

---

<b>FORM:</b>	<b>152 – HEALTH FOLLOW-UP BY PROXY</b>
<b>Version:</b>	1 – June 6, 2008
<b>Description:</b>	Self-administered or interviewer-administered; optional for the Field Center (FC) to either file in the participant's chart or key-enter in WHIX.
<b>When used:</b>	A one-time mailing sent by the Clinical Coordinating Center (CCC) to a participant in an annual Extension mailing packet; implemented in August 2008.
<b>Purpose:</b>	For the participant to designate a proxy who is able to provide information about her when she cannot because of serious illness or death.

---

### GENERAL INSTRUCTIONS

1. The *Form 152* can be printed locally and is available on the WHIOPs study operations website. The form is available in both English (*Form 152*) and Spanish (*Form 152S*) versions. The appropriate form will be used for the participant.
2. The one-time mailing of the *Form 152* for a WHI Extension Study participant will be labeled and mailed directly from the CCC to the participant in an annual Extension mailing.
  - If at least one of the forms in the mailing packet is returned to the CCC, without the *Form 152*, it will be assumed that the participant received the *Form 152* but decided not to complete and return the form to the CCC. In this instance, the *Form 152* will not be mailed again.
  - If the participant does not return to the CCC any of the forms in the mailing packet, the *Form 152* will be included in subsequent mailings until at least one of the forms in the mailing packet is returned to the CCC.
3. The CCC will distribute the returned proxy forms to the FCs via U.S. mail each week.
4. At the FC's option, the form will either be filed in the participant's chart or the information will be data entered in WHIX. A tracking system for the *Form 152* is discretionary for the FC.

**Item Instructions**

Name of Proxy:	Full legal name of proxy
Street Address:	Street address for proxy
City:	City of residence for proxy
State:	State of residence for proxy
Zip:	Zip code of residence for proxy
Phone #:	Phone number for proxy
Other Phone #:	Another phone number where proxy can be reached
Relationship to me:	Relationship of the proxy to the participant, e.g., spouse, daughter, son.
Signature of Participant/Date:	Signature and date of signature of the participant