



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

**B. DEATH INFORMATION**

4. Date of death:

		/			/				
Month			Day			Year			

5. Location of death:

a. City/ County


b. State: 

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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              |

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	<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	N	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?

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7.k. And the date it was diagnosed?

		/				
Month			Year			

l. Have you had another cancer? .... Yes Y

Go to Item 8, Screen 4.	—		—	
		No		N
		Unknown		U

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

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

n. And the date it was diagnosed?

		/				
Month			Year			





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**G. INTERVIEW**

"Now I would like to ask about medication use during the past two weeks."

16. Did you take any medications during the past two weeks for:

	<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

"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	No	Unknown
Y	N	U

18. **[DO NOT ASK]**  
Is the participant male or female?

Male M  
Female F

Go to Item 23, Screen 10.

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**19. [DO NOT ASK]**

Has participant completed a previous version 'G' or 'H' of Annual Follow-Up? .... Yes Y

Go to Item 19.b. No N

a. Since we last contacted you on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? ..... Yes Y

Go to Item 19.c. No N

Go to Item 23, Screen 10.

b. Since your ARIC visit on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? ..... Yes Y

Go to Item 23, Screen 10. No N

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.

c. Name 1:

\_\_\_\_\_

\_\_\_\_\_

20. Code 1:

21. Have you also used a second female hormone since we last contacted you? ..... Yes Y

Go to Item 23, Screen 10. No N

**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 10 of 15)**

<p>21.a. Name 2:</p> <hr/> <hr/> <p>22. Code 2: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p> <p><b>H. FUNCTIONAL STATUS</b></p> <p>"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."</p> <p>23. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors, without help? ..... Yes    Y  <span style="float: right;">No    N</span></p>	<p>24. Are you able to walk up and down stairs without help? ..... Yes    Y  <span style="float: right;">No    N</span></p> <p>25. Are you able to walk half a mile without help? That's about 8 ordinary blocks. .... Yes    Y  <span style="float: right;">No    N</span></p> <p>26.a. Are you ABLE to go to work?</p> <p style="text-align: right;"> <input style="width: 150px; height: 25px;" type="text"/> — Yes    Y  <span style="float: right;">No    N</span> </p> <p style="text-align: right;"> <input style="width: 150px; height: 25px;" type="text"/> — Not Applicable    A         </p> <p>b. Is a heart problem the main cause of your not being able to work?</p> <p style="text-align: right;"> <input style="width: 150px; height: 25px;" type="text"/> — Yes    Y  <span style="float: right;">No    N</span>  <span style="float: right;">Unknown    U</span> </p>
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<p>27.a. During the past 4 weeks, have you missed work for at least half a day because of your health? ..... Yes    Y  <span style="float: right;">No    N</span></p> <p style="text-align: right;"> <input style="width: 150px; height: 25px;" type="text"/> —         </p> <p>b. On how many days has this happened? {maximum 28}</p> <p style="text-align: right;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> days         </p> <p>28.a. Are you able to do your usual activities, such as work around the house or recreation? ..... Yes    Y  <span style="float: right;">No    N</span></p> <p style="text-align: right;"> <input style="width: 150px; height: 25px;" type="text"/> —         </p>	<p>28.b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?</p> <p style="text-align: right;"> <input style="width: 150px; height: 25px;" type="text"/> — Yes    Y  <span style="float: right;">No    N</span>  <span style="float: right;">Unknown    U</span> </p> <p>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?</p> <p style="text-align: right;"> <input style="width: 150px; height: 25px;" type="text"/> — Yes    Y  <span style="float: right;">No    N</span> </p> <p>b. On how many days has this happened? {maximum 28}</p> <p style="text-align: right;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> days         </p>
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NAME: \_\_\_\_\_ ID NUMBER:  CONTACT YEAR:

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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.]

37.a. Hospitalization Reason:

\_\_\_\_\_

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

\_\_\_\_\_

39.a. 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.a. Linkage Status:

(H) or (N)

37.b. Hospitalization Reason:

\_\_\_\_\_

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

\_\_\_\_\_

39.b. 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.b. Linkage Status:

(H) or (N)

37.c. Hospitalization Reason:

\_\_\_\_\_

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

\_\_\_\_\_

39.c. 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.c. Linkage Status:

(H) or (N)



NAME: \_\_\_\_\_ ID NUMBER:  CONTACT YEAR:

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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"/>
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"/>
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"/>
M	M		Y	Y	Y	Y	

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