



1. a. Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

b. First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

c. Middle Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Social Security Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2a. Medicare Number

				-															
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Date of birth:

		/			/								
Month			Day			Year							

4. a. 0. Is this the patient's address?.....

Yes Y  
No N

4a. 1. Whose address  
(relationship to patient)?

If Yes, skip to Question 4.b.1


**4.b. Address Information**

				<input type="text"/>									
4. b. 1. PO Box, Box, &/or Route and Number:				<input type="text"/>									
				<input type="text"/>									
4. b. 2. Street Number Prefix:				4. b. 3. Street Number:						4.b.4. Street Number Suffix:			
<input type="text"/>				<input type="text"/>						<input type="text"/>			
4. b. 5. Street Name Prefix:				4. b. 6. Street Name (e.g., Elm):						4. b. 7. Street Name type:			
<input type="text"/>				<input type="text"/>						<input type="text"/>			
				<input type="text"/>									
				4. b. 8. Street Name Suffix:									
				<input type="text"/>									
4. b. 9 Unit Type:			4. b. 10 Unit Prefix:			4. b. 11. Unit Identifier:			4. b. 12 Unit Suffix:				
<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>				
4.b.13 Other				<input type="text"/>									
4.c.1 City:				4.d.1 County:						4.e. State:			
<input type="text"/>				<input type="text"/>						<input type="text"/>			
<input type="text"/>													
4.e.1 Country (if not USA):				4.f. Zip Code:									
<input type="text"/>				<input type="text"/>									

5. a. Cohort status:  
ARIC Cohort ..... C  
JHS Cohort-not ARIC Cohort..... J  
Community , not in ARIC or JHS Cohort..... S

b. Is the patient's address in the ARIC community surveillance catchment area?  
(Automatically filled by DES: Y if address is in catchment; else C if 5a=(C or J), O if (5a=S and out- of catchment); else U if catchment area is unknown)

In catchment, needs abstraction ..... Y  
 Out of catchment, ARIC or JHS cohort, needs abstraction..... C  
 Out of catchment, not in either ARIC or JHS cohort, do not abstract. . O  
 Undetermined by computer at this time ..... U

If Y,  
 C or O,  
 skip to Q6.

c. Abstractor Investigation of Undetermined in Q5b. (If Q5.b = U then field center needs to work through all available resources or contact Coordinating Center to resolve whether patient's address is in our out of catchment, then return to this form and fill out Q5.c. If finally the address cannot be resolved then "Undetermined" remains as a response below.)

In catchment, needs abstraction..... Y

Out of catchment, ARIC or JHS cohort, needs abstraction ..... C

Out of catchment, not in either ARIC or JHS cohort, do not abstract..... O

Undetermined after all means available to resolve, needs abstraction..... U

If O in 5c, document determination in notelog

**ADMINISTRATIVE INFORMATION:**

6. Abstractor number:

7. Date abstract completed    -    -

Month                      Day                      Year