(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Initiatied (e.g., 10JUN2005):

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
d   d   m m m   y   y   y   y

Date Form Completed (e.g., 10JUN2005):

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
d   d   m m m   y   y   y   y

Interviewer Code: ☐ ☐ ☐

Please Circle Field Center Location:
BU   CU   DK   UP

LLFS Relative Contact Information Form (TS2-V3)

Interviewer Notes: *Recommended Resources: Offspring's completed Panel 2a from Visit 2. test*

This form is to be used to recontact the Proband/Offspring, to identify his/her grandchildren/children and any additional relatives interested in LLFS and to record information on those grandchildren/children/relatives who are willing to be contacted about participation in LLFS. This form is a continuous process and should be updated whenever additional grandchildren/children/relatives are identified and have agreed to be contacted.

The objective of this form is to identify the Proband's grandchildren/relatives who have agreed to be contacted for potential participation in LLFS. This is the first step in contacting the grandchild generation and any additional relatives. It is important that this section be completed during this telephone contact.

Important Note: For additional interested LLFS family members of the proband and offspring generations, LLFS staff must query the existing database for each name obtained to determine if a Study ID had been previously assigned (i.e. via CMS list). This should also be done for those individuals who do not provide consent. If an ID has been assigned, that number is to be recorded in the space provided.   For those who do not have an ID (Proband Grandchildren), an ID will be assigned according to the protocol outlined in Chapter 4 of the LLFS V1 MOP. The number should then be documented in the space provided on this form, as well as on the TS1a-V3. Upon obtaining consent to contact, this ID number will be transferred to the TS1a-V3; the TS1a-V3 will be entered using the individual's ID number, not the Proband's.

Note to Interviewer: If you need additional sheets for the following section, please Photocopy the appropriate sheets and append to this form

Participant ID: _____   **Participant Name Code:** _____

Name of Proband/Offspring (circle, *Last, First, Middle; if Female, please include Maiden Name*: _____

Offspring's Child(ren): **(Start from eldest to youngest; include full- or step-children)**

Child #

(a) Child's Name Last: _____ First: _____ Middle: _____ Maiden: _____	**(e) Can you provide a reason why you have not yet contacted this family member about the study?** *[X all that apply]* ☐[1] He/She is cognitively impaired ☐[1] He/she is too ill to participate ☐[1] I am no longer in contact with him/her ☐[1] I do not believe he/she will be interested ☐[1] I do not believe he/she has time ☐[1] He/she lives out of the area ☐[1] I have not had time to contact him/her	**(g) Can you provide a reason why this family member is not interested in our Study?** *[X all that apply]* ☐[1] He/She is cognitively impaired ☐[1] He/she is too ill to participate ☐[1] I am no longer in contact with him/her ☐[1] He/She is not interested in participating ☐[1] He/she does not have the time ☐[1] He/she lives out of the area ☐[1] I have not had time to contact him/her
(b) Relationship ☐[1] Full-Son ☐[3] Step-Son ☐[2] Full-Daughter ☐[4] Step-Daughter **(c) Indicate Vital Status** ☐[0] Deceased **Go to (h)** ☐[1] Alive **Go to (d)**	**(f) Is this individual willing to be contacted?** ☐[1] Yes **Go to (i)** ☐[0] No **Go to (g)** ☐[D] Haven't Contacted/Undecided	**(h) To your knowledge, did ____ ever suffer from any of the following conditions?** *[X all that apply]* ☐[1] Heart Disease ☐[1] Stroke ☐[1] Diabetes ☐[1] Hypertension ☐[1] Cancer ☐[1] Alzheimers/Dementia ☐[1] Other _____
(d) Have you told this Child about the Study? ☐[1] Yes **Go to (f)** ☐[0] No **Go to (e)**	**(i) Contact Information** Address: _____ _____ Phone: _____ (☐Home ☐Work ☐Cell/Mobile) Best day/time to call: _____ E-Mail: _____ Family Member Telephone Screener Completed? ☐Yes ☐No Individual Eligible to Participate in Study? ☐Yes ☐No Date Scheduled: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ Date Completed: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ LLFS Participant ID #: ___ ___ ___ ___ ___ ___ ___ ___

LLFS V3 – TS2-V3_RelContactInfoForm_16102019_v5

Copy Page 2 for Additional Children

Participant ID: _____   **Participant Name Code:** _____

Name of Proband/Offspring (circle, *Last, First, Middle; if Female, please include Maiden Name*: _____

Additional Family Member(s):

Family Member # ___

(a) Family Member's Name

Last: _____

First: _____

Middle: _____

Maiden: _____

(e) Can you provide a reason why you have not yet contacted this family member about the study? *[X all that apply]*

