

<b>Comments:</b>	<b>- Affix label here-</b>
	Clinical Center/ID: _____ - _____ - _____
	First Name _____ M.I. _____
	Last Name _____

Complete questions 1, 2, and 3 to initiate a search. Complete questions 4, 5 and 6 at conclusion of search.

1. Background of search
  - 1.1 Date of last contact with the WHI clinic: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (M/D/Y)
  - 1.2 Reasons for starting the search (more than one may apply):
    - \_\_\_ Vital Status Investigation Report (Required semi-annually for WHI participant identified on *WHIP 9752 – Vital Status Investigation*)
    - \_\_\_ Incorrect, incomplete, or invalid mailing address (optional search)
    - \_\_\_ Telephone number is incorrect, disconnected, or no longer in service (optional search)
    - \_\_\_ Other (*Specify*): \_\_\_\_\_

2. Initiation Date: [ ]-[ ]-[ ] (M/D/Y)

3. Initiated By: [ ] [ ] [ ] [ ]

**Data enter questions 4, 5, and 6 at conclusion of search. (Update existing key-entered form; do not start a new form. Complete Form 7 – Participation Status for a change in participant follow-up status.)**

4. Date Search Ended: [ ]-[ ]-[ ] (M/D/Y)

5. Search Ended By: [ ] [ ] [ ] [ ]

6. Search Result: **(Required at conclusion of Vital Status/Lost-To-Follow-Up search)**

<sub>1</sub> The participant has been located.  
 (Includes deceased participants. Complete *Form 120 – Initial Notification of Death* for a participant identified as deceased.)  
 (If participant was lost-to-follow-up and has been found, complete *Form 7 – Participation Status* with updated follow-up status information.)

<sub>4</sub> The participant could not be located.

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Record of attempts to locate a participant. Complete and document all relevant tasks associated with the Vital Status/Lost-to-Follow-Up search. Note: all tasks may not apply. (Use any, all, or other sources as available.)

Activity Done?  
Yes

Check local telephone directory for current telephone number and current address. ....

Check with directory assistance for current phone number. (If the participant now has an unlisted number, request that a supervisor call her and ask that she contact the CC.).....

Phone calls to participant's home to verify address.....

Mail a letter to the last known address for the participant, requesting that she contact the CC. ....

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Phone calls made to personal contacts listed on Form 20 – Personal Information .....

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Check any other sources listed on Form 20 - Personal Information. ....

Phone calls to participant's employer, if applicable and appropriate. ....

Reverse directory (Polk or Coles) consulted and current resident and/or neighbors at last known address contacted. ....

Phone calls made to physician/medical contacts. ....

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_

Post Office consulted for current address. ....

Mail a certified letter (marked "restrictive delivery") to the last known address for the participant, requesting that she contact the CC. ....

Date \_\_\_\_\_ Date \_\_\_\_\_

Check with the Department of Motor Vehicles for current address. ....

Check with Social Security Administration for vital status. ....

Other: \_\_\_\_\_

Optional: Conduct internet search for lost-to-follow-up participant. See Form 23 Instructions for a variety of web sites.