

33 **(2)** VERSION If visit is missing because participant is deceased, please complete SH22 instead of this form.

1. SHEP ID: **(3)** 22 23 - 24 25 26 27 - 28 29 **(4)** 2. Acrostic: _____ **(6)** 41-46

3. Today's date: 36 37 38 39 34 35 **(7)**
Month Day Year **(5)**

4a. Type of visit missed: Quarterly 1 Annual **(8)** 2
47

4b. Earliest window date of missed visit (from randomization verification report): 48 49 50 51 52 53 **(9)**
Month Day Year

5. Reason for missed visit (check one):
Currently refuses to participate 1
Medically unable to complete visit 2
Scheduling problem 3
Transportation problem 4
Out of town temporarily 5
Has moved to unknown address 6
Otherwise unable to contact participant 7
Other (specify) _____ 8
Unknown 9 **(10)** 54

6. Date of last attempt to contact: 55 56 57 58 59 60 **(11)**
Month Day Year

7. Date last known alive: 61 62 63 64 65 66 **(12)**
Month Day Year

8. Is participant on:
a. SHEP medications? **67** **(13)** Yes 1 No 2 Unknown 3
b. Open-label therapy? **68** **(14)** Yes 1 No 2 Unknown 3

9. Has the participant had a new:
a. Stroke? **69** **(15)** Yes 1 Possibly **(16)** 2 No 3 Unknown 4
b. TIA? **70** 1 **(16)** 2 3 4
c. MI? **71** **(17)** Yes 1 Possibly **(18)** 2 No 3 Unknown 4
d. LVF? **72** 1 **(18)** 2 3 4
e. Other hospitalization? **73** **(19)** Yes 1 Possibly **(20)** 2 No 3 Unknown 4
f. Nursing home admission? **74** 1 **(20)** 2 3 4

10. Primary source of information:
Participant 1
Spouse 2
Other relative 3
Friend 4
Neighbor 5
Medical records 6
None 7
Other _____ 8 **(21)** 75

RECORD TYPE **(23)** 78
DATE RECEIVED **(24)** 79-84
UPDATE NUMBER **(25)** 85-87
DATE LAST PROCESSED **(26)** 88-93
PAPER COPY **(27)** 94
Cross-Forms Edit **(28)** 95 **(22)**

12. Signature: _____ 76 77 Code