| MesA                     |   | Participant ID #:        |                |              | Acrostic:       |        |              |
|--------------------------|---|--------------------------|----------------|--------------|-----------------|--------|--------------|
| MESA Exam                | 7: Participant Tracki   | ing                      |                | D            | ate: /<br>Month | Day Ye | ear          |
| A. Participant Info      | ormation  |                          |                |              |                 |        |              |
|                          | ike sure our records are up t<br>have <b>[see below]</b> as your ho |                          |                |              | -               |        |              |
| If email is provide      | d:  |                          |                |              |                 |        |              |
| For your email ad        | dress, I have <b>[see below]</b> . Is                               | that still correct? (upd | ate as necess  | ary).        |                 |        |              |
| If email is not pro      | vided:  |                          |                |              |                 |        |              |
| I don't have an en       | nail address in our records. V                                      | Vould you like to provi  | ide an email a | ddress?      |                 |        |              |
| Participant phone        | numbers:  |                          |                |              |                 |        |              |
| Home:                    |   |                          |                |              |                 |        |              |
| Work <sup>.</sup>        |   |                          |                |              |                 |        |              |
|                          |   |                          |                |              |                 |        |              |
|                          |   |                          |                |              |                 |        |              |
| Email:                   |   |                          |                |              |                 |        |              |
| May we contact v         | ou by email or text message   | ? (select all that apply | )              |              |                 |        |              |
| □ Email                  | Text Message  | · (                      | ,              |              |                 |        |              |
|                          |   |                          |                |              |                 |        |              |
| Verify home addr         | ess, and update if necessary  | L have your home ad      | dress listed a | s [see helo: | wl is that corr | ect?   |              |
| -                        | ess, and update in necessary  | . Thave your nome au     | aless listed a | 5 [366 DEIDI | wj. is that com |        |              |
| Address:                 |   |                          |                |              |                 |        |              |
| City:                    |   |                          |                |              |                 |        |              |
| State:                   |   |                          |                |              |                 |        |              |
| ZIP:                     |   |                          |                |              |                 |        |              |
|                          |   |                          |                |              |                 |        |              |
| If this is a new add     | dress, what was the month a   | nd year of change:       |                |              |                 |        |              |
| Month:                   |   |                          |                |              |                 |        |              |
| Year:                    |   |                          |                |              |                 |        |              |
| Is this a street add     | lress or mailing address?   |                          |                |              |                 |        |              |
| O Street —               | Street address:   |                          |                |              |                 |        |              |
| O Mailing                |   |                          |                |              |                 |        |              |
| 0                        | City:   |                          |                |              |                 |        |              |
|                          | State:  |                          |                |              |                 |        |              |
|                          | ZIP:  |                          |                |              |                 |        |              |
| MESA Exam 7   Participar | t Tracking   v1   | 6/22/2                   | 022            |              |                 |        | Page 1 of 15 |



| ls you  | r primary mai | ling address outside the US?   |
|---------|---------------|--|
| 0       | Yes           |  |
| 0       | No            |  |
| If a se | -             | ence<br>ence is listed, ask the participant: Do you still use the secondary residence at this address: |
| Ũ       | Yes           | Enter the month and year of end of use:  |
| 0       | No →          | Month:   |
|         |               | Year:  |
|         |               |  |
| Seco    | ondary addres | s:   |
| Seco    | ondary-addre  | ss city:   |
| Seco    | ondary-addre  | ss state:  |
| Seco    | ondary-addre  | ss ZIP:  |
|         |               |  |

If no secondary residence is listed, ask the participant: Do you have a secondary residence where you spend 4 or more weeks per year?

| O Yes — | May I please have the address?                   |
|---------|--|
| O No    | Secondary address:                               |
|         | City:  |
|         | State:   |
|         | ZIP:   |
|         | When did you begin using this secondary address? |
|         | Month:   |
|         | Year:  |
|         |  |



