1. Date of potential event/death:

   [ ] / [ ] / [ ]

   Month  Day  Year

2. Type of event *(select all that apply)*:

   - [ ] Hospitalized Cardiac/PVD non-fatal
   - [ ] Hospitalized Cardiac death
   - [ ] Hospitalized Cerebrovascular non-fatal
   - [ ] Hospitalized Cerebrovascular death
   - [ ] Out-of-hospital Cardiac/PVD non-fatal
   - [ ] Out-of-hospital Cardiac death
   - [ ] Out-of-hospital Cerebrovascular non-fatal
   - [ ] Out-of-hospital Cerebrovascular death
   - [ ] Non-CVD non-fatal hospitalization
   - [ ] Non-CVD death
   - [ ] Unknown

3. How did the field center find out about the event?

   - [ ] Participant or spouse contacted field center
   - [ ] Clinic visit
   - [ ] Follow-up telephone/mail contact
   - [ ] Through other clinic-initiated contact
     (e.g., setting up an appointment, etc.)
   - [ ] Obituary/Local news
   - [ ] During investigation of another event
   - [ ] Other:

   [ ] / [ ] / [ ]

   Month  Day  Year

Notes:

*(If the Field Center learned of this event through a means other than a Follow-up phone call, record hospital or physician name and address here.)*

[ ] / [ ] / [ ]

Month  Day  Year

Abstracter ID:

[ ] [ ] [ ]

Data Entry ID:

[ ] [ ] [ ]

Date:

[ ] / [ ] / [ ]

Month  Day  Year

Data Entry ID: 6609055461