


Coordinating Center Participant ID Label	HOME INTERVIEW
ASSIGNMENT INFORMATION	 <p style="text-align: center; margin-top: 5px;">ATHEROSCLEROSIS RISK IN COMMUNITIES STUDY</p>

RECORD OF CALLS

Day of Week	MO/DA/YR Date	Time	Notes	Code*	FI ID
Y M T W R F S	/ /	A P			
Y M T W R F S	/ /	A P			
Y M T W R F S	/ /	A P			
Y M T W R F S	/ /	A P			
Y M T W R F S	/ /	A P			
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Y M T W R F S	/ /	A P			
Y M T W R F S	/ /	A P			
Y M T W R F S	/ /	A P			

CLINIC APPOINTMENT SET? Y N	OFFICE USE ONLY	MONTH	DAY	YEAR	
		□ □	□ □	□ □	

- *RESULT CODES (CIRCLE THE FINAL FIELD RESULT CODE.)
- | | | |
|--------------------------------|------------------------------------|--------------------------------------|
| 01 Interview complete | 06 Physically/mentally incompetent | 11 Home Interview appointment set |
| 02 No one home | 07 Vacant | 18 Home interview appointment broken |
| 03 No eligible respondent home | 08 Partial interview | 20 Other (SPECIFY IN NOTES ABOVE) |
| 04 Refusal | 09 Vacation/second home | 26 Age ineligible |
| 05 Language barrier | 10 Temporarily away | 27 Moving from area |
- ENTER COMMENTS IN NOTES ABOVE FOR CODES 4, 5, 6, 10, 11 AND 20.

INTRODUCTION FOR FIRST CONTACT WITH ELIGIBLE RESPONDENT

Hello, I'm (NAME) with (NAME OF INSTITUTION). We are doing medical research for the National Institutes of Health to study factors related to heart disease in this county. As part of this important study, we are conducting a brief interview now and physical examination at a clinic later with people in (NAME OF COMMUNITY). (NAME OF COMMUNITY) is one of only four communities being studied. You are eligible for our study and we would appreciate your cooperation in this important effort. Would you like a brochure that explains the study and assures that everything you say will be kept private? I will be pleased to answer any questions you may have.

Let me record the date and time and we will begin this brief interview.

1. Date of Interview	2. Time Interview Began:	3. Interviewer ID#
□ □ □ □ □ □ MONTH DAY YEAR	□ □ : □ □ A □ □ : □ □ P HOUR MINUTE	□ □ □ □
		RMS 1, 2, 3 HOM 1, 3

IDN

- 4. I have the month and year of your birth. Please give me your complete date of birth. VERIFY ELIGIBILITY. IF INELIGIBLE, SAY: Thank you very much for your help but only people who are 45 through 64 years old are eligible for our study. TERMINATE INTERVIEW AND ENTER CODE 26 IN RECORD OF CALLS.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH	DAY	YEAR	

Since ARIC is a long-term study which will include a brief telephone interview with you each year and a second clinic examination three years from now, I would like to ask you about your future plans.

- 5. Do you have definite plans to move out of the area in the near future?

Yes.....Y
 No.....N → GO TO BOX BELOW QUESTION 8

- 6. When do you plan to move? RECORD NUMBER OF UNITS IN "a" and CIRCLE CODES FOR WEEK OR MONTH IN "b."

a. b. W M

- 7. Where do you plan to move?

CITY	COUNTY	STATE
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- 8. What arrangements have you made for moving? _____

REVIEW Qs. 6, 7, and 8

IF 6. Respondent plans to move within the next three months.
 AND 7. Respondent plans to move outside ARIC study area.
 AND 8. Moving arrangements are definite (movers hired, notice given on job, hired for job in new location, new/old residence rented, sold, etc.).

SAY: Since the ARIC study is a long term study and you will be unable to participate in the follow-up because of your moving plans, we will not be able to include you in the study. Thank you for your help. If your plans should change and you should stay in (NAME OF STUDY COMMUNITY) will you call the ARIC study staff and we will discuss your participation in the study? GIVE RESPONDENT BROCHURE WITH ARIC TELEPHONE NUMBER CIRCLED AND TERMINATE INTERVIEW.

ENTER CODE 27 IN RECORD OF CALLS.

I would like to ask you a few questions about your health and that of your parents.