#### 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?

| <u>Contact</u> | 1                         |                       |      |                          |   |                 |   |                |
|----------------|---------------------------|-----------------------|------|--------------------------|---|-----------------|---|----------------|
| Remove         | this contact permane      | ntly?                 |      |                          |   |                 |   |                |
| ΟΥ             | 'es                       |                       |      |                          |   |                 |   |                |
| ON             | 10                        |                       |      |                          |   |                 |   |                |
| Contact        | first name:               |                       |      |                          |   |                 |   |                |
| Contact        | middle initial:           |                       |      |                          |   |                 |   |                |
| Contact        | last name:                |                       |      |                          |   |                 |   |                |
| Contact        | second sur-name:          |                       |      |                          |   |                 |   |                |
|                |                           |                       |      |                          |   |                 |   |                |
| Chec           | ck if used as proxy for t | this interview        |      |                          |   |                 |   |                |
| Relation       | ship to participant:      |                       |      |                          |   |                 |   |                |
| O s            | pouse O                   | Son                   | 0    | Aunt                     | 0 | Father-in-law   | 0 | Grand-daughter |
| O si           | ister O                   | Daughter              | 0    | Brother-in-law           | 0 | Friend          | 0 | Grand-son      |
| Οb             | orother O                 | Nephew                | 0    | Sister-in-law            | 0 | Neighbor        | 0 | Other relative |
| O m            | nother O                  | Niece                 | 0    | Cousin                   | 0 | Son-in-law      | 0 | Other          |
| O fa           | ather O                   | Uncle                 | 0    | Mother-in-law            | 0 | Daughter-in-law |   |                |
| Contact        | phone numbers:            |                       |      |                          |   |                 |   |                |
| Home:          |                           |                       |      | Address:                 |   |                 | - |                |
| Work:          |                           |                       |      | City:                    |   |                 |   |                |
| Cell:          |                           |                       |      | State:                   |   |                 |   |                |
| Email:         |                           |                       |      | ZIP:                     |   |                 |   |                |
| □ Cheo         | ck if this person can pro | ovide information abo | ut v | our heath status to MESA |   |                 |   |                |
|                | <b>F</b> .                |                       | ,    |                          |   |                 |   |                |
|                |                           |                       |      |                          |   |                 |   |                |
|                |                           |                       |      |                          |   |                 |   |                |
|                |                           |                       |      |                          |   |                 |   |                |



| <u>Conta</u> | <u>ct 2</u>              |       |                     |       |                |              |   |                 |   |                |
|--------------|--------------------------|-------|---------------------|-------|----------------|--------------|---|-----------------|---|----------------|
| Remo         | ve this contact perma    | nen   | tly?                |       |                |              |   |                 |   |                |
| 0            | Yes                      |       |                     |       |                |              |   |                 |   |                |
| 0            | No                       |       |                     |       |                |              |   |                 |   |                |
| Conta        | ct first name:           |       |                     |       |                |              |   |                 |   |                |
| Conta        | ct middle initial:       |       |                     |       |                |              |   |                 |   |                |
| Conta        | ct last name:            |       |                     |       |                |              |   |                 |   |                |
| Conta        | ct second sur-name:      |       |                     |       |                |              |   |                 |   |                |
|              |                          |       |                     |       |                |              |   |                 |   |                |
|              | neck if used as proxy fo | or th | is interview        |       |                |              |   |                 |   |                |
| Relati       | onship to participant:   |       |                     |       |                |              |   |                 |   |                |
| 0            | Spouse                   | 0     | Son                 | 0     | Aunt           |              | 0 | Father-in-law   | 0 | Grand-daughter |
| 0            | Sister                   | 0     | Daughter            | 0     | Brother-in-la  | iw           | 0 | Friend          | 0 | Grand-son      |
| 0            | Brother                  | 0     | Nephew              | 0     | Sister-in-law  |              | 0 | Neighbor        | 0 | Other relative |
| 0            | Mother                   | 0     | Niece               | 0     | Cousin         |              | 0 | Son-in-law      | 0 | Other          |
| 0            | Father                   | 0     | Uncle               | 0     | Mother-in-la   | W            | 0 | Daughter-in-law |   |                |
| Conta        | ct phone numbers:        |       |                     |       |                |              |   |                 |   |                |
| Home         | ::                       |       |                     |       | Address:       |              |   |                 | _ |                |
| Work         | ·                        |       |                     |       | City:          |              |   |                 |   |                |
| Cell:        |                          |       |                     |       | State: _       |              |   |                 |   |                |
| Email        | :                        |       |                     |       | ZIP: _         |              |   |                 |   |                |
| 🗆 ci         | neck if this person can  | pro   | vide information ab | out v | our heath stat | tus to MESA. |   |                 |   |                |
|              | •                        | •     |                     | ,     |                |              |   |                 |   |                |
|              |                          |       |                     |       |                |              |   |                 |   |                |
|              |                          |       |                     |       |                |              |   |                 |   |                |
|              |                          |       |                     |       |                |              |   |                 |   |                |



