

Comments:	- Affix label here-
	Member 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. Complete Question 7 to document all attempts to locate participant.

1. Background of search

1.1 Date of last contact with the WHI FC: _____ - _____ - _____ (M/D/Y)

1.2 Reasons for starting the search (more than one may apply):

- ____ WHI Extension Study participant has been identified as "lost to follow-up (e.g., appears on *WHIX 1591 – Participants Who Are Lost to Follow-up*)
- ____ Incorrect, incomplete, or invalid mailing address
- ____ 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 9 – 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 Lost-To-Follow-Up search)**

₁ The participant has been located.
 (If participant was lost-to-follow-up and has been found, complete and key enter *Form 9 – Participation Status* with updated follow-up status information.)
 (Includes deceased participants. Complete *Form 120 – Initial Notification of Death* for a participant identified as deceased.)

₄ 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. (Use any, all, or other sources as available.) Note: all tasks may not apply.

Check activities completed

- a) Check **local telephone directory** for current telephone number and current address.
- b) Check with **directory assistance** for current phone number.
- c) **Make phone calls to participant's home** to verify address
- d) **Mail a letter** to the last known address for the participant, requesting that she contact the FC
Date _____ Date _____ Date _____
- e) **Make phone calls to personal contacts** listed on *Personal Information Update*.....
Date _____ Date _____ Date _____
- f) Contact any **other sources listed on Personal Information Update**
- g) **Consult reverse directory** (Polk or Coles) and contact current resident and/or neighbors at last known address.
- h) Make phone calls to **physician/medical contacts**.....
Date _____ Date _____ Date _____
- i) **Consult Post Office** for current address
- j) **Mail a certified letter** (marked "restrictive delivery") to the last known address for the participant, requesting that she contact the FC
Date _____ Date _____
- k) Check with the **Department of Motor Vehicles** for current address.
- l) Check with **Social Security Administration** for vital status.
- m) Conduct **Internet** search for lost-to-follow-up participant. See *Form 23* Instructions for a variety of web sites.
- n) **Other (specify):**