9. Compared to other people your age, would you say that your health is excellent, good, fair, or poor?

Excellent.....E
 Good.....G
 Fair.....F
 Poor.....P

10. Has a doctor ever said you had any of the following: READ EACH DISEASE NAME AND CODE "N" IF "NO" OR "NEVER TESTED".

a. High blood pressure or hypertension
 (high blood).....Y.....N.....U (Unsure)
 b. High blood cholesterol.....Y.....N.....U (Unsure)
 c. Heart attack.....Y.....N.....U (Unsure)
 d. Stroke.....Y.....N.....U (Unsure)
 e. Diabetes (sugar in the blood).....Y.....N.....U (Unsure)
 f. Cancer.....Y.....N.....U (Unsure)
 g. Chronic lung disease, such as chronic
 bronchitis, or emphysema.....Y.....N.....U (Unsure)
 h. Asthma.....Y.....N.....U (Unsure)

11. Have you stayed overnight as a patient in a hospital during the past year?

Yes.....Y
 No.....N

12. Is your natural mother living?

Yes.....Y ➔ GO TO QUESTION 17
 No.....N
 Unknown.....U ➔ GO TO QUESTION 20

13. Approximately how old was she when she died? ENTER "99" FOR AGES 99 OR OLDER.

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AGE

14. What was the cause of your natural mother's death?

Cancer.....C
 Heart attack.....A
 Stroke.....S
 Other (Specify).....O _____
 Unknown.....U

15. Did your natural mother ever have any of the following diseases? READ EACH DISEASE NAME.

- a. Cancer.....Y.....N.....U (Unsure)
- b. Diabetes (sugar in the blood).....Y.....N.....U (Unsure)
- c. High blood pressure or hypertension (high blood).....Y.....N.....U (Unsure)
- d. Stroke.....Y.....N.....U (Unsure)
- e. Heart Attack.....Y.....N.....U (Unsure)

IF ALL "NO" OR "UNSURE",
GO TO QUESTION 20.

16. IF YES TO ANY DISEASE IN QUESTION 15, ASK FOR EACH DISEASE WITH A Y CODE: How old was she when she was first told she had (NAME OF DISEASE)? ENTER "99" FOR AGES 99 OR OLDER.

	<u>AGE</u>		<u>AGE</u>
a. (cancer)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	d. (a stroke)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
b. (diabetes)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	e. (a heart attack)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
c. (high BP)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		

→ GO TO QUESTION 20.

17. How old is she? ENTER "99" FOR AGES 99 AND OLDER.

AGE

18. Did your natural mother ever have or does she now have any of the following diseases? READ EACH DISEASE NAME.

- a. Cancer.....Y.....N.....U (Unsure)
- b. Diabetes (sugar in the blood).....Y.....N.....U (Unsure)
- c. High blood pressure or hypertension (high blood).....Y.....N.....U (Unsure)
- d. Stroke.....Y.....N.....U (Unsure)
- e. Heart attack.....Y.....N.....U (Unsure)

IF ALL "NO" OR "UNSURE",
 GO TO QUESTION 20.

19. IF YES TO ANY DISEASE IN QUESTION 18, ASK FOR EACH DISEASE WITH A Y CODE: How old was she when she was first told she had (NAME OF DISEASE)? ENTER "99" FOR AGES 99 OR OLDER.

	<u>AGE</u>		<u>AGE</u>
a. (cancer)	<input style="width: 20px; height: 20px;" type="text"/>	d. (a stroke)	<input style="width: 20px; height: 20px;" type="text"/>
b. (diabetes)	<input style="width: 20px; height: 20px;" type="text"/>	e. (a heart attack)	<input style="width: 20px; height: 20px;" type="text"/>
c. (high BP)	<input style="width: 20px; height: 20px;" type="text"/>		

20. Is your natural father living?

- Yes.....Y → GO TO QUESTION 25
- No.....N
- Unknown.....U → GO TO QUESTION 28

21. Approximately how old was he when he died? ENTER "99" FOR AGES 99 OR OLDER.

AGE

22. What was the cause of your natural father's death?

- Cancer.....C
- Heart attack.....A
- Stroke.....S
- Other (Specify).....O
- Unknown.....U

23. Did your natural father ever have any of the following diseases? READ EACH DISEASE NAME.

- a. Cancer.....Y.....N.....U (Unsure)
- b. Diabetes (sugar in the blood).....Y.....N.....U (Unsure)
- c. High blood pressure or hypertension
(high blood).....Y.....N.....U (Unsure)
- d. Stroke.....Y.....N.....U (Unsure)
- e. Heart attack.....Y.....N.....U (Unsure)

IF ALL "NO" OR "UNSURE",
GO TO QUESTION 28.