| <u>Contac</u> | <u>t 3</u>               |                       |      |                |             |                 |   |                |
|---------------|--------------------------|-----------------------|------|----------------|-------------|-----------------|---|----------------|
| Remov         | e this contact permane   | ntly?                 |      |                |             |                 |   |                |
| 0             | Yes                      |                       |      |                |             |                 |   |                |
| 0             | No                       |                       |      |                |             |                 |   |                |
| Contac        | t first name:            |                       |      |                |             |                 |   |                |
| Contac        | t middle initial:        |                       |      |                |             |                 |   |                |
| Contac        | t last name:             |                       |      |                |             |                 |   |                |
| Contac        | t second sur-name: _     |                       |      |                |             |                 |   |                |
|               |                          |                       |      |                |             |                 |   |                |
| 🗆 Ch          | eck if used as proxy for | this interview        |      |                |             |                 |   |                |
| Relatio       | nship to participant:    |                       |      |                |             |                 |   |                |
| 0             | Spouse (                 | ) Son                 | 0    | Aunt           | 0           | Father-in-law   | 0 | Grand-daughter |
| 0             | Sister C                 | ) Daughter            | 0    | Brother-in-la  | w O         | Friend          | 0 | Grand-son      |
| 0             | Brother C                | ) Nephew              | 0    | Sister-in-law  | 0           | Neighbor        | 0 | Other relative |
| 0             | Mother (                 | ) Niece               | 0    | Cousin         | 0           | Son-in-law      | 0 | Other          |
| 0             | Father C                 | ) Uncle               | 0    | Mother-in-la   | w O         | Daughter-in-law |   |                |
| Contac        | t phone numbers:         |                       |      |                |             |                 |   |                |
| Home:         |                          |                       |      | Address:       |             |                 | - |                |
| Work:         |                          |                       |      | City:          |             |                 |   |                |
| Cell:         |                          |                       |      | State: _       |             |                 |   |                |
| Email:        |                          |                       |      | ZIP: _         |             |                 |   |                |
| □ Che         | eck if this person can p | ovide information abo | ut v | our heath stat | us to MESA. |                 |   |                |
|               |                          |                       | ,    |                |             |                 |   |                |
|               |                          |                       |      |                |             |                 |   |                |
|               |                          |                       |      |                |             |                 |   |                |
|               |                          |                       |      |                |             |                 |   |                |



