| NESISSIPPI MEDICAL CENTER . TOUGHOO | | |
|---|---|--|
| - LACKSON | Annual Follow-Up Form | |
| JACKSON HEARING ALTER A TOUGHOUT ON THE A R T HOUSE | FORM CODE: AFU VERSION: F 01/05/2015 | |
| ID NUMBER: | CONTACT YEAR: | |
| LAST NAME: | INITIALS: | |
| | | |
| ADMINISTRATIVE INFORMATION | | |
| 0a. Completion Date: | nth Day Year Ob. Staff ID: | |
| Instructions: This form should be completed during the interview portion of the participant's follow-up. The Date is the day the contact was made or is the date the status determination was 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 SCRIF with [name of co | <u>'T:</u> "Hello, this is [your name] from the JHS Study. May I please speak ontact]?" | |
| "Hello [name of respondent]. My name is [your name] and I am from the JHS 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 b. Participant contacted, refused to be interviewed c. Proxy/Informant contacted d. Other person contacted e. Contact pending; continue to attempt to contact f. Window closed; unable to contact |
| 2. | Is the participant deceased? Yes No |
| B. | DEATH INFORMATION |
| 3. | Death reported by: (select one) Relative/Spouse/Acquaintance |

| 4. Date of death: | |
|---|--|
| 5. Location of death: a. City: b. County: | |
| 6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]? Yes | |
| No Image: Source Control of Control | |
| Yes - person located | |
| HOSPITALIZATIONS FOR HEART ATTACK / CONDITION / STROKE (for deceased participants) | |
| 7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]? Yes No | |
| 8a. Hospital Name, City, State: ▼ | |
| 8a1. Specify hospital name, city, and state if not in drop down list: | |
| 8b. Approximate date of hospitalization: | |
| Second hospitalization, if applicable | |
| 9a. Hospital Name, City, State:▼ | |
| 9a1. Specify hospital name, city, and state if not in drop down list: | |
| 9b. Approximate date of hospitalization Month Year | |

OTHER HOSPITALIZATIONS (for deceased participants)

| 10. Was [name] hospitalized or did [name] stay in a hospital observation unit for any other reason since our last contact? |
|--|
| Yes No □ ➡ GO TO QUESTION 14 |
| 11a. Hospitalization Reason: |
| 11b. Hospital Name, City, State:▼ |
| 11b1. Specify hospital name, city, and state if not in drop down list: |
| 11c. Approximate date of hospitalization Month Year |
| Second hospitalization, if applicable |
| 12a. Hospitalization Reason: |
| 12b. Hospital Name, City, State:▼ |
| 12b1. Specify hospital name, city, and state if not in drop down list: |
| 12c. Approximate date of hospitalization Month Year |
| Third hospitalization. if applicable |
| 13a. Hospitalization Reason: |
| 13b. Hospital Name, City, State:▼ |
| 13b1. Specify hospital name, city, and state if not in drop down list: |
| 13c. Approximate date of hospitalization Month Year |
| OUTPATIENT TREATMENT (for deceased participants) |

14. Was [name] seen at an emergency room or a medical facility for outpatient treatment since our last contact?

Yes...... No ☐ ➡ GO TO QUESTION 71 15. Was this related to a heart problem or difficulty breathing?

| Yes | |
|------|-------------------|
| No□⇔ | GO TO QUESTION 71 |

16a. ER/Facility Name, City, State:

16a1. Specify ER/ facility name, city, and state if not in drop down list:

| 16b. Approximate date: Month Year | GO TO QUESTION 71 |
|-----------------------------------|-------------------|
| C. GENERAL HEALTH | |

17. Now I will ask you some questions about your health. Over the past year, compared to other people your age, would you say that your health has been excellent, good, fair or poor?

| Excellent | |
|-----------|--|
| Good | |
| Fair | |
| Poor | |

[QUESTIONS 18-20 MOVED TO MCU FORM]

