

Multi-Ethnic Study of Atherosclerosis

Follow-up Phone Call 9



Participant Tracking

Participant Id#:

Acrostic:

Date: [] [] / [] [] / [] [] [] []
Month Day Year

Current tracking information from the MESA database is printed in the space below.

Record tracking information changes reported during the interview in the space below. Enter all changes into the MESA, MESA Air/MESA Family/ database.

A. Participant Information

Changes: _____

If new address, enter the month and year of change:
Month: ____ Year: ____

Street address:

Is this a street address or mailing address?

Street [] Mailing [] -> If Mailing address, enter street address here ->

B. Secondary Residence

If participant has a secondary address (a place he/she lives 4 or more weeks per year), enter address. ->

When did participant begin use of this secondary address?

Month: ____ Year: ____

Address of secondary residence:

C. Contacts/Proxies

Changes: _____

Check if used as proxy for this interview []

Changes: _____

Check if used as proxy for this interview []

B. Contacts/Proxies Cont.

Check if used as proxy for this interview <input type="checkbox"/>	Changes: _____ _____ _____ _____
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Check if used as proxy for this interview <input type="checkbox"/>	Changes: _____ _____ _____ _____
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Other proxy (Record the following information only if interview is completed by proxy other than those listed above or on previous page.)

Name: _____ Address: _____
 Relationship to participant: _____
 Phone: _____

D. Health Care Providers

	Changes: _____ _____ _____
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	Changes: _____ _____ _____
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	Changes: _____ _____ _____
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For MESA Field Center Use Only:		Data Collection Method: <input type="radio"/> Computer		<input type="radio"/> Paper	
Interviewer ID:	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	Reviewer ID:	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
				Data Entry	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>