



# Annual Follow-Up Questionnaire Form

FORM CODE: AFU  
VERSION A 8-23-2001  
*Content identical to ARIC AFU  
Version I (04/11/2001) except  
item #36 result codes*

ID NUMBER: 

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CONTACT YEAR: 

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LAST NAME: 

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INITIALS: 

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INSTRUCTIONS: This form should be completed during the annual follow-up telephone contact. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

## A. VITAL STATUS

1. Date of status determination..... 

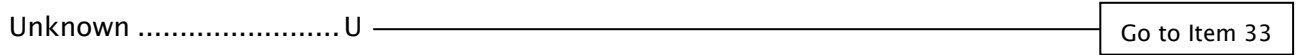
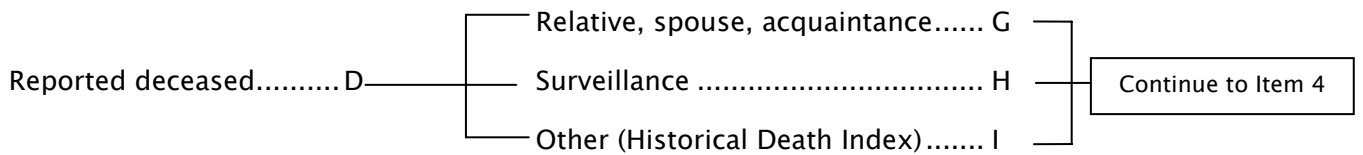
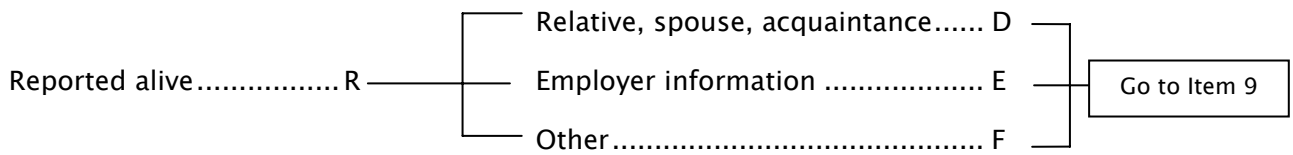
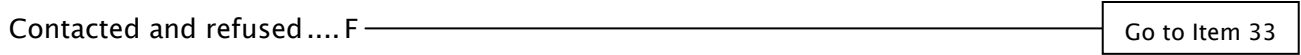
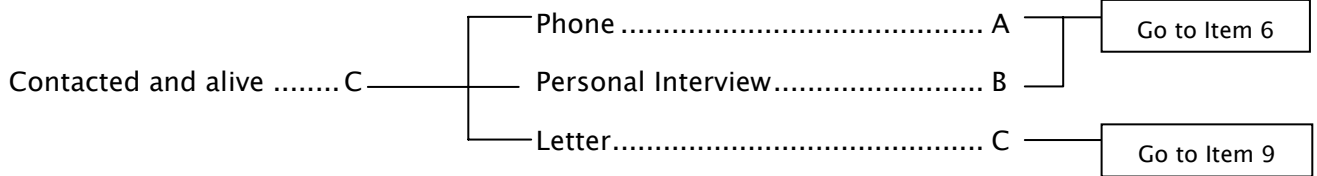
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m m          d d          y y y y

2. Final Status:  
(circle one below)

3. Information obtained from:  
(Circle one choice below)



**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]

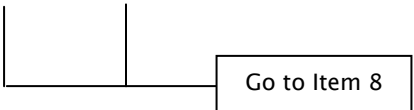
**C. GENERAL HEALTH**

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



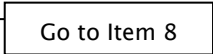
j. Can you tell me in what part of the body the most recently diagnosed cancer was located? ...

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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



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

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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.

**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)].



39 b. Month and Year: ..... 

		/				
m	m		y	y	y	y

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

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37 c. Hospitalization Reason:  

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38 c. Hospital Name, City and State:  

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39 c. Month and Year: ..... 

		/				
m	m		y	y	y	y

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

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37 d. Hospitalization Reason:  

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38 d. Hospital Name, City and State:  

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39 d. Month and Year: ..... 

		/				
m	m		y	y	y	y

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

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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

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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)**

[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

No N  
Go to Item 12

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

No N  
Go to Item 12b

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

No N  
Go to Item 14b

13. Did you have:

a. Coronary bypass.....Yes Y

No N

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

No N  
Go to Item 13c

Specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



c. Carotid endarterectomy .....Yes Y  
 No N  
 Go to Item 13e

d. Site.....Right R  
 Left L  
 Both B

e. Other arterial revascularization .....Yes 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

19. [DO NOT ASK] Has the participant completed a previous version "A" or "B" of Annual Follow-up? .....Yes Y  
Go to Item 19b — No N

19 a. Since we last contacted you on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? .....Yes Y — Go to Item 19c  
No N — Go to Item 23

19 b. Since your JHS visit on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? .....Yes Y  
Go to Item 23 — No N

Please give me the names of the female hormones you have used since our last contact (since that exam), starting with any you may be taking currently or with the most recent one. Please exclude hormone creams.

19 c. Name 1:

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20. Code 1: ..... 

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21. Have you also used a second female hormone since we last contacted you? .....Yes Y  
Go to Item 23 — No N

21 a. Name 2:

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22. Code 2: ..... 

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**I. FUNCTIONAL STATUS:**

“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

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