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PRE-DETERMINE STUDY - Follow-up Questionnaire

DATE OF BIRTH:

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 → LAST 6 DIGITS OF SSN: X X X -

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MO DAY YR (OPTIONAL)

PLEASE UPDATE US ON YOUR CURRENT HEALTH HISTORY SINCE YOU LAST PROVIDED INFORMATION, WHICH WAS ON THE FOLLOWING DATE:

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MO DAY YR

1.) HAVE YOU BEEN HOSPITALIZED DUE TO A CARDIAC ARREST (HEART SUDDENLY STOPS BEATING AND NEEDS TO BE RESUSCITATED)?

NO NOT SURE YES → IF YES, PLEASE PROVIDE MONTH/YEAR OF HOSPITALIZATION:

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MO YR

2.) HAVE YOU RECEIVED SURGERY TO HAVE AN IMPLANTABLE CARDIAC DEFIBRILLATOR (ICD) DEVICE IMPLANTED?

NO YES → IF YES, PLEASE PROVIDE MONTH/YEAR OF SURGERY:

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MO YR

3.) IF YOU HAVE AN ICD, HAVE YOU RECEIVED A SHOCK FROM YOUR ICD?

NO NOT SURE YES

a.) HOW MANY SHOCKS HAVE YOU RECEIVED?

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b.) WHEN WAS YOUR LAST SHOCK?

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MO YR

4.) HAVE YOU BEEN DIAGNOSED WITH CONGESTIVE HEART FAILURE (FLUID IN LUNGS)?

NO NOT SURE YES → IF YES, PLEASE PROVIDE MONTH / YEAR OF DIAGNOSIS:

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MO YR

5.) HAVE YOU BEEN HOSPITALIZED WITH A HEART ATTACK (NARROWING OR COMPLETE BLOCKAGE OF A CORONARY ARTERY THAT RESULTS IN DEATH OF THE HEART MUSCLE)?

NO NOT SURE YES → IF YES, PLEASE PROVIDE MONTH / YEAR:

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MO YR

6.) HAVE YOU BEEN DIAGNOSED WITH ATRIAL FIBRILLATION OR ATRIAL FLUTTER (ABNORMAL HEART RHYTHM)?

NO NOT SURE YES → IF YES, PLEASE PROVIDE MONTH / YEAR OF DIAGNOSIS:

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MO YR

7.) HAVE YOU HAD CORONARY BYPASS GRAFTING (OPEN HEART SURGERY TO REPLACE A NARROWED/BLOCKED ARTERY TO THE HEART)?

NO NOT SURE YES → IF YES, PLEASE PROVIDE MONTH / YEAR OF PROCEDURE:

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MO YR

8.) HAVE YOU HAD A PERCUTANEOUS INTERVENTION (CORONARY STENT OR ANGIOPLASTY)?

NO NOT SURE YES → IF YES, PLEASE PROVIDE MONTH / YEAR OF PROCEDURE:

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MO YR

OFFICE USE: DE UNF BLNK REFU PH

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