LONG LIFE FAMILY STUDY	(Affix Label Here) Participant ID: Participant Name Code:	(e.g., 10JUN2005)			
Circle Visit:	¹ Visit 1 ² Visit 1 Follow-	-Up ³ Visit 2			
	⁴ Visit 2 (New Participant)	⁵Visit 2 Follow-Up			
Form Version Date:	_12/03/2015				
	me?	lential file, separate from data entry forms.			
PREFIX FIRST NAME MI LAST NAME Q2. What is your home address? (Street, City, State, Zip)					
Q3a. What is your home telephone number?					
Q3b. What is an alternate telephone number?					
Q4a. US: What is your Social Security Number? (<i>Check this box if refused to provide</i> \square)					
SSN:					
Q4b. DK: What is your CPR (Civil Public Registry) Number? (<i>Check this box if refused to provide</i>)					
CPR:					
Q5. US: What is yo	Q5. US: What is your Medicare Number? (<i>Check this box if refused to provide</i>)				

articipan	t ID:		Participant	Name Code:
Q6a. Ple	ase provide the	names of three people v	who you would want u	us to ask to provide information
		ons for you in the event		
Jame:				
\unio	Prefix	FIRST NAME	MI	LAST NAME
)6a1. I	Oo you want thi	s contact person to rema	ain in our system as yo	our contact person?
	1	Yes		
	0	No	Go to Q6e	
)6h Is t	his nerson a far	mily member enrolled in	LLFS?	
200.13	_	•		
	1	Yes No	Go to Q6e	
	^D	Don't Kno	OW	
	1 (0)	(t) (d) (d)		
į oc. Aa	aress (Street, C	ity, State, Zip)		
hone: _		(Home Work) Bes	st day/time to call:
<i>.</i>	V 11			
-Mail <i>F</i>	Address:			
)6d. Re	lationship to Yo	ou (i.e. spouse, friend, et	tc.):	
_	1	1 /	,	
)60 Poi	rson #2			
goc. I ci	30N 112			
Vame: _	Prefix	FIRST NAME	MI	LAST NAME
	1 REFIX	FIRST IVAME	1411	LASI NAME
26e1 . D	Oo you want this	s contact person to rema	in in our system as yo	our contact person?
	1	Yes		
	⁰	No	Go to Q6i	
26f. Is t	his person a far	mily member enrolled in	LLFS?	
	<u> </u>	Yes	Go to Q6i	
	$=_{\alpha}$	No		
	=	Don't Kno	OW/	
	·····	Doi: t Kild	JW	

Participant ID:		Participan	t Name Code:
Q6g. Address (Street, C	ity, State, Zip)		
Phone:			est day/time to call:
E-Mail Address:			
Q6h. Relationship to Yo	ou (i.e. spouse, friend, e	tc.):	
Q6i. Person #3			
Name: Prefix	FIRST NAME	MI	LAST NAME
Q6i1. Do you want this			
Q6j. Is this person a fan	nily member enrolled in	n LLFS?	
	Yes No Don't Kn		
Q6k. Address (Street, C	ity, State, Zip)		
			est day/time to call:
E-Mail Address: Q6l. Relationship to Yo			
names of any additional	people who you would	want us to ask to pro	sted above, go to Q8a and provide the vide information and answer question ee available contact people are listed
Q8. Person #4			
Q8a. Name:PREFIX	FIRST NAME	MI	LAST NAME

	rticipant I	D:		Participant Na	ame Code:
Q8b. Is this person a family member enrolled in LLFS?	Q8a1. Do	•	-	•	contact person?
Q8b. Is this person a family member enrolled in LLFS?		0	Yes	Go to O8e	
	NOL T 41				
Don't Know Q8c. Address (Street, City, State, Zip) Phone:	28b. Is thi	s person a fan	nily member enrolled in	LLFS?	
Q8c. Address (Street, City, State, Zip)		1	Yes	Go to Q8e	
Q8c. Address (Street, City, State, Zip) Phone:					
Phone:			Don t Kild	w .	
E-Mail Address:	Q8c. Addr	ess (Street, C	ity, State, Zip)		
E-Mail Address:					
E-Mail Address:					
Q8d. Relationship to You (i.e. spouse, friend, etc.): Q8e. Person #5 Name: PREFIX FIRST NAME MI LAST NAME Q8d1. Do you want this contact person to remain in the system as your contact person?	Phone:		(Home Work) Best of	lay/time to call:
Q8d. Relationship to You (i.e. spouse, friend, etc.): Q8e. Person #5 Name: PREFIX FIRST NAME MI LAST NAME Q8d1. Do you want this contact person to remain in the system as your contact person?	F₋Mail ∆d	dress:			
Name: PREFIX FIRST NAME MI LAST NAME Q8d1. Do you want this contact person to remain in the system as your contact person?	L-Man Au				
Name: PREFIX FIRST NAME MI LAST NAME	Q8d. Relat	ionship to Yo	ou (i.e. spouse, friend, et	c.):	
Q8d1. Do you want this contact person to remain in the system as your contact person?	Q8e. Perso	n #5			
Q8d1. Do you want this contact person to remain in the system as your contact person?	Name:				
		PREFIX	FIRST NAME	MI	LAST NAME
	Q8d1. Do	you want this	s contact person to rema	in in the system as your	contact person?
Q8f. Is this person a family member enrolled in LLFS?		·	-	, ,	•
		0	No	Go to Q8i	
Q8g. Address (Street, City, State, Zip)	Q8f. Is thi	s person a far	nily member enrolled in	LLFS?	
Q8g. Address (Street, City, State, Zip)		<u> </u>	Vac	Co to OS	
Q8g. Address (Street, City, State, Zip)		0	No	G0 t0 Q81	
)W	
Phone: (Home Work) Best day/time to call:	Q8g. Addr	ess (Street, C	ity, State, Zip)		_
Phone: (Home Work) Best day/time to call:					
Phone: (Home Work) Best day/time to call:					
	Phone:		(Home Work) Best of	lay/time to call:
E-Mail Address:					
)8h. Relat	ionship to Yo	ou (i.e. spouse, friend, et	c.):	

