



**MESA FU27**

**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



What is your current address?

Street:

City:

State:

Zip:

☐ No



In what city and country do you live?

City:

Country:

In what month and year did you move?

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?

**Contact 1**

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

\_\_\_\_\_

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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Contact phone numbers:

Home: \_\_\_\_\_

Address: \_\_\_\_\_

Work: \_\_\_\_\_

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

Cell: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

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

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

Contact phone numbers:

Home: \_\_\_\_\_

Address: \_\_\_\_\_

Work: \_\_\_\_\_

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

Cell: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

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



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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

Contact phone numbers:

Home: \_\_\_\_\_

Address: \_\_\_\_\_

Work: \_\_\_\_\_

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

Cell: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

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



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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:

- |                               |                                |                                      |                                       |                                      |
|-------------------------------|--------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 |                                      |

Contact phone numbers:

Home:

Address:

Work:

City:

Cell:

State:

Email:

ZIP:

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



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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

Contact phone numbers:

Home:

Address:

Work:

City:

Cell:

State:

Email:

ZIP:

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



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

**Contact 6**

6) Contact first name

6) Contact middle initial

6) Contact last name

6) 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

Contact phone numbers:

Home:

Address:

Work:

City:

Cell:

State:

Email:

ZIP:

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





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**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

Contact phone numbers:

Home:

Address:

Work:

City:

Cell:

State:

Email:

ZIP:

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



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

**Health Care Provider 1**

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