SP	(Affix Label Here) Participant ID:	Date Form Filled Out:
LONG LIFE	Participant Name Code:	_ Interviewer Code: <u>Circle Field Center Location</u> : BU CU DK UP
<u>Circle Visit:</u> Form Version Date:	⁶ Visit 3 ⁷ Visit 3 (New Partic _21/10/2019	ipant) ⁸ Visit 3 Follow-Up

 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 nam	me?			
		PREFIX	FIRST NAME	MI	LAST NAME
Q2.	What is your ho	me address? (Stre			
Q3a	. What is your ho	me telephone nur	nber?		
Q3b	•. What is an altern	nate telephone nu	mber?		
Q3c	•. What is your em	ail address?			
Q4a	. US: What is yo	ur Social Securit	y Number? (Check this	box if refused	to provide 🔲)
	SSN:	- 			
Q4b	D.DK: What is yo	our CPR (Civil Pu	ıblic Registry) Number	? (Check this l	box if refused to provide 🗌)
	CPR:			_	
Q5a	a. US: What is y	your Medicare Be	eneficiary Identifier (M	BI)? (Check the	is box if refused to provide 🔲)
	Medicare 1	ID:			

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	•	s contact person to rema Yes No	in in our system as Go to Q6e	s your contact person?
Q6b. Is th	is person a fa	mily member enrolled in	LLFS?	
	<u> </u> 0	Yes No Don't Kno	-	
Q6c. Add	ress (Street, C	City, State, Zip)		
Phone:		(Home Work)	Best day/time to call:
E-Mail Ac	ldress:			
Q6d. Rela	tionship to Y	ou (i.e. spouse, friend, et	c.):	
Q6e. Pers	on #2			
Name:	PREFIX	FIRST NAME	MI	LAST NAME
Q6e1 . Do	<u>1</u>	s contact person to rema Yes No	in in our system as Go to Q6i	s your contact person?
Q6f. Is th		mily member enrolled in	_	
	<u> </u>	Yes No Don't Kno	Go to Q6i	

me Work) Best day/time to call:
MI LAST NAME the system as your contact person? Go to Q8 FS? Go to Q8
MI LAST NAME the system as your contact person? Go to Q8 FS? Go to Q8
MI LAST NAME the system as your contact person? Go to Q8 FS? Go to Q8
the system as your contact person? Go to Q8 FS? Go to Q8
the system as your contact person? Go to Q8 FS? Go to Q8
Go to Q8 FS? Go to Q8
Go to Q8
me Work) Best day/time to call:
contact people listed above, go to Q8a and provide th t us to ask to provide information and answer question r yourself. If three available contact people are listed
MI LAST NAME
co t u r <u>y</u>

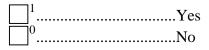
Q8a1. D		s contact person to rema	in in the system	as your contact person?
		Yes No	Go to Q8	Be
Q8b. Is th	nis person a fa	mily member enrolled in	LLFS?	
	<u> </u> 0	Yes No Don't Kno		se
Q8c. Add	lress (Street, C	City, State, Zip)		
		(Best day/time to call:
Q8d. Rela	ationship to Y	ou (i.e. spouse, friend, et	c.):	
Q8e. Pers	son #5			
Name:		FIRST NAME	MI	LAST NAME
Q8d1. Do	•	s contact person to rema Yes No	•	•
Q8f. Is th		mily member enrolled in		
		Yes No Don't Kno	Go to Q8	Bi
Q8g. Add	lress (Street, C	City, State, Zip)		
				Best day/time to call:
E-Mail A	ddress:			
Q8h. Rela	ationship to Y	ou (i.e. spouse, friend, et	c.):	

rticipan	t ID:		Participant	Name Code:
98i. Per	son #6			
ame:	PRFFIX	FIRST NAME	MI	LAST NAME
	I KEFIA	FIK51 NAME		LAST NAME
8i1. D	•	contact person to remain	in in the system as you	ir contact person?
		Yes No	~ ~ ~ ~ ~ ~	
	°	No	Go to Q8m	
3j. Is t	his person a far	nily member enrolled in	n LLFS?	
		Yes	Go to Q8m	
	0	Yes No		
		Don't Kno		
%. Ad	dress (Street, C	ity, State, Zip)		
one:		(Home Work) Bes	st day/time to call:
				J
Mail A	Address:			
81. Rel	lationship to Yo	ou (i.e. spouse, friend, et	tc.):	
8m. Pe	rson #7			
me:				
	Prefix	FIRST NAME	MI	LAST NAME
m1.]	Do you want the	is contact person to rem	ain in the system as yo	our contact person?
		-	5	1
		Yes No	Go to Q8q	
	·····		00 10 Qoq	
n. Is t	his person a far	nily member enrolled in	n LLFS?	
	¹	Yes No	Go to Q8q.	
	0	No		
		Don't Kno	ow	
o Ad	dress (Street C	ity State 7in)		
701 / IU		, suuc, בוף)		
one:		(Home Work) Bes	st day/time to call:
ne: _		(Home Work) Bes	st day/time to call:

Participar	nt ID:		Participant	Name Code:	
E-Mail	Address:				
Q8p. Re	elationship to Yo	u (i.e. spouse, friend, etc	2.):		
Q8q. Pe	rson #8				
Name:	Prefix	FIRST NAME	MI	LAST NAME	
Q8q1 .]	Do you want this	s contact person to rema	in in the system as yo	ur contact person?	
	\square^1	Yes No			
	0	No	Go to 8u		
Q8r. Is	this person a fan	nily member enrolled in	LLFS?		
	\square^1	Yes	Go to Q8u		
	⁰	Yes No	C C		
		Don't Kno			
Q8s. Ad	ldress (Street, Ci	ity, State, Zip)			
Phone:		(Home Work) Bes	st day/time to call:	
		``		·	
L Man /	<u> </u>				
Q8t. Re	elationship to Yo	u (i.e. spouse, friend, etc	2.):		
Q8u. Pe	erson #9				
Name:					
	PREFIX	FIRST NAME	MI	LAST NAME	
O8u1.	Do vou want this	s contact person to rema	in in the system as yo	ur contact person?	
	•	-		I	
	0	Yes No	Go to 9a		
Q8v. Is	this person a fan	nily member enrolled in	LLFS?		
	<u>1</u>	Vac	Go to Q9a		
		Yes No	50 to Q7a		

Participant ID:	_	Partici	pant 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, frie	nd, etc.):			

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?



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.

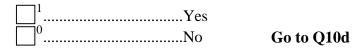
Organization Na	me:				
Physician Name:	PREFIX	FIRST NAME	MI	LAST NAME	
Address (Street,					
Office Phone:			Office Fax:		
E-Mail Address:					

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.

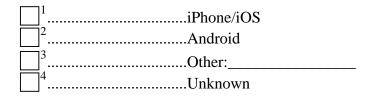
Q10a. Do you use a fitness tracker (e.g., Fitbit)?



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



Q10c. Which operating system does your smart phone use?



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