articipant ID:		Participan	t Name Code:
Q8i. Person #6			
Name: Prefix	FIRST NAME	MI	LAST NAME
Q8i1. Do you want this	-	in in the system as yo	ur contact person?
	Yes No	Co to Olm	
	140	Go to Q8m	
Q8j. Is this person a fam	ily member enrolled in	LLFS?	
<u></u> 1	Yes	Go to Q8m	
\square^0	No		
D	Don't Kno	ow	
OSk Address (Street Ci	ty State Zin)		
Zon. Hudiess (Street, Ci	, State, Zip)		
Phone:	(Home Work) Be	est day/time to call:
E-Mail Address:			
Q81. Relationship to You	ı (i.e. spouse, friend, et	tc.):	
Q8m. Person #7			
Name:			
PREFIX	FIRST NAME	MI	LAST NAME
Q8m1. Do you want this	s contact person to rem	ain in the system as y	our contact person?
<u>•</u> .	•	······ ····	r r
0	Yes No	Go to Q8q	
Q8n. Is this person a fam	ily member enrolled in	LLFS?	
1	Yes	Go to Q8q.	
0	Yes No	30 10 404.	
	Don't Kno	OW	
Q80. Address (Street, Ci	ty, State, Zip)		
Phone:	(Home Work) Be	est day/time to call:
E-Mail Address:			

Page 5 of 7

LLFS V2- Panel 14: PrtcptContactInfo_03122015_v4

	J		Farticipan	t Name Code:
Q8p. Relat	ionship to Yo	ou (i.e. spouse, friend, et	cc.):	
Q8q. Perso	on #8			
Name:				
	PREFIX	FIRST NAME	MI	LAST NAME
08a1 . Do	vou want this	s contact person to rema	nin in the system as vo	our contact person?
C 1	1	-	J J	1
	0	Yes No	Go to 8u	
New In this	s norson a fan	nily member enrolled in	IIEC?	
201. Is uni	-	•		
	<u></u> 1	Yes No	Go to Q8u	
	0	No		
	D	Don't Kno	OW	
00 411	(G)			
Q8s. Addr	ess (Street, Ci	ity, State, Zip)		
Phone:		(Home Work) Re	st day/time to call:
				st day/time to can.
E-Mail Ad	dress:			
08t. Relat	ionship to Yo	ou (i.e. spouse, friend, et	·c.):	
gott Itolai	ronsinp to 10	a (ne. spouse, mena, et		
28u. Perso	on #9			
200. 1 01 50				
Name:		FIDST NAME	MI	I AST NAME
Name:	Prefix	FIRST NAME	MI	LAST NAME
Name:	PREFIX	FIRST NAME s contact person to rema		
Name:	PREFIX you want this 1	s contact person to rema	nin in the system as yo	
Name:	PREFIX you want this 1	s contact person to rema		
Name:	PREFIX you want this 1	s contact person to rema	nin in the system as yo	
Name: Q8u1. Do	you want this	s contact person to remaYes	oin in the system as you	
Name: Q8u1. Do	you want this	s contact person to rema	oin in the system as you	
Name: Q8u1. Do	you want this 1 0 s person a fan	s contact person to remaYesNo nily member enrolled in	Go to 9a LLFS?	
Name: Q8u1. Do	you want this you want this 0 s person a fan	s contact person to remaYes	oin in the system as you	

articipant ID:	Participant Name Code:
Q8w.Address (Street, City, State, Zip)	
Phone:	_ (Home Work) Best day/time to call:
E-Mail Address:	
Q8x. Relationship to You (i.e. spouse, frien	d, etc.):
Q9a. Do you have a primary care physician for advice about your health care?	or a specific location that you <i>usually</i> go to for health care or
1	
Interviewer Note: Please read response op	ctions for 9b and check only one.
Q9b. Where do you <i>usually</i> go for health ca	are or advice about health care?
2 Public 3 Health 4 Hospi 2 Emerg	gency Room (Please Specify) Know
Q9c. Please tell me the name, address and t usually visit for health care needs.	elephone number of the doctor or health care provider that you
Organization Name:	
Physician Name: Prefix First I	NAME MI LAST NAME
	NAME MII LASI NAME
Office Phone:	Office Fax:
E-Mail Address:	