

Annual Follow-Up Other Form Instructions
AFO Version E : 10/16/2006
QxQ Prepared: 10/16/2006

I. GENERAL INSTRUCTIONS

Annual follow-up of the JHS cohort is used to maintain contact and correct address information of cohort participants, ascertain vital status, and document interim medical and life course events, which have occurred since the last contact. Annual follow-up contacts are scheduled approximately every 12 months based on a schedule that accommodates the date of the baseline clinic visit and reordering of participant “windows” to allow for a three year exam with an approximately equal number of participants. Each routine follow-up is completed by telephone. The only exception to this is when a participant cannot be contacted using all available telephone numbers. At this point, field tracing is initiated and, if located, the participant may be interviewed in person.

The Annual Follow-Up Other (AFO) form is completed as the second of three (or four if the participant has not previously completed any one of Annual Follow Up 1 [AF1], Annual Follow Up 2 [AF2], Annual Follow Up 3 [AF3], or Annual Follow Up Extra [AFE]) annual follow-up forms administered each year. It is completed immediately following completion of the AFU form. The interviewer must be certified and should have a working knowledge of the annual follow-up procedures. S/he should also be familiar with the data entry procedures for electronic version forms and the document titled “General Instructions for Completing Paper Forms” prior to completing this form. ID number, Contact Year, and Name should be completed as described in that document.

Form sections for completing the AFU are generally completed in the following order:

- 1) Annual Follow-Up Record of Calls (ARC)
- 2) Annual Follow-Up Form (AFU)
- 3) Annual Follow-Up Other Form (AFO)
- 4) Annual Follow-Up 1, 2, or 3; Annual Follow-Up Extra (AF1, AF2, or AF3; AFE) **[PLEASE NOTE: THESE FORMS ARE ONLY COMPLETED IF THE PARTICIPANT DID NOT COMPLETE THEM IN A PRIOR YEAR]**
- 5) Appointment scheduling (if due) (See script and Clinic Appointment Form [CLA])
- 6) Contact Form (CON): Verification of participant contact information

II. SPECIFIC INSTRUCTIONS

Please note that while all items have a possible response choice of DON'T KNOW, REFUSED, or MISSING this is not read to the participant. This response option is only to be used by the interviewer when the participant absolutely refused to answer the specific question.

1. This item (1a-d) is intended to identify whether the respondent has had any heart-related diagnostic tests or procedures (3e) performed in the past year (since the last contact with the Jackson Heart Study, either by telephone for annual follow up, or if this is the first annual follow up contact, since the baseline clinic examination). For each item a. through 3., read the question as written and record YES, NO, DON'T KNOW, REFUSED, or MISSING as appropriate.

1a1-1d1. If the participant answers YES to any of the items 3a-3d, ask the respondent to tell you why s/he had the test or procedure done. If using the DMS, the drop down box will provide the specific list of available responses [including an OTHER (SPECIFY)]. If using a paper version of this form, select from the list of responses designated on the form for each item; e.g. Items 3 a-c use one set of response codes, Item 3d and 3e each have their own set of response codes specific to those items.

- 1e. This item (1e) is intended to identify whether the respondent has had any heart-related procedures performed in the past year (since the last contact with the Jackson Heart Study, either by telephone for annual follow up, or if this is the first annual follow up contact, since the baseline clinic examination). Read the question as written and record YES, NO, DON'T KNOW, REFUSED, or MISSING as appropriate.

1e1-1e4. If the response to Item 1e is YES, ask the respondent to tell you what kind of catheterization or arteriogram they had done. That is, was it a carotid arteriogram/catheterization to look at the blood vessels in their neck, a coronary catheterization for the blood vessels around their heart, a renal arteriogram to visualize the arteries going to the kidneys, or a peripheral arteriogram to look at the vessels in their legs.

