Dataset name: cvhx_v1.1

Participant ID pid D000000

Acrostic acrostic ZZZZZ

Interviewer compby

Visit Code vc YYY

Date of Visit vis_dat (mm/dd/yyyy)

Cardiovascular Medical History Baseline Update Form

CRF 1.1

These questions ask about diseases or procedures that you have had in the past. If necessary, we will obtain information from medical records or by talking to your doctor.

Interviewer: If the exact date of the diagnosis or procedure is not known, record as much of the date as possible. For example, the participant may know the year, but not the month or day.

1. Have you had coronary artery bypass surgery?

cabg_cvhx

-9
1 Yes
0 No
-7 Refused
-8 Don't Know
-6 Permanently Missing

What was the date that you first had coronary artery bypass surgery?

m_cabg_cvhx / d_cabg_cvhx / y_cabg_cvhx (mm/dd/yyyy)

If the entire date is not known: Was it before you enrolled in the study on <date of randomization>?

cabg_before_cvhx

-9
1 Yes
0 No
-6 Permanently Missing

2. Have you ever had a stent and /or an angioplasty of thecoronary arteries, which is a dilation of the arteries of the heart with a balloon?

stent_cvhx

-9
1 Yes
0 No
-7 Refused
-8 Don't Know
-6 Permanently Missing

What was the date that you first had a stent and /or angioplasty of the coronary arteries?

m_stent_cvhx / d_stent_cvhx / y_stent_cvhx (mm/dd/yyyy)

If the entire date is not known: Was it before you enrolled in the study on <date of randomization>?

stent_before_cvhx

-9
1 Yes
0 No
-6 Permanently Missing

3. Has a doctor ever told you that you had angina or chest pain that was due to blockages in the arteries of your heart?

angina_cvhx

-9
1 Yes
0 No
-7 Refused
-8 Don't Know
-6 Permanently Missing

What was the date that you first had angina or chest pain due to blockages in the arteries of your heart?

m_angina_cvhx / d_angina_cvhx / y_angina_cvhx (mm/dd/yyyy)

If the entire date is not known: Was it before you enrolled in the study on <date of randomization>?

angina_before_cvhx

-9
1 Yes
0 No
-6 Permanently Missing

4. Have you ever had a carotid endarterectomy, which is surgery on the arteries in your neck to imporve blood flow to your brain?

carotid_cvhx

-9
1 Yes
0 No
-7 Refused
-8 Don't Know
-6 Permanently Missing

What was the date that you first had a carotid endarterectomy?

m_carotid_cvhx / d_carotid_cvhx / y_carotid_cvhx (mm/dd/yyyy)

If the entire date is not known: Was it before you enrolled in the study on <date of randomization>?

carotid_before_cvhx

-9
1 Yes
0 No
-6 Permanently Missing

5. Has a doctor ever told you that you had a transient ischemic attack (TIA) or mini-stroke?

tia_cvhx

-9
1 Yes
0 No
-7 Refused
-8 Don't Know
-6 Permanently Missing

What was the date that you first had a TIA or mini-stroke?

m_tia_cvhx / d_tia_cvhx / y_tia_cvhx (mm/dd/yyyy)

If the entire date is not known: Was it before you enrolled in the study on <date of randomization>?

tia_before_cvhx

-9
1 Yes
0 No
-6 Permanently Missing

Source Form Language: lang

-9 -
1 English
2 Spanish

-

Participant ID (affix ID label here)	**L I F E** Acrostic ☐☐☐☐☐ Interviewer ☐☐☐☐☐ Visit Code ☐☐☐ Date of Visit ☐☐ ☐☐ ☐☐☐☐ month day year

Cardiovascular Medical History Baseline Update Form

These questions ask about diseases or procedures that you have had in the past. If necessary, we will obtain information from medical records or by talking to your doctor.

Interviewer: If the exact date of the diagnosis or procedure is not known, record as much of the date as possible. For example, the participant may know the year, but not the month or day.

Date of Randomization ☐☐ ☐☐ ☐☐☐☐
M M D D Y Y Y Y

For reference only. This date will not be data entered.

1. Have you had coronary artery bypass surgery?	Yes ☐ What was the date that you first had coronary artery bypass surgery? ☐☐ ☐☐ ☐☐☐☐ M M D D Y Y Y Y *If the entire date is not known:* Was it before you enrolled in the study on *<date of randomization>*? Yes ☐ No ☐	No ☐	Refused ☐	Don't Know ☐
2. Have you ever had a stent and /or an angioplasty of the coronary arteries, which is a dilation of the arteries of the heart with a balloon?	Yes ☐ What was the date that you first had a stent and /or an angioplasty of the coronary arteries? ☐☐ ☐☐ ☐☐☐☐ M M D D Y Y Y Y *If the entire date is not known:* Was it before you enrolled in the study on *<date of randomization>*? Yes ☐ No ☐	No ☐	Refused ☐	Don't Know ☐

Participant ID (affix ID label here)	**L I F E**	Acrostic ☐☐☐☐☐ Visit Code ☐☐☐

3. Has a doctor ever told you that you had angina or chest pain that was due to blockages in the arteries of your heart?	Yes ☐ What was the date that you first had angina or chest pain due to blockages in the arteries of your heart? ☐☐ ☐☐ ☐☐☐☐ M M D D Y Y Y Y *If the entire date is not known:* Was it before you enrolled in the study on <*date of randomization*>? Yes ☐ No ☐	No ☐	Refused ☐	Don't Know ☐
4. Have you ever had a carotid endarterectomy, which is surgery on the arteries in your neck to improve blood flow to your brain?	Yes ☐ What was the date that you first had a carotid endarterectomy? ☐☐ ☐☐ ☐☐☐☐ M M D D Y Y Y Y *If the entire date is not known:* Was it before you enrolled in the study on <*date of randomization*>? Yes ☐ No ☐	No ☐	Refused ☐	Don't Know ☐
5. Has a doctor ever told you that you had a transient ischemic attack (TIA) or mini-stroke?	Yes ☐ What was the date that you first had a TIA or mini-stroke? ☐☐ ☐☐ ☐☐☐☐ M M D D Y Y Y Y *If the entire date is not known:* Was it before you enrolled in the study on <*date of randomization*>? Yes ☐ No ☐	No ☐	Refused ☐	Don't Know ☐