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.
   - No [ ] FY288CBLC1
   - Yes [ ]
     - No
     - Yes [ ] For which specific problem?
       - Blood clot in the lung (pulmonary embolism) [ ] FY288CBLP1
       - Heart cath (cardiac catheterization) or Angiogram [ ] FY288CAGO1
       - Procedure to unblock narrowed arteries, including to heart muscle, neck, leg, or abdomen (PTCA, coronary angioplasty, stent, or atherectomy) [ ] FY288CPRD1
       - Blood clot in the leg (deep vein thrombosis or DVT) [ ] FY288CBLV1

2. Kidney failure, start dialysis, or have kidney transplant FY288CKID1
   - No [ ]
   - Yes [ ]

3. Sleep test FY288CSLPT1
   - No [ ]
   - Yes [ ]

4. Weight loss/bariatric surgery FY288CWEL1
   - No [ ]
   - Yes [ ]

5. Other (specify) FY288COTH1
   - No [ ] FY288COXT1
   - Yes [ ]

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
   - No [ ] DO NOT COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 1
   - Yes [ ] COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 1
CARDIA 288 MONTH FOLLOW-UP QUESTIONNAIRE (FORM C)
FOR CLINIC USE ONLY

PROCEDURE/EVENT 2

CASE #: 2 8 8 0 2 P 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
   - No
   - Yes

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

2. Kidney failure, start dialysis, or have kidney transplant FY288CKID2
   - No
   - Yes

3. Sleep test FY288CSLPT2
   - No
   - Yes

4. Weight loss/bariatric surgery FY288CWEL2
   - No
   - Yes

5. Other (specify) FY288COTH2
   - No FY288COXT2
   - Yes

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
   - NO DO NOT COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 2
   - YES COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 2
Has the participant indicated any of the following reasons for this outpatient procedure or event visit?

<table>
<thead>
<tr>
<th>PROCEDURE/EVENT 3</th>
<th>CASE #: 288 0 3 P FY288CP3CN</th>
</tr>
</thead>
</table>

1. Suspected or confirmed problems with the heart, circulation, or a blood clot. FY288CBLC3
   - [ ] No
   - [ ] Yes
   **For which specific problem?**
     - [ ] Blood clot in the lung (pulmonary embolism) FY288CBLP3
     - [ ] Heart cath (cardiac catheterization) or Angiogram FY288CAGO3
     - [ ] Procedure to unblock narrowed arteries, including to heart muscle, neck, leg, or abdomen (PTCA, coronary angioplasty, stent, or atherectomy) FY288CPRD3
     - [ ] Blood clot in the leg (deep vein thrombosis or DVT) FY288CBLV3

2. Kidney failure, start dialysis, or have kidney transplant FY288CKID3
   - [ ] No
   - [ ] Yes

3. Sleep test FY288CSLPT3
   - [ ] No
   - [ ] Yes

4. Weight loss/bariatric surgery FY288CWEL3
   - [ ] No
   - [ ] Yes

5. Other (specify) FY288COTH3
   - [ ] No FY288COXT3
   - [ ] Yes

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
   - [ ] NO DO NOT COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 3
   - [ ] YES COLLECT MEDICAL RECORDS FOR PROCEDURE/EVENT 3

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

Page 3 of 3