

0b. Staff ID:

(To be completed by research staff member)



FOLLOW-UP FORM (Mail Version)

PPT NAME:

(To be completed by research staff member)

FORM CODE: AFU

DATE: 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)

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

28. Since our last contact, has a doctor said the participant had cancer?

Yes → Continue to Question 28a.

No → Skip to Question 51.

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

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

HOSPITAL ADMISSIONS

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

Yes → Continue to Question 52a to list hospitalizations.

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. Was the participant 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, has the participant stayed overnight as a patient in a long-term care facility?

Yes

No

61. Is the participant currently a resident of a long-term care facility?

Yes

No

SURGICAL/MEDICAL PROCEDURES

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

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

Yes

No

64. Since our last contact has the participant had a balloon angioplasty or stent on the arteries of their 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 the participant's medication use during the past four weeks.

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

Yes → *Continue below.*

No → *Skip to Question 66.*

Please mark the box if the participant took prescribed medications for any of 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 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. Does the participant regularly take any aspirin or aspirin-containing products?

- Yes
- No

66a. Does the participant 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. Does the participant now smoke cigarettes?

- Yes
- No

70. Which describes the participant's 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.