

ARIC

ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

Atherosclerosis Risk in Communities

ID NUMBER: CONTACT YEAR: FORM CODE: A F U VERSION: K DATE: 12/03/2004
LAST NAME: INITIALS:

Public reporting burden for this collection of information is estimated to average 6-15 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 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 (AFUK screen 1 of 16)

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 Contacted & Refused Reported alive Reported Deceased Unknown	C F R D U	<input type="checkbox"/> Phone <input type="checkbox"/> Personal Interview <input type="checkbox"/> Letter <input type="checkbox"/> Relative, spouse, acquaintance <input type="checkbox"/> Employer information <input type="checkbox"/> Other <input type="checkbox"/> Relative, spouse, acquaintance <input type="checkbox"/> Surveillance <input type="checkbox"/> Other (National Death Index)	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/>	<div style="border: 1px solid black; padding: 2px; width: fit-content;">Go to Item 6, Screen 2</div> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Go to Item 9, Screen 4</div> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Go Item 33, Screen 16</div> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Go to Item 9, Screen 4</div> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Continue to Item 4</div> <div style="border: 1px solid black; padding: 2px; width: fit-content;">Go to Item 33, Screen 16</div>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 2 of 16)

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. Over the past year, 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 (AFUK screen 3 of 16)

- | | <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 or sugar in the blood | Y | N | U |
| e. Blood clot in a leg or deep vein thrombosis .. | Y | N | U |
| f. Blood clot in your lungs or 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 most recently diagnosed cancer was located?

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

7.k. And the date it was diagnosed?

		/				
Month			Year			

1. Have you had another cancer?
- | | | | | | |
|------------------------|-----|---|--|----|-----------|
| | Yes | Y | | No | N |
| Go to Item 8, Screen 4 | | | | | 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			

D. STROKE/TIA

8a. Since our last contact on
 (mm/dd/yyyy), have you been
 told by a physician that
 you had a stroke, slight
 stroke, transient ischemic
 attack, or TIA? Yes Y
 No N

If "No", go to question 9

8b. Were you hospitalized for this 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

Go to Item 11. _____ No N
 Screen 7 _____ Unknown U

If "Yes", add to "HOSPITALIZATIONS"
 section. For DECEASED, REPORTED
 ALIVE, or CONTACTED BY LETTER
 statuses go to Item 33, screen 16.

NAME: _____ ID NUMBER: CONTACT YEAR:

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 5 of 16)

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:

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CONTACT YEAR:

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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 6 of 16)

37.d. Hospitalization Reason:

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

39.d. Month and Year:

		/					
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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:

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

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:

		/					
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M M Y Y Y Y

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

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 7 of 16)

OVERNIGHT ADMISSIONS (Continued)

For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER statuses go to Item 33, screen 15.

- 11.a. Since our last contact, have you stayed overnight as a patient in a nursing home? Yes Y
 No N
- Go to Item 12. _____
- b. Are you currently staying in a nursing home? Yes Y
 No N

G. 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', 'H', 'I', 'J' or 'K' of Annual Follow-up?
 Yes Y
 No N
- Go to Item 12.b. _____

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

- 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. _____ Yes Y
 No N
 Go to Item 14.a., Screen 9.
- 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 9.

13. Did you have:
- a. Coronary bypass: Yes Y
 No N
- b. Other heart procedure: Yes Y
 No N
 Go to Item 13.c. _____
- Specify:

- c. Carotid endarterectomy: Yes Y
 No N
 Go to Item 13.e, Screen 9.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 9 of 16)

<p>13.d. Site: Right R</p> <p style="padding-left: 150px;">Left L</p> <p style="padding-left: 150px;">Both B</p> <p>e. Other arterial revascularization: Yes Y</p> <p style="padding-left: 20px;">Go to Item 13.f. No N</p> <p>Specify:</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>f. Any other type of surgery on your heart or the arteries of your neck or legs? Yes Y</p> <p style="padding-left: 150px;">No N</p>	<p>14. [DO NOT ASK]</p> <p>Has participant completed a previous version 'G', 'H', 'I', 'J' or 'K' of Annual Follow-up? Yes Y</p> <p style="padding-left: 20px;">Go to Item 14.b. No N</p> <p>a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs?</p> <p style="padding-left: 20px;">Go to Item 15.a. Yes Y</p> <p style="padding-left: 20px;">Go to Item 16, Screen 10. No N</p> <p>b. Since your last visit to the ARIC clinic on (mm/dd/yyyy) have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs? Yes Y</p> <p style="padding-left: 20px;">Go to Item 16, Screen 10. No N</p>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 10 of 16)

