## Participant Vital Status Update

### 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

**Date Form Completed:** _____ - _____ - 20____ (mm-dd-yyyy)

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Person responsible for Follow-up data

Person entering data on web