

<p>Comments:</p>	<p style="text-align: center;">- Affix label here-</p> <p>Member ID: ____ - ____ - ____ - ____</p> <p>First Name _____ M.I. _____</p> <p>Last Name _____</p>
-------------------------	---

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Office, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0414). Do not return the completed form to this address.

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 RC: ____ - ____ - ____ (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 RC.....
 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 RC.....
 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):**