O.M.B 0925-0281 Exp. 10/31/95

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ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

Atherosclerosis Risk in Communities	
ID NUMBER :	CONTACT YEAR: FORM CODE: A F U VERSION: E DATE: 03-01-94
LAST NAME:	INITIALS:
for reviewing instructions, gathe you have any comments regarding t PHS, 721-B Hubert H. Humphrey Bui	collection of information is estimated to average 5 minutes, including time ering needed information and completing and reviewing the questionnaire. If this burden, please send them to Attention: PRA Reports Clearance Officer, ilding, 200 Independence Avenue, SW, Washington, D. C. 20201, and to the 5-0281), Office of Information and Regulatory Affairs, Office of Management
INSTRUCTIONS: This form should be up. ID Number, Contact Year, and	e 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

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 1 of 10) A. VITAL STATUS 1. Date of status determination: Month Day Year 2. Final Status: 3. Information obtained from: {Circle one below} {Circle one corresponding choice below} Go to Item 6, Screen 2 Contacted and alive Personal Interview Letter Go to Item 30, Screen 7 Contacted & Refused Go Item 33, Screen 8 Relative, spouse, acquaintance D Go to Item 30, Screen 7 Reported alive Employer information Relative, spouse, acquaintance Continue to Item 4 Reported Deceased Surveillance Other (National Death Index) Go to Item 33, Screen 8 Unknown

B. DEATH INFORMATION	C. GENERAL HEALTH
4. Date of death: Month Day Year	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?
Location of death: a. City/ County	Excellent E
	Good G Fair F
	Poor P
b. State:	
After Item 5, skip to Item 30, Screen 7.	
D. CHEST PAIN ON EFFORT 7. Since we last contacted you, have you had any pain or discomfort in your chest?	9. Do you get it when you walk at an ordinary pace on the level?

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 2 of 10)

12. How soon?..... 10 minutes 13.f. Specify: or less L Go to Item 17, More than Screen 5 10 minutes 14. Do you feel it 13. Will you tell me where it was? anywhere else?..... Yes {Record answer verbatim in space below. Then, circle {If "Yes" record above} No N Y or N for all areas.} 15. Did you see a doctor because of this pain or discomfort? Yes Y Yes No Go to Item 17, a. Sternum (upper or Screen 5 middle) Y Ν 16. What did he say it was? b. Sternum (lower) Y N Angina A c. Left anterior chest Y N Heart Attack Η d. Left arm Y N Other Heart Disease D e. Other Y N Other 0 ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 5 of 10) E. POSSIBLE INFARCTION F. INTERMITTENT CLAUDICATION 17. Since our last contact 20. Since we last contacted you, have you had a severe have you had pain in pain across the front either leg on walking? Yes Y of your chest lasting for half an hour or No N more? Yes Y Go to Item 29, Screen 7 No N Go to Item 20 21. Does this pain ever begin when you are 18. Did you see a doctor standing still or because of this pain? Y Yes sitting? Yes Y No N No N Go to Item 20 Go to Item 29, Screen 7 19. What did he say it was? Heart Attack Н Other Disorder

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 4 of 10)

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 6 of 10) 22. In what part of your leg
do you feel it?
{If calves not mentioned, 25. Does the pain ever disappear while you are walking? Yes Y ask: Anywhere else?} No Pain includes calf/calves C Go to Item 29, Screen 7 Pain does not include calf/calves 26. What do you do if you get Go to Item 29, it when you are walking? Screen 7 Stop or slow down S 23. Do you get it if you walk uphill or hurry? Yes Go to Item 29, . Carry on Screen 7 Go to Item 29, Screen 7 - No Never hurries or walks uphill 24. Do you get it if you walk at an ordinary pace on the level? Yes Y

No

N

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 7 of 10) 27. What happens to it if you stand still? G. STROKE/TIA Relieved R 29. Since our last contact Go to Item 29 Not relieved N have you been told by a physician that you had a stroke, slight stroke, transient ischemic 28. How soon? attack, or TIA? Yes Y 10 minutes or less L No N More than 10 minutes M If "Yes", ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate. H. HOSPITALIZATIONS 30. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yy)? Yes No N Unknown U If "Yes", complete "HOSPITALIZATIONS" section.

ANNUAL FOLLOW-UP QUEST	IONNAIRE (AFUE screen 8 of 10)
31. Have you stayed (Did	32.b. About how much lower is your weight now than a year ago? pounds
No N Unknown U	c. Were you trying to lose this weight? Yes Y
If "Yes," add to "HOSPITALIZATIONS" section. For DECEASED AND REPORTED ALIVE participants, go to Item 33.	No N Unknown U
I. WEIGHT	J. ADMINISTRATIVE INFORMATION
32.a. Over the past year, have you lost more than 10 pounds? Yes Yes	33. Code number of person completing this form:
Go to Item 33 No N	
Go to Item 32c Unknown U	

NAME:				ID N	UMBER:						CONTACT	YEAR:	
		Α	NNUAL I	OLLOW-UP	QUESTIO	NNAII	RE (AFU	E scree	n 9 of 1	(0)			
F. HOSPITA	LIZATIONS												
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/yyyy 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.]													
34.a. Hos	pitalization	Reason:											
35.a. Hos	pital Name, C	lity, and	State:							_			
36.a. Mor	th and Year:	ММ	/ Y	Y Y Y		7.a.	Linkaç (H)	ge Sta or (I					
34.b. Hospi	talization Re	eason:											
35.b. Hos	pital Name, C	ity, and	State:										
36.b. Mor	th and Year:	м м	/ Y	У У У	37	.b. I	inkage (H)	e Stat or (N					
34.c. Hos	pitalization	Reason:									G		
35.c. Hos	pital Name, C	ity, and	State:										
36.c. Mon	th and Year:	мм	/ Y	у у у	37	.c. L	inkage (H) (e Stat		1	8		

NAME: _		ID NUMBER:					CONTACT YEAR:			
ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 10 of 10)										
34.d.	Hospitalization Reason:									
35.d.	Hospital Name, City, and State:									
36.d.	Month and Year: / / / / / / / / / / / / / / / / / / /	У У	37.d. L		ge Sta or (N					
34.e. Ho	ospitalization Reason:									
35.e.	Hospital Name, City, and State:									
36.e.	Month and Year: / / / / / / / / / / / / / / / / / / /		7.e. Li		e Stat or (N					
34.f.	Hospitalization Reason:									
35.f.	Hospital Name, City, and State:									
36.f.	Month and Year: / / / / / / / / / / / / / / / / / / /		7.f. Li		e Statu or (N)					