



Participant ID #:

Acrostic:

Date:  /  /   
Month Day Year

### MESA Exam 7: 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: \_\_\_\_\_

May we contact you by email or text message? **(select all that apply)**

- Email     Text Message

**Verify home address, and update if necessary.** 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 Exam 7: Participant Tracking

Is your primary mailing address outside the US?

- Yes
- No

### 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 where you spend 4 or more weeks per year?

- Yes →
- No

May I please have the address?

Secondary address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP: \_\_\_\_\_

When did you begin using this secondary address?

Month: \_\_\_\_\_

Year: \_\_\_\_\_



## MESA Exam 7: 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: \_\_\_\_\_

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: \_\_\_\_\_

Check if this person can provide information about your health status to MESA.



## MESA Exam 7: Participant Tracking

### Contact 2

Remove this contact permanently?

- Yes
- No

Contact first name: \_\_\_\_\_

Contact middle initial: \_\_\_\_\_

Contact last name: \_\_\_\_\_

Contact second sur-name: \_\_\_\_\_

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: \_\_\_\_\_

Check if this person can provide information about your health status to MESA.



## MESA Exam 7: Participant Tracking

### Contact 3

Remove this contact permanently?

- Yes
- No

Contact first name: \_\_\_\_\_

Contact middle initial: \_\_\_\_\_

Contact last name: \_\_\_\_\_

Contact second sur-name: \_\_\_\_\_

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: \_\_\_\_\_

Check if this person can provide information about your health status to MESA.



## MESA Exam 7: Participant Tracking

### Contact 4

Remove this contact permanently?

- Yes
- No

Contact first name: \_\_\_\_\_

Contact middle initial: \_\_\_\_\_

Contact last name: \_\_\_\_\_

Contact second sur-name: \_\_\_\_\_

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: \_\_\_\_\_

Check if this person can provide information about your health status to MESA.



## MESA Exam 7: Participant Tracking

### Contact 5

Remove this contact permanently?

- Yes
- No

Contact first name: \_\_\_\_\_

Contact middle initial: \_\_\_\_\_

Contact last name: \_\_\_\_\_

Contact second sur-name: \_\_\_\_\_

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: \_\_\_\_\_

Check if this person can provide information about your health status to MESA.



## MESA Exam 7: Participant Tracking

### Contact 6

Remove this contact permanently?

- Yes
- No

Contact first name: \_\_\_\_\_

Contact middle initial: \_\_\_\_\_

Contact last name: \_\_\_\_\_

Contact second sur-name: \_\_\_\_\_

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: \_\_\_\_\_

Check if this person can provide information about your health status to MESA.

In the previous exam, you were asked to identify one or two people who know you well (spouse, children, other relative, or friend), referred to as a "Study Informant," who is willing to either (1) attend the visit with you or (2) receive a phone call from our team. Your "Study Informant" will talk with us about recent changes in your health status and answer questions about your memory, thinking, and functional abilities. The "Study Informant" phone call will take 15 minutes to complete.

Which of your MESA Contacts would you like us to contact as your Study Informant? If they are not already listed, please add them as a MESA study Contact.

- Select a contact from those listed above: Contact Name \_\_\_\_\_
- Do not speak to my contacts about my health status





## MESA Exam 7: 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 Exam 7: 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 Exam 7: 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 Exam 7: 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 Exam 7: 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 Exam 7: 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 Exam 7: 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: \_\_\_\_\_

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

- Yes
- No