

ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

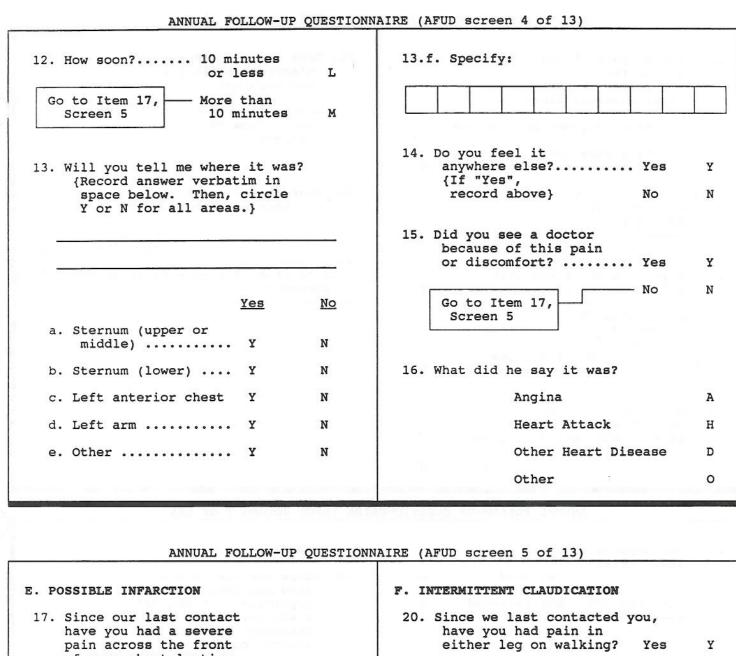
		dition stant		
LAST NAME:			INITIALS:	

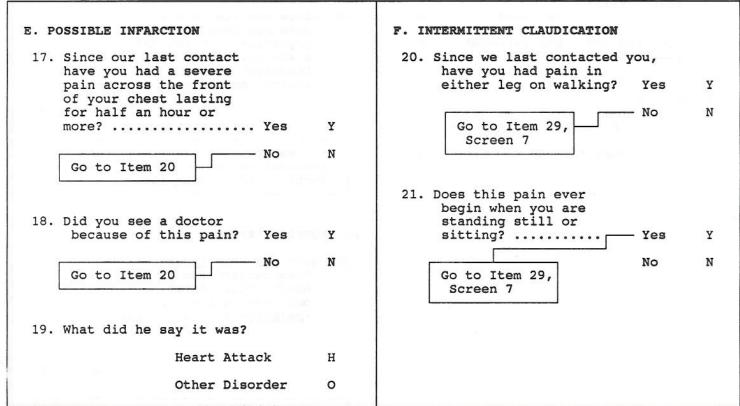
INSTRUCTIONS:

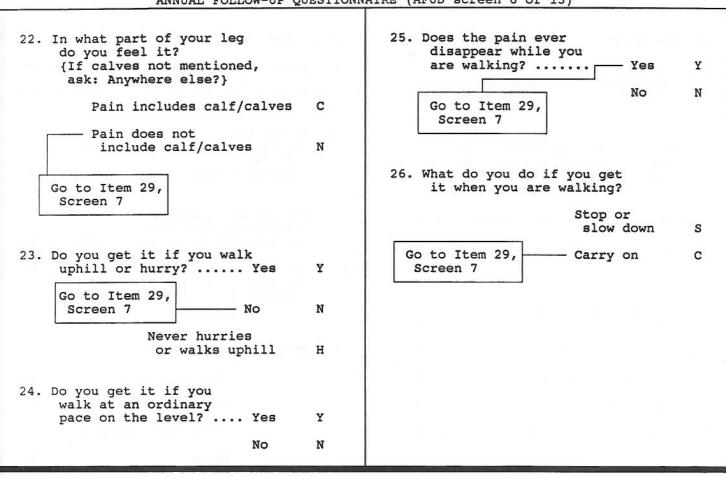
This form should be completed during the interview portion of the participant's annual follow-up. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeros where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

VITAL STATUS		[
. Date of status determin	nation:				
		Month Day Year			
. Final Status:		3. Information obtained fr			
{Circle one below}		{Circle one correspondi		el ou3	
		correcte one correspond	ng onorec b	Ctony	
	11 ob oby_ Ph	one	oil A		
	toy eline you		^		Go to Item 6, Screen 2
Contacted and alive	177.5	rsonal Interview	В	_	
		tter	С		Go to Item 30, Screen 7
Contacted & Refused	F TO GOTE" bac	100%)		cres	Go to Item 41, Screen 11
	31 much s			L	do to real 41, screen 11
	politica no po	lative, spouse, acquaintance	D		
	iniana de la secono	tative, spouse, acquaintance	U		fi sett of as
Reported alive	1	ployer information	011 - E	-	Go to Item 30, Screen 7
	2.	her	no 1 == F		
			Litera es		
	Do	lative, spouse, acquaintance			
	NC.	tative, spouse, acquaintance	G		
Reported Deceased	D — Su	rveillance	н	+	Continue to Item 4
	ot	her (National Death Index)	I		
				-	

			Inditentaries outline to some	
O. CHEST PAIN ON EFFORT		9. Do you get at an ordi	it when you walk	
7. Since we last contacted		the level?	Yes	,
you, have you had any		emeksi J		
pain or discomfort in	v	(151(7))	No	,
your chest? Yes	1		МО	
Go to Item 20,	N	10. What do yo get it wh walking?	ou do if you nile you are	
			Stop or slow down	5
		202201		
8. Do you get it when you walk uphill or hurry? Yes	Y	{Record "St slow down" subject ca	if	00
- V 697		on after t		
Go to Item 17, Screen 5	N	nitroglyce	erin}	
Never hurries		metalli -	Go to Item 17,	
or walks uphill	н	1011170	Screen 5	
·	esminimis.	and the same of th		
		11		
	volum i effective	11. If you sta what happ to it?		
		Go to Ite	m 17, - Not relieved	1

