

Annual Follow-Up Questionnaire Form

FORM CODE: AFU VERSION B 08/05/2005 ·U pt

ID NU	MBER:									C	ONT	ACT	YEAI	R:				Ver	ntent identical to ARIC AF sion I (04/11/2001) exce n #36 result codes
LAST	NAME:														INITI	ALS:			
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A. VIT	AL STA	TUS																	
1.	Date of	statu	s det	erm	inat	ion.			m	m	/	d	d	/	У	У	У	У	
			<u>(</u>			l Sta ie be	tus: !low)												ed from: <u>below)</u>
1	Contact	ed an	d ali	ve		C—			– Pe	rsor	nal In	itervi	ew				В		Go to Item 6
	Contact	ed an	d ref	use	d	F —													Go to Item 33
	Reporte	d aliv	e			R —			- Er	nplo	yer i	nforr	natio	on	ntan		E		- Go to Item 9
	Reporte	d dec	ease	d		D—			– Sı	ırvei	llanc	e			ntan nde>		Н]	Continue to Item 4

Go to Item 33

B. DEATH INFORMATION

4.	Date of Death:			/			/				
		m	m		d	d		У	У	У	У
5.	Location of death:		_	_		_					
	a. City/County:										
					•				•		
	b. State:										

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

C. GENERAL HEALTH

Good G
Fair F
Poor P

Go to Item 8

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	Ų

	j.	Can											_							_					
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	I.	Have	you	had	anoth	าer ca	ance	r?								. Yes	;			Υ					
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8b.	Were	you emic a	hospi	taliz	ed fo	r this	stro	oke,	sligl	ht s	troke	, tran	sier	nt		٧a	_			V	,				
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9.	Were	you	(was	[nam	e]) ho	ospita	alize	d fo	r a h	iear	t atta	ıck				.,				.,					
	since	our	iast C	onta	Lt on	(mm	/ aa /	ууу	y)?	•••••	•••••	•••••	•••••	• • • •	•••••	. res	1			Y					
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10.	stayed (Did [name] stay) overnight as a patient ital for any other reason since our last contact?	Yes	Υ
		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)].

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	7 a. Hospitalization Reason:																							
	7 a. HOSPILATIZATION REASON:																							
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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 contains have you stayed overnight as a patient in a		Yes	Υ	
	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 that occurred in the hospital or as an outpatient."		ures. We are	interested	in both those
12. [DO NOT ASK] Has participant completed a version "A" or "B" of Annual Follow-up?		Yes	Υ	
	Go to Item 12b	No	N	
12 a. Since we last contacted you on (mm/dd/yyy have you had surgery on your heart, or the				
of your neck or legs excluding surgery for veins?	aricose	Yes	Υ	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 surg	2004			
for varicose veins?		Yes	Υ	
	Go to Item 14b	— No	N	
13. Did you have:				
a. Coronary bypass		Yes	Υ	
		No	N	
b. Other heart procedures		Yes	Υ	
	Go to Item 13c	— No	N	
Specify:				

c. Carotid endarterectomy		Yes	Υ	
	Go to Item 13e	No	N	
d. Site		Right	R	
		Left	L	
		Both	В	
e. Other arterial revascularization		Yes	Y	
	Go to Item 13f	No	N	
Specify:		-		
		-		
f. Any other type of surgery on your heart of arteries of your neck or legs?	or the ·····	Yes	Y	
		No	N	
 [DO NOT ASK] Has participant completed a pre version "A" or "B" of Annual Follow-up? 	vious	Yes	Y	
γ	Go to Item 14b	— No	N	
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	Υ —	Go to Item 15a
		No	N	Go to Item 16
14 b. Since your last visit to the JHS clinic on (mm/do have you had a balloon angioplasty on the arte				
of your heart, neck or legs?		Yes	Y	
	Go to Item 16	No	N	

