

FOR CLINIC USE ONLY

Date Completed: / /

PROCEDURE/EVENT 1

CASE #: 2 8 8 0 1 P

FY288CDAT
 FY288CP1CN

Has the participant indicated any of the following reasons for this outpatient procedure or event visit?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot.

- 1 No FY288CBLC1
- 2 Yes

		No	Yes	For which specific problem?
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood clot in the lung (pulmonary embolism) FY288CBLP1
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart cath (cardiac catheterization) or Angiogram FY288CAGO1
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Procedure to unblock narrowed arteries, including to heart muscle, neck, leg, or abdomen (PTCA, coronary angioplasty, stent, or atherectomy) FY288CPRD1
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blood clot in the leg (deep vein thrombosis or DVT) FY288CBLV1

2. Kidney failure, start dialysis, or have kidney transplant FY288CKID1

- 1 No
- 2 Yes

3. Sleep test FY288CSLPT1

- 1 No
- 2 Yes

4. Weight loss/bariatric surgery FY288CWEL1

- 1 No
- 2 Yes

5. Other (specify)

FY288COTH1

- 1 No
- 2 Yes

FY288COXT1

6. Were any of the responses “yes” for questions 1 - 4 or an answer to question 5 that could involve one of these conditions? FY288CRESP1

- 1 **NO**
 →
- 2 **YES**
 →

DO NOT COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 1

COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 1

INTERVIEWER ID FY288CIVD

FOR CLINIC USE ONLY

PROCEDURE/EVENT 2

CASE #:

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 FY288CP2CN

Has the participant indicated any of the following reasons for this outpatient procedure or event visit?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288CBLC2

- 1 No
- 2 Yes



No	Yes	For which specific problem?
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Blood clot in the lung (pulmonary embolism) FY288CBLP2
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Heart cath (cardiac catheterization) or Angiogram FY288CAGO2
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Procedure to unblock narrowed arteries, including to heart muscle, neck, leg, or abdomen (PTCA, coronary angioplasty, stent, or atherectomy) FY288CPRD2
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Blood clot in the leg (deep vein thrombosis or DVT) FY288CBLV2

2. Kidney failure, start dialysis, or have kidney transplant FY288CKID2

- 1 No
- 2 Yes

3. Sleep test FY288CSLPT2

- 1 No
- 2 Yes

4. Weight loss/bariatric surgery FY288CWEL2

- 1 No
- 2 Yes

5. Other (specify)

FY288COTH2

- 1 No
- 2 Yes

FY288COXT2

6. Were any of the responses “yes” for questions 1 - 4 or an answer to question 5 that could involve one of these conditions? FY288CRESP2

- 1 **NO**
⇒
- 2 **YES**
⇒

DO NOT COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 2

COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 2

FOR CLINIC USE ONLY

PROCEDURE/EVENT 3

CASE #: 2 8 8 0 3 P

FY288CP3CN

Has the participant indicated any of the following reasons for this outpatient procedure or event visit?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288CBL3

- 1 No
- 2 Yes



No	Yes	For which specific problem?
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Blood clot in the lung (pulmonary embolism) FY288CBLP3
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Heart cath (cardiac catheterization) or Angiogram FY288CAGO3
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Procedure to unblock narrowed arteries, including to heart muscle, neck, leg, or abdomen (PTCA, coronary angioplasty, stent, or atherectomy) FY288CPRD3
1 <input type="checkbox"/>	2 <input type="checkbox"/>	Blood clot in the leg (deep vein thrombosis or DVT) FY288CBLV3

2. Kidney failure, start dialysis, or have kidney transplant FY288CKID3

- 1 No
- 2 Yes

3. Sleep test FY288CSLPT3

- 1 No
- 2 Yes

4. Weight loss/bariatric surgery FY288CWEL3

- 1 No
- 2 Yes

5. Other (specify)

FY288COTH3

- 1 No
- 2 Yes

FY288COXT3

6. Were any of the responses "yes" for questions 1 - 4 or an answer to question 5 that could involve one of these conditions? FY288CRESP3

- 1 **NO**
⇒
- 2 **YES**
⇒

DO NOT COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 3

COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 3

Check here if more than three procedures/events are reported and use supplemental form
FY288CSUPP