

VITAL STUDY R X-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:

Month/Year
of Diagnosis or Procedure

- A. Cancer (NOT including skin cancer) _____ YES →

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IF YES, please specify type: _____
- B. SKIN Cancer (Specify type below) _____ YES →

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 Melanoma Other, non-melanoma (e.g., basal cell, squamous)
- C. Heart attack or myocardial infarction _____ YES →

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- D. Coronary bypass surgery _____ YES →

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- E. Coronary angioplasty or stent (balloon used to unblock artery) YES →

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- F. Stroke _____ YES →

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- G. Mini-stroke (TIA) _____ YES →

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2. 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 #3.

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

HOME PHONE: (<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>) - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	→	NEW HOME PHONE: (<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>) - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
CELL PHONE: (<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>) - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	→	NEW CELL PHONE: (<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>) - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>
WORK PHONE: (<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>) - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>	→	NEW WORK PHONE: (<table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>) - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table> - <table border="1" style="display: inline-table; width: 30px; height: 20px;"></table>

3. 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).

4. Date of birth (DOB) on file:

 /

 /

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

OK

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

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

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