O.M.B 0925-0281 Exp. 09/30/98

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ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

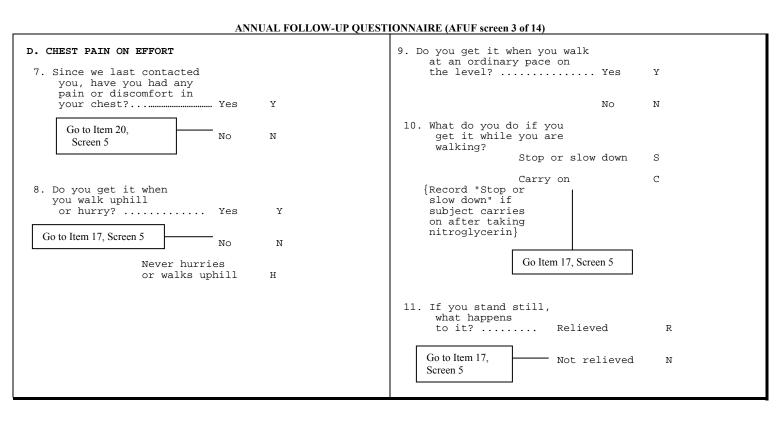
Atheroscierosis Risk in Communities	
ID NUMBER :	CONTACT YEAR: FORM CODE: A F U VERSION: F DATE: 01/30/96
LAST NAME:	INITIALS:
for reviewing instructions, gat you have any comments regarding PHS, 737-F Hubert H. Humphrey H	is collection of information is estimated to average 8 minutes, including time thering needed information and completing and reviewing the questionnaire. If g this burden, please send them to Attention: PHS Reports Clearance Officer, Building, 200 Independence Avenue, SW, Washington, D. C. 20201, ATTN: the completed form to this address.

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

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 1 of 14) 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} Phone Go to Item 6, Screen 2 Contacted and alive Personal Interview Go to Item 30, Screen 7 Letter Go Item 41, Screen 11 Contacted & Refused Relative, spouse, acquaintance D Go to Item 30, Screen 7 Reported alive Employer information Other Relative, spouse, acquaintance Continue to Item 4 Reported Deceased Surveillance Н Other (National Death Index) Go to Item 41, Screen 11 U Unknown

ANNUAL FOLLOW-UP OUESTIONNAIRE (AFUF screen 2 of 14)

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?						
5. Location of death:	Excellent E						
a. City/County	Good G						
	Fair F						
b. State:	Poor P						
After Item 5, skip to Item 30, Screen 7.							



ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 4 of 14) 12. How soon?..... 10 minutes 13.f. Specify: or less 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 Y {Record answer verbatim in space below. Then, circle Y or N for all areas.} {If "Yes", record above} No N 15. Did you see a doctor because of this pain or discomfort? Yes Υ Ν Yes No Go to Item 17, Screen 5 a. Sternum (upper or middle) Y N 16. What did he say it was? b. Sternum (lower) YΝ Angina Α c. Left anterior chest Y Ν

Heart Attack

Other

Other Heart Disease

0

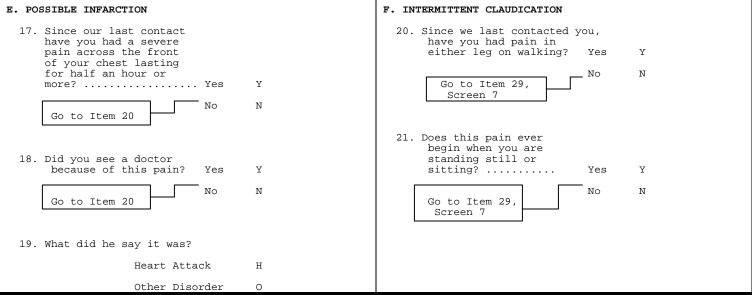
ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 5 of 14)

Ν

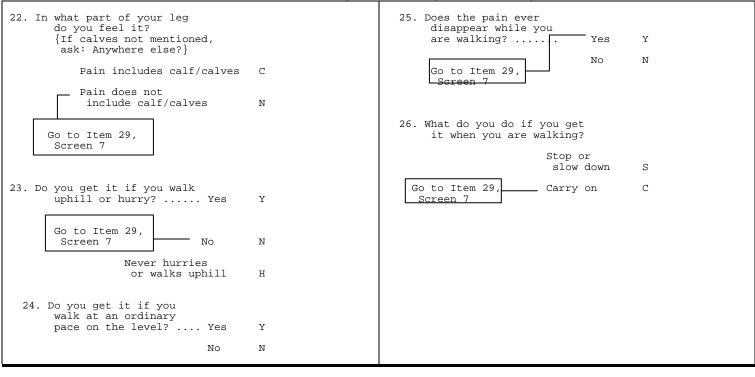
Ν

d. Left arm Y

e. Other Y



ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 6 of 14)

