

ARIC

ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

Atherosclerosis Risk in Communities

ID NUMBER: CONTACT YEAR: FORM CODE: A F U VERSION: G DATE: 11/30/98

LAST NAME: INITIALS:

Public reporting burden for this collection of information is estimated to average 6-15 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any aspect of this collection information, including suggestions for reducing this burden to: **PHS Reports Clearance Officer, PHS, 737-F Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D. C. 20201, ATTN: PRA(0925-0281)**. Do not return 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 (AFUG screen 1 of 15)

A. VITAL STATUS

1. Date of status determination: / / /
Month Day Year

2. Final Status: {Circle one below}

3. Information obtained from: {Circle one corresponding choice below}

Contacted and alive	C	<input type="checkbox"/> Phone <input type="checkbox"/> Personal Interview <input type="checkbox"/> Letter	A B C	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Go to Item 6, Screen 2 <input type="checkbox"/> Go to Item 9, Screen 4 <input type="checkbox"/> Go Item 33, Screen 13
Contacted & Refused	F				
Reported alive	R	<input type="checkbox"/> Relative, spouse, acquaintance <input type="checkbox"/> Employer information <input type="checkbox"/> Other	D E F	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Go to Item 9, Screen 4
Reported Deceased	D	<input type="checkbox"/> Relative, spouse, acquaintance <input type="checkbox"/> Surveillance <input type="checkbox"/> Other (National Death Index)	G H I	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Continue to Item 4
Unknown	U				

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 2 of 15)

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 9, Screen 4.

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 |

7. Has a doctor ever said you had any of the following?

- | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|-----------------------|------------|-----------|----------------|
| a. Heart attack | Y | N | U |

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 3 of 15)

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
7.b. Heart failure or congestive heart failure	Y	N	U
c. High blood pressure	Y	N	U
d. Diabetes (sugar in the blood) Y	Y	N	U
e. Blood clot in a leg (deep vein thrombosis)	Y	N	U
f. Blood clot in your lungs (pulmonary embolus)	Y	N	U
g. Chronic lung disease, such as bronchitis, or emphysema	Y	N	U
h. Asthma	Y	N	U
i. Cancer	Y	N	U

Go to Item 8, Screen 4.

j. Can you tell me in what part of the body the cancer was located?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7.k. And the date it was diagnosed?

		/				
Month			Year			

l. Have you had another cancer? Yes Y
 No N
 Unknown U

Go to Item 8, Screen 4.

m. Can you tell me in what part of the body the cancer was located?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

n. And the date it was diagnosed?

		/				
Month			Year			

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 4 of 15)

D. STROKE/TIA

8. 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.

E. OVERNIGHT ADMISSIONS

9. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yyyy)? Yes Y
No N
Unknown U

If "Yes", complete "HOSPITALIZATIONS" section.

10. 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, REPORTED ALIVE, or CONTACTED BY LETTER status go to Item 33, screen 13

11.a. Since our last contact, have you stayed overnight as a patient in a nursing home? Yes Y
No N
Unknown U

Go to Item 12, Screen 5

b. Are you currently staying in a nursing home? Yes Y
No N

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 5 of 15)

F. INVASIVE PROCEDURES

"The following questions ask about various types of surgery and procedures. We are interested in both those that occurred in the hospital or as an outpatient."

12. [DO NOT ASK] Has participant completed a previous version 'G' of Annual Follow-up? Yes Y
No N

Go to Item 12.b.

12.a. Since we last contacted you on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?

Go to Item 13.a., Screen 6. Yes Y
No N

Go to Item 14.a., Screen 7.

b. Since your last ARIC visit on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? Yes Y
No N

Go to Item 14.b., Screen 7.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 8 of 15)

<p>G. INTERVIEW</p> <p>"Now I would like to ask about medication use during the past two weeks."</p> <p>16. Did you take any medications during the past two weeks for:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;"><u>Yes</u></th> <th style="width:10%; text-align: center;"><u>No</u></th> <th style="width:10%; text-align: center;"><u>Unknown</u></th> </tr> </thead> <tbody> <tr> <td>a. High Blood Pressure ..</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>b. High Blood Cholesterol</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>c. Diabetes or High Blood Sugar</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	<u>Unknown</u>	a. High Blood Pressure ..	Y	N	U	b. High Blood Cholesterol	Y	N	U	c. Diabetes or High Blood Sugar	Y	N	U	<p>"Next I would like to ask you about your <u>regular</u> use of aspirin alone or an aspirin containing medication, for example, aspirin+caffeine+codeine. By regular, I mean at least once a week for several months."</p> <p>17. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol nor Advil. ...</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">Y</td> </tr> <tr> <td></td> <td style="text-align: center;">No</td> <td style="text-align: center;">N</td> </tr> <tr> <td></td> <td style="text-align: center;">Unknown</td> <td style="text-align: center;">U</td> </tr> </table> <p>18. [DO NOT ASK] Is the participant male or female?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; text-align: center;">Male</td> <td style="width:10%; text-align: center;">M</td> <td style="width:30%;"></td> </tr> <tr> <td style="text-align: center;">Female</td> <td style="text-align: center;">F</td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto; margin-right: auto;"> Go to Item 23, Screen 10. </div>		Yes	Y		No	N		Unknown	U	Male	M		Female	F	
	<u>Yes</u>	<u>No</u>	<u>Unknown</u>																													
a. High Blood Pressure ..	Y	N	U																													
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 9 of 15)

