

B. DEATH INFORMATION

4. Date of Death:.....

		/			/				
m	m		d	d		y	y	y	y

5. Location of death:

a. City/County:.....

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b. State:.....

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[FOR PARTICIPANTS "REPORTED DECEASED", GO TO ITEM #9]

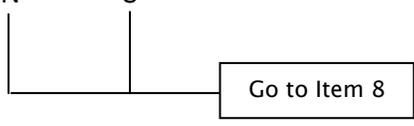
C. GENERAL HEALTH

6. Now I will ask you some questions about your health. Over the past year, compared to other people your age would you say 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
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



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

k. And the date it was diagnosed: /
m m y y y y

l. Have you had another cancer?..... Yes Y
 No N
 Unknown U

Go to Item 8

m. Can you tell me in what part of the body the cancer was located?

n. And the date it was diagnosed: /
m m y y y y

D. STROKE/TIA

8. 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 "Yes" ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.

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
No N
Unknown U

If "Yes" add to "HOSPITALIZATIONS" section.

[IF BOTH ITEMS #9 AND #10 = "N" OR "U", SKIP TO ITEM #11A (BELOW THE "HOSPITALIZATIONS" SECTION)].

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

BIRTHDAY: / /

VI. Date: / /

SOCIAL SECURITY:

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:

/

40 a. Linkage status:.....

Hospitalization reported H
Hospitalization fully sought by Surveillance and not found N

37 b. Hospitalization Reason:

38 b. Hospital Name, City and State:

40 d. Linkage status:.....Hospitalization reported H
Hospitalization fully sought
by Surveillance and not found 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:.....Hospitalization reported H
Hospitalization fully sought
by Surveillance and not found N

37 f. Hospitalization Reason:

38 f. Hospital Name, City and State:

39 f. Month and Year:

		/				
m	m		y	y	y	y

40 f. Linkage status:.....Hospitalization reported H
Hospitalization fully sought
by Surveillance and not found N

E. OVERNIGHT ADMISSIONS (Continued) Add all the 7,8,.9 codes to these items below

[FOR "DECEASED", "REPORTED ALIVE", OR "CONTACTED BY LETTER" STATUSES, GO TO ITEM 33].

11 a. [SEE INSTRUCTIONS ABOVE] Since our last contact, have you stayed overnight as a patient in a nursing home?.....Yes Y

Go to Item 12 — No N

11 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 "A" or "B" of Annual Follow-up?.....Yes Y

Go to Item 12b — No N

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?.....Yes Y

Go to Item 13a

No N

Go to Item 14a

12 b. Since your last JHS 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

Go to Item 14b — No N

13. Did you have:

a. Coronary bypass.....Yes Y

No N

b. Other heart procedures.....Yes Y

Go to Item 13c — No N

Specify: _____

c. Carotid endarterectomyYes Y

No N
Go to Item 13e

d. Site.....Right R

Left L

Both B

e. Other arterial revascularizationYes Y

No N
Go to Item 13f

Specify: _____

f. Any other type of surgery on your heart or the arteries of your neck or legs?.....Yes Y

No N

14. [DO NOT ASK] Has participant completed a previous version "A" or "B" of Annual Follow-up?Yes Y

No N
Go to Item 14b

14 a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs?.....Yes Y

Go to Item 15a

No N

Go to Item 16

14 b. Since your last visit to the JHS clinic on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs?Yes Y

No N
Go to Item 16

15. Did you have:

- | | | |
|---|-----|---|
| a. Angioplasty of the coronary arteries | Yes | Y |
| | No | N |
| b. Angioplasty in the arteries of your neck | Yes | Y |
| | No | N |
| c. Angioplasty of lower extremity arteries..... | Yes | Y |
| | No | N |

H. INTERVIEW

“Next, I would like to ask about medication use during the past two weeks.”

16. Did you take any medications during the past two weeks for:

- | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|---------------------------------|------------|-----------|----------------|
| a. High blood pressure | Y | N | U |
| b. High blood cholesterol | Y | N | U |
| c. Diabetes or high blood sugar | Y | N | U |

“Now 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 nor Advil. | Yes | Y |
| | No | N |
| | Unknown | U |

- | | | |
|---|--------|---|
| 18. [DO NOT ASK] Is the participant male or female? | Male | M |
| | Female | F |

Go to Item 23

I. FUNCTIONAL STATUS: add don't know refused and missing codes

“Now I would like to find out whether you can do some physical activity 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

24. Are you able to walk up and down stairs without help?.....Yes Y
 No N

25. Are you able to walk half a mile without help? That’s about 8 ordinary blocks.Yes Y
 No N

26 a. Are you ABLE to go to work?..... Yes Y ———
 No N
 Not Applicable A ———

26 b. Is a heart problem the main cause of your not being able to work? Yes Y
 No N ———
 Unknown U

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 ———

27 b. On how many days has this happened? (maximum 28) days

28 a. Are you able to do your usual activities, such as work around the house or recreation?Yes Y ———
 No N

28 b. Is a heart problem the main cause of your being
 unable to do this (these) activity(ies)? Yes Y
 No N
 Unknown U

Go to Item 30

When you add the refused and missing codes to this one, make sure to extend the go to box to include all responses

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? Yes Y
 No N

Go to Item 30

29 b. On how many days has this happened? (maximum 28) days

J. OTHER ITEMS

“Next, I have a few miscellaneous questions.”

30. Do you now smoke cigarettes? Yes Y
 No N

31. Please tell me which of the following describes your
 current marital status [READ EACH CATEGORY]: Married M
 Widowed W
 Divorced D
 Separated S
 Never married N

K. ADMINISTRATIVE INFORMATION

33. Code number of person completing this form:

34. Does participant (still) live within official JHS study
 boundaries? Yes Y
 No N
 Unknown U

35. Will JHS (still) be able to get his/her records via
 community surveillance? Yes Y
 No N

36. Result code [RECORD NUMBER FROM CODE LIST, BELOW]:

- No action taken 01
- Tracing (not yet contacted any source) 02
- Contacted, interview partially complete or rescheduled 04
- Contacted, interview refused 05
- Reported alive, will continue to attempt contact this year 06
- Reported alive, contact not possible this year 07
- Reported deceased 08
- Unknown 09
- Contacted, interview complete – complete next section 10
- Does not want any further AFU contact 98

L. EMPLOYMENT STATUS

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

Homemaking	A	<input type="text" value="STOP"/>
Employed	B	
Unemployed	C	<input type="text" value="Go to Item 32c"/>
Retired	D	<input type="text" value="Go to Item 32d"/>

32 b. Which of these two categories best describes your "employed" status:.....

Employed at a job for pay, either full or part-time	A	<input type="text" value="STOP"/>
Employed, but temporarily away from regular work	B	

32 c. Which of these two categories best describes your "unemployed" status:

Unemployed, looking for work	A	<input type="text" value="STOP"/>
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

END OF FORM – STOP