



CONTACT INFORMATION UPDATE FORM

ID NUMBER:

FORM CODE

DATE: 8/11/2023
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

0c. Does participant have hearing problem/loss? Yes
No

0d. Does participant have cognitive impairment? Yes
No

0e. Participant has a spouse in the ARIC Gen2 study. Yes
 No

0f. ID number of spouse:

Go to item 0g

0g. Administrative information: _____

Instructions: *This form is updated any time a participant's information changes.*

A. VERIFICATION OF IDENTIFYING INFORMATION

1. a. Title: _____

b. First Name: _____

c. Middle Name: _____

d. Last Name: _____

2. Mailing Address:

a. _____

b. _____

c. City: _____

d. County: _____

e. State:

f. Zip Code: -

g. Is this mailing address your [name's] physical address? (i.e. where you [name] live[s])

Yes → **Go to item 3**
No

Physical Address:

h. _____

i. _____

j. City: _____

k. County: _____

l. State:

m. Zip Code: -

3. Home Phone Number: () - (land line)

4. Cell Phone Number: () - Does not use cell phone

5. Email Address: _____ Does not use email

6. Is there another place where you [name] live[s]? Yes

No → **Go to item 9**

Mailing Address:

a. _____

b. _____

c. City: _____

d. County: _____

e. State:

f. Zip Code: -

7. Phone Number at this second residence: () -

8. What time of year do you (does [name]) live at this second residence?

from month to month

9. SSN --

B. CONTACT PERSON 1

10. a. Title: _____

b. First Name: _____

c. Middle Name: _____

d. Last Name: _____

11. Mailing Address:

a. _____

b. _____

c. _____

d. City: _____

e. State:

f. Zip Code: -

12a. Telephone #1: () -

b. Telephone #2: () -

c. Telephone #3: () -

13. Relationship: ▼

13a. Is this person either the primary or secondary contact? (check only one)

- Primary
- Secondary
- Neither primary nor secondary

C. CONTACT PERSON 2

14. a. Title: _____

b. First Name: _____

c. Middle Name: _____

d. Last Name: _____

15. Mailing Address:

a. _____

b. _____

c. _____

d. City: _____

e. State:

f. Zip Code: -

16a. Telephone #1: () -

b. Telephone #2: () -

c. Telephone #3: () -

17. Relationship: ▼

17a. Is this person either the primary or secondary contact? (*check only one*)

Primary

Secondary

Neither primary nor secondary

D. CONTACT PERSON 3

18. a. Title: _____

b. First Name: _____

c. Middle Name: _____

d. Last Name: _____

19. Mailing Address:

a. _____

b. _____

c. _____

d. City: _____

e. State:

f. Zip Code: -

20a. Telephone #1: () -

b. Telephone #2: () -

c. Telephone #3: () -

21. Relationship: ▼

21a. Is this person either the primary or secondary contact? (*check only one*)

- Primary
- Secondary
- Neither primary nor secondary

Instructions: *If updating for Follow-up, this form is complete.
Questions 22 – 24f are asked during the recruitment phone call in preparation for the clinic visit.*

E. FOLLOW-UP PROXY INFORMATION

“We are asking all our ARIC participants to give us the name of a person that can answer questions about your [name’s] health if you [name] cannot. This person will be considered your [name’s] follow-up proxy for the ARIC Study. Only your ARIC center can contact your [name’s] follow-up proxy.”

[Ask this question initially and for any change in proxy designation] “Do we have your permission to send your proxy (you) information about the ARIC Study?”

ENTER OR UPDATE RESPONSE ON PXY FORM

22. Is one of the contact people you have already identified going to be this person for you [name]?”

- Yes
- No → **Go to item 23**

22a. Which contact person is your [name’s] follow-up proxy? → **Go to item 27**

- 1 = Contact #1
- 2 = Contact #2
- 3 = Contact #3
- 4 = Contact #1 and #2
- 5 = Contact #1 and #3
- 6 = Contact #2 and #3
- 7 = Contact #1, #2, and #3

Please identify your [name’s] follow-up proxy.

23. a. Title: _____

b. First Name: _____

c. Middle Name: _____

d. Last Name: _____

24. Mailing Address:

a. _____

b. _____

c. _____

d. City: _____

e. State:

f. Zip Code: -

25a. Telephone #1: () -

b. Telephone #2: () -

c. Telephone #3: () -

26. Relationship: ▼

Instructions: *If updating for Follow-up, this form is complete.
Questions 27 – 32f are asked during the recruitment phone call in preparation for the clinic visit.*

F. PHYSICIAN INFORMATION

“In approximately 6 weeks, we will send you [name] a summary of your [name’s] study results from this exam visit.”

27. Would you like us to also send this summary to your [name’s] physician or provider of medical care?

Yes.....

No → **Go to item 30**

28. a. First Name: _____

b. Last Name: _____

29. Mailing Address:

a. Clinic/Building: _____

b. _____

c. _____

d. City: _____

e. State:

f. Zip Code: -

Appendix 1

Drop-down menu items for 'Relationship' questions on the CIUG.

Relationship	Value in CDART
AUNT	A
BROTHER	B
BROTHER (IN LAW)	C
BROTHER (STEP)	D
COUSIN	E
DAUGHTER	F
DAUGHTER (IN LAW)	G
DAUGHTER (STEP)	H
EX WIFE	I
FATHER	J
FATHER (IN LAW)	K
FATHER (STEP)	L
FRIEND	M
GRAND CHILD	N
HUSBAND	O
MOTHER	P
MOTHER (IN LAW)	Q
MOTHER (STEP)	R
NEIGHBOR	S
NEPHEW	T
NIECE	U
PARTNER	GG
PASTOR/MINISTER/PRIEST	V
SIGNIFICANT OTHER	FF
SISTER	W
SISTER (IN LAW)	X
SISTER (STEP)	Y
SON	Z
SON (IN LAW)	AA
SON (STEP)	BB
UNCLE	CC
WIFE	DD
OTHER - SPECIFY IN NOTE LOG	EE