OMB#: 0925-0281
Exp. 05/31/2017

ANNUAL FOLLOW-UP FORM

ID NUMBER: | | | | | | | | FORM CODE: A F U DATE: 01/22/14 Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. Staff ID: ☐☐☐

Instructions: *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.*

INTRODUCTION SCRIPT: "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 recent health?"

A. STATUS

1. Result of contact for the interview *(select one)*
   - a. Participant contacted, agreed to be interviewed.... ☐ → **GO TO QUESTION 17**
   - b. Participant contacted, refused to be interviewed... ☐ → **GO TO QUESTION 71**
   - c. Proxy/Informant contacted ..... ☐
   - d. Other person contacted ..... ☐
   - e. Contact pending; continue to attempt to contact ... ☐ → **SAVE AND CLOSE FORM**
   - f. Window closed; unable to contact ..... ☐ → **SAVE AND CLOSE FORM**

2. Is the participant deceased?
   - Yes..... ☐
   - No ..... ☐ → **GO TO QUESTION 29**

B. DEATH INFORMATION

3. Death reported by: (select one)
   - Relative/Spouse/Acquaintance..... ☐
   - Surveillance..... ☐
   - Other (e.g., Obituary, Social Security Administration) ..... ☐

4. Date of death: ☐☐/☐☐/☐☐☐☐
Month Day Year

5. Location of death:

a. City: _____ c. State: ☐☐

b. County: _____

6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?

Yes..... ☐ → **GO TO QUESTION 7**
No ..... ☐

6a. Is there someone else who could answer these questions?

Yes - person located..... ☐
Yes - reschedule remainder of interview..... ☐ → **GO TO QUESTION 71**
No ..... ☐ → **GO TO QUESTION 71**

HOSPITALIZATIONS FOR HEART ATTACK / CONDITION / STROKE (for deceased participants)

7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 10**

8a. Hospital Name, City, State: ☐▼

8a1. Specify hospital name, city, and state if not in drop down list: _____

8b. Approximate date of hospitalization: ☐☐/☐☐☐☐
Month Year

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?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 14**

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 ..... ☐ → **GO TO QUESTION 71**

15. Was this related to a heart problem or difficulty breathing?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 71**

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: ☐☐/☐☐☐☐ (Month / Year) → **GO TO QUESTION 71**

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 ..... ☐
Good ..... ☐
Fair ..... ☐
Poor ..... ☐

[QUESTIONS 18-20 MOVED TO MCU FORM]

21a. Are there times when you wake up at night because of difficulty breathing?

Yes ..... ☐
No ..... ☐

21b. Do you have trouble breathing or shortness of breath when hurrying on a level surface?

Yes ..... ☐
No ..... ☐
Unable to Walk ..... ☐ → **GO TO QUESTION 22**

21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?

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 a level surface?

Yes ..... ☐
No ..... ☐

21f. Do you have to walk slower than people of your own age on a level surface because of shortness of breath?

Yes ..... ☐
No ..... ☐

22. Do you have difficulty breathing when you are not walking or active?

Yes ..... ☐
No ..... ☐

23. Do you usually have some cough or wheezing?

Yes.....☐
No .....☐

[QUESTIONS 24-25 MOVED TO MCU FORM]

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 .....☐ → **GO TO QUESTION 28**

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

Yes.....☐
No .....☐

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

Yes.....☐
No .....☐ → **GO TO QUESTION 36**

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?

☐☐/☐☐☐☐
Month Year

DOCTOR INFORMATION FOR CANCER

"Please provide the contact information of the doctor you most recently visited for your cancer."

28c. Contact information of the doctor you last saw for your cancer:

28c1. Doctor Name: _____

28c2. Clinic or Institution Name: _____

28c3. Address: _____

28c4. City: _____ 28c5. State: ☐☐

28c6. Approximate date: ☐☐/☐☐☐☐
Month Year

"The ARIC study would like to ask your health care providers to tell us more about your cancer diagnosis and treatment. If you agree to do this, I will send you a form that tells your providers that you authorize the ARIC study to get this information from them. Once you sign that form and mail it back to me, I will contact your health care providers."

28d. May I send you this release form and an addressed envelope for you to mail it back?

