



Participant ID #:

Acrostic:

Date: / /
Month Day Year

MESA Follow-up Phone Call 19: 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: _____

Street address: _____

Is this a street address or mailing address?

Street Mailing → *If Mailing address, enter street address here* →

B. Secondary Residence

If yes, go to Section C Contacts/Proxies

If no, enter the month and year of end of use:

Month: _____ Year: _____

Does participant have another secondary residence that they use?:



Address of secondary residence:

When did participant begin use of this secondary address?

Month: _____ Year: _____

If a secondary residence is listed, ask participant if they still use the secondary residence at this address:



If no secondary residence is listed, ask the participant if they have a secondary residence:

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



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C. Contacts/Proxies

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes No

Check if used as proxy for this interview

Changes: _____

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes No

Check if used as proxy for this interview

Changes: _____

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes No

Check if used as proxy for this interview

Changes: _____



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¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes No

Check if used as proxy for this interview

Changes: _____

¿Podemos enviarle a [Contact Name] un folleto o boletín para darle información sobre MESA y su papel como persona de contacto para MESA?

Yes No

Check if used as proxy for this interview

Changes: _____

¿Cuál de sus contactos es la mejor persona para proporcionar información sobre su estado de salud o cualquier hospitalización que pueda haber tenido si no podemos localizarlo a usted?

Select one from above _____ Any None

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 parent: _____

Phone: _____



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D. Health Care Providers

Changes: _____

Changes: _____

Changes: _____
