

Participant ID #:	Acrostic				
	Date:	/ 🔲	]/[		

Month

Day

Year

## MESA Follow-up Phone Call 18: Participating Tracking

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 database.		
A. Participant Information	Changes:		
	If new address, enter the month and year of change:  Month: Year:		
Is this a street address or mailing address?	Street address:		
○ Street ○ Mailing → If Mailing address, enter street address here			
B. Secondary Residence  If a secondary residence is listed, ask participant if they still use the secondary residence at this address:	If yes, go to Section C Contacts/Proxies  If no, enter the month and year of end of use:  Month: Year:		
<b>→</b>	Does participant have another secondary residence that they use?:		
If no secondary residence is listed, ask the participant if they have a secondary residence:	Address of 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:		



## MESA Follow-up Phone Call 18: Participant Tracking

THE SATIONOW UP I HONE Can 10.1 articipant has	civii 9			
MESA investigators are interested in studying the risk of lung and h contact your children or grandchildren in the future to see if they r the names and contact details for any living children or adult grand	night want to join a study like this. Would you be willing to tell us			
O Yes → Great. Thank you. Let's review y	Great. Thank you. Let's review your MESA contacts and then we'll go over them.			
O No → No problem at all. We understan	No problem at all. We understand. Let's review your MESA contacts.			
O Maybe   I understand that you want to the you something in the mail or call.	nink about it and/or contact them first. Would it be easier if I sent led you back?			
Also, we'd like to send your MESA contacts a brochure or newslette in MESA. I'll ask you about each person individually.	er to tell them about MESA and their role as your contact person			
C. Contacts/Proxies  May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA?	Changes:			
Yes O No O				
Check if used as proxy for this interview				
Is [Contact Name] your child or grandchild?				
Child O Grandchild O Neither O				
May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA?	Changes:			
Yes O No O				
Check if used as proxy for this interview				
Is [Contact Name] your child or grandchild?				
Child O Grandchild O Neither O				
May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA?	Changes:			
Yes O No O				
Check if used as proxy for this interview				
Is [Contact Name] your child or grandchild?				

Grandchild O Neither O

Child O



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May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA?	Changes:
Yes O No O	
Check if used as proxy for this interview	
Is [Contact Name] your child or grandchild?	
Child O Grandchild O Neither O	
May we send [Contact Name] a brochure or newsletter to tell him/her about MESA and his/her role as your contact person for MESA?	Changes:
Yes O No O	
Check if used as proxy for this interview $\ \square$	
Is [Contact Name] your child or grandchild?	
Child O Grandchild O Neither O	
Which [other] children and grand-children do you have who mig	ht be interested in hearing about the study?  Phone:
Relationship to parent: Child O Grandchild O	Email:
Name:	Phone:
Relationship to parent: Child O Grandchild O	Email:
Name:	Phone:
Relationship to parent: Child O Grandchild O	Email:
Name:	Phone:
Relationship to parent: Child O Grandchild O	Email:



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Select one from above	Any O None O
other proxy (Record the following information on age.)	nly if interview is completed by proxy other than those listed above or on previo
Name:	Address:
Relationship to parent:	
	Phone:
. Health Care Providers	Changes:
	Changes:
	Changes: