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
   FY324CBLC4

   1a. For which specific problem?

   - Heart (cardiac) catheterization, angiogram FY324CAGO4
   - Blood clot in the lung (pulmonary embolism) or leg (DVT) FY324CBLD4
   - PTCA, angioplasty, stent, atherectomy (cardiac or peripheral) FY324CPRD4
   - Carotid endarterectomy FY324CRDA4
   - Cardioversion FY324CCARD4
   - Other (specify) _ FY324COTHE4 _ FY324COTHX4

2. Kidney failure, start dialysis, or have kidney transplant FY324CKID4

3. Bariatric surgery (e.g., gastric bypass or laparoscopic banding) FY324CWEL4

4. Other (specify) _ FY324COTH4 _ FY324COXT4

5. Did any of the problems or conditions include a YES response to Q1 – Q3 or a Q4 response that could involve one of these conditions? FY324CRESP4

END OF PROCEDURE 1, IF RESPONSE IS YES TO ANY Q1-Q5, COLLECT MEDICAL RECORDS

☐ Check here if more procedures are reported and use another supplemental form FY324CSUPP2

___ ___ ___ INTERVIEWER ID FY324CIVD2