### 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
   - 1: No
   - 2: Yes

   **FY324B1HCBC**

   **1a. For which specific problem?**
   - Chest pain or angina: Yes
   - Heart attack (coronary, myocardial infarction or MI): Yes
   - Atrial fibrillation or abnormal heart rhythm: Yes
   - Heart valve: Yes
   - Congestive heart failure: Yes
   - Heart bypass operation (coronary bypass or CABG): Yes
   - Heart (cardiac) catheterization, angiogram: Yes
   - PTCA, angioplasty, stent, atherectomy (cardiac or peripheral): Yes
   - Carotid endarterectomy: Yes
   - Claudication, PAD, PVD, gangrene, or Buerger’s disease: Yes
   - Aneurysm: Yes
   - Blood clot in the lung (pulmonary embolism) or leg (DVT): Yes
   - Ischemia, poor blood circulation: Yes
   - Other (specify): Yes

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

   **FY324B1TIA**

3. Kidney failure or transplant
   - 1: No
   - 2: Yes

   **FY324B1KIDF**

4. Chronic lung disease/COPD/emphysema
   - 1: No
   - 2: Yes

   **FY324B1COPD**

5. Hypertension/High Blood Pressure
   - 1: No
   - 2: Yes

   **FY324B1HBP**

6. Diabetes
   - 1: No
   - 2: Yes

   **FY324B1DIA**

7. Asthma/ Shortness of breath
   - 1: No
   - 2: Yes

   **FY324B1ASTH**

8. Bariatric surgery (e.g., gastric bypass or laparoscopic banding)
   - 1: No
   - 2: Yes

   **FY324B1GBSS**

9. Other (specify)
   - 1: No
   - 2: Yes

   **FY324B1OTHE**

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?
    - 1: No
    - 2: Yes

    **FY324B1CEPT**
### HOSPITALIZATIONS CHECKSHEET

**CARDIA 324-Month Follow-Up Period**

END OF HOSPITALIZATION 1, IF RESPONSE IS YES TO ANY Q1 – Q10 COLLECT MEDICAL RECORDS

___ ___ ___ INTERVIEWER ID FY324BVID

<table>
<thead>
<tr>
<th>HOSPITALIZATION 2</th>
<th>CASE NO.: FY324BH2CN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has the participant indicated any of the following reasons for being admitted overnight for this case?</strong></td>
<td></td>
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<tr>
<td>1. Suspected or confirmed problems with the heart, circulation, or a blood clot</td>
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<tr>
<td>1a. For which specific problem?</td>
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<tr>
<td>- Chest pain or angina FY324B2ANGI</td>
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<tr>
<td>- Heart attack (coronary, myocardial infarction or MI) FY324B2MYOI</td>
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<tr>
<td>- Atrial fibrillation or abnormal heart rhythm FY324B2ABHR</td>
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<tr>
<td>- Heart valve FY324B2HLV</td>
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<tr>
<td>- Congestive heart failure FY324B2CHF</td>
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<tr>
<td>- Heart bypass operation (coronary bypass or CABG) FY324B2CABG</td>
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<td>- Heart (cardiac) catheterization, angiogram FY324B2CATH</td>
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<td>- PTCA, angioplasty, stent, atherectomy (cardiac or peripheral) FY324B2PTCA</td>
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<td>- Carotid endarterectomy FY324B2CRDA</td>
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<td>- Claudication, PAD, PVD, gangrene, or Buerger’s disease FY324B2CLAU</td>
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<td>- Aneurysm FY324B2AORA</td>
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<tr>
<td>- Blood clot in the lung (pulmonary embolism) or leg (DVT) FY324B2BLDT</td>
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<td>- Ischemia, poor blood circulation FY324B2ISCH</td>
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<tr>
<td>- Other (specify) _ FY324B2OTH_ <em>FY324B2OTHX</em>_</td>
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<tr>
<td>2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY324B2TIA</td>
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<tr>
<td>8. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY324B2GBSS</td>
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2/01/2012
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  
   FY324B3HCBC

1a. For which specific problem?
   - Chest pain or angina FY324B3ANGI
   - Heart attack (coronary, myocardial infarction or MI) FY324B3MYOI
   - Atrial fibrillation or abnormal heart rhythm FY324B3ABHR
   - Heart valve FY324B3HVLV
   - Congestive heart failure FY324B3CHF
   - Heart bypass operation (coronary bypass or CABG) FY324B3CABG
   - Heart (cardiac) catheterization, angiogram FY324B3CATH
   - PTCA, angioplasty, stent, atherectomy (cardiac or peripheral) FY324B3PTCA
   - Carotid endarterectomy FY324B3CRDA
   - Claudication, PAD, PVD, gangrene, or Buerger’s disease FY324B3CLAU
   - Aneurysm FY324B3AORA
   - Blood clot in the lung (pulmonary embolism) or leg (DVT) FY324B3BLDT
   - Ischemia, poor blood circulation FY324B3ISCH
   - Other (specify) _ FY324B3OTH _ FY324B3OTHX__

2. Suspected or confirmed stroke or transient ischemic attack (TIA) FY324B3TIA
3. Kidney failure or transplant FY324B3KIDF
4. Chronic lung disease/COPD/emphysema FY324B3COPD
5. Hypertension/High Blood Pressure FY324B3HBP
6. Diabetes FY324B3DIA
7. Asthma/Shortness of breath FY324B3ASTH
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<td>8.</td>
<td>Bariatric surgery (e.g., gastric bypass or laparoscopic banding)</td>
<td>☐</td>
<td>No</td>
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<td>Yes</td>
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<td>9.</td>
<td>Other (specify) FY324B3OTHE ________ FY324B3OXTH ________</td>
<td>☐</td>
<td>No</td>
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<td>10.</td>
<td>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? FY324B3CEPT</td>
<td>☐</td>
<td>No</td>
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<td>Yes</td>
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END OF HOSPITALIZATION 1, IF RESPONSE IS YES TO ANY Q1 – Q10 COLLECT MEDICAL RECORDS

☐ Check here if more than three hospitalizations are reported and use supplemental form FY324BSUPP