Has the participant indicated any of the following reasons for being admitted overnight for this case?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288B1HCBC
   1. No ➔ Go to Question 2
   2. Yes

   No
   Yes

   For which specific problem?

   1. Chest pain from a heart problem (angina) FY288B1ANGI
   2. Heart failure (congestive heart failure or CHF) FY288B1CHF
   3. Heart bypass operation (coronary bypass or CABG) FY288B1CABG
   4. Blood clot in the lung (pulmonary embolism) FY288B1PEMB
   5. Procedure or operation to unblock narrowed blood vessels in neck (carotid endarterectomy or carotid angioplasty) FY288B1CRDA
   6. Aortic aneurysm FY288B1AORA
   7. Heart attack (coronary, myocardial infarction or MI) FY288B1MYOI
   8. Heart cath (cardiac catheterization) FY288B1CATH
   9. Procedure to unblock narrowed blood vessels to your heart muscle (PTCA, coronary angioplasty, stent, or atherectomy) FY288B1PTCA
   10. Blood clot in the leg (deep vein thrombosis or DVT) FY288B1DVT
   11. Poor blood circulation or blocked or narrowed blood vessels to the legs or feet (claudication, peripheral arterial disease, gangrene, or Buerger’s disease) FY288B1CLAU
   12. Amputation of a part of a leg, including toes, because of poor blood circulation, gangrene, or diabetes FY288B1AMP
   13. Other (specify): FY288B1OTH

   FY288B1OTHX

2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY288B1TIA
   1. No
   2. Yes

3. Kidney failure or transplant FY288B1KIDF
   1. No
   2. Yes

4. Chronic lung disease/COPD/emphysema FY288B1COPD
   1. No
   2. Yes
5. Hypertension/High Blood Pressure FY288B1HBP
   1 □ No
   2 □ Yes

6. Diabetes FY288B1DIA
   1 □ No
   2 □ Yes

7. Asthma FY288B1ASTH
   1 □ No
   2 □ Yes

8. Sleep apnea FY288B1SAPN
   1 □ No
   2 □ Yes

9. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY288B1GBSS
   1 □ No
   2 □ Yes

10. Psychiatric Care FY288B1PSYC
    1 □ No
    2 □ Yes IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION 1. DO NOT COLLECT MEDICAL RECORDS

11. Pregnancy/Delivery FY288B1PREG
    1 □ No
    2 □ Yes IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION 1. DO NOT COLLECT MEDICAL RECORDS

12. Other (specify): FY288B1OTHE
    1 □ No
    2 □ Yes Go to Question 13 FY288B1OXTH

   Go to Question 12A

12A. Please Code Other Reasons Here (Check All That Apply)

   No Yes
   1 □ 2 □ a. Hysterectomy/oophorectomy/fibroid surgery FY288B1OTH1
   1 □ 2 □ b. Cervical spine surgery FY288B1OTH2
   1 □ 2 □ c. Lumbar spine surgery FY288B1OTH3
   1 □ 2 □ d. Other back surgery FY288B1OTH4
   1 □ 2 □ e. Knee replacement FY288B1OTH5
   1 □ 2 □ f. Hip replacement FY288B1OTH6
   1 □ 2 □ g. Bladder surgery FY288B1OTH7
   1 □ 2 □ h. Hernia repair FY288B1OTH8
   1 □ 2 □ i. Treatment for previously diagnosed cancer (e.g.,
13. Did any of the problems or conditions include a yes response to Question 1 (heart, circulation, or a blood clot) through Question 9 (bariatric surgery)?  FY288B1BARI
   1☐ No ➔ ANSWER NEXT QUESTION
   2☐ Yes ➔ END OF HOSPITALIZATION 1. COLLECT MEDICAL RECORDS

14. How many nights was this hospitalization? FY288B1NHOP
   ☐ 3 or fewer
   ☐ 4 or more
   ☐ Unknown

15. Did the problems or conditions include yes responses to Question 12A. responses a. (hysterectomy/oophorectomy/fibroid surgery) through i. (treatment for previously diagnosed cancer) as the only problem or condition reported? FY288B1YESR
   1☐ NO ➔ END OF HOSPITALIZATION 1. COLLECT MEDICAL RECORDS
   2☐ YES ➔ DO NOT COLLECT MEDICAL RECORDS IF HOSPITALIZED 3 OR FEWER NIGHTS
   ➔ COLLECT MEDICAL RECORDS IF HOSPITALIZED 4 OR MORE NIGHTS OR UNKNOWN
CARDIA 288 MONTH
FOLLOW-UP QUESTIONNAIRE (FORM B)

FOR CLINIC USE ONLY

HOSPITALIZATION 2

CASE #: 2 8 8 0 2 H FY288BH2CN

Has the participant indicated any of the following reasons for being admitted overnight for this case?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288B2HCBC
   1 ☐ No → Go to Question 2
   2 ☐ Yes

