Public reporting burden for this collection of information is estimated to average <u>6-15</u> minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0281). Do not return the completed form to this address.

OMB#: 0925-0281 Exp. 03/31/2014

ANNUAL FOLLOW-UP FORM
ID NUMBER: FORM CODE: A F U DATE: 04/20/11 Version 1.0
ADMINISTRATIVE INFORMATION 0a. Completion Date:// Ob. Staff ID: 0c. CY:
<b>Instructions:</b> This form should be completed during the interview portion of the participant's follow-up. The Date is the day the contact was made or is the date the status determination was made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.

<u>INTRODUCTION SCRIPT:</u> "Hello, this is [your name] from the ARIC Study. May I please speak with [name of contact]?"

"Hello [name of respondent]. My name is [your name] and I am from the ARIC Study. May I have a few minutes of your time to ask about your health in the past year"?

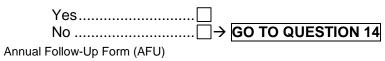
<ul> <li>1. Result of contact for the interview (select one) <ul> <li>a. Participant contacted, agreed to be interviewed</li> <li>b. Contacted, refused to be interviewed</li> <li>c. Proxy/Informant contacted</li> <li>d. Other person contacted</li> <li>e. Contact pending; continue to attempt to contact</li> <li>f. Window closed; unable to contact</li> </ul> </li> </ul>
2. Is the participant deceased?
Yes No
B. DEATH INFORMATION
3. Death reported by: (select one)

Relative/Spouse/Acquaintance	
Surveillance	
Other (e.g., Obituary, Social Security Administration)	

0T 4 TU 0

.

4. Date of death:
5. Location of death:         a. City:
<ul> <li>6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?</li> <li>Yes</li></ul>
6a. Is there someone else who could answer these questions?
Yes - person located Yes - reschedule remainder of interview
HOSPITALIZATIONS FOR HEART ATTACK / CONDITION / STROKE (for deceased participants)
<ul> <li>7. Was [<u>name</u>] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]?</li> <li>Yes□</li> <li>No□→ GO TO QUESTION 10</li> </ul>
8a. Hospital Name, City, State: ▼
8a1. Specify hospital name, city, and state if not in drop down list:
8b. Approximate date of hospitalization:
Second hospitalization, if applicable
9a. Hospital Name, City, State:▼
9a1. Specify hospital name, city, and state if not in drop down list:
9b. Approximate date of hospitalization Month Year
OTHER HOSPITALIZATIONS (for deceased participants)
10. Did [name] stay overnight as a patient in a hospital for any other reason since our last contact?



Г

11a. Hospitalization Reason:
11b. Hospital Name, City, State:▼
11b1. Specify hospital name, city, and state if not in drop down list:
11c. Approximate date of hospitalization Month Year
Second hospitalization, if applicable
12a. Hospitalization Reason:
12b. Hospital Name, City, State:▼
12b1. Specify hospital name, city, and state if not in drop down list:
12c. Approximate date of hospitalization Month Year
Third hospitalization, if applicable
13a. Hospitalization Reason:
13b. Hospital Name, City, State:▼
13b1. Specify hospital name, city, and state if not in drop down list:
13c. Approximate date of hospitalization Month Year
OUTPATIENT TREATMENT (for deceased participants)
14. Was [name] admitted to an emergency room or a medical facility for outpatient treatment since our last contact?
Yes No
15. Was this related to a heart problem or difficulty breathing?
Yes No
16a. Hospital/Medical Facility Name, City, State:▼
16a1. Specify hospital/medical facility name, city, and state if not in drop down list:
16b. Approximate date of admission: $\square / \square \square / \square \square \rightarrow GO TO QUESTION 71$
Annual Follow-Up Form (AFU) Page 3 of 13

# C. GENERAL HEALTH

17. Now I will ask you some questions about your health. Over the past year, compared to other people your age, would you say that your health has been excellent, good, fair or poor?

Excellent	
18. Since we last contacted you, has a doctor said you had high blood pre	ssure?
Yes No	
19. Since we last contacted you, has a doctor said you have diabetes or s	ugar in the blood?
Yes No	
20. Since we last contacted you, has a doctor told you that you had chron bronchitis, or emphysema?	<mark>ic lung disease, such as</mark>
Yes□→ GO TO QUESTION 24 No	
21a. Are there times when you wake up at night because of difficulty brea	thing?
Yes No	
21b. Do you have trouble breathing or shortness of breath when hurrying	on the level?
Yes□ No□→ GO TO QUESTION 22 Unable to Walk□→ GO TO QUESTION 23	
21c. Do you have trouble breathing or shortness of breath when walking a surface?	t ordinary pace on a level
Yes No	
21d.Do you stop for breath when walking at your own pace?	
Yes No	
21e.Do you stop for breath after walking 100 yards on the level?	
Yes No	

<ol><li>Do you have difficulty breathing when you are not walking or active</li></ol>	22. Do	o vou have	difficulty	breathing	when you	are not	walking or	active?
---	--------	------------	------------	-----------	----------	---------	------------	---------

Yes	
No	

23. Do you usually have some cough or wheezing?

Yes[	
No[	

24. Since we last contacted you on [mm/dd/yyyy], has a doctor said had asthma?

Yes[	
No[	

25. Since we last contacted you has a doctor said that you have peripheral vascular disease or intermittent claudication?