- 2 If the participant answers YES to any of the items 2e1-2e4, ask the respondent to tell you why s/he had the procedure done. If using the DMS, the drop down box will provide the specific list of available responses [including an OTHER (SPECIFY)]. If using a paper version of this form, select from the list of responses designated on the form.
- 3 This item is intended to capture any changes in family history since the last JHS contact. This could be a sensitive question as it asks about deaths of close relatives within the past year. Remind the participant that we are interested in her or his natural parents, full siblings, or natural

children only (no half siblings, adopted children, etc). If the answer is YES, proceed to Item 4 to ascertain additional information about the person(s) who died. Otherwise, go to Item 5.

4. This item is intended to detail the relationship, cause of death, and age at death for each family member who died within the year since the last JHS contact. In each column select the type of relationship (mother, father, sibling, child) for Item 5a, the cause of death (cancer, heart attack, stroke, other) in Item 5b, and the age at death in Item 5c. Record age to the nearest year. There are four response options provided. If OTHER, specify in the boxes provided. Items 4-1 through 4-4 allow space for up to four family deaths in the preceding year.
5. This item continues the information of changes in family history to ask about any new diagnoses (having been told by a health care provider) in their family (parents, sibling, children) since the last JHS contact. If YES, proceed to Item 9 to characterize more fully the relationship and diagnosis. Otherwise go to Item 10.
6. This item, for each person who was told they had a new health condition in the year since the participant's last JHS contact, identify the relationship (6a), diagnosis (6b: high blood pressure, stroke, heart disease, diabetes, cancer, other), and the age (8c) at diagnosis. There are four response options provided. If OTHER, specify in the boxes provided. Items 8-1 through 8-4 allow for up to 4 new family diagnoses in the preceding year.

Initiate the next section by reading the introductory script.

Remind the participant that the time frame for these questions is the past year. If the participant has difficulty or is not clear on the time frame involved say, "that is, from this time last year." Inform the respondent in advance that each item has six possible answers and ask them to listen carefully, selecting the one which most closely matches her/his experience.

7. This item is intended to assess the degree of overall stress the respondent has experienced over the past year. Stress may include any number of things, both positive and negative, as defined by the participant. Avoid interpreting for the participant, but the interviewer may clarify by saying something like "stress might include both good and bad experiences, such as getting a desired, new job or being fired or laid off from a job." Read the question. Provide the response options: NONE, VERY LITTLE, MILD STRESS, MODERATE STRESS, A LOT OF STRESS, EXTREME STRESS. Record DON'T KNOW, REFUSED, OR MISSING as appropriate if the respondent does not select one of the response options.

8. This item is intended to assess the degree of depressed mood experienced by the respondent over the past year. Read the question. Provide the response options: ALMOST NEVER, SELDOM, SOMETIMES, OFTEN, VERY OFTEN, CONSTANTLY. Record DON'T KNOW, REFUSED, OR MISSING as appropriate if the respondent does not select one of the response options.
9. This item is intended to assess the degree of anxiety experienced by the respondent over the past year. Read the question. Provide the response options: ALMOST NEVER, SELDOM, SOMETIMES, OFTEN, VERY OFTEN, CONSTANTLY. Record DON'T KNOW, REFUSED, OR MISSING as appropriate if the respondent does not select one of the response options.
10. This item is intended to assess the degree of unfair treatment or discrimination experienced by the respondent over the past year. Read the question. Provide the response options: ALMOST NEVER, SELDOM, SOMETIMES, OFTEN, VERY OFTEN, CONSTANTLY. Record DON'T KNOW, REFUSED, OR MISSING as appropriate if the respondent does not select one of the response options.
11. This item is intended to assess the extent of coping with stressors experienced by the respondent over the past year. Read the question. Provide the response options: VERY POORLY, POORLY, FAIR, PREGGY WELL, WELL, VERY WELL. Record DON'T KNOW, REFUSED, OR MISSING as appropriate if the respondent does not select one of the response options.
12. This item is intended to assess the degree of satisfaction with the social support experienced by the respondent over the past year. Read the question. Provide the response options: ALMOST NEVER, SELDOM, SOMETIMES, OFTEN, VERY OFTEN, CONSTANTLY. Record DON'T KNOW, REFUSED, OR MISSING as appropriate if the respondent does not select one of the response options.
13. This item is intended to identify a wide range of possible types of health care providers, both traditional and nontraditional, that the respondent may have seen in the past year (since the last contact with the Jackson Heart Study, either by telephone for annual follow up, or if this is the first annual follow up contact, since the baseline clinic examination). For each item a. through the h., read the question as written and record YES, NO, DON'T KNOW, REFUSED, or MISSING as appropriate.

