

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

B. DEATH INFORMATION

4. Date of death:

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

5. Location of death:

a. City/ County

| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|
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| | | | | | | | | | | | |

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

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 3 of 10)

D. CHEST PAIN ON EFFORT

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

| | | |
|-------------------------|----|---|
| Go to Item 20, Screen 5 | No | N |
|-------------------------|----|---|

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

| | | |
|-------------------------|-------------------------------|---|
| Go to Item 17, Screen 5 | No | N |
| | 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

| | | |
|-------------------------|--------------|---|
| Go to Item 17, Screen 5 | Not relieved | N |
|-------------------------|--------------|---|

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

| <p>12. How soon?..... 10 minutes or less L</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Go to Item 17, Screen 5</div> <p style="margin-left: 100px;">More than 10 minutes M</p> <p>13. Will you tell me where it was? (Record answer verbatim in space below. Then, circle Y or N for all areas.)</p> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <hr style="border: 0.5px solid black; margin: 5px 0;"/> <table style="width:100%; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align:center"><u>Yes</u></th> <th style="text-align:center"><u>No</u></th> </tr> </thead> <tbody> <tr> <td>a. Sternum (upper or middle)</td> <td style="text-align:center">Y</td> <td style="text-align:center">N</td> </tr> <tr> <td>b. Sternum (lower)</td> <td style="text-align:center">Y</td> <td style="text-align:center">N</td> </tr> <tr> <td>c. Left anterior chest</td> <td style="text-align:center">Y</td> <td style="text-align:center">N</td> </tr> <tr> <td>d. Left arm</td> <td style="text-align:center">Y</td> <td style="text-align:center">N</td> </tr> <tr> <td>e. Other</td> <td style="text-align:center">Y</td> <td style="text-align:center">N</td> </tr> </tbody> </table> | | <u>Yes</u> | <u>No</u> | a. Sternum (upper or middle) | Y | N | b. Sternum (lower) | Y | N | c. Left anterior chest | Y | N | d. Left arm | Y | N | e. Other | Y | N | <p>13.f. Specify:</p> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table> <p>14. Do you feel it anywhere else?..... Yes Y {If "Yes", record above} No N</p> <p>15. Did you see a doctor because of this pain or discomfort? Yes Y No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Go to Item 17, Screen 5</div> <p>16. What did he say it was?</p> <table style="width:100%; margin-top: 5px;"> <tr> <td style="width:80%;">Angina</td> <td style="text-align:right">A</td> </tr> <tr> <td>Heart Attack</td> <td style="text-align:right">H</td> </tr> <tr> <td>Other Heart Disease</td> <td style="text-align:right">D</td> </tr> <tr> <td>Other</td> <td style="text-align:right">O</td> </tr> </table> | | | | | | | | | | | Angina | A | Heart Attack | H | Other Heart Disease | D | Other | O |
|---|------------|------------|-----------|------------------------------------|---|---|-------------------------|---|---|------------------------|---|---|-------------------|---|---|----------------|---|---|---|--|--|--|--|--|--|--|--|--|--|--------|---|--------------|---|---------------------|---|-------|---|
| | <u>Yes</u> | <u>No</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Sternum (upper or middle) | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Sternum (lower) | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Left anterior chest | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Left arm | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Other | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Angina | A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Heart Attack | H | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Heart Disease | D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | O | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 5 of 10)

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|--|--------------|---|----------------|---|---|
| <p>E. POSSIBLE INFARCTION</p> <p>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 No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Go to Item 20</div> <p>18. Did you see a doctor because of this pain? Yes Y No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Go to Item 20</div> <p>19. What did he say it was?</p> <table style="width:100%; margin-top: 5px;"> <tr> <td style="width:80%;">Heart Attack</td> <td style="text-align:right">H</td> </tr> <tr> <td>Other Disorder</td> <td style="text-align:right">O</td> </tr> </table> | Heart Attack | H | Other Disorder | O | <p>F. INTERMITTENT CLAUDICATION</p> <p>20. Since we last contacted you, have you had pain in either leg on walking? Yes Y No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Go to Item 29, Screen 7</div> <p>21. Does this pain ever begin when you are standing still or sitting? Yes Y No N</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-bottom: 5px;">Go to Item 29, Screen 7</div> |
| Heart Attack | H | | | | |
| Other Disorder | O | | | | |

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 6 of 10)

| | |
|--|---|
| <p>22. In what part of your leg do you feel it? {If calves not mentioned, ask: Anywhere else?}</p> <p style="padding-left: 40px;">Pain includes calf/calves C</p> <p style="padding-left: 40px;">Pain does not include calf/calves N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> <p>23. Do you get it if you walk uphill or hurry? Yes Y</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> <p style="padding-left: 40px;">No N</p> <p style="padding-left: 40px;">Never hurries or walks uphill H</p> <p>24. Do you get it if you walk at an ordinary pace on the level? Yes Y</p> <p style="padding-left: 40px;">No N</p> | <p>25. Does the pain ever disappear while you are walking? Yes Y</p> <p style="padding-left: 40px;">No N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> <p>26. What do you do if you get it when you are walking?</p> <p style="padding-left: 40px;">Stop or slow down S</p> <p style="padding-left: 40px;">Carry on C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> |
|--|---|

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 7 of 10)

| | |
|---|--|
| <p>27. What happens to it if you stand still?</p> <p style="padding-left: 40px;">Relieved R</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29</div> <p style="padding-left: 40px;">Not relieved N</p> <p>28. How soon?</p> <p style="padding-left: 40px;">10 minutes or less L</p> <p style="padding-left: 40px;">More than 10 minutes M</p> | <p>G. STROKE/TIA</p> <p>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</p> <p style="padding-left: 40px;">No N</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">If "Yes", ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.</div> <p>H. HOSPITALIZATIONS</p> <p>30. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yy)? Yes Y</p> <p style="padding-left: 40px;">No N</p> <p style="padding-left: 40px;">Unknown U</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">If "Yes", complete "HOSPITALIZATIONS" section.</div> |
|---|--|

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUE screen 8 of 10)

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 AND REPORTED
ALIVE participants, go to Item 33.

I. WEIGHT

32.a. Over the past year, have you
lost more than 10 pounds?

Yes Y

No N

Unknown U

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

pounds

c. Were you trying
to lose this
weight? Yes Y

No N

Unknown U

J. ADMINISTRATIVE INFORMATION

33. Code number of person completing
this form:

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F. 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/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. Hospitalization Reason:

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

36.a. Month and Year:

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

M M Y Y Y Y

37.a. Linkage Status:
 (H) or (N)

34.b. Hospitalization Reason:

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

36.b. Month and Year:

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

M M Y Y Y Y

37.b. Linkage Status:
 (H) or (N)

34.c. Hospitalization Reason:

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

36.c. Month and Year:

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

M M Y Y Y Y

37.c. Linkage Status:
 (H) or (N)

NAME: _____

ID NUMBER:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

CONTACT YEAR:

| | |
|--|--|
| | |
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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:

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

M M Y Y Y Y

37.d. Linkage Status:
(H) or (N)

34.e. Hospitalization Reason:

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

36.e. Month and Year:

| | | | | | | | |
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| | | / | | | | | |
|--|--|---|--|--|--|--|--|

M M Y Y Y Y

37.e. Linkage Status:
(H) or (N)

34.f. Hospitalization Reason:

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

36.f. Month and Year:

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| | | / | | | | | |
|--|--|---|--|--|--|--|--|

M M Y Y Y Y

37.f. Linkage Status:
(H) or (N)