Yes	]
No	]

26. Do you have pain in your legs caused by a blockage of the arteries?

Yes	
No	

27. Do you often have swelling in your feet or ankles at the end of the day?

Yes	
No $\Box \rightarrow$	GO TO QUESTION 28

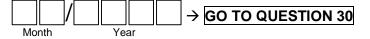
27a. Is the swelling in your feet or ankles gone in the morning?

Yes.....

28. Since we last contacted you has a doctor said you had cancer?

Yes						
No		GO	то	QUEST	ΓΙΟΝ	30

- 28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?
- 28b. What is the approximate date the cancer was diagnosed?



## D. CARDIOVASCULAR EVENTS

29. May I ask you some questions about [name's] health?

Yes	$\rightarrow$ GO TO QUESTION 30
No	

29a. Is there someone else we can ask?

Yes, person located	GO	ТО	<b>QUESTION 30</b>
Yes, reschedule remainder of interview	GO	ТО	<b>QUESTION 71</b>
No□→	GO	ТО	<b>QUESTION 71</b>

## **RECENT HEART FAILURE DIAGNOSIS**

30. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said that you [name] had heart failure or congestive heart failure?

Yes	GO TO QUESTION 32a
No	

31. Since we last contacted you [name] has a doctor said that your [name's] heart is weak, or does not pump as strongly as it should, or that you had fluid on the lungs?

Yes			
No	→ GO	TO QUESTION	36

## **DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART**

32. Name and address of the doctor you [name] saw:

32a. Name	
32b. Address	
32c. City: 32d. State:	
32e. Approximate date: Month	
HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART	
<ul> <li>33. Were you (Was [name]) hospitalized at that time?</li> <li>Yes</li> <li>No</li></ul>	1-
34a. Hospital/Medical Facility Name, City, State:	J▼

34a1. Specify hospital/medical facility name, city, and state if not in drop down list: \_

34b. Approximate date of admission:			
	Month	Year	

"The ARIC study would like to ask your physician to tell us more about your health. If you agree to do this I will send you a form that tells your physician that you authorize the ARIC study to get this information from your doctor. Once you sign that form and mail it back to me I will contact your physician's office."

35. May I send you this release form and an addressed envelope for you to mail it back?



If the participant agrees to receiving and signing the release form, remember to update the PHF form when the release form is sent to the participant, and then again when the release form is received back.

▼

▼

36. Since we last contacted you [name] on [mm/dd/yyyy] has a doctor said you [name] had a heart attack?

Yes	
No□→	GO TO QUESTION 40

37. Were you (Was [name]) hospitalized at that time?

Yes	
No□→	GO TO QUESTION 40

## **HOSPITAL INFORMATION FOR HEART ATTACK**

38a. Hospital Name, City, State:

38a1. Specify hospital name, city, and state if not in drop down list:

38b. Approximate date of hospitalization		
	Month	Year

## Second hospitalization, if applicable

39a. Hospital Name, City, State:

39a1. Specify hospital name, city, and state if not in drop down list:

39b. Approximate date of hospitalization			
	Month	Year	

40. Since we last contacted you [name] has a doctor said you [name] had angina, angina pectoris or chest pain due to heart disease?

Yes	]
No	]

Annual Follow-Up Form (AFU)

41. Since we last contacted you [name] has a doctor said you [name] had an irregular heart beat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?

Yes[	
No[	

42. Since we last contacted you [name] has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?

Yes	
No□→	GO TO QUESTION 45

43. Were you [was 'name'] hospitalized for a blood clot in a leg or deep vein thrombosis at that time?

Yes							
No	$\rightarrow$	GO	TO	QUE	STIC	ΟN	45

## **HOSPITALIZATION FOR BLOOD CLOT IN LEG**

44a. Hospital Name, City, State:	
----------------------------------	--

44a1. Specify hospital name, city, and state if not in drop down list:

44b. Approximate date of hospitalization		/			
	Mont	h	Ye	ar	

45. Since we last contacted you [name], has a doctor said that you [name], had a blood clot in your lungs or a pulmonary embolus?

