## A. Participant Information

<table>
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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

Address of secondary residence:

- **Month:** _____  
- **Year:** _____

### C. Contacts/Proxies

Check if used as proxy for this interview □

Changes:

- □
- □

Check if used as proxy for this interview □

Changes:

- □
- □

Participant Id#:

**Date:** □/□/□  
- **Month**  
- **Day**  
- **Year**
B. Contacts/Proxies Cont.

Check if used as proxy for this interview □

Check if used as proxy for this interview □

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

Check if used as proxy for this interview □

Check if used as proxy for this interview □

Check if used as proxy for this interview □

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Changes: ___________________________________

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For MESA Field Center Use Only: Data Collection Method: □ Computer □ Paper

Interviewer ID: [ ] [ ] Reviewer ID: [ ] [ ] Data Entry [ ] [ ]