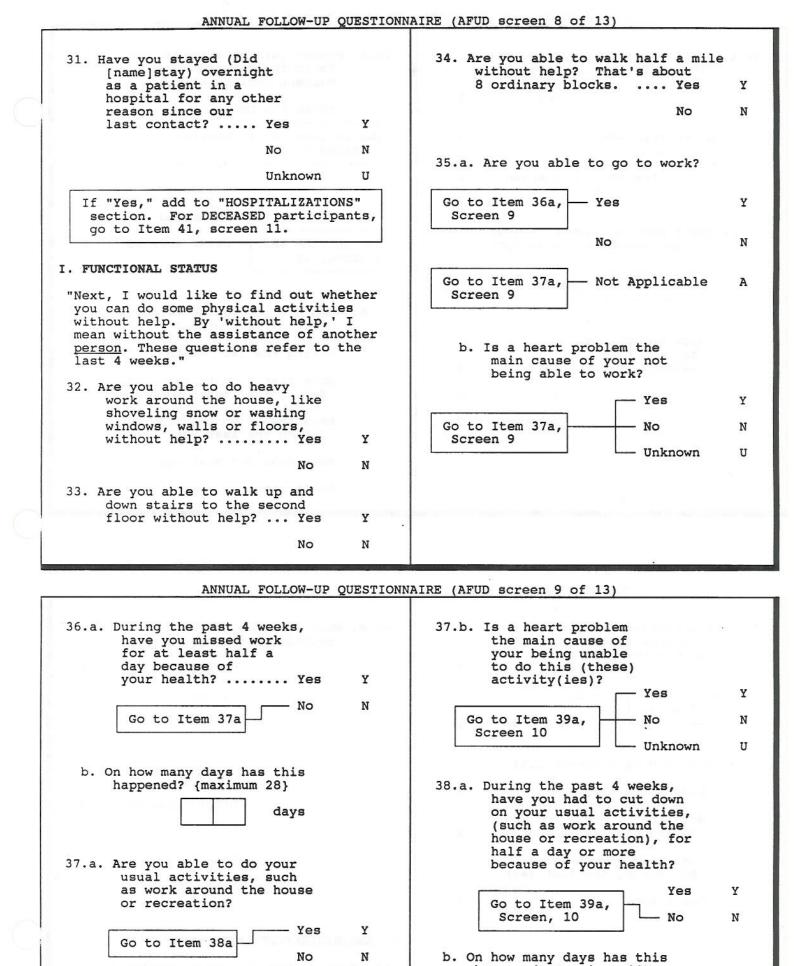






ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUD screen 7 of 13)

stand still? Relieved	R	29. Since our last contact	_	
Go to Item 29 — Not relieved	N	have you been told by physician that you had a stroke, slight strok transient ischemic	i	
		attack, or TIA?	Yes	Y
. How soon?		200001, 02 2211 11111	105	-
10 minutes or less	T.		No	N
10 minutes of less	-			
More than 10 minutes	М	If "Yes", ensure that thi included in the "HOSPITA section, if appropriate.	LIZATIONS'	
			*(P**)	
		H. HOSPITALIZATIONS		
		30. Were you (Was [name])		
	1	hospitalized for a		
		heart attack since our last contact on		
		(<u>mm/dd/yy</u>)? Y	es.	Y
		N	10	N
		W * 12 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Jnknown	U
		0 600 1000 1600	,	0



happened? {maximum 28}

days

Father F N - No Go to Item 41 Don't Know U Sister S Brother В d. When did this person die? Child C During the last month A Other relative R More than 1 month ago, but during the last 6 months Friend B D More than 6 months ago, Pet P but during the last year C Other 0 Don't know D J. ADMINISTRATIVE INFORMATION 41. Code number of person completing this form:

ME:	NUMBER: Contact Year:
ANNUAL FOLLOW-UP QUESTION	NNAIRE (AFUD screen 12 of 13)
K. HOSPITALIZATIONS	12.d. Hospitalization Beason:
like to obtain the reason you were (he and the date. When was the first time last contact with you (him/her) on (reas necessary. Abbreviations can be used to be a special statement of the second of	a patient over night in a hospital, I would ne/she was) admitted, the name of the hospital, me you were (he/she was) hospitalized since our (mm/dd/yy of last contact)? [Fill in, probing used for local hospitals. Probe for additional dicates that the hospitalization was reported; was fully sought by Surveillance, and not
42 a Wagnitalization Passas	
42.a. Hospitalization Reason:	
43.a. Hospital Name, City, and State:	42.e. Hospitalization Descons
44.a. Month and Year: / / M M Y Y	45.a. Linkage Status: (H) or (N)
42.b. Hospitalization Reason:	
43.b. Hospital Name, City, and State:	
44.b. Month and Year: / / M M Y Y	45.b. Linkage Status: (H) or (N)
42.c. Hospitalization Reason:	Y X N H
43.c. Hospital Name, City, and State:	
44.c. Month and Year: / / / / / / / / / / / / / / / / / / /	45.c. Linkage Status: (H) or (N)

ANNUAL FOLLOW-UP QUESTI	ONNAIRE (AFUD screen 13 of 13)
42.d. Hospitalization Reason:	
43.d. Hospital Name, City, and State:	and the date. When was the first time you has to see the sire time you last time to time the last time you (bim/ber) on (sm/d as necessary. Abbrevintions can be used heaptestime. For linkage, H indicate
44.d. Month and Year: / / M M Y Y	45.d. Linkage Status: (H) or (N)
12.e. Hospitalization Reason:	
43.e. Hospital Name, City, and State:	Y 7 R N
M M Y Y	45.e. Linkage Status: (H) or (N)
2.f. Hospitalization Reason:	
13.f. Hospital Name, City, and State:	A V R R R
44.f. Month and Year: /	45.f. Linkage Status: (H) or (N)