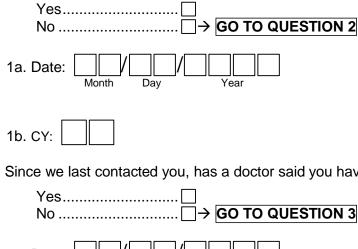
AND THE CALCENTER - TOUGUOGOCOUTER - TOUGOCOUTER - TOUGOC	Medical Conditions Update Form
	FORM CODE: MCU VERSION: A 11/26/2013
NUMBER:	CONTACT YEAR:
ST NAME:	INITIALS:
ADMINISTRATIVE	INFORMATION
a. Completion Date	e:// Ob. Staff ID:
C. Person being int	erviewed:
	ant/Other person

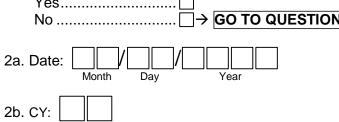
### SECTION I – This section is asked of the participant only

ND BLOOD

1. Since we last contacted you, has a doctor said you had high blood pressure?



2. Since we last contacted you, has a doctor said you have diabetes or sugar in the blood?

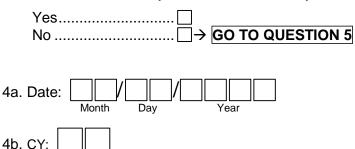


Medical Conditions Update Form (MCU)pdated 7/25/2014

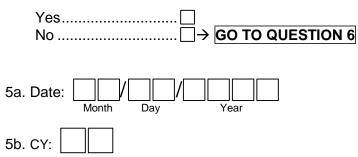
3. Since we last contacted you, has a doctor told you that you had chronic lung disease, such as bronchitis, or emphysema?

Yes No	□ □→	GO TO	QUESTION 4
3a. Date: Month	Day	Year	
3b. CY:			

4. Since we last contacted you, has a doctor said you had asthma?



5. Since we last contacted you, has a doctor said that you have peripheral vascular disease or intermittent claudication?

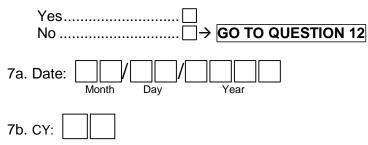


# SECTION II – This section is asked of the participant or the proxy/informant/other person

6. Since we last contacted you [name], has a doctor said that you [name] had heart failure or congestive heart failure?

Yes	$\rightarrow$	GO	то	QUE	ESTIO	N	7a
No							

7. Since we last contacted you [name], has a doctor said that your [name's] heart is weak, or does not pump as strongly as it should, or that you had fluid on the lungs?



#### DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART

8. Name and address of the doctor you [name] saw:

8a. Name			-	
8b. Address				
8c. City:		8d.	State:	
8e. Approximate date:	Month		ar	

If speaking to the participant: "The JHS study would like to ask your doctor to tell us more about your health. If you agree to do this, I will send you a form that tells your doctor that you authorize the JHS study to get this information. Once you sign that form and mail it back to me, I will contact your doctor's office."

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

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

Yes[	
No[	

If the participant agrees to receiving and signing the release form, remember to update the PHF form when the release form is sent to the participant, and then again when the release form is received back.

#### **HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART**

10. At that time, were you (Was [name]) hospitalized or did you [name] stay in a hospital observation unit?

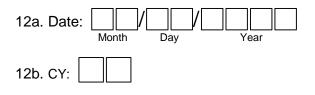
Yes			
No	$\Box \rightarrow$	GO TC	QUESTION 12

- 11a. Hospital/Medical Facility Name, City, State:
- 11a1. Specify hospital/medical facility name, city, and state if not in drop down list: \_\_\_\_\_

11b. Approximate date of admission:		/		
	Month		Year	

12. Since we last contacted you [name], has a doctor said you [name] had an irregular heartbeat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?

Yes..... No ...... □→ GO TO QUESTION 13a ▼

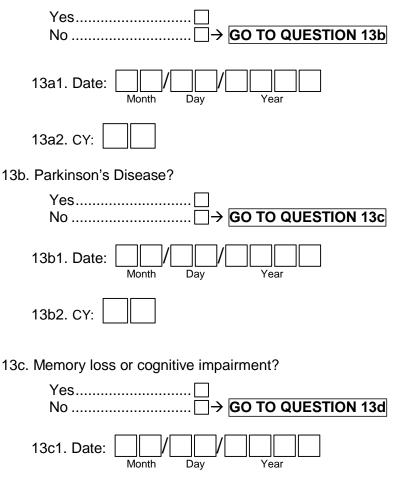


### PERSONAL NEUROLOGIC HISTORY

If speaking to the participant: "Since we last contacted you, have you been told by a doctor or health professional that you have:"

If speaking to the proxy/informant/other: "Since we last contacted you [name], has [name] been told by a doctor or health professional that he/she has:"

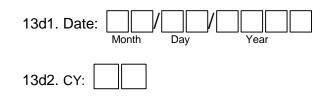
13a. Alzheimer's Disease?



13c2. CY:

13d. Dementia, vascular dementia, or hardening of the arteries of the brain?

Yes.....□ No ......□→ SAVE AND CLOSE FORM



## **CLOSURE SCRIPT:**

"Thank you very much for answering these questions. You have previously provided us with information on how to contact you. To help us contact you in the future, please tell me if the information I have is still correct."

#### [Update the CIU form as necessary.]

"Thank you very much for answering these questions. We will call \_\_in a few months."