	Exp. 02/28/2007			
ANNUAL FOLLOW-UP QUESTIONNAIRE FORM				
Atherosclerosis Risk in Communities				
ID NUMBER : CONTACT YEAR: FORM CODE: A F U VERSION: J	DATE: 02/21/2002			
LAST NAME: INITIALS:				
Public reporting burden for this collection of information is estimated to average <u>6-15</u> minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, 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 up. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses ar enter the number so that the last digit appears in the rightmost box. Enter leading zeros whe fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an	e required, ere necessary to			

O.M.B 0925-0281

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.

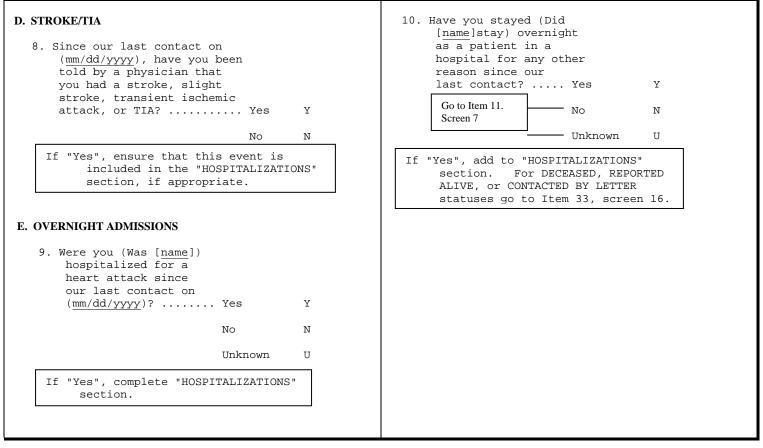
		ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 1 of 16)	
A. VITAL STATUS			
1. Date of status d	etermi	nation:	
		Month Day Year	
2. Final Status: {Circle one bel	ow}	<pre>3. Information obtained from: {Circle one corresponding choice below}</pre>	
		Phone A Go to Item 6, Screen 2	
Contacted and alive	C -	Personal Interview B	
		Letter C Go to Item 9, Screen 4	
Contacted & Refused	F -	Go Item 33, Screen 15	
		Relative, spouse, acquaintance D	
Reported alive	R	Employer information E Go to Item 9, Screen 4	
		Other F	
		Relative, spouse, acquaintance G	
Reported Deceased	D	Surveillance H Continue to Item 4	
		Other (National Death Index)	
Unknown	U -	Go to Item 33, Screen 15	
Chikhown	U		

B. DEATH INFORMATION	C. GENERAL HEALTH
4. Date of death: Image: Month Amount Year	6. "Now I will ask you some questions about your health. Over the past year, 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 attackY N U

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 3 of 16)

		Yes	No	Unknown	7.k. And the date it was diagnosed?
	eart failure or ongestive heart failure	Y	N	U	
с. Ні	gh blood pressure	Y	N	U	Month Year
	abetes or sugar in the blood	Y	N	U	<pre>1. Have you had another cancer? Yes Y</pre>
	ood clot in a leg or leep vein thrombosis	Y	N	U	Go to Item 8, No N Screen 4
1	ood clot in your ungs or pulmonary mbolus	Y	N	U	Unknown U
S	aronic lung disease, such as bronchitis, or emphysema	Y	N	U	m. Can you tell me in what part of the body the cancer was located?
h. As	thma	Y	N	U	
i. Ca	Go to Item 8, Screen 4.	Y	N	U 	n. And the date it was diagnosed?
t	an you tell me in what p the <u>most recently diagno</u> .ocated?			-	Month Year

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 4 of 16)