14. This item is intended to determine the participant's current insurance status. Current means as of the day of the interview. Health insurance can include private insurance such as Blue Cross/Blue Shield, or government sponsored programs such as Medicare, Medicaid, or CHAMPUS / TRICARE. Read the question and each the response options. Based on the participants answer, choose one of the following options: YES, NO, DON'T KNOW, REFUSED, or MISSING. Observe the skip pattern based on the participant's response. If the participant answers NO, go to item 12. For all other responses, go to item 13.
15. This item is intended to determine how long the person has been without health insurance for participants who answered NO, DON'T KNOW, REFUSED, or MISSING to Item 11. Read the question and each the response options. Based on the participants answer, choose one option After answering this question, go to item 16 (skipping items 13 through 15).
16. This item is intended to determine the current type of health insurance coverage for participants who respond YES or DON'T KNOW to Item 11. Read the question and each response option since a participant may be covered by more than one type of health insurance program. For each response option, record either YES, NO, DON'T KNOW, REFUSED, or MISSING.
17. This item is intended to determine whether the participant has experienced any of the identified changes in health insurance benefits in the past year or since the last annual follow-up call. If the participant has difficulty understanding the time frame involved say, "that is, from this time last year, or the last time we talked with you on the phone". Read the question and each response option. For each response option for items a. through c., record YES, NO, DON'T KNOW, REFUSED, or MISSING, as appropriate.
18. This item is used to determine whether the participant has experienced a lapse in health insurance coverage in the past year. Read the question and each the response options. Based on the participant's answer, record YES, NO, DON'T KNOW, REFUSED, or MISSING, as appropriate.
19. This item is intended to determine how much the participant is spending out of pocket on medication each month. **Do not include the amount paid by health insurance program.** Make sure that the participant understands the one-month time frame. You may need to clarify with her/him whether they purchase medications each month, or if they receive a 3-month supply via mail order or other mechanism. If the participant buys prescriptions over a 3-month time period, divide the amount by 3 to determine the monthly spending. Read the question and response options

and record YES, NO, DON'T KNOW, REFUSED, or MISSING, as appropriate.

20. This item is used to determine whether the participant currently has health insurance coverage that helps pay for prescription medications. Read the question and choose one of the following options: YES, NO, DON'T KNOW, REFUSED, or MISSING, as appropriate.

Observe the skip pattern based on the participant's response. If the participant answers NO, go to item 20. For all other responses, go to item

21. This item is intended to determine whether the person has set co-payment for each prescription filled. A co-payment is an amount that is paid by the person regardless of the actual cost of the medication. For example, generic medications may have a lower co-payment (for example \$10), while a preferred medication (a medication that the insurance company has designated as "preferred" over other similar medications in the same class) may have another payment (say, \$15), and a non-preferred, non-generic medication may have a much higher co-payment (for example, \$30-40). So, the co-payment may vary depending on the type of prescription. This item is only attempting to determine whether the person does have a co-payment option as part of their medication insurance plan. Read the question and response options, recording YES, NO, DON'T KNOW, REFUSED, or MISSING, as appropriate.
22. This item is intended to determine additional detail on the type of medication insurance coverage for participants who answered YES or DON'T KNOW to Item 17. For items a., b., d., f., and h., record YES, NO, DON'T KNOW, REFUSED, or MISSING, as appropriate.

If the respondent answers YES to item b., record the dollar limit on medications in item c.

If the respondent answers YES to item d., record the number of medications s/he is limited to each month in item e.