| act 4                    |  |  |  |  |  |                            |                            |                            |
|--------------------------|--|--|--|--|--|----------------------------|----------------------------|----------------------------|
| ove this contact perma   | nen  | tly?   |  |  |  |                            |                            |                            |
| Yes                      |  |  |  |  |  |                            |                            |                            |
| No                       |  |  |  |  |  |                            |                            |                            |
| act first name:          |  |  |  |  |  |                            |                            |                            |
| act middle initial:      |  |  |  |  |  |                            |                            |                            |
| act last name:           |  |  |  |  |  |                            |                            |                            |
| act second sur-name:     |  |  |  |  |  |                            |                            |                            |
|                          |  |  |  |  |  |                            |                            |                            |
| heck if used as proxy fo | or th  | nis interview  |  |  |  |                            |                            |                            |
| ionship to participant:  |  |  |  |  |  |                            |                            |                            |
| Spouse                   | 0  | Son  | 0  | Aunt   | 0  | Father-in-law              | 0                          | Grand-daughter             |
| Sister                   | 0  | Daughter   | 0  | Brother-in-law   | v O  | Friend                     | 0                          | Grand-son                  |
| Brother                  | 0  | Nephew   | 0  | Sister-in-law  | 0  | Neighbor                   | 0                          | Other relative             |
| Mother                   | 0  | Niece  | 0  | Cousin   | 0  | Son-in-law                 | 0                          | Other                      |
| Father                   | 0  | Uncle  | 0  | Mother-in-law  | v 0  | Daughter-in-law            |                            |                            |
| act phone numbers:       |  |  |  |  |  |                            |                            |                            |
| 2:                       |  |  |  | Address:   |  |                            | _                          |                            |
| :                        |  |  |  | City:  |  |                            |                            |                            |
|                          |  |  |  | State:   |  |                            |                            |                            |
| :                        |  |  |  | ZIP:   |  |                            |                            |                            |
| heck if this person can  | pro  | vide informatio  | n about ye   | our heath statu  | is to MESA.  |                            |                            |                            |
|                          |  |  |  |  |  |                            |                            |                            |
|                          |  |  |  |  |  |                            |                            |                            |
|                          |  |  |  |  |  |                            |                            |                            |
|                          | Yes No act first name: act middle initial: act last name: act last name: act second sur-name: heck if used as proxy for ionship to participant: Spouse Sister Brother Mother Father act phone numbers: e: t: | ove this contact permanent         Yes         No         act first name:         act middle initial:         act last name:         act second sur-name:         act second sur-name:         heck if used as proxy for the         ionship to participant:         Spouse       O         Sister       O         Brother       O         Mother       O         Father       O         act phone numbers:       E: | ove this contact permanently?   Yes   No   act first name:   act middle initial:   act last name:   act second sur-name:   act second sur-name:   heck if used as proxy for this interview   ionship to participant:   Spouse   Spouse   Son   Sister   Brother   Nephew   Mother   Niece   Father   Uncle | ove this contact permanently?   Yes   No   act first name: | ove this contact permanently?   Yes   No     act first name: | yes   No   act first name: | Yes   No   act first name: | Yes   No   act first name: |



| <u>Conta</u> | <u>ct 5</u>              |      |                        |     |                  |            |                 |   |                |
|--------------|--------------------------|------|------------------------|-----|------------------|------------|-----------------|---|----------------|
| Remo         | ve this contact permar   | ien  | tly?                   |     |                  |            |                 |   |                |
| 0            | Yes                      |      |                        |     |                  |            |                 |   |                |
| 0            | No                       |      |                        |     |                  |            |                 |   |                |
| Conta        | ct first name:           |      |                        |     |                  |            |                 |   |                |
|              | ct middle initial:       |      |                        |     |                  |            |                 |   |                |
| Conta        | ct last name:            |      |                        |     |                  |            |                 |   |                |
| Conta        | ct second sur-name:      |      |                        |     |                  |            |                 |   |                |
|              |                          |      |                        |     |                  |            |                 |   |                |
| 🗆 Cł         | neck if used as proxy fo | r th | nis interview          |     |                  |            |                 |   |                |
| Relati       | onship to participant:   |      |                        |     |                  |            |                 |   |                |
| 0            | Spouse                   | 0    | Son O                  | ł   | Aunt             | 0          | Father-in-law   | 0 | Grand-daughter |
| 0            | Sister                   | 0    | Daughter O             | ł   | Brother-in-law   | 0          | Friend          | 0 | Grand-son      |
| 0            | Brother                  | 0    | Nephew O               | I   | Sister-in-law    | 0          | Neighbor        | 0 | Other relative |
| 0            | Mother                   | 0    | Niece O                | ł   | Cousin           | 0          | Son-in-law      | 0 | Other          |
| 0            | Father                   | 0    | Uncle O                | 1   | Mother-in-law    | 0          | Daughter-in-law |   |                |
| Conta        | ct phone numbers:        |      |                        |     |                  |            |                 |   |                |
| Home         | :                        |      |                        |     | Address: _       |            |                 | - |                |
| Work         |                          |      |                        |     | City:            |            |                 |   |                |
| Cell:        |                          |      |                        |     | State:           |            |                 |   |                |
| Email        |                          |      |                        |     | ZIP:             |            |                 |   |                |
| □ cł         | neck if this person can  | oro  | vide information about | vc  | our heath status | s to MESA. |                 |   |                |
| -            |                          |      |                        | , - |                  |            |                 |   |                |
|              |                          |      |                        |     |                  |            |                 |   |                |
|              |                          |      |                        |     |                  |            |                 |   |                |
|              |                          |      |                        |     |                  |            |                 |   |                |