24. IF YES TO ANY DISEASE IN QUESTION 23, ASK FOR EACH DISEASE WITH A Y CODE: How old was he when he was first told he had (NAME OF DISEASE)? ENTER "99" FOR AGES 99 OR OLDER.

	<u>AGE</u>		<u>AGE</u>
a. (cancer)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	d. (a stroke)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
b. (diabetes)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	e. (a heart attack)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
c. (high BP)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>		

→ GO TO QUESTION 28.

25. How old is he? ENTER "99" FOR AGES 99 AND OLDER.

AGE

26. Did your natural father ever have or does he now have any of the following diseases
 READ EACH DISEASE NAME.

- a. Cancer.....Y.....N.....U (Unsure)
- b. Diabetes (sugar in the blood).....Y.....N.....U (Unsure)
- c. High blood pressure or hypertension
 (high blood).....Y.....N.....U (Unsure)
- d. Stroke.....Y.....N.....U (Unsure)
- e. Heart attack.....Y.....N.....U (Unsure)

IF ALL "NO" OR "UNSURE",
 GO TO QUESTION 28.

27. IF YES TO ANY DISEASE IN QUESTION 26, ASK FOR EACH DISEASE WITH A Y CODE:
 How old was he when he was first told he had (NAME OF DISEASE)? ENTER "99"
 FOR AGES 99 OR OLDER.

	<u>AGE</u>		<u>AGE</u>
a. (cancer)	<input style="width: 20px; height: 20px;" type="text"/>	d. (a stroke)	<input style="width: 20px; height: 20px;" type="text"/>
b. (diabetes)	<input style="width: 20px; height: 20px;" type="text"/>	e. (a heart attack)	<input style="width: 20px; height: 20px;" type="text"/>
c. (high BP)	<input style="width: 20px; height: 20px;" type="text"/>		

28. Now I have a few questions about you. Have you ever smoked cigarettes?
 (CODE "NO" IF LESS THAN 400 CIGARETTES IN A LIFETIME.)

Yes.....Y
 No.....N → GO TO QUESTION 37

29. How old were you when you first started regular cigarette smoking? ENTER
 "00" IF NEVER SMOKED REGULARLY.

AGE

30. Do you now smoke cigarettes?

Yes.....Y → GO TO QUESTION 32
 No.....N

31. How old were you when you stopped?

AGE → GO TO QUESTION 33

32. How many cigarettes do you smoke per day now? (CODE "00" IF LESS THAN ONE PER DAY.)

CIGARETTES

33. During the years that you have smoked, was there ever a period of one year or more that you did not smoke cigarettes?

Yes.....Y
No.....N → GO TO QUESTION 35

34. For how many years did you not smoke cigarettes?

YEARS

35. On the average of the entire time you smoked, how many cigarettes did you usually smoke per day? (CODE "00" IF LESS THAN ONE PER DAY.)

CIGARETTES

36. (Do/did) you inhale the cigarette smoke? READ RESPONSE CATEGORIES.

Not at all.....N
Slightly.....S
Moderately.....M
Deeply.....D

37. Have you ever smoked a pipe regularly? (CODE "NO" IF LESS THAN 12 OZ IN A LIFETIME.)

Yes.....Y
No.....N → GO TO QUESTION 44

38. How old were you when you started to smoke a pipe regularly?

AGE

39. Do you now smoke a pipe?

Yes.....Y → GO TO QUESTION 41
No.....N

40. How old were you when you stopped?

→ GO TO QUESTION 42

AGE

41. How much pipe tobacco are you smoking now? (RECORD OZ PER WEEK: A STANDARD POUCH OF TOBACCO CONTAINS 1 1/2 OZ. CODE "00" IF LESS THAN ONE OZ. PER WEEK.)

OZ

42. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? (RECORD OZ PER WEEK: A STANDARD POUCH OF TOBACCO CONTAINS 1 1/2 OZ. CODE "00" IF LESS THAN ONE OZ. PER WEEK.)

OZ

43. (Do/Did) you ever inhale the pipe smoke? READ RESPONSE CATEGORIES.

