A. VITAL STATUS

1. Date of status determination: .......... [ ] [ ] [ ]
   Month Day Year

2. Final Status:
   (Circle one below)
   Contacted and alive C
   Contacted & Refused F
   Reported alive R
   Reported Deceased D
   Unknown U

   Phone
   Personal Interview
   Letter
   Relative, spouse, acquaintance
   Employer information
   Surveillance
   Other (National Death Index)

   A No
   B Go to Item 6, Screen 2
   C Go to Item 30, Screen 7
   D Go to Item 41, Screen 11
   E Go to Item 30, Screen 7
   F
   G
   H Continue to Item 4
   I
   J
   K
   L
   M

   [ ]

3. Information obtained from:
   (Circle one corresponding choice below)

   Go to Item 6, Screen 2
   Go to Item 30, Screen 7
   Go to Item 41, Screen 11
   Continue to Item 4
   Go to Item 41, Screen 11
B. DEATH INFORMATION

4. Date of death:

[ ] [ ] [ ]
Month Day Year

5. Location of death:

a. City/County

[ ] [ ] [ ] [ ] [ ]
[ ] [ ] [ ]

b. State: [ ] [ ]

After Item 5, skip to Item 30, Screen 7

C. GENERAL HEALTH

6. Now I will ask you some questions about your health since we last spoke with you; that is, since we last contacted you on (mm/dd/yy) until today. During that time, compared to other people your age, would you say that your health has been excellent, good, fair or poor?

Excellent E
Good G
Fair F
Poor P

D. CHEST PAIN ON EFFORT

7. Since we last contacted you, have you had any pain or discomfort in your chest? .......... Yes Y

[ ] No N

Go to Item 20, Screen 5

8. Do you get it when you walk uphill or hurry? .......... Yes Y

[ ] No N

Go to Item 17, Screen 5

Never hurries or walks uphill H

9. Do you get it when you walk at an ordinary pace on the level? .......... Yes Y

[ ] No N

10. What do you do if you get it while you are walking?

Stop or slow down S
Carry on C

(Record "Stop or slow down" if subject carries on after taking nitroglycerin)

Go to Item 17, Screen 5

11. If you stand still, what happens to it? .......... Relieved R

[ ] Not relieved N

Go to Item 17, Screen 5
12. How soon?........ 10 minutes or less  L

Go to Item 17, Screen 5

13. Will you tell me where it was?
(Record answer verbatim in space below. Then, circle Y or N for all areas.)

13.f. Specify:

14. Do you feel it anywhere else?......... Yes Y
(If "Yes", record above)  No N

15. Did you see a doctor because of this pain or discomfort? ............ Yes Y
Go to Item 17, Screen 5

16. What did he say it was?
Angina A
Heart Attack H
Other Heart Disease D
Other O

E. POSSIBLE INFARCTION

17. Since our last contact have you had a severe pain across the front of your chest lasting for half an hour or more? ................. Yes Y

Go to Item 20

18. Did you see a doctor because of this pain? Yes Y

Go to Item 20

19. What did he say it was?
Heart Attack H
Other Disorder O

F. INTERMITTENT CLAUDICATION

20. Since we last contacted you, have you had pain in either leg on walking? Yes Y

Go to Item 29, Screen 7

21. Does this pain ever begin when you are standing still or sitting? ............ Yes Y

Go to Item 29, Screen 7
22. In what part of your leg do you feel it?
   (If calves not mentioned, ask: Anywhere else?)
   Pain includes calf/calves C
   Pain does not include calf/calves N

   Go to Item 29, Screen 7

23. Do you get it if you walk uphill or hurry? .... Yes Y

   Go to Item 29, Screen 7

   Never hurries or walks uphill H

24. Do you get it if you walk at an ordinary pace on the level? .... Yes Y

   No N

25. Does the pain ever disappear while you are walking? .... Yes Y

   No N

   Go to Item 29, Screen 7

26. What do you do if you get it when you are walking?

   Stop or slow down S

   Carry on C

   Go to Item 29, Screen 7

27. What happens to it if you stand still? Relieved R

   Not relieved N

   Go to Item 29

28. How soon?

   10 minutes or less L

   More than 10 minutes M

G. STROKE/TIA

29. Since our last contact have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack, or TIA? .... Yes Y

   No N

   If "Yes", ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.

