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:**
   - 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**