

BROWSE \_\_\_\_\_

ID: \_\_\_\_\_ FORM: UPD VERSION: A CONTACT YEAR: 04 UPDATE

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UPDATE FORM (UPDA screen 1 of 6)

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## 1. VERIFICATION OF IDENTIFYING INFORMATION

1. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_  
c. Middle Name: \_\_\_\_\_ d. Last Name: \_\_\_\_\_
2. Mailing Address: a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. City: \_\_\_\_\_ e. State: \_\_\_\_\_ f. Zip Code: \_\_\_\_\_
3. Home Phone Number: \_\_\_\_\_ area-###-#### 4. Other Phone Number: \_\_\_\_\_ area-###-####
5. a. What is your driver's license number? \_\_\_\_\_  
b. What state is your driver's license registered in? \_\_\_\_\_

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UPDATE FORM (UPDA screen 2 of 6)

CONTACT PERSON 1

{Press Esc-2 to produce explanatory statement before proceeding.}

a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

c. Last Name: \_\_\_\_\_

. Mailing Address:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. City: \_\_\_\_\_

e. State: \_\_\_\_\_

f. Zip Code: \_\_\_\_\_

. Telephone: \_\_\_\_\_  
area-###-####

9. Relationship: \_\_\_\_\_

BROWSE \_\_\_\_\_, -

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UPDATE FORM (UPDA screen 3 of 6)

## 3. CONTACT PERSON 2

10. a. Title: \_\_\_\_\_ b. First Name: \_\_\_\_\_

c. Last Name: \_\_\_\_\_

## 11. Mailing Address:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. City: \_\_\_\_\_ e. State: \_\_\_\_\_ f. Zip Code: \_\_\_\_\_

12. Telephone: \_\_\_\_\_  
                  area-###-####

13. Relationship: \_\_\_\_\_

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UPDATE FORM (UPDA screen 4 of 6)

PARTICIPANT INFORMATION

{Show S.S.# Disclosure Statement.}

4. Date of Birth: mm/dd/yy 15. Social Security Number: ###-##-####

PHYSICIAN INFORMATION

6. a. First Name: b. Middle Initial: c. Last Name:

7. a. Clinic/Building:

Mailing Address:

b. c.

d. City: e. State: f. Zip Code:

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UPDATE FORM (UPDA screen 5 of 6)

## 7. NOTIFICATION OF TEST RESULTS

18. {Show and explain Results Reporting Sheet.}

"Our usual procedure is to send results to you and your physician as shown on this sheet." \_

{Enter "U" unless participant volunteers that this procedure is not satisfactory or has no personal physician. If no personal physician, enter "T". If participant requests another procedure, offer those given below.}

Usual procedure (detailed results to physician, summary to participant)	U
Detailed results to participant, but not to physician	T
Detailed results to both participant and physician	B

BROWSE \_\_\_\_\_, \_.

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UPDATE FORM (UPDA screen 6 of 6)

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ADMINISTRATIVE INFORMATION

9. Date of data collection/update: \_\_\_\_\_  
mm/dd/yy

10. Code number of person completing/updating this form: \_\_\_\_

INSTRUCTIONS FOR THE UPDATE FORM  
UPD, VERSION A  
Prepared 1/25/90

The UPDATE form is administered during Reception. The form confirms the participant's demographic data and updates the tracking data which may have been collected up to three years ago. Unlike other forms which are completed during Visit 2, this form already contains data retrieved from the study's central database. An Update Form must be present in the local database in order for a participant diskette to be initialized. If one is not already present on the local database, it must be added prior to initialization. When the form is administered using the computerized version of the UPDATE form, it is entered in the CHANGE mode of the data entry system.

If a paper form should be needed, print the Update Form from either the participant diskette or from the local database.

#### INTRODUCTION OF THE FORM

I would like to verify some of the information we have collected from you over the telephone.

#### A. VERIFICATION OF IDENTIFYING INFORMATION

- 1 (a-d). Read the participant's title, first, middle and last name. If there is a question as to spelling of any of the names, verify the spelling.
- 2 (a-f) Read the mailing address to the participant, indicating that you need the mailing address and not the participant's residence, and verify its accuracy.
3. Confirm the home telephone number.
4. Confirm the "other" telephone number. If none is (has been) given, ask if there is another telephone number where the participant could be reached.
- 5 (a-b). Ask to see the participant's driver's license and confirm the number and state. If the participant did not bring the license, go to the next question.

Prior to Visit 2 the participant was asked to fill out an information sheet with the names and addresses of two contact persons, the primary care physician, and their social security number. Ask if he/she brought in the information sheet and offer to review it together while updating the next few questions.

#### B. CONTACT PERSON 1

- 6 - 9 Read the name, address, telephone number and relationship of the first contact person on the form to the participant. Ask if any of it needs to be updated.

**C. CONTACT PERSON 2**

- 10 - 13 Read the name, address, telephone number and relationship of the second contact person on the form to the participant. Ask if any of it needs to be updated.

**D. PARTICIPANT INFORMATION**

14. Ask the participant's date of birth and confirm its accuracy. When phrasing the question, do not provide the date but rather allow the participant to say it.

Show the participant the SOCIAL SECURITY DISCLOSURE STATEMENT card before verifying the participant's social security number.

15. Verify the participant's social security number, either by checking the data on the screen against the information sheet completed by the participant or by slowly reading the number to the participant. If the number can't be confirmed, go to the next question.

**E. PHYSICIAN INFORMATION**

- 16 (a-c). Read the first name, middle initial and last name of the participant's physician. If there is a question as to spelling of any of the names, verify the spelling. If the participant has changed physicians, enter the new name.
- 17 (a) Read the Clinic/Building name to the participant and verify its accuracy or ask if there is one if the field is empty.
- 17 (b-f) Read the mailing address to the participant, and verify its accuracy. If the participant changed physicians, enter the new address.

**F. NOTIFICATION OF TEST RESULTS**

Show and explain to the participant a blank copy of the Results Reporting Sheet that they received after Visit 1 and then read Item 18. Do not read the responses.

18. This question should be asked regardless of whether or not a response is already present from Visit 1 data. Enter "U" unless the participant volunteers that this procedure is not satisfactory or has no personal physician. If no personal physician, enter "T". If the participant requests another procedure, offer only those listed on the screen (paper form).

**G. ADMINISTRATIVE INFORMATION**

19. Record the date of the interview using the standard date format.
20. The person at the clinic who has performed the interview and completed the form must enter his/her code number.