1. Date of vital status update / follow-up: _____/_____/20___ to _____/_____/20___ (mm/dd/yyyy)

2. Participant vital status:
   - Alive (go to Q3)
   - Deceased (complete 2a-e, then skip Q3-5)
   - Unknown (go to Q3)

2a. Date of death: _____/_____/20___ (mm/dd/yyyy)

2b. Cause of death (if known): ___________________________________________________________________

2c. Indicate source of information:
   - Participant family member or friend
   - Participant’s health care provider
   - Medical document or death certificate
   - Other, specify: _____________________________________________________________________

2d. Place of death
   - Known (provide address)
   - Unknown

2e. Has a copy of the death certificate been requested?
   - No
   - Yes, date of request: _____/_____/20___ (mm/dd/yyyy)

3. Follow-up reporting period:
   - 6 months
   - Year 1
   - Year 3
   - Year 5
   - Year 7
   - Year 1.5
   - Year 3.5
   - Year 5.5
   - Year 7.5

4. Source of follow-up contact: (check all that apply)
   - In-person interview with participant
   - Telephone interview with participant
   - Mailing
   - Contact made but participant refused F1 completion (also indicate type of contact from list above)
   - Contact with a representative for the participant: participant is incapacitated; participant is unable to represent
     him/herself and provide information (F1 not completed)
   - No contact made; date of last direct contact: _____/_____/20___ (mm/dd/yyyy)
   - Other, specify: _____________________________________________________________________

5. Was there any change in the participant contact information since last contact or study follow-up?
   - No
   - Yes (group 1 sites, fax/mail updated contact sheet to BC)
   - Not Applicable (e.g., interim time point, no contact made)

____________________  ___________________
Signature of person responsible for data  Date of form completion

____________________  ___________________
Signature of person entering data onto web