

INITIAL NOTIFICATION OF MORBID EVENT

1 Date of Admission/Morbid Event:

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2 Was the participant hospitalized as the result of, or at the onset of the morbid event?

1 Yes 0 No 9 Unknown

If 0-No or 9-Unknown skip to Question 4.

3 Hospital name:

Address: _____

4 Treating physician:

Address: _____

5 On the basis of currently available data, what was the nature of the morbid event?

Yes No

1 0

Coronary Heart Disease/Cardiac Arrest

1 Myocardial Infarction 2 Angina 8 Other 9 Unknown

1 0

Cerebrovascular Disease/Stroke

1 Stroke 2 TIA 8 Other 9 Unknown

1 0

Other Cardiovascular Disease

1 Congestive Heart Failure 8 Other 9 Unknown
 2 Peripheral Vascular Disease (other than Intermittant Claudication)
 3 Intermittant Claudication

1 0 **Other Non-Cardiovascular Cause**

1 0 **Unknown**

6 How did the Field Center find out about the event?

- 1 Participant or Spouse Contacted Field Center
- 2 Annual Clinic Visit
- 3 Follow-up Telephone Interview
- 4 HCFA Notification
- 5 Obituary
- 7 Through Other Clinic-Initiated Contact (e.g. Setting Up Appointment, etc.)
- 8 Other Specify:

Abstractor ID

Abstraction Date

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Month Day Year