- Not at all.....N
- Slightly.....S
- Moderately.....M
- Deeply.....D

44. Have you ever smoked cigars or cigarillos regularly? (CODE "NO" IF LESS THAN 1 CIGAR/ CIGARILLO A WEEK FOR A YEAR).

- Yes.....Y
- No.....N → GO TO QUESTION 51

45. How old were you when you started smoking (cigars/cigarillos) regularly?

AGE

46. Do you now smoke (cigars/cigarillos)?

- Yes.....Y → GO TO QUESTION 48
- No.....N

47. How old were you when you stopped?

→ GO TO QUESTION 49

AGE

48. How many (cigars/cigarillos) do you smoke per week now? (CODE "00" IF LESS THAN ONE PER WEEK.)

CIGARS/CIGARILLOS

49. On the average, over the entire time you smoked (cigars/cigarillos), how many (cigars/ cigarillos) did you smoke per week? (CODE "00" IF LESS THAN ONE PER WEEK.)

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CIGARS/CIGARILLOS

50. (Do/Did) you inhale the (cigar/cigarillo) smoke? READ RESPONSE CATEGORIES.

- Not at all.....N
- Slightly.....S
- Moderately.....M
- Deeply.....D

51. Please tell me if you are currently using or have ever used chewing tobacco, snuff, or nicotine gum prescribed by a doctor; for example, Nicorette. IF "YES," PROBE FOR CURRENT OR PAST USE.

- a. Chewing tobacco....Currently.....C.....Never.....N.....Past Use.....P
- b. Snuff.....Currently.....C.....Never.....N.....Past Use.....P
- c. Nicotine gum.....Currently.....C.....Never.....N.....Past Use.....P

52. ASK NON-SMOKERS ONLY: During the past year, about how many hours per week, on the average, were you in close contact with people when they were smoking? For example, in your home, in a car, at work or other close quarters.

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HOURS

Now I have a few last general questions about you.

53. How long have you lived in (NAME OF COMMUNITY)?

--	--

YEARS

54. What is the highest grade or year of school you have ever completed, including trade or vocational school or college? RECORD NUMBER OF YEARS FOR GRADES 1-12 _____ OR:

CIRCLE RESPONSE FOR HIGHEST NUMBER BELOW:

- | | |
|-------------------------|---|
| GED.....13 | <u>COLLEGE</u> |
| <u>VOCATIONAL</u> | 1 Year.....17 |
| 1 Year.....14 | 2 Years.....18 |
| 2 Years.....15 | 3 Years.....19 |
| 3 Years.....16 | 4 Years.....20 |
| | Graduate School or Professional School.....21 |
| | Don't know.....99 |

68. What is your home telephone number, starting with your area code?

RMS
IDN

-

CHECK (↓) IF NO HOME TELEPHONE AND GO TO QUESTION 70.

69. What is the best time for us to contact you at home?

RMS

70. Can you provide me with a telephone number other than your home where we can contact you?

RMS
IDN

-

SPECIFY: _____

71. What is the best time for us to contact you at that telephone number?

RMS

(IF RESPONDENT IS NOT PLANNING TO COME TO THE CLINIC, GO TO QUESTION 80.)

There are several points we would like to cover to make your clinic visits easier.

For your visit we ask that you fast, taking nothing by mouth but water and essential medication for 12 hours before your appointment. You will be given a snack shortly after your arrival, after we have drawn your blood sample.

72. Some medicines, such as insulin for diabetes, cannot be taken while fasting. Do you take insulin for diabetes?

RMS

Yes.....Y Continue to take insulin the way you normally do. You should not fast before you come to the clinic. GO TO QUESTION 77.
No.....N

73. Do you have any medical reason why you must not fast for 12 hours?

RMS

Yes (SPECIFY).....Y _____
No.....N → GO TO QUESTION 75.

74. Is it possible for you to arrange with your doctor a way to fast before you come to the clinic?

RMS

Yes.....Y Good. Please do so.
No.....N Then it will be o.k. for you to eat before the visit as you normally do.

75. Some medications can be taken fasting or delayed until the snack at the clinic. Do you have a medicine you must take for which you must not fast for 12 hours?

RMS

Yes.....Y
No.....N → GO TO QUESTION 77.

76. Is it possible for you to arrange with your doctor a way to take this medicine without fasting or fasting for a shorter time before you come to the clinic?

RMS

Yes.....Y Good. Please do so.
No.....N Then it will be o.k. for you to take it before the visit as you normally do.