21a. Are there times when you wake up at night because of difficulty breathing?

| Yes[| |
|------|--|
| No[| |

21b. Do you have trouble breathing or shortness of breath when hurrying on a level surface?

| Yes | |
|----------------|-------------------|
| No | |
| Unable to Walk | GO TO QUESTION 22 |

21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?

| Yes | |
|-----|--|
| No | |

21d.Do you stop for breath when walking at your own pace?

| Yes | |
|-----|--|
| No | |

21e.Do you stop for breath after walking 100 yards on a level surface?

| Yes | |
|-----|--|
| No | |

21f. Do you have to walk slower than people of your own age on a level surface because of shortness of breath?

| Yes | |
|-----|--|
| No | |

22. Do you have difficulty breathing when you are not walking or active?

| Yes | |
|-----|-----------|
| No | \square |

23. Do you usually have some cough or wheezing?

| Yes | |
|-----|--|
| No[| |

[QUESTIONS 24-25 MOVED TO MCU FORM]

26. Do you have pain in your legs caused by a blockage of the arteries?

| Yes | . 🗌 |
|-----|-----|
| No | . 🗌 |

27. Do you often have swelling in your feet or ankles at the end of the day?

| Yes | |
|-----|-------------------|
| No□ | GO TO QUESTION 28 |

27a. Is the swelling in your feet or ankles gone in the morning?

| Yes | |
|-----|------|
| No | |

28. Since we last contacted you [name], has a doctor said you [name] had cancer?

| Yes | IF QUESTION 1 is 'a. Participant contacted, agreed to be interviewed', GO TO QUESTION 36; IF QUESTION 1 is 'c. Proxy/Informant contacted' or 'd. Other person contacted', GO TO QUESTION 29 |
|-----|--|
| Ś. | |

28a. Can you tell me in what part of the body the [name's] most recently diagnosed cancer was located?

28b. What is the approximate date the cancer was diagnosed?

| | | ′ | | | |
|----|-----|---|----|----|--|
| Mo | nth | | Ye | ar | |

DOCTOR INFORMATION FOR CANCER

"Please provide the contact information of the doctor you [name] most recently visited for your [his/her] cancer."

28c. Contact information of the doctor you [name] last saw for your [his/her] cancer:

| 28c1. Doctor Nar | e: |
|------------------|----|
| | |

| 28c3. Address: | |
|----------------|--|
| | |

| 28c4. City: | 28c5. State: | |
|-------------|--------------|--|
| | | |

| 28c6. Approximate date: | | | |
|-------------------------|-------|------|--|
| | Month | Year | |

If speaking to the participant: "The JHS 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 JHS 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."

If speaking to the proxy/informant/other: "The JHS study would like to ask [name's] health care providers to tell us more about his/her cancer diagnosis and treatment. If you agree to do this, I will send [name] a form that tells his/her providers that [name] authorizes the JHS study to get this information from them. Once [name] signs that form and mails it back to me, I will contact the office of the health care providers."

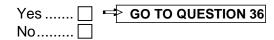
28d. May I send you this release form and an addressed envelope for you to mail it back?



IF QUESTION 1 is 'a. Participants contacted, agreed to be interviewed' GO TO QUESTION 36; IF QUESTION 1 is 'c. Proxy/Informant contacted' or 'd. Other person contacted', GO TO QUESTION 29

D. CARDIOVASCULAR EVENTS

29. May I ask you some more questions about [name's] health?



29a. Is there someone else we can ask?

| Yes, person located | GO TO QUESTION 36 |
|---|-------------------|
| Yes, reschedule remainder of interview□ 🖛 | GO TO QUESTION 71 |
| No | GO TO QUESTION 71 |

RECENT HEART FAILURE DIAGNOSIS

[QUESTIONS 30-35 MOVED TO MCU FORM]

