

**FOLLOW-UP FORM (Mail Version)**

PPT NAME:

(To be completed by research staff member)

FORM CODE:

AFUDATE: 10/08/2024  
Version 4.0**ADMINISTRATIVE INFORMATION****Instructions:** *Please tell us who is completing this form and today's date.*

Date of last contact with research team:

//

(To be completed by research staff member)

Month

Day

Year

Full name of person completing this form: \_\_\_\_\_

(first)

(last)

Are you the study participant?

Yes.....  → *Skip to Question 0a.*No .....  → *Continue to next question.*

Are you a proxy for the study participant?

Yes..... No ..... 

0a. Today's Date:

//

Month

Day

Year

**QUESTIONS****Instructions:** *Please answer the questions below to the best of your ability. Please answer the questions in the order they appear on the form and follow directions to skip questions, as applicable. Please note that some question numbers are not in order and some numbers are skipped.***GENERAL HEALTH**

17. Over the past year, would you say that your health has been excellent, good, fair or poor? (Mark one.)

Excellent	Good	Fair	Poor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Yes .....  → *Skip to Question 26.*No .....  → *Continue to Question 21c.*

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

- Yes .....  → *Skip to Question 26.*
- No .....  → *Continue to Question 21b.*
- I am not able to walk....  → *Skip to Question 26.*

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

- 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 both feet or both ankles at the end of the day?

- Yes .....  → *Continue to Question 27a.*
- No .....  → *Skip to Question 28.*

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

- Yes .....
- No .....

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

- Yes .....  → *Continue to Question 28a.*
- No .....  → *Skip to Question 51.*

28a. In what part of the body was the most recently diagnosed cancer located?

\_\_\_\_\_

28b. What is the approximate date the cancer was diagnosed? /  
Month Year

**HOSPITAL ADMISSIONS**

51. Since our last contact, were you hospitalized or did you stay in a hospital observation unit for any reason?

- Yes .....  → *Continue to Question 52a.*
- No .....  → *Skip to Question 57.*

**HOSPITALIZATION FOR ANY REASON**

52a. Hospitalization Reason: \_\_\_\_\_

52b. Hospital Name, City, State: \_\_\_\_\_

52c. Approximate date of hospitalization /  
Month Year

**HOSPITALIZATION FOR ANY REASON**

53a. Hospitalization Reason: \_\_\_\_\_

53b. Hospital Name, City, State: \_\_\_\_\_

53c. Approximate date of hospitalization /  
Month Year

**HOSPITALIZATION FOR ANY REASON**

54a. Hospitalization Reason: \_\_\_\_\_

54b. Hospital Name, City, State: \_\_\_\_\_

54c. Approximate date of hospitalization /  
Month Year

**EMERGENCY ROOM OR OUTPATIENT CARE**

57. Were you seen at an emergency room or a medical facility for outpatient treatment since our last contact?

- Yes .....  → *Continue to Question 58.*
- No .....  → *Skip to Question 60.*

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

- Yes .....  → *Continue to Question 59a.*
- No .....  → *Skip to Question 60.*

**Emergency room/medical facility information**

59a. ER/Facility Name, City, State: \_\_\_\_\_

59b. Approximate date /  
Month Year

**LONG-TERM CARE FACILITY**

60. Since our last contact, have you stayed overnight as a patient in a long-term care facility?

Yes .....   
No .....

61. Are you currently a resident of a long-term care facility?

Yes .....   
No .....

**SURGICAL/MEDICAL PROCEDURES**

**The next questions are about surgeries/medical procedures you received. We are interested in those that occurred in the hospital or as an outpatient.**

62. Since our last contact, have you had any surgery on your heart, or the arteries of your neck or legs, not counting surgery for varicose veins?

Yes .....   
No .....

64. Since our last contact have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs?

Yes .....  → *Continue to Question 64d.*  
No .....  → *Skip to Question 65.*

Angioplasty or stent facility information

64d. Facility Name, City, State: \_\_\_\_\_

64f. Approximate date /  
Month Year

**MEDICATION USE**

**The next questions are about your medication use during the past four weeks.**

65. Did you take any prescription medications in the past 4 weeks?

Yes .....  → *Continue below.*  
No .....  → *Skip to Question 66.*

Please mark the box if you took prescribed medications for the following conditions in the past 4 weeks. (Mark all that apply.)

- a. High blood pressure or hypertension.....
- b. High blood cholesterol.....

- c. Diabetes or high blood sugar.....
- d. Heart failure.....
- e. Asthma.....
- f. Chronic bronchitis or emphysema.....
- g. Chest pain or angina.....
- h. Abnormal heart rhythm.....
- i. Blood thinning.....
- j. Stroke.....
- k. Mini-stroke or TIA.....
- l. Leg pain while walking or claudication.....
- m. Depression.....

**The next questions are about your regular use of aspirin. This includes aspirin alone or in combination with another drug, such as aspirin in a cold medicine. By regular use, we mean taking aspirin at least once a week for several months.**

66. Do you regularly take any aspirin or aspirin-containing products?

- Yes .....
- No .....

66a. Do you regularly take medicine for pain or inflammation that does NOT contain aspirin (for example, Tylenol, Advil, Motrin, Nuprin, Midol, Ibuprofen)?

- Yes .....
- No .....

**These are the final two questions.**

69. Do you now smoke cigarettes?

- Yes .....
- No .....

70. Which of the following describes your current marital status? (Mark one.)

- Married.....
- Widowed.....
- Divorced.....
- Separated .....
- Never Married ....

***Thank you for completing this form!  
Please make sure you complete all forms before mailing them back to the ARIC  
Study Team.***