

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

1. SHEP ID: (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) (5)  
Month Day Year

4a. Type of visit missed: Quarterly (8)  1  
Annual  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  
54 (10)

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)  1  2  3

9. Has the participant had a new:  
a. Stroke? 69 (15) Yes  1 Possibly  2 No  3 Unknown  4  
b. TIA?  1 (16)  2  3  4  
c. MI? 71 (17)  1  2  3  4  
d. LVF?  1 (18)  2  3  4  
e. Other hospitalization? 73 (19)  1 (20)  2  3  4  
f. Nursing home admission?  1  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  
75 (21)

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

12. Signature: \_\_\_\_\_ (22) (76,77) Code