<p>19. [DO NOT ASK] Has participant completed a previous version 'G' of Annual Follow-Up?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Go to Item 19.b.</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N</td> </tr> </table> <p>a. Since we last contacted you on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Go to Item 19.c.</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Go to Item 23, Screen 10.</td> <td></td> <td></td> </tr> </table> <p>b. Since your ARIC visit on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Go to Item 23, Screen 10.</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N</td> </tr> </table>		Yes	Y	Go to Item 19.b.	No	N		Yes	Y	Go to Item 19.c.	No	N	Go to Item 23, Screen 10.				Yes	Y	Go to Item 23, Screen 10.	No	N	<p>19. Please give me the names of the female hormones you have used since our last contact (since that exam), starting with any you may be taking currently or with the most recent one. Please exclude hormone creams.</p> <p>c. Name 1:</p> <p>_____</p> <p>_____</p> <p>20. Code 1: </p> <p>21. Have you also used a second female hormone since we last contacted you?</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">Y</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Go to Item 23, Screen 10.</td> <td style="text-align: center;">No</td> <td style="text-align: center;">N</td> </tr> </table>		Yes	Y	Go to Item 23, Screen 10.	No	N
	Yes	Y																										
Go to Item 19.b.	No	N																										
	Yes	Y																										
Go to Item 19.c.	No	N																										
Go to Item 23, Screen 10.																												
	Yes	Y																										
Go to Item 23, Screen 10.	No	N																										
	Yes	Y																										
Go to Item 23, Screen 10.	No	N																										

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 10 of 15)

21.a. Name 2:

22. Code 2:

H. FUNCTIONAL STATUS

"Now, 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."

23. 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

24. Are you able to walk up and down stairs without help? Yes Y
No N

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

26.a. Are you ABLE to go to work? Yes Y
 No N

Go to Item 28.a, Screen 11. Not Applicable A

b. Is a heart problem the main cause of your not being able to work? Yes Y
 No N
 Unknown U

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 11 of 15)

27.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 28.a.

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

28.a. Are you able to do your usual activities, such as work around the house or recreation? Yes Y
 No N
 Go to Item 29.a.

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

29.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 30, Screen 12.

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

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 12 of 15)

<p>I. OTHER ITEMS "Lastly, I have a few miscellaneous questions."</p> <p>30. Do you now smoke cigarettes? Yes Y No N</p> <p>31. Please tell me which of the following describes your current marital status:</p> <p align="center">[READ EACH CATEGORY]</p> <table style="margin-left: 100px;"> <tr><td>Married</td><td>M</td></tr> <tr><td>Widowed</td><td>W</td></tr> <tr><td>Divorced</td><td>D</td></tr> <tr><td>Separated</td><td>S</td></tr> <tr><td>Never Married ...</td><td>N</td></tr> </table>	Married	M	Widowed	W	Divorced	D	Separated	S	Never Married ...	N	<p>32. I would like to read seven categories that ask about whether you are employed, unemployed or retired. Please listen to them and pick the one that best describes you. I am</p> <p align="center">[READ EACH CATEGORY ALOUD.]</p> <table style="margin-left: 100px;"> <tr><td>Homemaking, not working outside the home</td><td>A</td></tr> <tr><td>Employed at a job for pay, either full or part-time</td><td>B</td></tr> <tr><td>Employed, but temporarily away from my regular work</td><td>C</td></tr> <tr><td>Unemployed, looking for work</td><td>D</td></tr> <tr><td>Unemployed, not looking for work ...</td><td>E</td></tr> <tr><td>Retired from my usual occupation and not working</td><td>F</td></tr> <tr><td>Retired from my usual occupation, but working for pay ...</td><td>G</td></tr> </table>	Homemaking, not working outside the home	A	Employed at a job for pay, either full or part-time	B	Employed, but temporarily away from my regular work	C	Unemployed, looking for work	D	Unemployed, not looking for work ...	E	Retired from my usual occupation and not working	F	Retired from my usual occupation, but working for pay ...	G
Married	M																								
Widowed	W																								
Divorced	D																								
Separated	S																								
Never Married ...	N																								
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Retired from my usual occupation and not working	F																								
Retired from my usual occupation, but working for pay ...	G																								

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 13 of 15)

<p>J. ADMINISTRATIVE INFORMATION</p> <p>33. Code number of person completing this form:</p> <table style="margin-left: 100px;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>34. Does participant (still) live within official ARIC study boundaries? Yes Y No N Unknown U</p>				<p>35. Will your center (still) be able to get his/her records via community surveillance? Yes Y No N</p> <p>36. Result code: <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>		

NAME: _____ ID NUMBER:

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 CONTACT YEAR:

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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 14 of 15)

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.]

37.a. Hospitalization Reason:

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

39.a. Month and Year:

		/					
--	--	---	--	--	--	--	--

M M Y Y Y Y

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

37.b. Hospitalization Reason:

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

39.b. Month and Year:

		/					
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M M Y Y Y Y

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

37.c. Hospitalization Reason:

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

39.c. Month and Year:

		/					
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M M Y Y Y Y

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

NAME: _____ ID NUMBER: CONTACT YEAR:

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUG screen 15 of 15)

37.d. Hospitalization Reason:

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

39.d. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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M M Y Y Y Y

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

37.e. Hospitalization Reason:

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

39.e. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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M M Y Y Y Y

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

37.f. Hospitalization Reason:

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

39.f. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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M M Y Y Y Y

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