15.	Did	you have:				
	a.	Angioplasty of the coronary arteries		Yes	Υ	
				No	N	
	b.	Angioplasty in the arteries of your neck		Yes	Υ	
				No	N	
	c.	Angioplasty of lower extremity arteries		Yes	Υ	
				No	N	
H. IN	ITERV	TIEW				
"Nex	t, I w	ould like to ask about medication use during the past two we	eks."			
16.	Did	you take any medications during the past two weeks for: \underline{Y}	<u>es</u>	<u>No</u>	<u>Unknown</u>	
	a.	High blood pressure	′	N	U	
	b.	High blood cholesterol	′	N	U	
	c.	Diabetes or high blood sugar	′	N	U	
with	anoth	uld like to ask you about your <u>regular</u> use of aspirin. This inc ner drug, such as aspirin <u>in a cold medicine</u> . By regular use, I several months."				
17.		you NOW taking aspirin or a medicine containing aspirin regular basis? This does not include Tylenol nor Advil	Yes		Y	
		ı	No		N	
		ı	Unkn	own	U	
18.	[DO	NOT ASK] Is the participant male or female?	N	lale	М ——	Go to Item 23

Female

F

19.	[DC	NO rsior	oT AS n "A"	K] H or "I	as th 3" of	ie pa Ann	rtici ual F	pant ollov	com v-up	plete ?	ed a	prev	ious				.Yes		Y		
												Go	to Ite	em 19)b		· No		N		
19 a		ı tak	en o	r use	ed an	y fer	male	hor	mon	e pill	s, sk	in					V		.,	Go t	o Item 19c
	pat	ches	s, sho	ots o	r ımı	plant	:s?								•••••		. Yes No		ү — N —	Go	to Item 23
19 b). Sind			HS vi ken d						rmor	ne ni	llc									
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22. Code 2:.....

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 <u>person</u>. 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	Υ	
		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	
				Go to Item 27a
26 a.	Are you ABLE to go to work?Yes		Υ —	
	No		N	
	Not Ap	plicable	Α ——	Go to Item 28a
26 b.	Is a heart problem the main cause of your not being able to work?	nown	Y — N — U — U	Go to Item 28a
27 a.	During the past 4 weeks, have you missed work for at least half a day because of your health?	Yes	Υ	
	Go to Item 28a	– 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?		Υ	Go to Item 29a
		No	N	

28 b	ls a heart problem the main cause of your being unable to do this (these) activity(ies)?		Y	
		No	N —	Go to Item 30
		Unknown	U —	
	n you add the refused and missing codes to this onses	one, make sure to extend the	go to box to	include all
	During the past 4 weeks, have you had to cut do your usual activities, (such as work around the or recreation), for half a day or more because o health?	house f your	Y	
	neatti:	No No	N	
		Go to Item 30	IN	
29 b	o. On how many days has this happened? (maxim	um 28)	days	
J. OT	THER ITEMS			
"Nex	t, I have a few miscellaneous questions."			
30.	Do you now smoke cigarettes?	Yes	Υ	
		No	N	
31.	Please tell me which of the following describes current marital status [READ EACH CATEGORY]:		М	
		Widowed	W	
		Divorced	D	
		Separated	S	
		Never married	N	
K. A	DMINISTRATIVE INFORMATION			
33.	Code number of person completing this form: .			
34.	Does participant (still) live within official JHS stuboundaries?		Y	
		No	N	
		Unknown	U	
35.	Will JHS (still) be able to get his/her records via community surveillance?	Yes	Y	

Ν

No

36. Result code [RECORD NUMBER FF	ROM CODE LIST, BELOW]:		
No action	taken	01	
Tracing (no	ot yet contacted any source)	02	
Contacted	, interview partially complete or rescheduled	04	
Contacted	, interview refused	05	
Reported a	alive, will continue to attempt contact this year	06	
Reported a	alive, contact not possible this year	07	
Reported o	deceased	08	
Unknown		09	
Contacted, interview complete – complete next section		10	
Does not v	vant any further AFU contact	98	
L. EMPLOYMENT STATUS			
32 a. Please tell me which of the following best describes your employment status:		A	STOP
your employment status	Employed	А —— В	
	Unemployed	C —	Go to Item 32c
	Retired	D	Go to Item 32d
32 b. Which of these two categories be describes your "employed" status	est s:Employed at a job for pay, either full or part-time	Α	
	Employed, but temporarily away from regular work	В	STOP
32 c. Which of these two categories be describes your "unemployed" sta	est tus: Unemployed, looking for work	Α	
			STOP
	Unemployed, not looking for work	В —	

describes your "retired" status:	Retired from my usual occupation and not working	Α
	Retired from my usual occupation, but working for pay	В

END OF FORM - STOP