

























## F. COHORT FOLLOW UP INFORMATION

19a. Was this event reported in the corresponding Cohort Follow-Up for this participant?

Yes.....Y→ **If Yes, go to item 19b**

No.....N→ **If No, go to item 19e.**

19b. Contact Year of corresponding Cohort Follow-Up:.....

--	--

*\*Question 19c and 19d deleted.*

---

## G. INFORMATION FROM MEDICAL CHART

This section is completed for cohort events that are ineligible for HRA, HF or STR abstraction (in other words, a CHI form will not be completed). Enter the date of arrival for this hospitalization in 19e.

**Note: Item 19e is skipped if 8a3=No or 8b=No or 8d=No.  
Item 19e is skipped if 15a=Yes or 15b=Yes or 15c=Yes or 15d=Yes or 15e=Yes.**

19e. Date of Arrival at this hospital:.....

		/			/				
Month			Day			Year			

## H. ADMINISTRATIVE INFORMATION

20. Date of data collection:.....

		/			/				
Month			Day			Year			

21. Code number of person completing form: .....

--	--	--