36. 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 40 |

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

| Yes | |
|------|-------------------|
| No□⇔ | GO TO QUESTION 40 |

HOSPITAL INFORMATION FOR HEART ATTACK

| 38a. Hospital Name, City, State: | 38a. | Hospital | Name, | City, | State: | |
|----------------------------------|------|----------|-------|-------|--------|--|
|----------------------------------|------|----------|-------|-------|--------|--|

38a1. Specify hospital name, city, and state if not in drop down list:

| 38b. Approximate date of hospitalization | | |
|--|-------|------|
| | Month | Year |

Second hospitalization. if applicable

| 39a. Hospital Name, City, State: | | ▼ |
|----------------------------------|--|---|
|----------------------------------|--|---|

39a1. Specify hospital name, city, and state if not in drop down list:

| 39b. Approximate date of hospitalization | | | |
|--|-------|------|--|
| | Month | Year | |

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

Yes.....

[QUESTION 41 MOVED TO MCU FORM]

42. 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 45

43. 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 45

HOSPITALIZATION FOR BLOOD CLOT IN LEG

| 44a. Hospital Name, City, State: | |
|----------------------------------|--|
| | |

44a1. Specify hospital name, city, and state if not in drop down list:

| 44b. Approximate date of hospitalization | | | / | | | |
|--|-----|-----|---|----|----|--|
| | Moi | nth | | Ye | ar | |

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

T

Yes..... No □ ➡ GO TO QUESTION 48 46. Were you (was [name]) hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?

HOSPITALIZATION FOR BLOOD CLOT IN LUNGS

| 47a. Hospital Name, City, State: | ▼ |
|----------------------------------|---|
| That hoopital Hame, only, olato. | • |

47a1. Specify hospital name, city, and state if not in drop down list:

| 47b. Approximate date of hospitalization | | | / | | | |
|--|----|-----|---|----|----|--|
| | Мо | nth | | Ye | ar | |

48. 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 | то | QUESTIC | ON 51 |

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

| Yes | | |
|-----|----------------|----|
| No | GO TO QUESTION | 51 |

HOSPITALIZATION FOR STROKE OR TIA

| 50a. Hospital Name, City, State: | | ▼ |
|----------------------------------|--|---|
|----------------------------------|--|---|

50a1. Specify hospital name, city, and state if not in drop down list:

| 50b. Approximate date of hospitalization | | | / | | | |
|--|----|-----|---|----|----|--|
| | Mo | nth | | Ye | ar | |

E. ADMISSIONS

51. 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 57

HOSPITALIZATION FOR OTHER REASON

52a. Hospitalization Reason:

52b. Hospital Name, City, State: ▼

52b1. Specify hospital name, city, and state if not in drop down list:

| 52c. Approximate date of hospitalization Month Year | |
|--|---|
| HOSPITALIZATION FOR OTHER REASON | |
| 53a. Hospitalization Reason: | _ |
| 53b. Hospital Name, City, State:▼ | |
| 53b1. Specify hospital name, city, and state if not in drop down list: _ | |
| 53c. Approximate date of hospitalization | |
| HOSPITALIZATION FOR OTHER REASON | |
| 54a. Hospitalization Reason: | _ |
| 54b. Hospital Name, City, State:▼ | |
| 54b1. Specify hospital name, city, and state if not in drop down list: _ | |
| 54c. Approximate date of hospitalization | |
| HOSPITALIZATION FOR OTHER REASON | |
| 55a. Hospitalization Reason: | _ |
| 55b. Hospital Name, City, State:▼ | |
| 55b1. Specify hospital name, city, and state if not in drop down list: _ | |
| 55c. Approximate date of hospitalization Month Year | |
| HOSPITALIZATION FOR OTHER REASON | |
| 56a. Hospitalization Reason: | |
| 56b. Hospital Name, City, State:▼ | |
| 56b1. Specify hospital name, city, and state if not in drop down list: _ | |
| 56c. Approximate date of hospitalization | |