H. HOSPITALIZATIONS

30. Were you (Was [name1]) hospitalized for a heart attack since our last contact on (mm/dd/yy)? .... Yes Y

   No N

   Unknown U

   If "Yes", complete "HOSPITALIZATIONS" section.
31. Have you stayed (Did [name]stay) overnight as a patient in a hospital for any other reason since our last contact? ...... Yes Y  
   No N  
   Unknown U

   If "Yes," add to "HOSPITALIZATIONS" section. For DECEASED participants, go to Item 41, screen 11.

I. FUNCTIONAL STATUS

"Next, I would like to find out whether you can do some physical activities without help. By 'without help,' I mean without the assistance of another person. These questions refer to the last 4 weeks."

32. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors, without help? ........ Yes Y  
   No N

33. Are you able to walk up and down stairs to the second floor without help? ... Yes Y  
   No N

34. Are you able to walk half a mile without help? That's about 8 ordinary blocks. .... Yes Y  
   No N

35.a. Are you able to go to work?  
    Go to Item 36a, Screen 9  
    Yes Y  
    No N

35.b. Is a heart problem the main cause of your not being able to work?  
    Go to Item 37a, Screen 9  
    Yes Y  
    No N  
    Unknown U

36.a. During the past 4 weeks, have you missed work for at least half a day because of your health? ........ Yes Y  
   No N

   Go to Item 37a

b. On how many days has this happened? {maximum 28}  
   [ ] days

37.a. Are you able to do your usual activities, such as work around the house or recreation?  
   Yes Y  
   No N

   Go to Item 38a

37.b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?  
   Yes Y  
   No N  
   Unknown U

   Go to Item 39a, Screen 10

38.a. During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health?  
   Yes Y  
   No N

   Go to Item 39a, Screen, 10

b. On how many days has this happened? {maximum 28}  
   [ ] days
39.a. Over the past year, have you lost more than 10 pounds?

Yes \ Y

Go to Item 40a

No \ N

Go to Item 39c

Unknown \ U

b. About how much lower is your weight now than a year ago?
Pounds

40.a. Please tell me which of the following describes your current marital status:

(READ ALL CHOICES)

Go to Item 40c, Screen 11

Married \ M

Widowed \ W

Divorced \ D

Separated \ S

Go to Item 40c, Screen 11

Never Married \ N

b. When did you become (widowed/divorced/separated)?

During the last month \ A

More than 1 month ago, but during the last 6 months \ B

More than 6 months ago, but during the last year \ C

More than one year ago \ D

Don’t know \ E

40.c. Did someone [else] you were close to die in the past year?

Yes \ Y

Go to Item 41

No \ N

Don’t Know \ U

d. When did this person die?

During the last month \ A

More than 1 month ago, but during the last 6 months \ B

More than 6 months ago, but during the last year \ C

Don’t know \ D

40.e. What was this person’s relationship to you?

Mother \ M

Father \ F

Sister \ S

Brother \ B

Child \ C

Other relative \ R

Friend \ D

Pet \ P

Other \ O

J. ADMINISTRATIVE INFORMATION

41. Code number of person completing this form:
K. HOSPITALIZATIONS

For each time you were (he/she was) a patient over night in a hospital, I would like to obtain the reason you were (he/she was) admitted, the name of the hospital, and the date. When was the first time you were (he/she was) hospitalized since our last contact with you (him/her) on (mm/dd/yy of last contact)? [Fill in, probing as necessary. Abbreviations can be used for local hospitals. Probe for additional hospitalizations. For linkage, H indicates that the hospitalization was reported; N indicates that the hospitalization was fully sought by Surveillance, and not found.]

42.a. Hospitalization Reason:

43.a. Hospital Name, City, and State:

44.a. Month and Year:  

45.a. Linkage Status:  

(H) or (N)

M M Y Y

42.b. Hospitalization Reason:

43.b. Hospital Name, City, and State:

44.b. Month and Year:  

45.b. Linkage Status:  

(H) or (N)

M M Y Y

42.c. Hospitalization Reason:

43.c. Hospital Name, City, and State:

44.c. Month and Year:  

45.c. Linkage Status:  

(H) or (N)

M M Y Y
42.d. Hospitalization Reason:

43.d. Hospital Name, City, and State:

44.d. Month and Year: [ ] / [ ]
   M M Y Y
45.d. Linkage Status: [ ] (H) or (N)

42.e. Hospitalization Reason:

43.e. Hospital Name, City, and State:

44.e. Month and Year: [ ] / [ ]
   M M Y Y
45.e. Linkage Status: [ ] (H) or (N)

42.f. Hospitalization Reason:

43.f. Hospital Name, City, and State:

44.f. Month and Year: [ ] / [ ]
   M M Y Y
45.f. Linkage Status: [ ] (H) or (N)