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 ____________________________