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 (participant receipt of form confirmed)
   □ Lost participant, unable to contact / locate participant (tracing activities should be initiated)
   □ 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