



## SEMI-ANNUAL FOLLOW-UP CORE QUESTIONS

ID NUMBER:

FORM CODE:  S  A  F

DATE: 01/22/14  
Version 2.0

### ADMINISTRATIVE INFORMATION

0a. Completion Date:   /   /      0b. Staff ID:

Month                  Day                  Year

**Instructions:** This form is completed during the six-month follow up to the participant's annual follow-up interview. The Date is the day the contact is made, or is the date the status determination is made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.

**INTRODUCTION SCRIPT:** "Hello, this is [your name] from the ARIC Study. May I please speak with [name of contact]?"

"Hello [name of respondent]. My name is [your name] and I am from the ARIC Study. May I have a few minutes of your time to ask about your recent health? "

### A. STATUS

1. Result of contact for the interview (select one)

- a. Participant contacted, agreed to be interviewed...  → **GO TO QUESTION 2a**
- b. Participant contacted, refused to be interviewed..  → **GO TO QUESTION 33**
- c. Proxy/Informant contacted .....
- d. Other person contacted .....
- e. Contact pending; continue to attempt to contact..  → **SAVE AND CLOSE FORM**
- f. Window closed; unable to contact .....  → **SAVE AND CLOSE FORM**

2. Is the participant deceased?

- Yes.....  → **GO TO QUESTION 33, COMPLETE THE DEC FORM**
- No .....  → **GO TO QUESTION 3**

### B. CANCER INFORMATION

2a. Since we last contacted you, has a doctor said you had cancer?

- Yes.....
- No .....  → **GO TO QUESTION 10**

2a1. Can you tell me in what part of the body the most recently diagnosed cancer was located?

\_\_\_\_\_

2b. What is the approximate date the cancer was diagnosed?

/   
Month Year

**DOCTOR INFORMATION FOR CANCER**

**“Please provide the contact information of the doctor you most recently visited for your cancer.”**

2c. Contact information of the doctor you last saw for your cancer:

2c1. Doctor Name: \_\_\_\_\_

2c2. Clinic or Institution Name: \_\_\_\_\_

2c3. Address: \_\_\_\_\_

2c4. City: \_\_\_\_\_ 2c5. State:

2c6. Approximate date:  /   
Month Year

**“The ARIC study would like to ask your health care providers to tell us more about your cancer diagnosis and treatment. If you agree to do this, I will send you a form that tells your providers that you authorize the ARIC study to get this information from them. Once you sign that form and mail it back to me, I will contact your health care providers.”**

2d. May I send you this release form and an addressed envelope for you to mail it back?

Yes.....  → **GO TO QUESTION 10**  
No .....  → **GO TO QUESTION 10**

**C. CARDIOVASCULAR EVENTS**

3. May I ask you some questions about [name’s] health?

Yes .....  → **GO TO QUESTION 10**  
No.....

3a. Is there someone else we can ask?

Yes, person located.....  → **GO TO QUESTION 10**  
Yes, reschedule remainder of interview.....  → **GO TO QUESTION 33**  
No .....  → **GO TO QUESTION 33**

**[QUESTIONS 4-9b MOVED TO MCU FORM]**

**RECENT HEART ATTACK**

10. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said you [name] had a heart attack?

Yes.....  
No ..... → **GO TO QUESTION 14**

11. Were you (Was [name]) hospitalized at that time?

Yes.....  
No ..... → **GO TO QUESTION 14**

**Hospital information for heart attack**

12a. Hospital Name, City, State:  ▼

12a1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

12b. Approximate date of hospitalization /  
Month Year

**Second hospitalization, if applicable**

13a. Hospital Name, City, State:  ▼

13a1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

13b. Approximate date of hospitalization /  
Month Year

**RECENT HEART SYMPTOMS AND VASCULAR EVENTS**

14. Since we last contacted you [name], has a doctor said you [name] had angina, angina pectoris or chest pain due to heart disease?

Yes.....  
No .....

14a. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?

Yes.....  
No ..... → **GO TO QUESTION 15a**

14b. At that time, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for a blood clot in a leg or deep vein thrombosis?

Yes.....  
No ..... → **GO TO QUESTION 15a**

**HOSPITALIZATION FOR BLOOD CLOT IN LEG**

14c. Hospital Name, City, State:  ▼

14c1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

14d. Approximate date of hospitalization  /   
Month Year

***[QUESTION 15 MOVED TO MCU FORM]***

15a. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in your lungs or a pulmonary embolus?

Yes.....  
No ..... → **GO TO QUESTION 16**

15b. Were you (was [name]) hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?

