CONTACT INFORMATION UPDATE FORM

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE C I U DATE: 10/08/2024 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 study. Yes ☐ 0f. ID number of spouse: ☐☐☐☐☐☐☐☐☐☐

No ☐→ **Go to item 0g**

0g. Administrative information:_____

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

INTRODUCTION SCRIPT: "Hello Mr/Mrs [name of participant or proxy]. My name is _____. I would like to verify some of the information we have collected from you [name] in the past. First, your [name's] personal information; I'll read the information we have and you can let me know if anything needs to be changed."

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
"Now I would like to verify the information we have for your [name's] contacts. These are the people we can contact if we are unable to reach you [name]. I'll read the information we have and you can let me know if anything needs to be changed."

10. a. Title: _____

b. First Name: _____

c. Middle Name: _____

d. Last Name: _____

11. Mailing Address:

a. _____

b. _____

c. Email: _____

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. Email: _____

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. Email: _____

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

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. Email: _____

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: ☐☐☐☐☐-☐☐☐☐

G. OPHTHALMOLOGIST OR EYE SPECIALIST INFORMATION

"If you are [name is] selected and agree, we will take a photograph of the back of one of your [name's] eyes. If we find a medical condition in your [name's] eye we can send a report to your [name's] eye specialist."

30. Would you like us to send this report to your [name's] eye specialist?

Yes..... ☐
No ..... ☐→ **Form is complete**

31. What is the name of the doctor, ophthalmologist, or eye specialist you [name] saw concerning your [name's] vision?

a. First Name: _____

b. Last Name: _____

32. 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 CIU.

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

Follow-Up by Proxy

A very important goal of the Atherosclerosis Risk in Communities (ARIC) Study is to keep track of any major changes in your health. This information is important for answering scientific questions about heart disease and other health conditions. You are the best source of information regarding your health, but there may be times when you are not able to provide these details yourself. We are asking you to provide us with the name of a person that can answer questions about your health if you cannot. This person will be considered your "proxy" for the ARIC Study. The person you designate would only be contacted once per year, should you be unable to respond. Only your ARIC center can contact your proxy.

What is a proxy?
A proxy is someone who can "stand in" for you and tell us about your health when you cannot because of illness.

Why is a proxy needed?
For almost 20 years you have been providing information about your health to ARIC. This important information should not be lost, even when you are unable to provide it yourself.

What does a proxy do?
Should it be necessary we would ask your proxy to answer questions about your health, just like the questions you have been asked each year by the ARIC staff.

Whom should I name as my proxy?
You should select someone who knows you well enough to provide health information about you. For example, your proxy can be the person who has your power of attorney, your legal health care proxy, or your legal next-of-kin (including your spouse, son, daughter, brother, sister, etc).

Am I allowed to change my proxy?
Yes, you may change your proxy at any time by either calling ARIC or by indicating your wishes at your annual ARIC phone call.

Will you give my earlier information to my proxy?
No, all of your information is strictly confidential and will not be provided to your proxy.

What would you like me to do now?
Using the attached form please indicate whom you have chosen to be your proxy. Please indicate his/her name, contact information, relationship to you, sign the form and mail it to the ARIC field center in the enclosed envelope.

We have sent a copy of this form for your own records and one to give to your proxy. This material should be kept by him/her so he/she understands your wishes as a participant in the ARIC Study.

If you have any questions call Mr/Ms. …… ARIC Study Manager at (xxx) xxx-xxxx

Thank you for your continued dedication to the ARIC Study!

ARIC Proxy Designation Form

Participant Name: _____ ARIC ID: _____
First Last MI

I have named as my proxy: _____
(Name of person you choose as ARIC Proxy)

Relationship:_____

Proxy Address:_____

_____

_____

Proxy Phone Number:_____

He/she has the authority to provide medical information, and/or to sign a Medical Release Form to obtain hospital records or physician records for the ARIC Study.

_____ _____
Participant's Signature Date

_____ _____
Witness Date

Complete only if participant is physically unable to sign: I have signed the Participant's name above at his/her direction in the presence of the Participant and witness.

_____ _____
(Name) (Street)

_____
(City/Town) (State)

Optional: If my ARIC Proxy is unwilling or unable to serve, then I appoint as my Alternate ARIC Proxy:

_____
(name of person you choose as your alternate proxy)

of_____
(street) (city/town) (state) (phone)