77. Do you have any special diet we should consider for the clinic snack?

RMS

Yes (SPECIFY).....Y _____
No.....N

78. Will you need any assistance climbing steps or getting around the clinic?

RMS

Yes (SPECIFY).....Y _____
No.....N

79. Do you have any other special needs for the clinic visit that we should know about?

RMS

Yes (SPECIFY).....Y _____
No.....N

80. TIME INTERVIEW ENDED

		:			A
HOUR			MINUTES		P

RMS

81. SCHEDULE APPOINTMENT. (GO TO f. IN BOX BELOW IF RESPONDENT IS NOT GOING TO COME TO THE CLINIC.)

IF INTERVIEW SCHEDULED WITH ANOTHER HOUSEHOLD MEMBER, READ: Now I would like to interview (NAME OF RESPONDENT), then we will make the appointment for your clinic examinations together.

IF INTERVIEWS COMPLETED FOR THIS VISIT, READ: Now I would like to set your appointment for the clinic examination. May I use your telephone to call for a good appointment time for you?

CALL (TELEPHONE NUMBER) FOR APPOINTMENT INFORMATION AND RECORD BELOW.

a. b. M T W R F S c. : A P

MONTH DAY YEAR HOUR MINUTES

RMS

REVIEW APPOINTMENT SCHEDULE, PROCEDURES.

IF RESPONDENT IS UNABLE TO SCHEDULE APPOINTMENT AT THIS TIME, SPECIFY:

d. REASON: _____

e. RECONTACT PROCEDURES _____

f. RECORD REASON RESPONDENT IS NOT COMING TO THE CLINIC:

- Language barrier 01
- Physically unable to attend clinic 02
- Doesn't want blood drawn 03
- Doesn't want to take time off work 04
- Other refusal (specify) _____ 05
- Other (specify) _____ 06

RMS

NOW GO TO MEDICATIONS INSTRUCTIONS NEXT PAGE.

READ THE FOLLOWING MEDICATIONS INSTRUCTIONS:

"During your visit to the Clinic we would like to record any medicines you are taking, because they tell us about a person's health and may have effects on the tests which we will perform.

We are interested in ALL medicines that you take for ANY reason in the TWO WEEKS before your visit to the ARIC clinic, not just in heart medicines.

The best way to get this information is for you to bring in this carrying bag (HAND MEDICATIONS BAG TO PARTICIPANT) the containers of any medicines used in the two weeks before your visit, including:

- Prescription drugs from your physician or dentist;
- Prescription drugs you may have received from other people, such as friends or relatives:
- Over-the-counter medicines you may have bought at the drug store or a supermarket, such as medicines for colds, constipation, allergies, vitamins, minerals, and the like.

We ask that you bring the containers so that we can copy the information from the label. If you don't have the container, please bring the prescription or any other information that has the name of the drugs. Even if you only have loose pills or capsules, please bring them to the clinic so that we can identify them.

At the clinic we will handle all your medicines and containers very carefully and will return them in this same bag before you leave. Like all the other information we collect, your use of medicines will be kept in strict confidence."

DOES PARTICIPANT HAVE: (CHECK ALL THAT APPLY FOR YOUR FIELD CENTER)	PARTICIPANT INFORMATION SHEET	<input type="checkbox"/>	YES
	MEDICATION BAG	<input type="checkbox"/>	YES
	BROCHURE	<input type="checkbox"/>	YES
	MEDICATION INSTRUCTIONS	<input type="checkbox"/>	YES
	INTRODUCTORY LETTER	<input type="checkbox"/>	YES
	CONSENT FORM	<input type="checkbox"/>	YES
	CLINIC MAP	<input type="checkbox"/>	YES

INTERVIEWER REMARKS

82. RESPONDENT'S COOPERATION WAS:

Very Good V Good G Fair F Poor P RMS

83. THE QUALITY OF THE INTERVIEW IS: (CIRCLE THE FOLLOWING CODE.)

RMS

- High Quality.....H
- Generally Reliable.....R
- Questionable.....Q
- Unsatisfactory.....U

IF CODE Q OR U, CODE REASON USING CODES BELOW.

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RMS

REASON CODES FOR QUESTIONABLE OR UNSATISFACTORY INFORMATION (ENTER CODE ABOVE):

THE MAIN REASON FOR UNSATISFACTORY OR QUESTIONABLE QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:

- Did not want to be more specific.....01
- Did not understand or speak English well.....02
- Was bored or uninterested.....03
- Was upset, depressed, or angry.....04
- Had poor hearing or speech.....05
- Was confused or distracted by frequent interruptions.....06
- Was inhibited by others around him/her.....07
- Was embarrassed by the subject matter.....08
- Was emotionally unstable.....09
- Was physically ill.....10
- Other (SPECIFY).....11

84. Is the respondent able to read and write?

RMS

- Yes.....Y
- No.....N
- Unsure.....U

COMMENTS: