O.M.B 0925-0281 Exp. 01/31/2001

Go to Item 33, Screen 13

# ARIC

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Unknown

# ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

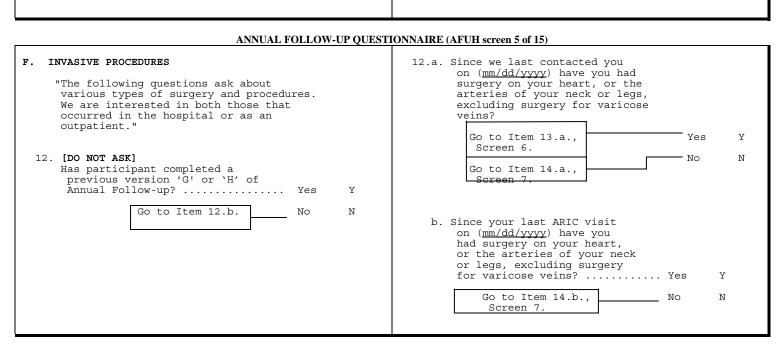
Atherosclerosis Risk in Communities		
ID NUMBER :	CONTACT YEAR: FORM CODE:	A F U VERSION: H DATE: 03/10/1999
LAST NAME:	INITIALS:	
time for reviewing instructions, questionnaire. Send comments reincluding suggestions for reducing		eleting and reviewing the spect of this collecyion information,
up. ID Number, Contact Year, and enter the number so that the last to fill all boxes. If a number the correct entry clearly above	d Name must be entered above. Wheneve t digit appears in the rightmost box. is entered incorrectly, mark through t the incorrect entry. For "multiple ch to the most appropriate response. If	Enter leading zeros where necessary he incorrect entry with an "X". Code oice" and "yes/no" type questions,
AN	NUAL FOLLOW-UP QUESTIONNAIRE (AFUH screei	n 1 of 15)
A. VITAL STATUS  1. Date of status determination: .	/ / Month Day	Year
2. Final Status: {Circle one below}	3. Information obtained {Circle one correspondent	from: onding choice below}
Contacted and alive C	Phone Personal Interview Letter	A Go to Item 6, Screen 2  Go to Item 9, Screen 4
Contacted & Refused F		Go Item 33, Screen 13
Reported alive R	Relative, spouse, acquaintance  Employer information  Other	D  E  Go to Item 9, Screen 4  F
Reported Deceased D	Relative, spouse, acquaintance  Surveillance  Other (National Death Index)	G Continue to Item 4

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

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:	
a. City/ County	Excellent E
	Good G
	Fair F
	Poor P
b. State:	7. Has a doctor ever said you had any of the following?
	<u>Yes No Unknown</u>
After Item 5, skip to Item 9, Screen 4.	a. Heart attack Y N U
ANNUAL FOLLOW-UP QUEST	ONNAIRE (AFUH screen 3 of 15)
Yes No Unknown	7.k. And the date it was diagnosed?

		INTIOINE	TOLL	711-CI QUEDI:	TOWNAIRE (AFOII SCICCII 5 of 15)
		<u>Yes</u>	<u>No</u>	<u>Unknown</u>	7.k. And the date it was diagnosed?
7.b.	Heart failure or congestive heart failure	Y	N	U	/ I I I I I I I I I I I I I I I I I I I
c.	High blood pressure	Y	N	U	Month Year
d.	Diabetes (sugar in the blood)	) Y	N	U	1 Have seen had another general V
e.	Blood clot in a leg (deep vein thrombosis)	Y	N	Ū	1. Have you had another cancer? Yes Y  Go to Item 8, No N
f.	Blood clot in your lungs (pulmonary embolus)	Y	N	U	Screen 4. Unknown U
g.	Chronic lung disease, such as bronchitis, or emphysema	Y	N	U	m. Can you tell me in what part of
h.	Asthma	Y	N	U	the body the cancer was located?
i.	Cancer	Y	N 	U	
	Screen 4.				n. And the date it was diagnosed?
	j. Can you tell me in what pa				Month Year

### ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 4 of 15) D. STROKE/TIA 10. Have you stayed (Did [name] stay) overnight as a patient in a 8. Since our last contact have you been told by a hospital for any other physician that you had reason since our last contact? .... Yes a stroke, slight stroke, transient ischemic γ attack, or TIA? ..... Yes Y No Ν Unknown TT If "Yes", ensure that this event is included in the "HOSPITALIZATIONS" If "Yes", add to "HOSPITALIZATIONS" section, if appropriate. section. For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER status go to Item 33, screen 13 E. OVERNIGHT ADMISSIONS 9. Were you (Was [name]) 11.a. Since our last contact, hospitalized for a have you stayed overnight heart attack since as a patient in a nursing our last contact on home? ..... Yes Υ (<u>mm/dd/yyyy</u>)? ..... Yes Υ Go to Item 12, No N Nο N Screen 5. Unknown TT b. Are you currently staying If "Yes", complete in a nursing home? ...... Υ Yes "HOSPITALIZATIONS" section. Ν No



ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 6 of 15)

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13. Did you have:			13.d. Site: Right R	
a. Coronary bypass:	Yes	Y	Left L	
	No	N	Both B	
b. Other heart procedure:	Yes	Y	e. Other arterial revascularization: Yes	Y
Go to Item 13.c.	No	N	Go to Item 13.f. No	N
Specify:			Specify:	
c. Carotid endarterectomy:	Vec	— У		
c. carotiu endarterectomy	165	1		
Go to Item 13.e.	No	N	f. Any other type of surgery on your heart or the arteries of your	
			neck or legs? Yes	Y
			No	N

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 7 of 15)

14. [DO NOT ASK]  Has participant completed a previous version 'G' or 'H' of Annual Follow-up? Yes Y  Go to Item 14.b. No N	15. Did you have:  a. Angioplasty of the coronary arteries: Yes Y  No N
a. Since we last contacted you on  (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck, or legs?  Go to Item 15.a. Yes Y	<pre>b. Angioplasty in the arteries     of your neck: Yes Y</pre>
Go to Item 16, Screen 8.  b. Since your last visit to the ARIC clinic on (mm/dd/yyyy) have you	extremity arteries: Yes Y  No N
had a balloon angioplasty on the arteries of your heart, neck, or legs? Yes Y  Go to Item 16, Screen 8.	

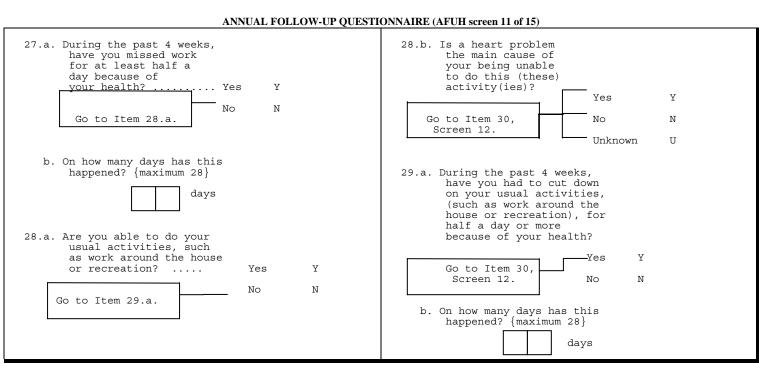
ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 8 of 15)

use during 16. Did you during a. High E	like to ask abouthe past two weel take any medication the past two weel lood Pressure	ks." ions ks for: <u>Yes</u> Y	ation <u>No</u> N	<u>Unknown</u> U U	"Next, I would like to ask you about your regular use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months."  17. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol nor Advil Yes	Y
c. Diabet			N	U	No Unknown  18. [DO NOT ASK] Is the participant male or female?  Male M Go to Item 23, Screen 10.	N U

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 9 of 15) 19. **[DO NOT ASK]** 19. Please give me the names of the female hormones Has participant completed you have used since our a previous version 'G' or 'H' last contact (since that of Annual Follow-Up? .... Yes exam), starting with any you may be taking currently or with the most recent Go to Item 19.b. — No Ν one. Please exclude hormone creams. a. Since we last contacted you on (mm/dd/yyyy), have you taken c. Name 1: or used any female hormone pills, skin patches, shots or implants? ..... Yes Y Go to Item 19.c. \_ No Ν 20. Code 1: Go to Item 23, Screen 10. 21. Have you also used a second female hormone since we last contacted you? ..... Yes Υ b. Since your ARIC visit on No N (mm/dd/yyyy), have you Go to Item 23, taken or used any female Screen 10. hormone pills, skin patches, shots or implants? ..... Yes Go to Item 23, Screen 10.