Yes							
No	$\rightarrow$	GO	то	QUE	ESTIC	ON 4	18

46. Were you [was 'name'] hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?

Yes						
No	]→	GO	то	QUE	STIC	ON 48

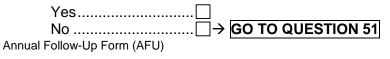
## **HOSPITALIZATION FOR BLOOD CLOT IN LUNGS**

47a. Hospital Name, City, State: ▼

47a1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

47b. Approximate date of hospitalization			/			
	Mon	th		Year		

48. Since we last contacted you [name], has a doctor said that you [name] had a stroke, slight stroke, transient ischemic attack, or TIA?



49. Were you [was 'name'] hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?

Yes	
No□→	GO TO QUESTION 51

# **HOSPITALIZATION FOR STROKE OR TIA**

50a	Hospital Name,	City State	T
50a.	позрнаниатие,	City, State.	V

50a1. Specify hospital name, city, and state if not in drop down list:

50b. Approximate date of hospitalization			
	Month	Year	

## E. ADMISSIONS

Annual Follow-Up Form (AFU)

51. Have you stayed (Did [name] stay) overnight as a patient in a hospital for any other reason since our last contact?

## **HOSPITALIZATION FOR OTHER REASON**

52a. Hospitalization Reason:
52b. Hospital Name, City, State:▼
52b1. Specify hospital name, city, and state if not in drop down list:
52c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
53a. Hospitalization Reason:
53b. Hospital Name, City, State:▼
53b1. Specify hospital name, city, and state if not in drop down list: _
53c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
54a. Hospitalization Reason:
54b. Hospital Name, City, State: ▼

54b1. Specify hospital name, city, and state if not in drop down list:

54c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
55a. Hospitalization Reason:
55b. Hospital Name, City, State:▼
55b1. Specify hospital name, city, and state if not in drop down list:
55c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
56a. Hospitalization Reason:
56b. Hospital Name, City, State:▼
56b1. Specify hospital name, city, and state if not in drop down list:
56c. Approximate date of hospitalization Month Year
57. Were you (Was [name]) admitted to an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]?
Yes No
58. Was this related to a heart problem or difficulty breathing?
Yes No
EMERGENCY ROOM/MEDICAL FACILITY INFORMATION
59a. ER/Facility Name, City, State: ▼
59a1. Specify ER/Facility name, city, and state if not in drop down list:
59b. Approximate date of hospitalization

60. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home?

Yes[	
No[	

61. Are you (Is [name]) currently a resident of a nursing home or long-term care facility?

Yes[	
No[	

## F. INVASIVE PROCEDURES

# Next I am going to ask about various types of surgery and medical procedures. We are interested in those that occurred in the hospital, or in an emergency department, or as an outpatient.

62. Since we last contacted you [name], on [mm/dd/yyyy] have you [did name] had any surgery on your [name's] heart, or the arteries of your neck or legs, not counting surgery for varicose veins?

No
63. Did you [name] have:
a. Coronary bypass?
Yes No
b. Other heart procedure?
Yes → Specify: No
c. Carotid endarterectomy?
Yes No □→ GO TO QUESTION 63e
d. Site:
Right Left Both
e. Other arterial revascularization?
Yes → Specify: No

f. Any other type of surgery on your heart or the arteries of your [name's] neck or legs?

Yes	]
No	]

64. Since we last contacted you [name] on [mm/dd/yyyy] have you [did name have] had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?

Yes..... No ...... □→ Go to Question 65a

Did you [name] have:

a. Angioplasty or stent of the coronary arteries of your [name's] heart:

Yes	
No	

b. Angioplasty or stent in the arteries of your [name's] neck:

Yes	
No	

c. Angioplasty or stent of the lower extremity arteries:

Yes	
No	

## G. INTERVIEW

#### Now I would like to ask about medication use during the past two weeks.

- 65. Did you [name] take any medications during the past two weeks for:
  - a. High blood pressure?

Yes	
No	

b. High blood cholesterol?

Yes	
No	

c. Diabetes or high blood sugar?

Yes	
No	

d. Heart failure?

Yes[	
No[	

66. Are you [Is name] NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol or Advil.

Yes	]
No	]

67. Does the participant have medications to report?

Yes..... No ...... □→ Go to Question 69

68. Record names of medications.

## Next, I have a few miscellaneous questions.

69. Do you (Does [name])now smoke cigarettes?

Yes.....

70. Please tell me which of the following describes your [name's] current marital status:

l

#### **CLOSURE SCRIPT:**

- <u>Talking to participant</u>: "Thank you very much for answering these questions. You have previously provided us with information on how to contact you. To help us contact you next year, please tell me if the information I have is still correct."
- <u>If participant deceased</u>: "We may need to contact a family member later. When would be a good time to call in that case?"
- <u>Otherwise</u>: "Thank you very much for answering these questions. We will call \_\_\_\_\_ in about a year."

#### H. ADMINISTRATIVE INFORMATION

71. AFU Completion Status:

a. Complete
b. Partially complete; contact again within window (interruptions)

c. Partially complete; unable to complete within window (done)......