1. **Participant vital status:** (check only one)
   - Alive (go to Q 2)
   - Deceased (complete Q 1a – b)
   - Unknown (go to Q 2)

   1a. **Date of death:** _____ - _____ - 20____ (mm-dd-yyyy)

   1b. **Indicate source of information:** (check all that apply)
       - Participant family member or friend
       - Participant’s health care provider
       - Medical document or death certificate
       - Mailing returned as deceased
       - Other, specify: _______________________

2. **Was the Follow-up Form for this reporting period completed?** (check only one)
   - No (complete Q 2b)
   - Yes (complete Q 2a)

   2a. **Method(s) the Follow-up Form was completed** (check all that apply)
       - In-person
       - Telephone
       - Mail     _____ - _____ - 20____ to _____ - _____ - 20____ (mm-dd-yyyy)
       - Proxy
       - **Follow-up time interval collected:** (previous F1/F2 to current F2)

   2b. **Reason the Follow-up Form was not completed:** (check only one)
       - Participant deceased
       - No response, multiple contact attempts made but participant has not replied
       - Participant or proxy refused completion of the follow-up form
       - Participant or proxy failed to return follow-up form (receipt of form confirmed)
       - Lost participant, unable to locate participant (phone, address, contacts attempted; begin tracing activities)
       - Lost to follow-up, unable to establish contact for a consecutive 18-month period (3 follow-up time points)
       - No attempt made to administer follow-up form
       - Physical illness / cognitive impairment
       - Other, specify: _______________________

3. **Was there any change in the participant contact information since last contact or study follow-up?** (check only one)
   - No
   - Yes (group 1 sites, fax/mail updated contact sheet to BC)
   - Unknown

   _____ - _____ - 20____ (mm-dd-yyyy)

   ________________
   **Person responsible for Follow-up data**

   **Date form completed**

   ________________
   **Person entering data on web**