If the respondent answers YES to item f., record the number of months that must lapse before s/he can refill a prescription in item g. For example, many plans require that participants obtain a 3 month supply and medications cannot be refilled prior to that time.

If the respondent answers YES to item h., record the specific "Other" limitation on her/his prescription medication insurance coverage. Record verbatim the respondent's answer.

The next set of items assesses the participant's use of and experiences when using health services over the past year. Make sure the participant understands the time frame, that is, from this time last year.

23. This item is intended to assess the level of use of primary health care services provided by a doctor, nurse practitioner, or some other health care clinic. Read the question and response options. Notice the skip pattern. If the participant has not seen a health care provider over the past year, go to item 26. Otherwise, go to item 21.
24. This item is intended to assess the participant's perception of how well the providers listened to her/his concerns during health care encounters. Read the question and response options. Record NEVER, SOMETIMES, USUALLY, ALWAYS, DON'T KNOW, REFUSED, or MISSING, as appropriate.
25. This item is intended to assess the participant's perception of how well the providers explained things in a way the participant could understand. Read the question and response options. Record NEVER, SOMETIMES, USUALLY, ALWAYS, DON'T KNOW, REFUSED, or MISSING, as appropriate.
26. This item is intended to assess the participant's perception of how well the providers showed respect for the client and what he or she had to say during health care encounters. Read the question and response options. Record NEVER, SOMETIMES, USUALLY, ALWAYS, DON'T KNOW, REFUSED, or MISSING, as appropriate.
27. This item is intended to assess the participant's perception of how much time the provider spent with the participant during health care encounters. Read the question and response options. Record NEVER, SOMETIMES, USUALLY, ALWAYS, DON'T KNOW, REFUSED, or MISSING, as appropriate.
28. This item is intended to assess the participant's perception of the quality of care that was provided during health care encounters. Read the question and response options. Record VERY SATISFIED, SOMEWHAT SATISFIED, SOMEWHAT DISSATISFIED, VERY DISSATISFIED, DON'T KNOW, REFUSED, or MISSING, as appropriate.

The next series of items are used to assess barriers to receiving health care.

29. This item is intended to determine the level of difficulty the participant experiences when attempting to get the health care treatments or procedures that the participant believed was necessary or those that were recommended by a health care provider. Read the question and response

options. Record A BIG PROBLEM, A SMALL PROBLEM, NOT A PROBLEM, DON'T KNOW, REFUSED, or MISSING as appropriate

- 30.. This item is intended to determine whether the participant has had to forego or go without receiving needed health care because s/he could not pay for it. Read the question and response options. Notice the skip pattern. If the participant answers NO, go to item 29. Otherwise, go to item 28.
31. This item is intended to determine the type of care the person did not receive. Read the question and each response option. For items a. through e., record YES, NO, DON'T KNOW, REFUSED, or MISSING, as appropriate. For item e., specify the response given by the participant in the provided space.
32. This item is intended to assess the participant's confidence in receiving high quality health care when it is needed. Read the question and response options. Record: VERY CONFIDENT, SOMEWHAT CONFIDENT, NOT TOO CONFIDENT, NOT AT ALL CONFIDENT, DON'T KNOW, REFUSED, or MISSING as appropriate.
33. Do not ask. When male, select M, and go to Section I (FUNCTIONAL STATUS). When female, select F, and continue with Item 19 to determine whether the most recent contact was the Visit 01 exam, or whether it was an Annual Follow-Up call (version G or H of the ARIC AFU or version A or B of JHS AFU). As was done for Item 12, the last contact venue determines the introduction to the next question.
34. Do not ask. Check the Participant Contact Information Sheet to determine whether the participant has previously completed version G or H of the ARIC AFU or version A or B of JHS AFU form. Select the appropriate response category (YES or NO), and follow the skip patterns. Persons who have completed version G or H of the ARIC AFU or version A or B of JHS AFU are read Item 34a; persons who have not yet completed version G or H are read Item 34b. The difference between the two versions of Item 34 part (a) and part (b) is the setting in which the questions were asked: item 34a is for women who were last contacted during an AFU interview; item 34b is for women whose last contact was at a clinic visit at the Exam Center.