## ANNUAL FOLLOW-UP OUESTIONNAIRE (AFUH screen 10 of 15)

ANNOAL FOLLOW-OF QU	ESTIONNAIRE (AFUH SCREEN 10 01 15)
21.a. Name 2:	24. Are you able to walk  up and down stairs  without help? Yes Y
	_ No N
22. Code 2:	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?
	zo.u. Are you Abili to go to work.
H. FUNCTIONAL STATUS  "Now, I would like to find out whether	Go to Item 27.a, Yes Y Screen 11.
you can do some physical activities without help. By 'without help', I	No N
mean without the assistance of another <a href="mailto:person">person</a> . These questions refer to the last 4 weeks."	Go to Item 28.a, Not Applicable A Screen 11.
23. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors,	<pre>b. Is a heart problem the    main cause of your not    being able to work?</pre>
without help? Yes Y	Yes Y
No N	Go to Item 28.a, No N Screen 11.
	Unknown U
	l



ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 12 of 15) I. OTHER ITEMS 32.a. Please tell me which of the following "Lastly, I have a few miscellaneous questions." best describes your employment status: Homemaking .... A -Go to Item 33, Screen 13. 30. Do you now smoke cigarettes? .... Yes Employed ..... B No N Unemployed ..... C Go to Item 32.c, Screen 13 31. Please tell me which of the Retired ..... D Go to Item 32.d, Screen 13 following describes your current marital status: 32.b. Which of these two categories [READ EACH CATEGORY] best describes your 'Employed' status: Married ..... M Employed at a job for pay, either full or part-time Widowed ..... W

Employed, but temporarily away

from my regular work .....

Divorced ..... D

Separated ..... S

Never Married ...

Go to Item 33, Screen 13.

Go to Item 33, Screen 13.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 13 of 15) 32.c. Which of these two categories J. ADMINISTRATIVE INFORMATION best describes your 'Unemployed' status: 33. Code number of person completing this form: Unemployed, looking for work ..... A Go to Item 33. Unemployed, not looking for work .... B 34. Does participant (still) live within official ARIC study boundaries? .... Yes 32.d. Which of these two categories Υ best describes your 'Retired' status: Retired from my usual occupation Unknown U 35. Will your center (still) be able to get his/her records and not working ..... A via community surveillance? Retired from mv ..... Yes Υ usual occupation, but working for pay .... B No Ν 36. Result code:

NAME:	_ ID NUMBER:							CONTACT YEAR:	
ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 14 of 15)									
F. HOSPITALIZATIONS									
For each time you were (he/she was) a pati you were (he/she was) admitted, the name o (he/she was) hospitalized since our last c in, probing as necessary. Abbreviations c hospitalizations. For linkage, H indicate hospitalization was fully sought by Survei	f the hospital ontact with yo an be used for s that the hos	ou (hi loca pital	d the im/her) al hosp lizatio	date on ital	e. Wh (mm/	nen wa /dd/y: Probe	as YYY e f	the first time of last contac or additional	you were ct)? [Fill
37.a. Hospitalization Reason:									
38.a. Hospital Name, City, and State:									
39.a. Month and Year:  M M Y Y		0.a.	Linkag (H)			ş: [			
37.b. Hospitalization Reason:									
38.b. Hospital Name, City, and State:									
39.b. Month and Year:  M M Y Y	40 Y Y	.b. I	Linkage (H)						
37.c. Hospitalization Reason:									
38.c. Hospital Name, City, and State:									
39.c. Month and Year:  M M Y Y		.c. I	Linkage (H) c						

NAME:	ID NUMBER: CONTACT YEAR:	
	ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 15 of 15)	
37.d. I	Hospitalization Reason:	
38.d. I	Hospital Name, City, and State:	
39.d. 1	Month and Year: / 40.d. Linkage Status: (H) or (N)	
37.e. Hos	ospitalization Reason:	
38.e. I	Hospital Name, City, and State:	
39.e. 1	Month and Year: / / / / / / / / / / / / / / / / / / /	
37.f. 1	Hospitalization Reason:	
38.f. I	Hospital Name, City, and State:	
39.f. I	Month and Year: / 40.f. Linkage Status: (H) or (N)	