Yes..... ☐ → **GO TO QUESTION 36**
No ..... ☐ → **GO TO QUESTION 36**

D. CARDIOVASCULAR EVENTS

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

Yes ..... ☐ →**GO TO QUESTION 36**
No..... ☐

29a. Is there someone else we can ask?

Yes, person located..... ☐→ **GO TO QUESTION 36**
Yes, reschedule remainder of interview..... ☐→ **GO TO QUESTION 71**
No ..... ☐→ **GO TO QUESTION 71**

RECENT HEART FAILURE DIAGNOSIS

[QUESTIONS 30-35 MOVED TO MCU FORM]

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 .....☐

[QUESTION 41 MOVED TO MCU FORM]

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. At that time, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for a blood clot in a leg or deep vein thrombosis?

Yes.....☐
No .....☐→ **GO TO QUESTION 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 ☐☐/☐☐☐☐
Month Year

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 .....☐→ **GO TO QUESTION 48**

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

Yes.....☐
No .....☐→ **GO TO QUESTION 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 ☐☐/☐☐☐☐
Month 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?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 51**

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: ☐▼

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

50b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

E. ADMISSIONS

51. Since our last contact, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for any reason that you have not yet mentioned?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 57**

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

EMERGENCY ROOM/MEDICAL FACILITY INFORMATION

57. Were you (Was [name]) seen at an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 60**

58. Was this related to a heart problem or difficulty breathing?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 60**

59a. ER/Facility Name, City, State: ☐▼

59a1. Specify ER/Facility name, city, and state if not in drop down list:_____

59b. Approximate date ☐☐/☐☐☐☐
Month Year

60. Since our last contact, have you (has [name]) 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 as an outpatient.

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

Yes.....☐
No .....☐ → **GO TO QUESTION 64**

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 (has [name]) had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?

Yes..... ☐
No ..... ☐ → **Go to Question 65**

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 ..... ☐

Angioplasty or stent facility information

d. Facility Name, City, State: ☐▼

e. Specify Facility name, city, and state if not in drop down list:_____

f. Approximate date ☐☐/☐☐☐☐
Month Year

G. INTERVIEW

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

65. Did you [name] take any medications prescribed by a health professional during the past four weeks?

Yes..... ☐
No ..... ☐ → **Go to Question 66**

Did you [name] take any prescribed medications for:

a. High blood pressure or hypertension?

a. .....Yes ☐
b. .....No ☐

b. High blood cholesterol?

a. .....Yes ☐
b. .....No ☐

c. Diabetes or high blood sugar?

a. .....Yes ☐
b. .....No ☐

d. Heart failure?

a. .....Yes ☐
b. .....No ☐

e. Asthma?

a. .....Yes ☐
b. .....No ☐

f. Chronic bronchitis or emphysema?

a. .....Yes ☐
b. .....No ☐

g. Chest pain or angina?

a. .....Yes ☐
b. .....No ☐

h. Abnormal heart rhythm?

a. .....Yes ☐
b. .....No ☐

i. Blood thinning?

a. .....Yes ☐
b. .....No ☐

j. Stroke?

a. .....Yes ☐
b. .....No ☐

k. Mini-stroke or TIA?

a. .....Yes ☐
b. .....No ☐

l. Leg pain while walking or claudication?

a. .....Yes ☐
b. .....No ☐

m. Depression?

a. .....Yes ☐
b. .....No ☐

Next I would like to ask you about your regular use of aspirin. This includes aspirin alone or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months.

66. Do you (Does [name]) regularly take any aspirin or aspirin-containing products including Alka-Seltzer, cold and allergy medication or headache powder? This does not include acetaminophen (for example, Tylenol), ibuprofen (for example, Advil, Motrin or Nuprin), and naproxen (for example, Aleve).

Yes ☐
No ☐

66a. Do you (Does [name]) regularly take medicine for pain or inflammation that does NOT contain aspirin? This would include Tylenol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.

Yes ☐
No ☐

[Questions 67-68 deleted]

Next, I have a few miscellaneous questions.

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

Yes ☐
No ☐

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

Married ☐
Widowed ☐
Divorced ☐
Separated ☐
Never Married ☐

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) ☐

CLOSURE SCRIPT:

If participant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"