DEFINITIONS AND SYNONYMS FOR THERAPEUTIC AND DIAGNOSTIC PROCEDURES

DIAGNOSTIC PROCEDURES

SYNONYMS

ECHOCARDIOGRAM A test in which sound is transmitted into the body is electronically plotted

• Echo

to produce a picture of the heart's size, shape and movements.

**ELECTRO-CARDIOGRAM
TREADMILL**

CARDIAC STRESS TEST

A graphic record of the electrical impulses produced by the heart.
An exercise test on a treadmill, bicycle or similar device in which people increase their heart rate in order to have the function of the heart measured, usually by ECG.

- ECG
- EKG
- EST
- Exercise test

THALLIUM SCAN OF THE HEART SPECTOMETRY

A computer image of the heart done by injecting in a dye into the bloodstream. Computer-generated pictures then find them in the heart. These tests show how well the heart muscle is supplied with blood, how well the heart is functioning, or identify a part of the heart damaged by a heart attack.

- Heart Scan

HOLTER MONITOR

A small, portable ECG machine worn by patients. Over one or more days.

HEART RHYTHM or CONDUCTION STUDIES

Invasive procedures, usually performed under anesthesia, to assess cardiac arrhythmias. Catheters are placed in the heart to map the spread of electrical impulses during each heart beat.

CAROTID ULTRASOUND STUDIES

A diagnostic method in which pulses of sound are transmitted into the neck arteries and the echoes returning from the surfaces of the Artery walls are electronically plotted to produce a picture of a small portion of the carotid artery showing the amount of atherosclerosis (hardening of the arteries) that can be seen in the arterial wall.

- Ultrasound

MRI of BRAIN

A diagnostic procedure using powerful magnets to look inside the skull. Computer-generated pictures image the brain and can identify abnormalities, such as damage from a stroke or a head injury.

- Cerebral MRI

CAT SCAN of BRAIN

A non-invasive diagnostic technique which produces an image of the brain and can identify abnormalities.

- CT

DEFINITIONS AND SYNONYMS FOR THERAPEUTIC AND DIAGNOSTIC PROCEDURES

DIAGNOSTIC and THERAPEUTIC PROCEDURES

SYNONYMS

CORONARY ARTERY BYPASS SURGERY	Surgery to improve blood supply to the heart muscle. This surgery is performed when narrow coronary arteries reduce - flow of oxygen-containing blood to the heart. Vein bypass (from leg veins) 3, (4-5, etc). Vessel bypass.	<ul style="list-style-type: none">• CABG• "Cabbage" operation• Bypass graft / the
OTHER HEART PROCEDURES	Examples include valve replacement, ventricular aneurysm resection, Aortic Stenosis, Ventricular Stenosis. Defect repair, Patent ductus closure, Pacemaker, Implantation of automatic defibrillator, Coronary atherectomy.	
ENDARTERECTOMY	Surgery to take out plaque from an artery, to restore blood flow in one or both of the arteries in the neck.	
OTHER ARTERIAL REVASCULARIZATION	Any procedure where additional blood flow is brought to an artery via a bypass from a location elsewhere in the body.	
BALLOON ANGIOPLASTY	A procedure used to dilate (widen) narrowed arteries. A catheter with a deflated balloon on its tip is passed into the narrowed artery segment, the balloon inflated, and the narrow segment widened. Angioplasties can now be done by laser. To keep arteries from collapsing, stents (stainless steel supports) can be inserted into the artery during angioplasty.	<ul style="list-style-type: none">• Percutaneous Angioplasty• Balloon dilation• Balloon test/ procedure• PTCA• Stent(s)
CATHETERIZATION	A procedure used to examine the heart or An artery by introducing a thin tube (catheter) into a vein or artery (e.g., carotid artery).	<ul style="list-style-type: none">• Angiography

For items 34a-37, record information on a maximum of two different hormone preparations, starting with the most recent one. "Current" means either in a cycle at the time of the interview or between cycles, or currently in a program of female hormone shots or implants. Information on the first hormone is recorded in Items 34 and 35; information on the second hormone is recorded in Items 36 and 37. If more than two hormones were used in the contact interim, only record the two which were most recent. However, this may require the use of a generic name (estrogen/progesterone) and GPI code that has been added to the medication dictionary to identify estrogen/progesterone compounds.