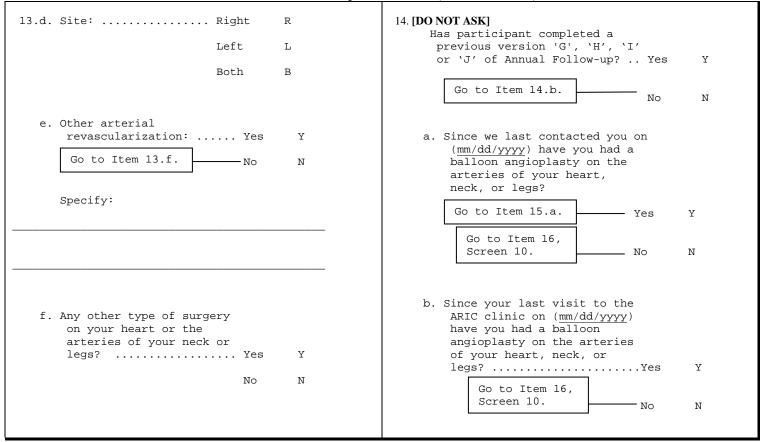
NAME:				ID NUMBE	ER:							CONTACT YEAR:			
		А	NNUAL FO	OLLOW-UP QUE	STIO	NNAIRI	E (AFUJ	scree	n 5 of	f 16)					
F. HOSPITA	LIZATIONS									i i					
you were () (he/she wa in, probin hospitaliz	he/she was) ao s) hospitalizo g as necessary	dmitted, d ed since o y. Abbrev linkage, B	the name our last viations H indica	of the hosp contact wit can be used tes that the	ital h yo for hos	, and ou (him local pital:	the m/her) l hosp izatio	date on ital	e. Wi (mm .s.	hen wa /dd/yy Probe	as /yy e f	ke to obtain t the first time of last conta or additional N indicates t	yoı ct)î	u were ? [Fi]	
37.а. но: —	spitalization	Reason:													
38.a. Ho:	spital Name, (City, and	State:												
39.a. Moi	nth and Year:	M M	/Y	Y Y Y	4	0.a. I	Linkag (H)			3:					
37.b. Hosp	italization Re	eason:													
38.b. Ho:	spital Name, (City, and	State:												
39.b. Moi	nth and Year:	M M	/Y	Y Y Y	40	.b. Li	inkage (H)								
37.c. Ho:	spitalization	Reason:													
38.с. но:	spital Name, (City, and	State:												
39.c. Moi	nth and Year:	M M	/ Y	Y Y Y	40	.c. L	inkage (H) c								

NAME:	ID NUMBER: CONTACT YEAR:	
	ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 6 of 16)	
37.d.	Hospitalization Reason:	
38.d.	Hospital Name, City, and State:	
39.d.	Month and Year: / 40.d. Linkage Status: M M Y Y Y Y (H) or (N)	
37.e. Ho	ospitalization Reason:	
38.e.	Hospital Name, City, and State:	
39.e.	Month and Year: / 40.e. Linkage Status: M M Y Y Y Y	
37.f.	Hospitalization Reason:	
38.f.	Hospital Name, City, and State:	
39.f.	Month and Year: / 40.f. Linkage Status: M M Y Y Y Y	

OVERNIGHT ADMISSIONS (Continued)		G. INVASIVE PROCEDURES
For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER statuses go to Item 33, screen 15.		"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
<pre>11.a. Since our last contact, have you stayed overnight as a patient in a nursing home? Yes Go to Item 12. No</pre>	Y N	outpatient." 12. [DO NOT ASK] Has participant completed a previous version 'G', `H', `I' or `J' of Annual Follow-up? Yes Y
<pre>b. Are you currently staying in a nursing home? Yes No</pre>	Y N	Go to Item 12.b. No N

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 8 of 16)

<pre>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?</pre>	13. Did you have: a. Coronary bypass: Yes Y No N
Go to Item 13.a. Yes Y No N Go to Item 14.a., Screen 9.	b. Other heart procedure: Yes Y Go to Item 13.c. No N Specify:
 b. Since your last ARIC visit on (<u>mm/dd/yyyy</u>) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? Yes Y Go to Item 14.b., Screen 9. No N 	c. Carotid endarterectomy: Yes Y Go to Item 13.e, Screen 9. No N



