Center: __   Patient Initials: __ __ __, __ __   Form
Rand Number: __ __ __   completed by: __ __ __

A. OUTCOME (*Check only one outcome. Complete a separate outcome form for each additional outcome.*) deleted

1. Death — ☐ 01
   a. Autopsy performed? deleted — Y 1   N 3
   b. Hospitalized? deleted — Y 1   N 3
   c. If not hospitalized, was ambulance called? deleted — Y 1   N 3

2. Breast cancer — ☐ 02
3. Endometrial cancer — ☐ 03
4. Endometrial hyperplasia — ☐ 04
5. Pulmonary embolism — ☐ 05
6. Deep venous thrombosis — ☐ 06
7. Symptomatic gall bladder disease — ☐ 07
8. Bleeding requiring transfusion — ☐ 08
9. Cardiovascular overnight hospitalization — ☐ 09
   a. Acute myocardial infarction deleted — Y 1   N 3
   b. Stroke deleted — Y 1   N 3
   c. Heart failure deleted — Y 1   N 3
10. Coronary angiography — ☐ 10
11. Carotid angiography — ☐ 11
12. Peripheral vascular angiography — ☐ 12
13. Coronary angioplasty or stent — ☐ 13
14. Carotid angioplasty or stent — ☐ 14
15. Peripheral vascular angioplasty or stent — ☐ 15
16. Coronary artery bypass grafting — ☐ 16
17. Carotid endarterectomy — ☐ 17
18. Peripheral vascular bypass grafting — ☐ 18
19. Non-cardiovascular overnight hospitalization — ☐ 19

B. DATE OF OUTCOME

__ __ / __ __ / __ __
Month   Date   Year

Recoded as J_OUTDY = days from randomization
J_OUTDY2 = days from randomization to discharge if hospitalized. Only collected after April 1999

Center: __   Patient Initials: __ __ __, __ __   Form
    Rand Number: __ __ __   completed by: __ __ __

C. APPENDED DOCUMENTATION:

1. Death certificate? deleted   Y 1   N 3

2. Hospital face sheet with ICD-CM codes? deleted   Y 1   N 3

3. Hospital discharge summary? deleted   Y 1   N 3

4. Emergency medical services report? deleted   Y 1   N 3

5. Autopsy Report? deleted   Y 1   N 3

6. Narrative summary for major bleed without hospitalization or death? deleted   Y 1   N 3

7. Pathology report? deleted   Y 1   N 3

8. Diagnostic test report for pulmonary embolism, DVT, gall bladder disease? deleted   Y 1   N 3

9. Cardiac enzyme report for acute myocardial infarction? deleted   Y 1   N 3

10. First and last electrocardiogram for acute myocardial infarction? deleted   Y 1   N 3

11. Angiography report? deleted   Y 1   N 3

12. Angioplasty or operative report? deleted   Y 1   N 3

D. ICD-CM codes (*if required documentation includes hospital face sheet, transcribe codes from face sheet*) deleted

_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _
_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _
_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _
_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _	_ _ _ _ . _ _

E. CPT codes (*if required documentation includes hospital face sheet, transcribe CPT codes from face sheet*) deleted

_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _
_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _
_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _
_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _	_ _ . _ _

DEATHMI = 1 if death or MI; 0 if not (death due to any cause)
CARDEV = 1 if MI or stroke or heart failure; 0 otherwise
CVDthMI = 1 if CVD death or MI; 0 otherwise
CVHosp =1 if cardiovascular hospitilization; 0 otherwise
Ohosp = 1 if other hospitalization; 0 otherwise
CoAngio = 1 if coronary angiography; 0 otherwise
CABGPTCA=1 if Coronary Bypass or Percutaneous Transluminal coronary angioplasty; 0 otherwise
Other =1 if cancer, hyperplasia, pulmonary embolism, deep vein thrombosis, gallbladder disease, bleeding requiring transfusion, or carotid/peripheral intervention