



(Affix Label Here)

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Date Form Filled Out:

d d M M M y y y y  
(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU CU DK UP

Circle Visit: <sup>6</sup>Visit 3 <sup>7</sup>Visit 3 (New Participant) <sup>8</sup>Visit 3 Follow-Up

Form Version Date: 21/10/2019

### LLFS Participant Contact Information

***Interviewer Note:*** This form is to be kept in a confidential file, separate from data entry forms.

**Q1.** What is your name? \_\_\_\_\_  
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? \_\_\_\_\_

**Q3c.** What is your email address? \_\_\_\_\_

**Q4a. US:** What is your Social Security Number? (Check this box if refused to provide )

SSN: \_ \_ \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ -

**Q4b. DK:** What is your CPR (Civil Public Registry) Number? (Check this box if refused to provide )

CPR: \_ \_ \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ -

**Q5a. US:** What is your Medicare Beneficiary Identifier (MBI)? (Check this box if refused to provide )

Medicare ID: \_ \_ \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ - \_ -

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

**Q6a.** Please provide the names of three people who you would want us to ask to provide information and answer questions for you in the event that you are unable to answer for yourself.

Name: \_\_\_\_\_  
                    **PREFIX**                    **FIRST NAME**                    **MI**                    **LAST NAME**

**Q6a1.** Do you want this contact person to remain in our system as your contact person?

<sup>1</sup> .....Yes  
<sup>0</sup> .....No                      **Go to Q6e**

**Q6b.** Is this person a family member enrolled in LLFS?

<sup>1</sup> .....Yes                      **Go to Q6e**  
<sup>0</sup> .....No  
<sup>D</sup> .....Don't Know

**Q6c.** Address (Street, City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Q6d.** Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

**Q6e. Person #2**

Name: \_\_\_\_\_  
                    **PREFIX**                    **FIRST NAME**                    **MI**                    **LAST NAME**

**Q6e1.** Do you want this contact person to remain in our system as your contact person?

<sup>1</sup> .....Yes  
<sup>0</sup> .....No                      **Go to Q6i**

**Q6f.** Is this person a family member enrolled in LLFS?

<sup>1</sup> .....Yes                      **Go to Q6i**  
<sup>0</sup> .....No  
<sup>D</sup> .....Don't Know

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Q6g. Address (Street, City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Q6h. Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

**Q6i. Person #3**

Name: \_\_\_\_\_  
**PREFIX                      FIRST NAME                      MI                      LAST NAME**

Q6i1. Do you want this contact person to remain in the system as your contact person?

<sup>1</sup> .....Yes

<sup>0</sup> .....No

**Go to Q8**

Q6j. Is this person a family member enrolled in LLFS?

<sup>1</sup> .....Yes

<sup>0</sup> .....No

<sup>D</sup> .....Don't Know

**Go to Q8**

Q6k. Address (Street, City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Q6l. Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

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***Interviewer Note:*** If there are **NOT** three available contact people listed above, go to **Q8a** and provide the names of any additional people who you would want us to ask to provide information and answer questions for you in the event that you are unable to answer for yourself. If three available contact people are listed above, go to **Q9a**.

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**Q8. Person #4**

Q8a. Name: \_\_\_\_\_  
**PREFIX                      FIRST NAME                      MI                      LAST NAME**

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

**Q8a1.** Do you want this contact person to remain in the system as your contact person?

<sup>1</sup> .....Yes  
<sup>0</sup> .....No

**Go to Q8e**

**Q8b.** Is this person a family member enrolled in LLFS?

<sup>1</sup> .....Yes  
<sup>0</sup> .....No  
<sup>D</sup> .....Don't Know

**Go to Q8e**

**Q8c.** Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Q8d.** Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

***Q8e. Person #5***

Name: \_\_\_\_\_

<b>PREFIX</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>
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**Q8d1.** Do you want this contact person to remain in the system as your contact person?