   No Yes For which specific problem?
   1 ☐ 2 ☐ Chest pain from a heart problem (angina) FY288B2ANGI
   1 ☐ 2 ☐ Heart failure (congestive heart failure or CHF) FY288B2CHF
   1 ☐ 2 ☐ Heart bypass operation (coronary bypass or CABG) FY288B2CABG
   1 ☐ 2 ☐ Blood clot in the lung (pulmonary embolism) FY288B2PEMB
   1 ☐ 2 ☐ Procedure or operation to unblock narrowed blood vessels in neck (carotid endarterectomy or carotid angioplasty) FY288B2CRDA
   1 ☐ 2 ☐ Aortic aneurysm FY288B2AORA
   1 ☐ 2 ☐ Heart attack (coronary, myocardial infarction or MI) FY288B2MYOI
   1 ☐ 2 ☐ Heart cath (cardiac catheterization) FY288B2CATH
   1 ☐ 2 ☐ Procedure to unblock narrowed blood vessels to your heart muscle (PTCA, coronary angioplasty, stent, or atherectomy) FY288B2PTCA
   1 ☐ 2 ☐ Blood clot in the leg (deep vein thrombosis or DVT) FY288B2DVT
   1 ☐ 2 ☐ Poor blood circulation or blocked or narrowed blood vessels to the legs or feet (claudication, peripheral arterial disease, gangrene, or Buerger’s disease) FY288B2CLAU
   1 ☐ 2 ☐ Amputation of a part of a leg, including toes, because of poor blood circulation, gangrene, or diabetes FY288B2AMP
   1 ☐ 2 ☐ Other (specify): FY288B2OTH

FY288B2OTHX

2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY288B2TIA
   1 ☐ No
   2 ☐ Yes

3. Kidney failure or transplant FY288B2KIDF
   1 ☐ No
   2 ☐ Yes

4. Chronic lung disease/COPD/emphysema FY288B2COPD
   1 ☐ No
   2 ☐ Yes
5. Hypertension/High Blood Pressure FY288B2HBP
   1 No
   2 Yes

6. Diabetes FY288B2DIA
   1 No
   2 Yes

7. Asthma FY288B2ASTH
   1 No
   2 Yes

8. Sleep apnea FY288B2SAPN
   1 No
   2 Yes

9. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY288B2GBSS
   1 No
   2 Yes

10. Psychiatric Care FY288B2PSYC
    1 No
    2 Yes → IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION 2. DO NOT COLLECT MEDICAL RECORDS

    1 No
    2 Yes → IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION 2. DO NOT COLLECT MEDICAL RECORDS

12. Other (specify): FY288B2OTHE
    1 No
    2 Yes → Go to Question 13 FY288B2OXTH
                   Go to Question 12A

12A. Please Code Other Reasons Here (Check All That Apply)
    No        Yes
    1 2 2 a. Hysterectomy/oophorectomy/fibroid surgery FY288B2OTH1
    1 2 2 b. Cervical spine surgery FY288B2OTH2
    1 2 2 c. Lumbar spine surgery FY288B2OTH3
    1 2 2 d. Other back surgery FY288B2OTH4
    1 2 2 e. Knee replacement FY288B2OTH5
    1 2 2 f. Hip replacement FY288B2OTH6
    1 2 2 g. Bladder surgery FY288B2OTH7
    1 2 2 h. Hernia repair FY288B2OTH8
    1 2 2 i. Treatment for previously diagnosed cancer (e.g., chemotherapy, radiation) FY288B2OTH9
13. Did any of the problems or conditions include a yes response to Question 1 (heart, circulation, or a blood clot) through Question 9 (bariatric surgery)? **FY288B2BARI**

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14. How many nights was this hospitalization? **FY288B2NHOP**

- [ ] 3 or fewer
- [ ] 4 or more
- [ ] Unknown

15. Did the problems or conditions include yes responses to Question 12A. responses a. (hysterectomy/oophorectomy/fibroid surgery) through i. (treatment for previously diagnosed cancer) as the only problem or condition reported? **FY288B2YESR**

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<tr>
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COLLECT MEDICAL RECORDS IF HOSPITALIZED 4 OR MORE NIGHTS OR UNKNOWN
HOSPITALIZATION 3

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<th>CASE #</th>
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Has the participant indicated any of the following reasons for being admitted overnight for this case?

