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

   - Chest pain or angina FY312B4ANGI
   - Heart attack (coronary, myocardial infarction or MI) FY312B4MYOI
   - Atrial fibrillation or abnormal heart rhythm FY312B4ABHR
   - Heart valve FY312B4HVLV
   - Congestive heart failure FY312B4CHF
   - Heart bypass operation (coronary bypass or CABG) FY312B4CABG
   - Heart (cardiac) catheterization, angiogram FY312B4CATH
   - PTCA, angioplasty, stent, atherectomy (cardiac or peripheral) FY312B4PTCA
   - Carotid endarterectomy FY312B4CRDA
   - Claudication, PAD, PVD, gangrene, or Buerger’s disease FY312B4CLAU
   - Aneurysm FY312B4AORA
   - Blood clot in the lung (pulmonary embolism) or leg (DVT) FY312B4BLDT
   - Ischemia, poor blood circulation FY312B4ISCH
   - Other (specify) __FY312B4OTH__ FY312B4OTHX__

2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY312B4TIA
3. Kidney failure or transplant FY312B4KIDF
4. Chronic lung disease/COPD/emphysema FY312B4COPD
5. Hypertension/High Blood Pressure FY312B4HBP
6. Diabetes FY312B4DIA
7. Asthma/Shortness of breath FY312B4ASTH
8. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY312B4GBSS
9. Other (specify) FY312B4OTHE ________ FY312B4OXTH __________
10. Did any of the problems or conditions include a YES response to Q1 – Q8 or a Q9 response that could be a potential CARDIA endpoint? FY312B4CEPT

END OF HOSPITALIZATION 1, IF RESPONSE IS YES TO ANY Q1 – Q10 COLLECT MEDICAL RECORDS
Check here if more hospitalizations are reported and use another supplemental form FY312BSUPH2

____ ____ ____ INTERVIEWER ID FY312BIVID2