- [ ]1 He/She is cognitively impaired
- [ ]1 He/she is too ill to participate
- [ ]1 I am no longer in contact with him/her
- [ ]1 I do not believe he/she will be interested
- [ ]1 I do not believe he/she has time
- [ ]1 He/she lives out of the area
- [ ]1 I have not had time to contact him/her

(g) Can you provide a reason why this family member is not interested in our Study? *[X all that apply]*

- [ ]1 He/She is cognitively impaired
- [ ]1 He/she is too ill to participate
- [ ]1 I am no longer in contact with him/her
- [ ]1 He/She is not interested in participating
- [ ]1 He/she does not have the time
- [ ]1 He/she lives out of the area
- [ ]1 I have not had time to contact him/her

(b) Relationship

- [ ]1 Full-Brother
- [ ]2 Full-Sister
- [ ]3 Uncle
- [ ]4 Aunt
- [ ]5 Cousin
- [ ]6 Nephew
- [ ]7 Niece

(f) Is this individual willing to be contacted?

- [ ]1 Yes **Go to (i)**
- [ ]0 No **Go to (g)**
- [ ]D Haven't Contacted/Undecided

(h) To your knowledge, did ____ ever suffer from any of the following conditions? *[X all that apply]*

- [ ]1 Heart Disease
- [ ]1 Stroke
- [ ]1 Diabetes
- [ ]1 Hypertension
- [ ]1 Cancer
- [ ]1 Alzheimers/Dementia
- [ ]1 Other_____

(c) Indicate Vital Status

- [ ]0 Deceased **Go to (h)**
- [ ]1 Alive **Go to (d)**

(d) Have you told this Family Member about the Study?

- [ ]1 Yes **Go to (f)**
- [ ]0 No **Go to (e)**

(i) Contact Information

Address: _____

_____

Phone: _____ ([ ] Home [ ] Work   Cell/Mobile)

Best day/time to call: _____   E-Mail: [ ] _____

Family Member Telephone Screener Completed? [ ] Yes [ ] No

Individual Eligible to Participate in Study? [ ] Yes [ ] No

Date Scheduled: ___ ___ / ___ ___ ___ / ___ ___ ___ ___

Date Completed: ___ ___ / ___ ___ ___ / ___ ___ ___ ___

LLFS Participant ID #: ___ ___ ___ ___ ___ ___ ___ ___

Copy page 4 for additional family members.

Participant ID: _____   **Participant Name Code:** _____

Name of Proband/Offspring (circle, *Last, First, Middle; if Female, please include Maiden Name*: _____

Additional Spousal Control(s):

Spousal Control # ___

(a) Spousal Control's Name Last: _____ First: _____ Middle: _____ Maiden: _____	**(e) Can you provide a reason why you have not yet contacted this family member about the study?** *[X all that apply]* □¹ He/She is cognitively impaired □¹ He/she is too ill to participate □¹ I am no longer in contact with him/her □¹ I do not believe he/she will be interested □¹ I do not believe he/she has time □¹ He/she lives out of the area □¹ I have not had time to contact him/her	**(g) Can you provide a reason why this family member is not interested in our Study?** *[X all that apply]* □¹ He/She is cognitively impaired □¹ He/she is too ill to participate □¹ I am no longer in contact with him/her □¹ He/She is not interested in participating □¹ He/she does not have the time □¹ He/she lives out of the area □¹ I have not had time to contact him/her
(b) Relationship □¹ Proband spouse □ □² Offspring spouse □ □³ Grandchild spouse **(c) Indicate Vital Status** □⁰ Deceased **Go to (h)** □¹ Alive **Go to (d)**	**(f) Is this individual willing to be contacted?** □¹ Yes **Go to (i)** □⁰ No **Go to (g)** □D Haven't Contacted/Undecided	**(h) To your knowledge, did ____ ever suffer from any of the following conditions?** *[X all that apply]* □¹ Heart Disease □¹ Stroke □¹ Diabetes □¹ Hypertension □¹ Cancer □¹ Alzheimers/Dementia □¹ Other_____
(d) Have you told this Spouse about the Study? □¹ Yes **Go to (f)** □⁰ No **Go to (e)**	**(i) Contact Information** Address: _____ _____ Phone: _____ (□Home □Work Cell/Mobile) Best day/time to call: _____ E-Mail: □ _____ Family Member Telephone Screener Completed? □Yes □No Individual Eligible to Participate in Study? □Yes □No Date Scheduled: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ Date Completed: ___ ___ / ___ ___ ___ / ___ ___ ___ ___ LLFS Participant ID #: ___ ___ ___ ___ ___ ___ ___ ___

Copy page 6 for additional spousal controls.