| <u>Conta</u>      | <u>ct 6</u>   |             |  |                         |                       |                            |  |          |                    |
|-------------------|---|-------------|--|-------------------------|-----------------------|----------------------------|--|----------|--------------------|
| Remo              | ve this contact perma   | nen         | tly?                                   |                         |                       |                            |  |          |                    |
| 0                 | Yes   |             |  |                         |                       |                            |  |          |                    |
| 0                 | No  |             |  |                         |                       |                            |  |          |                    |
| Conta             | ct first name:  |             |  |                         |                       |                            |  |          |                    |
| Conta             | ct middle initial:  |             |  |                         |                       |                            |  |          |                    |
| Conta             | ct last name:   |             |  |                         |                       |                            |  |          |                    |
| Conta             | ct second sur-name:   |             |  |                         |                       |                            |  |          |                    |
| 🗆 Cł              | eck if used as proxy f  | or tł       | nis interview                          |                         |                       |                            |  |          |                    |
| Relati            | onship to participant:  |             |  |                         |                       |                            |  |          |                    |
| 0                 | Spouse  | 0           | Son                                    | 0                       | Aunt                  | 0                          | Father-in-law                                | 0        | Grand-daughter     |
| 0                 | Sister  | 0           | Daughter                               | 0                       | Brother-in-law        | 0                          | Friend                                       | 0        | Grand-son          |
| 0                 | Brother   | 0           | Nephew                                 | 0                       | Sister-in-law         | 0                          | Neighbor                                     | 0        | Other relative     |
| 0                 | Mother  | 0           | Niece                                  | 0                       | Cousin                | 0                          | Son-in-law                                   | 0        | Other              |
| 0                 | Father  | 0           | Uncle                                  | 0                       | Mother-in-law         | 0                          | Daughter-in-law                              |          |                    |
| Conta             | ct phone numbers:   |             |  |                         |                       |                            |  |          |                    |
| Home              | :   |             |  |                         | Address:              |                            |  |          |                    |
| Work              |   |             |  |                         | City:                 |                            |  | _        |                    |
| Cell:             |   |             |  |                         | State:                |                            |  | _        |                    |
| Email             |   |             |  |                         | ZIP:                  |                            |  | _        |                    |
| □ Cł              | leck if this person can   | pro         | vide informatior                       | n about y               | our heath status to   | MESA.                      |  |          |                    |
| referro<br>Your " | previous exam, you w<br>ed to as a "Study Infor<br>Study Informant" will<br>ng, and functional abil | mar<br>talk | nt," who is willin<br>with us about re | g to eithe<br>ecent cha | er (1) attend the vis | it with you<br>n status ar | u or (2) receive a pho<br>d answer questions | one cal  | from our team.     |
|                   | of your MESA Contac<br>ESA study Contact.   | ts w        | vould you like us                      | to conta                | ct as your Study Inf  | formant? I                 | f they are not alread                        | y listec | l, please add them |
| 0 5               | elect a contact from t  | hos         | e listed above: C                      | ontact N                | ame                   |                            |  |          |                    |
| 0[                | o not speak to my co  | ntac        | ts about my hea                        | alth statu              | S                     |                            |  |          |                    |
|                   |   |             |  |                         |                       |                            |  |          |                    |



| 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?                              |
| O Yes  |
| O 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?      |
| O Yes  |
| O No   |
|  |
|  |
|  |
|  |



| Health Care Provider 2  |
|---|
| Remove this health care provider permanently?                         |
| O Yes   |
| O 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? |
| O Yes   |
| O No  |
|   |



| Health Care Provider 3  |
|---|
| Remove this health care provider permanently?                         |
| O Yes   |
| O 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? |
| O Yes   |
| O No  |
|   |



| Health Care Provider 4  |
|---|
| Remove this health care provider permanently?                         |
| O Yes   |
| O 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? |
| O Yes   |
| O No  |
|   |



| Health Care Provider 5  |
|---|
| Remove this health care provider permanently?                         |
| O Yes   |
| O 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? |
| O Yes   |
| O No  |
|   |



| Health Care Provider 6  |
|---|
| Remove this health care provider permanently?                         |
| O Yes   |
| O 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? |
| O Yes   |
| O No  |
|   |



| 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:   |
| Would you like to send MESA Exam results to this healthcare provider? |
| O Yes   |
| O No  |