VITAL STUDY R 5.5 YR QUESTIONNAIRE

1. If you have had any of the following within the PAST YEAR, please mark "YES" next to the illness or procedure and provide the month/year of the event:

Diagnosis Month / Year

A. Cancer (NOT including skin cancer) _____ ○ YES → ☐☐ / ☐☐
   IF YES, please specify type: _____

B. Heart attack or myocardial infarction _____ ○ YES → ☐☐ / ☐☐

C. Coronary bypass surgery _____ ○ YES → ☐☐ / ☐☐

D. Coronary angioplasty or stent (balloon used to unblock artery) ○ YES → ☐☐ / ☐☐

E. Stroke _____ ○ YES → ☐☐ / ☐☐

F. Mini-stroke (TIA) _____ ○ YES → ☐☐ / ☐☐

2. If you are having difficulties taking your study capsules and have recently discontinued, please explain:

_____

3. Below are the phone numbers that we have on file for you. IF THESE PHONE NUMBERS ARE NOT CORRECT OR HAVE CHANGED, please write the updated information in the space provided to the right. If the numbers below are correct, please skip to item #4.

If the phone numbers to the left are not correct or have changed, please provide UPDATED telephone numbers below -- otherwise leave blank.

HOME PHONE: (☐☐☐) - ☐☐☐ - ☐☐☐☐ → **NEW** HOME PHONE: (☐☐☐) - ☐☐☐ - ☐☐☐☐

CELL PHONE: (☐☐☐) - ☐☐☐ - ☐☐☐☐ → **NEW** CELL PHONE: (☐☐☐) - ☐☐☐ - ☐☐☐☐

WORK PHONE: (☐☐☐) - ☐☐☐ - ☐☐☐☐ → **NEW** WORK PHONE: (☐☐☐) - ☐☐☐ - ☐☐☐☐

4. To the right is the e-mail address that we have on file for you.
   If this is NOT CORRECT, please provide your updated e-mail address on the line below (PLEASE PRINT).

_____

5. Date of birth (DOB): ☐☐ / ☐☐ / ☐☐
   month   day   year

We use DOB to verify identity. Is it correct? ○ Yes ○ No

If NOT CORRECT, what is your correct birthdate? _____ / _____ / _____
   month   day   year

IF YOU HAVE ANY QUESTIONS ABOUT THE STUDY, PLEASE CALL US AT 1-800-388-3963 OR ○ **K**
E-MAIL US AT VITALSTUDY@PARTNERS.ORG.

OFFICE USE ONLY. PLEASE DO NOT WRITE BELOW THIS LINE.

○ 1   ○ 2   ○ 3   ○ 4   ○ 5   ○ 6

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