



MEDICAL CONDITIONS UPDATE FORM

ID NUMBER:

FORM CODE: MCU

DATE: 07/30/2014
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: //
Month Day Year

0b. Staff ID:

0c. Person being interviewed:

Participant

Proxy/informant/Other person → **GO TO QUESTION 6**

Instructions: This form is updated during the interview portion of the participant's follow-up. **Any medical condition question which has already been answered 'Yes' should not be asked.** Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option. This form is not completed for deceased participants.

SECTION I – This section is asked of the participant only

1. Since we last contacted you, has a doctor said you had high blood pressure?

Yes

No → **GO TO QUESTION 2**

1a. Date: //
Month Day Year

1b. CY:

2. Since we last contacted you, has a doctor said you have diabetes or sugar in the blood?

Yes

No → **GO TO QUESTION 3**

2a. Date: //
Month Day Year

2b. CY:

3. Since we last contacted you, has a doctor told you that you had chronic lung disease, such as bronchitis, or emphysema?

Yes
No → **GO TO QUESTION 4**

3a. Date: //
Month Day Year

3b. CY:

4. Since we last contacted you, has a doctor said you had asthma?

Yes
No → **GO TO QUESTION 5**

4a. Date: //
Month Day Year

4b. CY:

5. Since we last contacted you, has a doctor said that you have peripheral vascular disease or intermittent claudication?

Yes
No → **GO TO QUESTION 6**

5a. Date: //
Month Day Year

5b. CY:

SECTION II – This section is asked of the participant or the proxy/informant/other person

6. Since we last contacted you [name], has a doctor said that you [name] had heart failure or congestive heart failure?

Yes → **GO TO QUESTION 7a**
No

7. Since we last contacted you [name], has a doctor said that your [name's] heart is weak, or does not pump as strongly as it should, or that you had fluid on the lungs?

Yes
No → **GO TO QUESTION 12**

7a. Date: //
Month Day Year

7b. CY:

DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART

8. Name and address of the doctor you [name] saw:

8a. Name _____

8b. Address _____

8c. City: _____ 8d. State:

8e. Approximate date: /
Month Year

If speaking to the participant: **“The ARIC study would like to ask your doctor to tell us more about your health. If you agree to do this, I will send you a form that tells your doctor that you authorize the ARIC study to get this information. Once you sign that form and mail it back to me, I will contact your doctor’s office.”**

If speaking to the proxy/informant/other: **“The ARIC study would like to ask [name’s] doctor to tell us more about his/her health. If you agree to do this, I will send [name] a form that tells the doctor that [name] authorizes the ARIC study to get this information. Once [name] signs that form and mails it back to me, I will contact the doctor’s office.”**

9. May I send you this release form and an addressed envelope for you to mail it back?

Yes
No

If the participant agrees to receiving and signing the release form, remember to update the PHF form when the release form is sent to the participant, and then again when the release form is received back.

HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART

10. At that time, were you (Was [name]) hospitalized or did you [name] stay in a hospital observation unit?

Yes
No → **GO TO QUESTION 12**

11a. Hospital/Medical Facility Name, City, State: ▼

11a1. Specify hospital/medical facility name, city, and state if not in drop down list: _____

11b. Approximate date of admission: /
Month Year

12. Since we last contacted you [name], has a doctor said you [name] had an irregular heartbeat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?

Yes
No → **GO TO QUESTION 13a**

12a. Date: / /
Month Day Year

12b. CY:

PERSONAL NEUROLOGIC HISTORY

If speaking to the participant: **“Since we last contacted you, have you been told by a doctor or health professional that you have:”**

If speaking to the proxy/informant/other: **“Since we last contacted [name], has [name] been told by a doctor or health professional that he/she has:”**

13a. Alzheimer’s Disease?

Yes
No → **GO TO QUESTION 13b**

13a1. Date: / /
Month Day Year

13a2. CY:

13b. Parkinson’s Disease?

Yes
No → **GO TO QUESTION 13c**

13b1. Date: / /
Month Day Year

13b2. CY:

13c. Memory loss or cognitive impairment?

Yes
No → **GO TO QUESTION 13d**

13c1. Date: / /
Month Day Year

13c2. CY:

13d. Dementia, vascular dementia, or hardening of the arteries of the brain?

Yes
No → **SAVE AND CLOSE FORM**

13d1. Date: / /
Month Day Year

13d2. CY:

CLOSURE SCRIPT:

"Thank you very much for answering these questions. You have previously provided us with information on how to contact you. To help us contact you in the future, please tell me if the information I have is still correct."

[Update the CIU form as necessary.]

"Thank you very much for answering these questions. We will call _____ in about six months."