Yes.....  
No ..... → **GO TO QUESTION 16**

**HOSPITALIZATION FOR BLOOD CLOT IN LUNGS**

15c. Hospital Name, City, State:  ▼

15c1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

15d. Approximate date of hospitalization  /   
Month Year

16. Since we last contacted you [name], has a doctor said that you [name] had a stroke, slight stroke, transient ischemic attack, or TIA?

Yes.....  
No ..... → **GO TO QUESTION 19**

17. Were you [was name] hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?

Yes.....  
No ..... → **GO TO QUESTION 19**

**Hospitalization for stroke or TIA**

18a. Hospital Name, City, State:  ▼

18a1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

18b. Approximate date of hospitalization  /   
Month Year

**D. OTHER ADMISSIONS**

19. Since our last contact, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for any reason that you have not yet mentioned?

Yes.....

No ..... → **GO TO QUESTION 25**

**HOSPITALIZATION FOR OTHER REASON**

20a. Hospitalization Reason: \_\_\_\_\_

20b. Hospital Name, City, State:  ▼

20b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

20c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

21a. Hospitalization Reason: \_\_\_\_\_

21b. Hospital Name, City, State:  ▼

21b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

21c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

22a. Hospitalization Reason: \_\_\_\_\_

22b. Hospital Name, City, State:  ▼

22b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

22c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

23a. Hospitalization Reason: \_\_\_\_\_

23b. Hospital Name, City, State:  ▼

23b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

23c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

24a. Hospitalization Reason: \_\_\_\_\_

24b. Hospital Name, City, State:  ▼

24b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

24c. Approximate date of hospitalization /   
Month Year

**EMERGENCY ROOM OR OUTPATIENT CARE**

25. Were you (Was [name]) seen at an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]?

Yes.....   
No .....  → **GO TO QUESTION 28**

26. Was this related to a heart problem or difficulty breathing?

Yes.....   
No .....  → **GO TO QUESTION 28**

**Emergency room/medical facility information**

27a. ER/Facility Name, City, State:  ▼

27a1. Specify ER/Facility name, city, and state if not in drop down list: \_\_\_\_\_

27b. Approximate date /   
Month Year

28. Since our last contact, have you (has [name]) stayed overnight as a patient in a nursing home?

Yes.....   
No .....

29. Are you (Is [name]) currently a resident of a nursing home or long-term care facility?

Yes.....   
No .....

**E. INVASIVE PROCEDURES**

**Next I am going to ask about various types of surgery and medical procedures. We are interested in those that occurred in the hospital, or as an outpatient.**

30. Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had any surgery on your [name's] heart, or the arteries of your [name's] neck or legs, not counting surgery for varicose veins?

Yes.....  
No ..... → **GO TO QUESTION 32**

31. Did you [name] have:

a. Coronary bypass?

Yes.....  
No .....

b. Other heart procedure?

Yes..... → Specify: \_\_\_\_\_  
No .....

c. Carotid endarterectomy?

Yes.....  
No ..... → **GO TO QUESTION 31e**

d. Site:

Right.....  
Left .....  
Both.....

e. Other arterial revascularization?

Yes..... → Specify: \_\_\_\_\_  
No .....

f. Any other type of surgery on your heart or the arteries of your [name's] neck or legs?

Yes.....  
No .....

32. Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?

Yes.....  
No ..... →

**IF QUESTION 1 is 'a. Participant contacted, agreed to be interviewed', GO TO QUESTION 33, COMPLETE THE GENERAL INTERVIEW FORM AND MCU;  
IF QUESTION 1 is 'c. Proxy/Informant contacted' or 'd. Other person contacted', AND QUESTION 2 is NOT 'Yes', GO TO QUESTION 33, COMPLETE THE MCU.**

Did you [name] have:

a. Angioplasty or stent of the coronary arteries of your [name's] heart?

Yes.....  
No .....

b. Angioplasty or stent in the arteries of your [name's] neck?

Yes.....

No .....

c. Angioplasty or stent of the lower extremity arteries?

Yes.....

No .....

**Angioplasty or stent facility information**

d. Facility Name, City, State:  ▼

e. Specify Facility name, city, and state if not in drop down list: \_\_\_\_\_

f. Approximate date /  →  
Month Year

**IF QUESTION 1 is 'a. Participant contacted, agreed to be interviewed', GO TO QUESTION 33, COMPLETE THE GENERAL INTERVIEW FORM AND MCU; IF QUESTION 1 is 'c. Proxy/Informant contacted' or 'd. Other person contacted', AND QUESTION 2 is NOT 'Yes', GO TO QUESTION 33, COMPLETE THE MCU.**

**F. ADMINISTRATIVE INFORMATION**

33. sAFU Core Questions Completion Status:

a. Complete .....

b. Partially complete; contact again within window (interruptions) ...

c. Partially complete; unable to complete within window (done) .....

**CLOSURE SCRIPT:**

**If participant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"**