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288B3HCBC
   - [ ] No → Go to Question 2
   - [ ] Yes

   **For which specific problem?**
   - [ ] Yes
   - [ ] No

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<tr>
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<td>1</td>
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<td>Chest pain from a heart problem (angina)</td>
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<td>1</td>
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<td>Heart failure (congestive heart failure or CHF) FY288B3CHF</td>
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<td>1</td>
<td>2</td>
<td>Heart bypass operation (coronary bypass or CABG) FY288B3CABG</td>
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<tr>
<td>1</td>
<td>2</td>
<td>Blood clot in the lung (pulmonary embolism) FY288B3PEMB</td>
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<tr>
<td>1</td>
<td>2</td>
<td>Procedure or operation to unblock narrowed blood vessels in neck (carotid endarterectomy or carotid angioplasty) FY288B3CRDA</td>
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<tr>
<td>1</td>
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<td>Aortic aneurysm FY288B3AORA</td>
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<tr>
<td>1</td>
<td>2</td>
<td>Heart attack (coronary, myocardial infarction or MI) FY288B3MYOI</td>
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<td>1</td>
<td>2</td>
<td>Heart cath (cardiac catheterization) FY288B3CATH</td>
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<tr>
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<td>Procedure to unblock narrowed blood vessels to your heart muscle (PTCA, coronary angioplasty, stent, or atherectomy) FY288B3PTCA</td>
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<td>Blood clot in the leg (deep vein thrombosis or DVT) FY288B3DVT</td>
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<td>Poor blood circulation or blocked or narrowed blood vessels to the legs or feet (claudication, peripheral arterial disease, gangrene, or Buerger’s disease) FY288B3CLAU</td>
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<tr>
<td>1</td>
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<td>Amputation of a part of a leg, including toes, because of poor blood circulation, gangrene, or diabetes FY288B3AMP</td>
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<tr>
<td>1</td>
<td>2</td>
<td>Other (specify): FY288B3OTH</td>
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2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY288B3TIA
   - [ ] No
   - [ ] Yes

3. Kidney failure or transplant FY288B3KIDF
   - [ ] No
   - [ ] Yes

4. Chronic lung disease/COPD/emphysema FY288B3COPD
   - [ ] No
   - [ ] Yes
5. Hypertension/High Blood Pressure FY288B3HBP
   1☐ No
   2☐ Yes

6. Diabetes FY288B3DIA
   1☐ No
   2☐ Yes

7. Asthma FY288B3ASTH
   1☐ No
   2☐ Yes

8. Sleep apnea FY288B3SAPN
   1☐ No
   2☐ Yes

9. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY288B3GBSS
   1☐ No
   2☐ Yes

10. Psychiatric Care FY288B3PSYC
    1☐ No
    2☐ Yes → IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION 3. DO NOT COLLECT MEDICAL RECORDS

11. Pregnancy/Delivery FY288B3PREG
    1☐ No
    2☐ Yes → IF NO OTHER REASON FOR HOSPITALIZATION LISTED END OF HOSPITALIZATION 3. DO NOT COLLECT MEDICAL RECORDS

12. Other (specify): FY288B3OTHE
    1☐ No
    2☐ Yes → Go to Question 13 FY288B3OXTH

12A. Please Code Other Reasons Here (Check All That Apply)
    No       Yes
    1☐       2☐ a. Hysterectomy/oophorectomy/fibroid surgery FY288B3OTH1
    1☐       2☐ b. Cervical spine surgery FY288B3OTH2
    1☐       2☐ c. Lumbar spine surgery FY288B3OTH3
    1☐       2☐ d. Other back surgery FY288B3OTH4
    1☐       2☐ e. Knee replacement FY288B3OTH5
    1☐       2☐ f. Hip replacement FY288B3OTH6
    1☐       2☐ g. Bladder surgery FY288B3OTH7
    1☐       2☐ h. Hernia repair FY288B3OTH8
13. Did any of the problems or conditions include a yes response to Question 1 (heart, circulation, or a blood clot) through Question 9 (bariatric surgery)?  FY288B3BARI

   1. No   ANSWER NEXT QUESTION
   2. Yes   END OF HOSPITALIZATION 3.  COLLECT MEDICAL RECORDS

14. How many nights was this hospitalization?  FY288B3NHOP

   □ 3 or fewer
   □ 4 or more
   □ Unknown

15. Did the problems or conditions include yes responses to Question 12A. responses a. (hysterectomy/oophorectomy/fibroid surgery) through i. (treatment for previously diagnosed cancer) as the only problem or condition reported?  FY288B3YESR

   1. NO   END OF HOSPITALIZATION 3.  COLLECT MEDICAL RECORDS
   2. YES  DO NOT COLLECT MEDICAL RECORDS IF HOSPITALIZED 3 OR FEWER NIGHTS

                           COLLECT MEDICAL RECORDS IF HOSPITALIZED 4 OR MORE NIGHTS OR UNKNOWN

☐ Check here if more than three hospitalizations are reported and use supplemental form FY288BSUPP