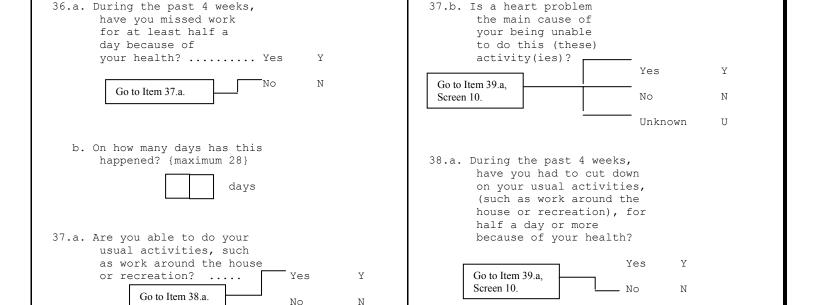


27. What happens to it if you stand still? G. STROKE/TIA Relieved R 29. Since our last contact Go to Item 29 Not relieved N have you been told by a physician that you had a stroke, slight stroke, transient ischemic 28. How soon? attack, or TIA? Yes Υ 10 minutes or less L Nο N More than 10 minutes Μ If "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 $(\underline{mm/dd/yy})$? Yes No Ν Unknown If "Yes", complete "HOSPITALIZATIONS" section.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 7 of 14)

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 8 of 14)

31. Have you stayed (Did [name]stay) overnight as a patient in a 34. Are you able to walk half a mile hospital for any other without help? That's about reason since our 8 ordinary blocks. Yes Υ last contact? Yes N Ν No Unknown ŢŢ If "Yes," add to "HOSPITALIZATIONS" 35.a. Are you ABLE to go to work? section. For DECEASED AND REPORTED ALIVE participants, go to Item 41, Go to Item 36.a, Υ Screen 11 Screen 9 Ν No I. FUNCTIONAL STAUS Go to Item 37.a, "Now, I would like to find out whether Not Applicable Α Screen 9. 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." b. Is a heart problem the main cause of your not 32. Are you able to do heavy being able to work? work around the house, like shoveling snow or washing - Yes Υ windows, walls or floors, without help? Yes Go to Item 37.a, - No Ν Screen 9. No Ν - Unknown IJ 33. Are you able to walk up and down stairs without help? Yes Nο N



b. On how many days has this

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 9 of 14)

happened? {maximum 28}
days

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 10 of 14)

39.a. Over the past year, have you lost more than 10 pounds?	40.a. Please tell me which of the following describes your current marital status:						
Yes Y	{READ ALL CHOICES}						
Go to Item 40a No N	Go to Item 40c, Married M						
Go to Item 39c Unknown U	Widowed W						
	Divorced D						
b. About how much lower is your weight now than a year ago?	Separated S						
pounds	Go to Item 40c, Never Married N Screen 11						
<pre>c. Were you trying to lose this weight? Yes</pre> Y	b. When did you become (widowed/ Divorced/separated)?						
NO N	During the last month A						
Unknown U	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						

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 11 of 14)

40.c.	Did someone [else] you were close to die in	V	V	40.e.	What was this person's relationship to you?		
	past year?	Yes	Y			Mother	M
	Go to Item 41	No	N U			Father	F
		Don't Know				Sister	S
d.	When did this person die?					Brother	В
	During the last month		A			Child	C
	More than 1 month ago, but		В			Other relative	R
	during the last 6 months	В				Friend	F
	More than 6 months ago, but during the last year		C			Pet	P
	Don't Know		D			Other	O
				J	. ADMINISTRATIV	E INFORMATION	
					41. code num	ber of person completing th	is form:

NAME:	_ ID NUMBER:							CONTACT YEAR	:
ANNUAL FOLL	OW-UP QUESTION	NAIR	RE (AFUF	scree	n 12 o	f 14)			
F. HOSPITALIZATIONS									
For each time you were (he/she was) a patie you were (he/she was) admitted, the name of (he/she was) hospitalized since our last coin, probing as necessary. Abbreviations can hospitalizations. For linkage, H indicates hospitalization was fully sought by Survein	f the hospital ontact with yo an be used for s that the hos	, and the local pital	d the im/her) al hosp lizatio	date on ital	e. Wi (mm,	hen /dd/ Pro	was YYYY be 1	the first time of last conta for additional	e you were act)? [Fill
42.a. Hospitalization Reason:									-
43.a. Hospital Name, City, and State:									_
44.a. Month and Year: M M Y Y		5.a.	Linkag (H)			s: [
42.b. Hospitalization Reason:									-
43.b. Hospital Name, City, and State:									
44.b. Month and Year: M M Y Y	45 Y Y	.b. 1	Linkage (H)	Sta or (. [_
42.c. Hospitalization Reason:									-
43.c. Hospital Name, City, and State:									
44.c. Month and Year: M M Y Y	45 Y Y	.c. 1	Linkage (H) (:			-

NAME: _	ID NUMBER: CONTACT YEAR: ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 13 of 14)
42.d.	Hospitalization Reason:
43.d.	Hospital Name, City, and State:
44.d.	Month and Year: / 45.d. Linkage Status: M M Y Y Y Y Y
42.e. Ho	ospitalization Reason:
43.e.	Hospital Name, City, and State:
44.e.	Month and Year: / / / / / / / / / / / / / / / / / / /
42.f.	Hospitalization Reason:
43.f.	Hospital Name, City, and State:
44.f.	Month and Year: / 45.f. Linkage Status: M M M Y Y Y Y Y