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