type="radio"/> Sister-in-law | <input type="radio"/> Neighbor | <input type="radio"/> Other relative |
| <input type="radio"/> Mother | <input type="radio"/> Niece | <input type="radio"/> Cousin | <input type="radio"/> Son-in-law | <input type="radio"/> Other |
| <input type="radio"/> Father | <input type="radio"/> Uncle | <input type="radio"/> Mother-in-law | <input type="radio"/> Daughter-in-law | |

Contact phone numbers:

Home: _____

Address: _____

Work: _____

City: _____

Cell: _____

State: _____

Email: _____

ZIP: _____

Select as health contact



MESA Follow-up Phone Call 24: Participant Tracking

D. Health Care Providers

Next, let's review the contact information for your health care providers.

Health Care Provider 1

Remove this health care provider permanently?

- Yes
- No

Health care provider first name: _____

Health care provider last name: _____

Health care provider title (MD, PA, etc.) _____

Health care provider place of business (name of clinic or hospital): _____

Address: _____

City: _____

State: _____

ZIP: _____

Health care provider phone: _____

Would you like to send MESA Exam results to this healthcare provider?

- Yes
- No



MESA Follow-up Phone Call 24: Participant Tracking

Health Care Provider 2

Remove this health care provider permanently?

- Yes
- No

Health care provider first name: _____

Health care provider last name: _____

Health care provider title (MD, PA, etc.) _____

Health care provider place of business (name of clinic or hospital): _____

Address: _____

City: _____

State: _____

ZIP: _____

Health care provider phone: _____

Would you like to send MESA Exam results to this healthcare provider?

- Yes
- No



MESA Follow-up Phone Call 24: Participant Tracking

Health Care Provider 3

Remove this health care provider permanently?

- Yes
- No

Health care provider first name: _____

Health care provider last name: _____

Health care provider title (MD, PA, etc.) _____

Health care provider place of business (name of clinic or hospital): _____

Address: _____

City: _____

State: _____

ZIP: _____

Health care provider phone: _____

Would you like to send MESA Exam results to this healthcare provider?

- Yes
- No



MESA Follow-up Phone Call 24: Participant Tracking

Health Care Provider 4

Remove this health care provider permanently?

- Yes
- No

Health care provider first name: _____

Health care provider last name: _____

Health care provider title (MD, PA, etc.) _____

Health care provider place of business (name of clinic or hospital): _____

Address: _____

City: _____

State: _____

ZIP: _____

Health care provider phone: _____

Would you like to send MESA Exam results to this healthcare provider?

- Yes
- No



MESA Follow-up Phone Call 24: Participant Tracking

Health Care Provider 5

Remove this health care provider permanently?

- Yes
- No

Health care provider first name: _____

Health care provider last name: _____

Health care provider title (MD, PA, etc.) _____

Health care provider place of business (name of clinic or hospital): _____

Address: _____

City: _____

State: _____

ZIP: _____

Health care provider phone: _____

Would you like to send MESA Exam results to this healthcare provider?

- Yes
- No



MESA Follow-up Phone Call 24: Participant Tracking

Health Care Provider 6

Remove this health care provider permanently?

- Yes
- No

Health care provider first name: _____

Health care provider last name: _____

Health care provider title (MD, PA, etc.) _____

Health care provider place of business (name of clinic or hospital): _____

Address: _____

City: _____

State: _____

ZIP: _____

Health care provider phone: _____

Would you like to send MESA Exam results to this healthcare provider?

- Yes
- No



MESA Follow-up Phone Call 24: Participant Tracking

New Health Care Provider

Do you have any new health care that you would like to add?

Health care provider first name: _____

Health care provider last name: _____

Health care provider title (MD, PA, etc.) _____

Health care provider place of business (name of clinic or hospital): _____

Address: _____

City: _____

State: _____

ZIP: _____

Health care provider phone: _____

Send participant's results to this person:

- Yes
- No