



MESA FU26

Participant Tracking

Participant ID #:

Acrostic:

Technician ID:

Date: / /
Month Day Year

Thank you for participating in this MESA survey. The first set of questions ask you to verify your contact information.

1. Please review the phone numbers and email address that we have for you. For each, please verify that the information is correct or select "Delete this number" if it should be removed.

Participant phone numbers:

Home: _____ Correct as is Delete this number

Work: _____ Correct as is Delete this number

Cell: _____ Correct as is Delete this number

Email: _____ Correct as is Delete this email

Do you have a new phone number to add?

- Yes
- No

a. What is your new phone number? _____

b. What type of phone number is this?

- Home
- Cell
- Work

Do you have a new email address to add?

- Yes a. What is your new email address? _____
- No

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

- Email
- Text



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Do you still live at?

Street: _____

City: _____

State: _____

Zip: _____

Yes

No →

a. Do you live in the United States?

Yes

No → In what city and country do you live?

City: _____

Country: _____

In what month and year did you move to that address?

Month: _____

Year: _____

Do you have a different mailing address?

Yes ↘

No ↓

a. What is your mailing address

Street: _____

City: _____

State: _____

Zip: _____



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Do you have a secondary residence where you spend 4 or more weeks per year?

- Yes →
- No

What is the address of your secondary residence?

Street: _____

City: _____

State: _____

Zip: _____

When did you begin using this secondary address?

Month: _____

Year: _____

The next set of questions will ask you to verify the contact information for the friends or relatives that you have listed as your contacts, in case we cannot reach you.

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?

Would you like to keep the person listed below? Yes No

- 1) Contact first name _____
- 1) Contact middle initial _____
- 1) Contact last name _____
- 1) 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

Was this contact used as a proxy for this interview?

- Yes
- No

Relationship to participant:

- | | | | | |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="radio"/> Spouse | <input type="radio"/> Son | <input type="radio"/> Aunt | <input type="radio"/> Father-in-law | <input type="radio"/> Granddaughter |
| <input type="radio"/> Sister | <input type="radio"/> Daughter | <input type="radio"/> Brother-in-law | <input type="radio"/> Friend | <input type="radio"/> Grandson |
| <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 | |



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Would you like to keep the person listed below? Yes No

Contact 2:

2) Contact first name _____

2) Contact middle initial _____

2) Contact last name _____

2) Contact second sur-name _____

Was this contact used as a proxy for this interview? Yes No

Relationship to participant:

- Spouse
- Son
- Aunt
- Father-in-law
- Granddaughter
- Sister
- Daughter
- Brother-in-law
- Friend
- Grandson
- Brother
- Nephew
- Sister-in-law
- Neighbor
- Other relative
- Mother
- Niece
- Cousin
- Son-in-law
- Other
- Father
- Uncle
- Mother-in-law
- Daughter-in-law

Would you like to keep the person listed below? Yes No

Contact 3:

3) Contact first name _____

3) Contact middle initial _____

3) Contact last name _____

3) Contact second sur-name _____

Was this contact used as a proxy for this interview? Yes No

Relationship to participant:

- Spouse
- Son
- Aunt
- Father-in-law
- Granddaughter
- Sister
- Daughter
- Brother-in-law
- Friend
- Grandson
- Brother
- Nephew
- Sister-in-law
- Neighbor
- Other relative
- Mother
- Niece
- Cousin
- Son-in-law
- Other
- Father
- Uncle
- Mother-in-law
- Daughter-in-law



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Would you like to keep the person listed below? Yes No

Contact 4:

4) Contact first name _____

4) Contact middle initial _____

4) Contact last name _____

4) Contact second sur-name _____

Was this contact used as a proxy for this interview? Yes No

Relationship to participant:

- Spouse
- Son
- Aunt
- Father-in-law
- Granddaughter
- Sister
- Daughter
- Brother-in-law
- Friend
- Grandson
- Brother
- Nephew
- Sister-in-law
- Neighbor
- Other relative
- Mother
- Niece
- Cousin
- Son-in-law
- Other
- Father
- Uncle
- Mother-in-law
- Daughter-in-law

Would you like to keep the person listed below? Yes No

Contact 5:

5) Contact first name _____

5) Contact middle initial _____

5) Contact last name _____

5) Contact second sur-name _____

Was this contact used as a proxy for this interview? Yes No

Relationship to participant:

- Spouse
- Son
- Aunt
- Father-in-law
- Granddaughter
- Sister
- Daughter
- Brother-in-law
- Friend
- Grandson
- Brother
- Nephew
- Sister-in-law
- Neighbor
- Other relative
- Mother
- Niece
- Cousin
- Son-in-law
- Other
- Father
- Uncle
- Mother-in-law
- Daughter-in-law



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Contact phone numbers:

Home: _____

Work: _____

Cell: _____

Email: _____

Address: _____

City: _____

State: _____

Zip: _____

Can this person provide information about your health status? Yes No

New Contact Person

Do you have another contact person that you would like to add to your records? Yes No

Contact first name _____

Contact middle initial _____

Contact last name _____

Contact second sur-name _____

Was this contact used as a proxy for this interview?

Yes

No

Relationship to participant:

- Spouse Son Aunt Father-in-law Granddaughter
- Sister Daughter Brother-in-law Friend Grandson
- Brother Nephew Sister-in-law Neighbor Other relative
- Mother Niece Cousin Son-in-law Other
- Father Uncle Mother-in-law Daughter-in-law



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

Would you like to keep the health care provider listed below? Yes No

Please review and update the contact information for this health care provider.

1) Health care provider first name: _____

1) Health care provider last name: _____

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

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

Address: _____

City: _____

State: _____

Zip: _____

1) Health care provider phone: _____

1) Would you like to send MESA Exam results to this health care provider?

Yes

No

Health Care Provider 2

Would you like to keep the health care provider listed below? Yes No

Please review and update the contact information for this health care provider.

2) Health care provider first name: _____

2) Health care provider last name: _____

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

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

Address: _____

City: _____

State: _____

Zip: _____

2) Health care provider phone: _____

2) Would you like to send MESA Exam results to this health care provider?

Yes

No



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Health Care Provider 3

Would you like to keep the health care provider listed below? Yes No

Please review and update the contact information for this health care provider.

3) Health care provider first name: _____

3) Health care provider last name: _____

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

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

Address: _____

City: _____

State: _____

Zip: _____

3) Health care provider phone: _____

3) Would you like to send MESA Exam results to this health care provider?

Yes

No

Health Care Provider 4

Would you like to keep the health care provider listed below? Yes No

Please review and update the contact information for this health care provider.

4) Health care provider first name: _____

4) Health care provider last name: _____

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

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

Address: _____

City: _____

State: _____

Zip: _____

4) Health care provider phone: _____

4) Would you like to send MESA Exam results to this health care provider?

Yes

No



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Health Care Provider 5

Would you like to keep the health care provider listed below? Yes No

Please review and update the contact information for this health care provider.

5) Health care provider first name: _____

5) Health care provider last name: _____

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

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

Address: _____

City: _____

State: _____

Zip: _____

5) Health care provider phone: _____

5) Would you like to send MESA Exam results to this health care provider?

Yes

No

Health Care Provider 6

Would you like to keep the health care provider listed below? Yes No

Please review and update the contact information for this health care provider.

6) Health care provider first name: _____

6) Health care provider last name: _____

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

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

Address: _____

City: _____

State: _____

Zip: _____

6) Health care provider phone: _____

6) Would you like to send MESA Exam results to this health care provider?

Yes

No



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New Health Care Provider

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

- 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: _____

Send participant's results to this person:

- Yes
- No