<p>15. Did you have:</p> <p>a. Angioplasty or stent of the coronary arteries: Yes Y</p> <p style="padding-left: 150px;">No N</p> <p>b. Angioplasty or stent in the arteries of your neck: Yes Y</p> <p style="padding-left: 150px;">No N</p> <p>c. Angioplasty or stent of the lower extremity arteries: Yes Y</p> <p style="padding-left: 150px;">No N</p>	<p>H. 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: none;"> <thead> <tr> <th style="width:70%;"></th> <th style="text-align: center; border-bottom: 1px solid black;">Yes</th> <th style="text-align: center; border-bottom: 1px solid black;">No</th> <th style="text-align: center; border-bottom: 1px solid black;">Unknown</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>		Yes	No	Unknown	a. High Blood Pressure ..	Y	N	U	b. High Blood Cholesterol	Y	N	U	c. Diabetes or High Blood Sugar	Y	N	U
	Yes	No	Unknown														
a. High Blood Pressure ..	Y	N	U														
b. High Blood Cholesterol	Y	N	U														
c. Diabetes or High Blood Sugar	Y	N	U														

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 11 of 16)

"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 or Advil.
- | | |
|---------|---|
| Yes | Y |
| No | N |
| Unknown | U |

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

- | | | |
|---------------------------|--------|---|
| Go to Item 23, Screen 10. | Male | M |
| | Female | F |

19. **[DO NOT ASK]**
Has participant completed a previous version 'G', 'H', 'I', 'J' or 'K' of Annual Follow-Up?

- | | |
|-----|---|
| Yes | Y |
| 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 |
| No | N |

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 |
| No | N |

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK 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.

c. Name 1:

20. Code 1:

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

- | | |
|-----|---|
| Yes | Y |
| No | N |

21.a. Name 2:

22. Code 2:

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 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

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 13 of 16)

<p>24. Are you able to walk up and down stairs without help? Yes Y No N</p> <p>25. Are you able to walk half a mile without help? That's about 8 ordinary blocks. Yes Y No N</p> <p>26.a. Are you ABLE to go to work? <div style="margin-left: 100px;"> <input style="border: 1px solid black;" type="text" value="Go to Item 27.a."/> ————— Yes Y No N </div> <div style="margin-left: 100px; margin-top: 20px;"> <input style="border: 1px solid black;" type="text" value="Go to Item 28.a."/> ————— Not Applicable A </div> <p>b. Is a heart problem the main cause of your not being able to work? <div style="margin-left: 100px; margin-top: 20px;"> <input style="border: 1px solid black;" type="text" value="Go to Item 28.a."/> ————— Yes Y No N Unknown U </div> </p></p>	<p>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</p> <div style="margin-left: 100px; margin-top: 20px;"> <input style="border: 1px solid black;" type="text" value="Go to Item 28.a."/> ————— No N </div> <p>b. On how many days has this happened? {maximum 28} <div style="margin-left: 100px; margin-top: 20px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days </div> <p>28.a. Are you able to do your usual activities, such as work around the house or recreation? Yes Y No N</p> <div style="margin-left: 100px; margin-top: 20px;"> <input style="border: 1px solid black;" type="text" value="Go to Item 29.a., Screen 14."/> ————— No N </div> </p>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 14 of 16)

<p>28.b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)? <div style="margin-left: 100px; margin-top: 20px;"> <input style="border: 1px solid black;" type="text" value="Go to Item 30.a."/> ————— Yes Y No N Unknown U </div> <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? <div style="margin-left: 100px; margin-top: 20px;"> <input style="border: 1px solid black;" type="text" value="Go to Item 30.a."/> ————— Yes Y No N </div> <p>b. On how many days has this happened? {maximum 28} <div style="margin-left: 100px; margin-top: 20px;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> days </div> </p></p></p>	<p>J. OTHER ITEMS "Next, 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: <div style="text-align: right; margin-top: 20px;"> <p>[READ EACH CATEGORY]</p> <p>Married M</p> <p>Widowed W</p> <p>Divorced D</p> <p>Separated S</p> <p>Never Married ... N</p> </div> </p>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUK screen 15 of 16)

32.a. Please tell me which of the following best describes your employment status:

- Homemaking A ———— Go to Item 33, Screen 16
- Employed B
- Unemployed C ———— Go to Item 32.c.
- Retired D ———— Go to Item 32.d.

32.b. Which of these two categories best describes your 'Employed' status:

- Employed at a job for pay, either full or part-time A ———— Go to Item 33, Screen 16
- Employed, but temporarily away from my regular work B

32.c. Which of these two categories best describes your 'Unemployed' status:

- Unemployed, looking for work A ———— Go to Item 33, Screen 16
- Unemployed, not looking for work B

32.d. Which of these two categories best describes your 'Retired' status:

- Retired from my usual occupation and not working A
- Retired from my usual occupation, but working for pay B

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

K. ADMINISTRATIVE INFORMATION

33. Code number of person completing this form:

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34. Does participant (still) live within official ARIC study boundaries? Yes Y

No N

Unknown U

35. Will your center (still) be able to get his/her records via community surveillance? Yes Y

No N

36. Result code:

***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
- 08 – Reported Deceased
- 09 – Unknown
- 98 – Does Not Want Any Further AFU Contact