For example, if a woman is currently taking “Prempro” (a combined estrogen-progesterone drug which comes as one pill) but was also taking opposed estrogens for hormone replacement therapy (which was prescribed as two pills, i.e., one estrogen and one progesterone) within the time frame since the last contact, Item 34c (Name 1) would be completed as “Prempro”, and Item 21a (Name 2) would be completed as “estrogen/progesterone.” If, however, the participant is currently taking two separate estrogen and progesterone drugs for hormone replacement therapy (i.e., not Prempro or another combination estrogen/progesterone pill), then the name of the estrogen drug is recorded in Item 34c and the name of the progesterone drug is entered in Item 21a.

If NO, go to Section I (FUNCTIONAL STATUS).

If YES, transcribe the name of the hormone. It is not necessary to record the concentration as was done at the clinic visit. If the participant does not know the name of the medication, but knows she is taking hormone replacement therapy, draw two horizontal lines here and through the boxes for medication code (Item 35: Code 1).

35. After the AFU interview has been completed, look up the medication code of the hormone in either the paper or data entry system versions of the Hormone Replacement Therapy Dictionary, and record the 6 digit code in the fields provided on the paper form. In selecting the code for a preparation with multiple hormones, identify the code based on the full name of the product, not just the first hormone. When the participant does not know the name of the hormone, on the paper form draw two horizontal lines through (in the Data Entry System, enter “==” in) the medication code boxes.
36. If NO, go to Section I (FUNCTIONAL STATUS). If YES, follow QxQs for Item 34.
37. Follow instructions for item 20.

Functional Status

39 - 45. Provide a transition statement such as, "Next I would like to find out whether you can do some physical activities without help. By without help, I mean without the assistance of another person. These questions refer to the last 4 weeks."

This time frame is different from the previous section on hospitalizations. In general, you are trying to assess the participant's current functional status. This time period (i.e., the last 4 weeks rather than the day of the interview) has been chosen because we do not want to document decreases in functional ability that might be due to temporary conditions such as a headache, a cold or the flu, or a

sprained ankle, etc. The intent of these questions is to record the individual's overall ability to perform the various activities covered (i.e., heavy work around the house, walk upstairs without assistance, walk half a mile, or work outside the home).

39. For this question, the examples are just guidelines. If a person can do any heavy work (not necessarily all of the things specified in the question), then record YES. Other examples of heavy work around the house could be "cutting the grass with a hand or power mower" (but not a riding lawn mower), or "painting walls or wallpapering."
40. The focus of the question is on the participant's ability to walk up and down stairs without the assistance of another person. If the participant says something like, "We have a ranch house, so I don't have to go up stairs," say that you want to know if s/he is able to walk up and down stairs. If the respondent is uncertain, code as NO.
41. Again, the emphasis is on the ability to do the activity, in this case, to walk half a mile. The concept of help in this item refers to persons helping. Therefore, the use of equipment would not be considered assistance and you would code YES for a participant who reported walking half a mile with the use of a cane. One, it keeps the definition consistent with those in Items 38 and 39. Two, it is assumed (and was the experience in Framingham) that anyone requiring either a second individual to assist ambulating or the use of a rehabilitative device (such as a three-pronged cane or walker) is not able to walk half a mile.
42. The focus of this question is whether the ability to work outside the home has been primarily compromised due to poor health (i.e., the participant is completely unable to engage in his or her occupation).