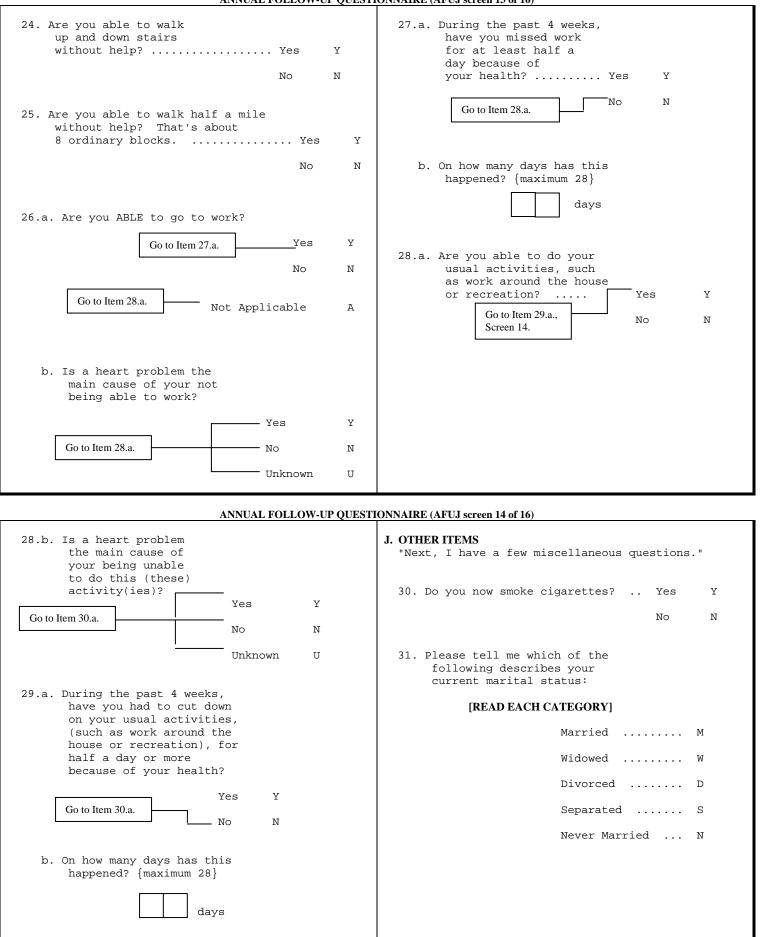
ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 10 of 16)

15. Did you have:		H. INTERVIEW
a. Angioplasty of the coronary arteries:Yes	Y	"Now I would like to ask about medication use during the past two weeks."
No	Ν	<pre>16. Did you take any medications during the past two weeks for:</pre>
b. Angioplasty in the arteries of your neck: Yes	Y	Yes <u>No</u> <u>Unknown</u>
No	Ν	a. High Blood Pressure Y N U
c. Angioplasty of lower extremity arteries: Yes	Y	b. High Blood CholesterolY N U
No	Ν	c. Diabetes or High Blood SugarY N U

"Next I would like to ask you about your <u>regular</u> use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin <u>in a cold medicine</u> . By regular use, I mean <u>taking aspirin</u> at least once a week for several months."	19. [DO NOT ASK] Has participant completed a previous version 'G', 'H', 'I' or 'J' of Annual Follow-Up? Yes Y Go to Item 19.b. No N
17. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol nor Advil. Yes Y No N Unknown U	 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 13.
18. [DO NOT ASK] Is the participant male or female? Go to Item 23, Screen 10. Male M Female F	 b. Since your ARIC visit on (<u>mm/dd/yyyy</u>), have you taken or used any female hormone pills, skin patches, shots or implants?

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 12 of 16)

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.	21.a. Name 2:
c. Name 1:	22. Code 2:
20. Code 1:	I. 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 <u>person</u> . These questions refer to the last 4 weeks."
21. Have you also used a second female hormone since we last contacted you? Yes Y Go to Item 23, Screen 13. No N	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



ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 15 of 16)

<pre>32.a. Please tell me which of the following</pre>	<pre>32.c. Which of these two categories best describes your 'Unemployed' status: Unemployed, looking for work A Go to Item 33, Screen 16 looking for work B 32.d. Which of these two categories best describes your 'Retired' status: Retired from my usual occupation red wat washing </pre>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 16 of 16)	
K. ADMINISTRATIVE INFORMATION 33. Code number of person completing this form: 34. Does participant (still) live within official ARIC study boundaries? Yes Y No N	 *Result Codes 01 – No Action Taken 02 – Tracing (Not yet contacted any source) 03 – Contacted, Interview Complete 04 – Contacted, Interview Partially Complete or Rescheduled 05 – Contacted, Interview Refused 06 – Reported Alive, Will Continue to Attempt Contact This Year 07 – Reported Alive, contact Not Possible This Year
Unknown U 35. Will your center (still) be able to get his/her records via community surveillance? Yes Y No N 36. Result code:	08 – Reported Deceased 09 – Unknown 98 – Does Not Want Any Further AFU Contact

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUJ screen 16 of 16)