EMERGENCY ROOM/MEDICAL FACILITY INFORMATION

57. 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 60 |
|--|
| 58. Was this related to a heart problem or difficulty breathing? |
| Yes No |

- 59a. ER/Facility Name, City, State: ______▼
- 59a1. Specify ER/Facility name, city, and state if not in drop down list:

| 59b. Approximate date | | / | | | |
|-----------------------|-------|---|----|----|--|
| | Month | | Ye | ar | |

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

| Yes | 🗌 |
|-----|---|
| No | 🗌 |

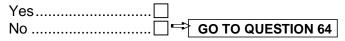
61. Are you (Is [name]) currently a resident of a nursing home or long-term care facility?

| Yes[| |
|------|--|
| No[| |

F. 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.

62. 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 vJHSose veins?



63. Did you [name] have:

a. Coronary bypass?

| Yes | | |
|--|------------|--|
| b. Other heart procedure? Yes No | ⇔ Specify: | |

| c. Carotid endarterectomy |
|---|
|---|

| Yes No □ ➡ GO TO QUESTION 63e |
|---|
| d. Site: |
| Right Left Both |
| e. Other arterial revascularization? Yes No |
| f. Any other type of surgery on your heart or the arteries of your [name's] neck or legs? |
| Yes No |
| 64. 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 □ ➡ Go to Question 65 |
| Did you [name] have: |
| a. Angioplasty or stent of the coronary arteries of your [name's] heart: |
| Yes |
| 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 |

G. INTERVIEW

Now I would like to ask about medication use during the past four weeks.

| 65. | Did you | [name] | take any | <pre>prescription</pre> | medications | in the | past 4 we | eks? |
|-----|---------|--------|----------|-------------------------|-------------|--------|-----------|------|
|-----|---------|--------|----------|-------------------------|-------------|--------|-----------|------|

| | /es□ No □ ➡ Go to C | uestion 66 |
|-------|-------------------------------------|----------------|
| Did y | /ou [name] take any prescribed med | lications for: |
| a. H | High blood pressure or hypertension | ? |
| | aYes bNo | |
| b. H | High blood cholesterol? | |
| | aYes bNo | |
| c. D | Diabetes or high blood sugar? | |
| | aYes bNo | |
| d. H | Heart failure? | |
| | aYes bNo | |
| e. As | Asthma? | |
| | aYes bNo | |
| f. C | Chronic bronchitis or emphysema? | |
| | aYes bNo | |
| g. C | Chest pain or angina? | |
| | aYes bNo | |
| h. A | Abnormal heart rhythm? | |
| | aYes bNo | |
| i. Bl | Blood thinning? | |
| | aYes 🗌 bNo 🗖 | |

| | <u> </u> |
|----|----------|
| 1. | Stroke? |
| | |

k.

| a b | | |
|-------------------|-----|--|
| Mini-stroke or TI | ۹? | |
| а | Yes | |

| u. | | |
|----|--------|---|
| b. | No | [|

I. Leg pain while walking or claudication?

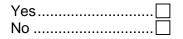
| a. | Yes | |
|----|-----|--|
| b. | No | |

m. Depression?

| aYes | |
|------|--|
| bNo | |

Next 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.

66. Do you (Does [name]) regularly take any aspirin or aspirin-containing products including Alka-Seltzer, cold and allergy medication or headache powder? This does not include Tylenol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.



66a. Do you (Does [name]) regularly take medicine for pain or inflammation that does NOT contain aspirin? This would include Tylenol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.

| Yes | |
|-----|--|
| No | |

[Questions 67-68 deleted]

Next, I have a few miscellaneous questions.

69. Do you (Does [name]) now smoke cigarettes?

| Yes | | | |
|------|------|------|------|
| No . | | | |

70. Please tell me which of the following describes your [name's] current marital status:

| Married |
|---------------|
| Widowed |
| Divorced |
| Separated |
| Never Married |

H. ADMINISTRATIVE INFORMATION

71. AFU 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?"