

Participant ID #:				Acrostic:					,
Technician ID:		Da	ite:	Month /	Day]/[Yea	ar	

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	Pa	rtici	pant	phone	numbers
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Home:		0	Correct as is	0	Delete this number
Work:		0	Correct as is	0	Delete this number
Cell:		0	Correct as is	0	Delete this number
Email:		0	Correct as is	0	Delete this email
Do you have	e a new phone number to add?				
O Yes	·				
O No	<u> </u>			_	
	a. What is your new phone number?				
	b. What type of phone number is this?				
	O Home				
	O Cell				
	O Work			ر	
Do vou have	e a new email address to add?				
O Yes					
O No					
O NO					
May we con	tact you via email or text (check all that apply)?				
☐ Tex	CC				



Do you still live a	t?
Street:	
City:	
State:	
Zip:	
○ Yes	
○ No —	a. Do you live in the United States? O Yes
	O No → In what city and country do you live? City: Country:
	In what month and year did you move to that address? Month: Year:
	rent mailing address?
O Yes ——	
	your mailing address
Street:	
City:	
State:	
Zip:	

DO you	nave a secondary resi	uen	le where you spend 4	100	nore weeks per year?				
0	Yes	is th	e address of your sec	ond	ary residence?				
0	No Street	:							
	City: _								
	State:								
	Zip:								
	When	did	you begin using this s	eco	ndary address?				
	Month	າ:							
	Year:								
	t set of questions will s, in case we cannot re			tact	information for the friend	ds o	r relatives that you hav	e lis	ted as your
	cts are provided: Nex ormation.	t we	'll review the contact	s th	at you have named in cas	e w	e can't reach you in the	fut	ure. Let's review
If conta future?	cts are not provided:	Do y	ou have a contact pe	rsor	n that we can add to your	ME	SA record in case we ca	an't	reach you in the
Would y	ou like to keep the pe	erso	n listed below? OY	es	O No				
1)	Contact first name								
-	Contact middle initial							_	
	Contact last name							_	
	Contact second sur-na	me						_	
-,	contact second sur ne		-					_	
Was thi	s contact used as a pro	oxy 1	for this interview?						
O Y	es								
0 1	lo								
Relati	onship to participant:								
0	Spouse	0	Son	0	Aunt	0	Father-in-law	0	Granddaughter
0	Sister	0	Daughter	0	Brother-in-law	0	Friend	0	Grandson
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	_	
J		_	- 1-1-2	•	- 	_			



Would you like to keep th	e person listed below?	O Yes O No		
Contact 2:				
2) Contact first name				
2) Contact middle initi	al			_
2) Contact last name				_
2) Contact second sur-	-name			_
Was this contact used	as a proxy for this intervi	iew? O Yes O No		
Relationship to partici	pant:			
O Spouse	O Son	O Aunt	O Father-in-law	O Granddaughter
O Sister	O Daughter	O Brother-in-law	O Friend	O Grandson
O Brother	O Nephew	O Sister-in-law	O Neighbor	O Other relative
O Mother	O Niece	O Cousin	O Son-in-law	O Other
		O Mother-in-law	O Daughter-in-law	
O Father	O Uncle	O Mother-III-law	o baaginei iii law	
O Father Would you like to keep th Contact 3:			o budgittel iii luw	
Would you like to keep th Contact 3:			o budgittel iii luw	
Would you like to keep th	ne person listed below?		- Budgittel iii luw	
Would you like to keep th Contact 3: 3) Contact first name	ne person listed below?		- Duagnet III law	_
Would you like to keep th Contact 3: 3) Contact first name 3) Contact middle initi	ne person listed below?		- Duagnet III law	
Would you like to keep th Contact 3: 3) Contact first name 3) Contact middle initi 3) Contact last name 3) Contact second sur-	ne person listed below?	O Yes O No	- Duagnet III law	
Would you like to keep th Contact 3: 3) Contact first name 3) Contact middle initi 3) Contact last name 3) Contact second sur-	ial -name as a proxy for this interv	O Yes O No	- Duagnet III law	
Would you like to keep th Contact 3: 3) Contact first name 3) Contact middle initi 3) Contact last name 3) Contact second sur- Was this contact used	ial -name as a proxy for this interv	O Yes O No	O Father-in-law	Granddaughter
Would you like to keep th Contact 3: 3) Contact first name 3) Contact middle initi 3) Contact last name 3) Contact second sur- Was this contact used Relationship to partici	ne person listed below? ial -name as a proxy for this interv	○ Yes ○ No iew? ○ Yes ○ No		O Granddaughter O Grandson
Would you like to keep th Contact 3: 3) Contact first name 3) Contact middle initi 3) Contact last name 3) Contact second sur- Was this contact used Relationship to partici O Spouse	ial -name as a proxy for this intervipant: O Son	O Yes O No iew? O Yes O No O Aunt	O Father-in-law	
Would you like to keep th Contact 3: 3) Contact first name 3) Contact middle initi 3) Contact last name 3) Contact second sur- Was this contact used Relationship to partici O Spouse O Sister	ial -name as a proxy for this interv pant: O Son O Daughter	O Yes O No iew? O Yes O No O Aunt O Brother-in-law	O Father-in-law O Friend	O Grandson