<sup>1</sup> .....Yes  
<sup>0</sup> .....No

**Go to Q8i**

**Q8f.** Is this person a family member enrolled in LLFS?

<sup>1</sup> .....Yes  
<sup>0</sup> .....No  
<sup>D</sup> .....Don't Know

**Go to Q8i**

**Q8g.** Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Q8h.** Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

**Q8i. Person #6**

Name: \_\_\_\_\_  
                    **PREFIX**                    **FIRST NAME**                    **MI**                    **LAST NAME**

Q8i1. Do you want this contact person to remain in the system as your contact person?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

**Go to Q8m**

Q8j. Is this person a family member enrolled in LLFS?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know

**Go to Q8m**

Q8k. Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Q8l. Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

**Q8m. Person #7**

Name: \_\_\_\_\_  
                    **PREFIX**                    **FIRST NAME**                    **MI**                    **LAST NAME**

Q8m1. Do you want this contact person to remain in the system as your contact person?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

**Go to Q8q**

Q8n. Is this person a family member enrolled in LLFS?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>D</sup> .....Don't Know

**Go to Q8q.**

Q8o. Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Q8p.** Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

**Q8q. Person #8**

Name: \_\_\_\_\_

<b>PREFIX</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>
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**Q8q1.** Do you want this contact person to remain in the system as your contact person?

<sup>1</sup> .....Yes

<sup>0</sup> .....No

**Go to 8u**

**Q8r.** Is this person a family member enrolled in LLFS?

<sup>1</sup> .....Yes

<sup>0</sup> .....No

<sup>D</sup> .....Don't Know

**Go to Q8u**

**Q8s.** Address (Street, City, State, Zip) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ ( Home Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Q8t.** Relationship to You (i.e. spouse, friend, etc.): \_\_\_\_\_

**Q8u. Person #9**

Name: \_\_\_\_\_

<b>PREFIX</b>	<b>FIRST NAME</b>	<b>MI</b>	<b>LAST NAME</b>
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**Q8u1.** Do you want this contact person to remain in the system as your contact person?

<sup>1</sup> .....Yes

<sup>0</sup> .....No

**Go to 9a**

**Q8v.** Is this person a family member enrolled in LLFS?

<sup>1</sup> .....Yes

<sup>0</sup> .....No

<sup>D</sup> .....Don't Know

**Go to Q9a**

Participant 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, friend, etc.): \_\_\_\_\_

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Q9a. Do you have a primary care physician or a specific location that you *usually* go to for health care or for advice about your health care?

- 1 .....Yes
- 0 .....No

***Interviewer Note:*** Please read response options for 9b and check only one.

Q9b. Where do you *usually* go for health care or advice about health care?

- 1 .....Private Doctor's Office (individual or group practice)
- 2 .....Public Clinic, such as a neighborhood health center
- 3 .....Health Maintenance Organization (HMO)
- 4 .....Hospital Outpatient Clinic
- 5 .....Emergency Room
- 6 .....Other (Please Specify) \_\_\_\_\_
- D .....Don't Know
- R .....Refused

Q9c. Please tell me the name, address and telephone number of the doctor or health care provider that you usually visit for health care needs.

Organization Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_  
**PREFIX                      FIRST NAME                      MI                      LAST NAME**

Address (Street, City, State, Zip): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Script: As we begin to look ahead at new ways to gather information, we are trying to get an idea of how many of our participants use certain new technologies.*

**Q10a.** Do you use a fitness tracker (e.g., Fitbit)?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No

**Q10b.** Do you use a mobile “smart phone” (e.g., iPhone, Android)?

- <sup>1</sup> .....Yes
  - <sup>0</sup> .....No
- Go to Q10d**

**Q10c.** Which operating system does your smart phone use?

- <sup>1</sup> .....iPhone/iOS
- <sup>2</sup> .....Android
- <sup>3</sup> .....Other: \_\_\_\_\_
- <sup>4</sup> .....Unknown

**Q10d.** Would you be interested in sharing your health data collected from these devices?

- <sup>1</sup> .....Yes
- <sup>0</sup> .....No
- <sup>2</sup> .....Maybe