If NO, determine if the poor health and the resultant disability were due to heart disease (Item 42b). Regardless of the response, skip Item 43 and go to Item 43a.

If YES, go to Item 43a.

If the participant (1) does not work outside the home or (2) is not capable of working but would normally not be working outside the home (e.g., a homemaker, retired, or unemployed and not looking for work), code as NOT APPLICABLE, skip Item 43, and go to Item 44a.

In 43b, if asked about the meaning of "a heart problem," do not interpret nor offer a medical explanation, but rather let the participant decide whether s/he is "unable to work because of a heart condition or heart disease."

43. The focus of question 43a is absence from work anytime within the four weeks prior to the interview for at least half a day (4 hours or more) because of personal illness. If this occurred (YES for Item 43a), determine how many days the participant was absent from work (Item 43b). The maximum number of days not worked is 44. The minimum is 1 because less than 4 hours of missed work would have been coded as NO in Item 43a and Item 43b would not have been asked. Therefore, 4 hours or more of missed work during a day is counted as 1; less than 4 hours is rounded down. For example, 3 days and 3 hours is entered as "03," whereas 3 days and 6 hours is entered as "04."
44. The focus of this question is to determine whether the ability to pursue one's normal activities around the house has been compromised by poor health.

For example:

You would code as NO a homemaker who is no longer able to clean house or perform the usual daily activities. If NO, determine if this is due to a heart problem (Item 44b), and go to Item 30, skipping Item 29. If asked about the meaning of "a heart problem," do not interpret nor offer a medical explanation, but rather let the participant decide whether s/he is "unable to work because of a heart condition or heart disease." If a participant indicates that s/he is able to carry on with the usual activities around the house but is not able to do her/his usual recreational activities - - such as bowling, walking, any form of recreational exercise -- code NO, determine in Item 28b if this is due to a heart problem, and go to Item 30, skipping Item 29.

However, you would code as YES a retired brick layer (who is physically incapable of laying bricks) but who is able *to do his usual retirement activities* such as gardening or housework. Continue with Item 44a.

45. The focus of question 29a is a reduction in the participant's usual activities (in contrast to a cessation of these activities in Item 28) during the four weeks prior to the interview because of poor health. The reduction in activities had to occur for at least half a day, i.e., 4 hours or more. If this occurred (YES for Item 29a), determine on how many days the participant had to reduce his or her activity level (Item 29b). The maximum number of days of reduced activity is 28. The minimum is 1 because less than 4 hours of reduced activity would have been coded as NO in Item 29a and Item 29b would not have been asked. Therefore, four hours or more of reduced activity during a day is counted as 1; less than 4 hours is rounded down. For example, 3 days and 3 hours is entered as "03", whereas 3 days and 6 hours is entered as "04."

Employment Status

46a. Read the four categories to the participant. Select the letter which most closely corresponds to the participant's choice, and follow the skip patterns for each responses category.

If the participant selects "employed," continue with Item 32b. If the participant selects "unemployed," go to Item 32c.

46b. Category B, "employed, but temporarily away from my regular work" most often refers to school teachers who work 9 or 10 months out of the year, have the summers off, and return to their regular job at the end of the school vacation.

46c. No special instructions.

46d. No special instructions.

For AFU contacts for which a clinic visit is not being scheduled, choose the appropriate ending:

END (talking to participant): "Thank you very much for answering these questions. We will call you in about a year (see you at the clinic)."
Proceed to Contact (CON) form and verify participant information.

END (if participant deceased): "We may need to contact a family member later. When would be a good time to call in that case?" DO NOT proceed to the Contact (CON) form.

END (otherwise): "Thank you very much for answering these questions. We will call _____ in about a year." DO NOT proceed to the Contact (CON) form.

ADMINISTRATIVE INFORMATION

47. Enter the date of data collection in the provided spaces assuring that all four digits for the year are completed.

48. Specify the method of data collection, by PAPER or COMPUTER.

49. Enter the interviewer code number of the person completing the data collection.

50. Enter the code number of person completing this form.