INSTRUCTIONS: This form should be completed for Jackson Heart Study cohort participants only. It is not required for the ARIC cohort participants. The purpose of this form is to indicate whether the Jackson Heart Study cohort event is also eligible for ARIC community surveillance.

1. Jackson Heart Study Cohort Identification Number: J 5 ____ ____ ____ ____

(Check with the ARIC abstracting staff to answer the following question)

2. Is this event an ARIC community surveillance event? Y ........ Yes
   N No

If yes, stop here with the completion of this form. If no, abstract the event.