Would you like to keep th	ne person listed below?(O Yes O No		
Contact 4:				
4) Contact first name 4) Contact middle initi	ial			_
4) Contact last name				_
4) Contact second sur-	-name 			_
Was this contact used	as a proxy for this intervi	ew? O Yes O No		
Relationship to partici	pant:			
O Spouse	O Son	O Aunt	O Father-in-law	O Granddaughter
O Sister	O Daughter	O Brother-in-law	O Friend	O Grandson
O Brother	O Nephew	O Sister-in-law	O Neighbor	O Other relative
O Mother	O Niece	O Cousin	O Son-in-law	O Other
O Father	O Uncle	O Mother-in-law	O Daughter-in-law	
Would you like to keep the	ne person listed below?(○ Yes ○ No		
5) Contact first name				
5) Contact middle init	ial			_
5) Contact last name				_
5) Contact second sur	-name			_
Was this contact used	l as a proxy for this intervi	iew? O Yes O No		
Relationship to partic	ipant:			
O Spouse	O Son	O Aunt	O Father-in-law	O Granddaughter
O Sister	O Daughter	O Brother-in-law	O Friend	O Grandson
O Brother	O Nephew	O Sister-in-law	O Neighbor	O Other relative
O Mother	O Niece	O Cousin	O Son-in-law	O Other
O Father	O Uncle	O Mother-in-law	O Daughter-in-law	

	t phone numbers:								
Home	<u> </u>								
Work	:								
Cell:									
Email	:								
Addre	ess: 								
City:									
State	:								
Zip:									
Can this	person provide inform	atio	n about your health s	statu	us? O Yes O No				
New Con	tact Person								
Do vou h	ave another contact p	ersc	on that you would like	e to	add to your records?	0	Yes O No		
,									
	ct first name								
Conta	ct first name ct middle initial	_							
Conta Conta		_							
Conta Conta Conta	ct middle initial	_							
Conta Conta Conta Conta	ct middle initial ct last name	_							
Conta Conta Conta Was t	ct middle initial ct last name ct second sur-name	_							
Conta Conta Conta Was t	ct middle initial ct last name ct second sur-name his contact used as a p	_							
Conta Conta Conta Was t	ct middle initial ct last name ct second sur-name his contact used as a p								
Conta Conta Conta Was t	ct middle initial ct last name ct second sur-name his contact used as a p Yes No							0	Granddaughter
Conta Conta Conta Was t	ct middle initial ct last name ct second sur-name his contact used as a p Yes No onship to participant:		y for this interview?					0 0	Granddaughter Grandson
Conta Conta Conta Was t O Relati	ct middle initial ct last name ct second sur-name his contact used as a p Yes No onship to participant: Spouse		y for this interview?	0	Aunt	0	Father-in-law		
Conta Conta Conta Was t O Relati	ct middle initial ct last name ct second sur-name his contact used as a p Yes No onship to participant: Spouse Sister		y for this interview? Son Daughter	0 0	Aunt Brother-in-law	0 0	Father-in-law Friend	0	Grandson

Next, let's review the contact information for your health care providers.
Would you like to keep the health care provider listed below? O Yes O 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 pace 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?
O Yes
O No
Health Care Provider 2
Health Care Provider 2 Would you like to keep the health care provider listed below? O Yes O No
Would you like to keep the health care provider listed below? O Yes O No
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider.
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider. 2) Health care provider first name:
Would you like to keep the health care provider listed below? O Yes O 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:
Would you like to keep the health care provider listed below? O Yes O 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.)
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider. 2) Health care provider first name:
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider. 2) Health care provider first name:
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider. 2) Health care provider first name:
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider. 2) Health care provider first name:
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider. 2) Health care provider first name:
Would you like to keep the health care provider listed below? O Yes O No Please review and update the contact information for this health care provider. 2) Health care provider first name:



Health Care Provider 3
Would you like to keep the health care provider listed below? O Yes O 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 pace 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?
O Yes
O No
Health Care Provider 4
Would you like to keep the health care provider listed below? O Yes O 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 pace 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?
O Yes

O No



Health Care Provider 5 Would you like to keep the health care provider listed below? O Yes O 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 pace 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? O Yes O No **Health Care Provider 6** Would you like to keep the health care provider listed below? O Yes O 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 pace 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? O Yes

O No



New Health Care Provider Do you have any new health care providers that you would like to add? O Yes O No Health care provider first name: Health care provider last name: Health care provider title (MD, PA, etc.) Health care provider pace of business (name of clinic or hospital): Address: City: State: Zip: Health care provider phone: Send participant's results to this person: O Yes

O_{No}