

**YOUR FATHER (UNIQUE IDENTIFIER)**

E1. Date of birth (year)

E2. Is this person still alive?  yes, he lives in   
 no, he died in (year)

E3. Cause of death (if applicable)?

E4. Did he ever experience one of the following? (multiple items possible)      which year?      cause of death?

|  |                      |                      |                              |                             |
|--|----------------------|----------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> acute myocardial infarction or heart attack                 | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> coronary revascularisation (PCI, CABG)                      | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> peripheral artery revascularisation (femoral or lower limb) | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> stroke / cerebrovascular accident                           | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> carotid revascularisation                                   | <input type="text"/> | <input type="text"/> | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| <input type="checkbox"/> sudden death  | <input type="text"/> | <input type="text"/> |                              |                             |
| <input type="checkbox"/> none of the above   |                      |                      |                              |                             |
| <input type="checkbox"/> I don't know  |                      |                      |                              |                             |

E5. Did he ever had one of the following risk factors? (multiple items possible)

- hypertension
- hypercholesterolemia
- diabetes mellitus
- obesity
- smoking (more than one year)
- none of the above
- I don't know