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

   Person entering data on web

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