



Jackson Heart Study

Home Induction



Eligibility Form

FORM CODE: ELG
VERSION A10/11/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is to be completed for each eligible person living in the household of the sample person. 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.

"We appreciate your cooperation in this important study. This will involve an interview today. At the end of today's interview, we will schedule an appointment for a physical examination and other tests to be conducted at a later date at the Jackson Heart Study clinic located in the Jackson Medical Mall. Do you have any questions before we begin?"

"Let me record the date and time and we will begin the interview."

1. Date of Interview: / /
m m d d y y y y

2a. Time Interview Began: : 2b. AM A
h h m m PM P

3. Interviewer ID #:

4. Record Participant's gender: Male M
Female F

Please give me your complete date of birth. [VERIFY ELIGIBILITY. IF INELIGIBLE, SAY: "Thank you very much for your help but only people who are 35 through 84 years old are eligible for our study. The assistance of many people is important to ensure the success of the study. We would like to place you on our mailing list to receive notification of free community events and educational offerings if you would like. You can help assure the success of the study in a variety of ways such as spreading the word about the study, or volunteering a few hours of time. Additional details about how you might help, as well as a contact number, will be included in the mailing." [TERMINATE INTERVIEW. ENTER CODE "S" IN HOME INDUCTION RECORD OF CONTACT.]

5a. Birthdate: / /
m m d d y y y y

5b. Is respondent eligible? Yes Y — Go to Item 6
 No N

5c. May I send you this information on educational offerings and volunteering in the Jackson Heart Study? Yes Y
 No N

IF “YES” CONCLUDE WITH: “Thank you for your time today. We look forward to having you join the Jackson Heart Study family as a supporter. You may call the Jackson Heart Study number on the brochure to discuss how you would like to help.”

IF “NO” CONCLUDE WITH: “Thank you for your time today. We will send you information on free Jackson Heart Study community events. Should you decide to volunteer at a later time, feel free to call the Jackson Heart Study number on the brochure for additional information.”

“Since the Jackson Heart Study is a long-term study which will include a brief telephone interview with you each year and may include a second clinic examination three years from now, I would like to ask you about your future plans.”

6. Do you have definite plans to move outside of Hinds, Madison, or Rankin county in the next year? Yes Y — Read script and terminate interview
 No N

IF “YES” SAY: “Since the Jackson Heart Study is a long term study, and because you will be unable to participate in the follow-up due to your moving plans, we will not be able to include you in the study. Thank you for your help. If your plans change and you remain in the Jackson area, will you call the Jackson Heart Study staff to discuss your participation in the study?” **[GIVE RESPONDENT JACKSON HEART STUDY BROCHURE WITH TELEPHONE NUMBER CIRCLED, WITH JACKSON HEART STUDY INTERVIEWER BUSINESS CARD ATTACHED, AND TERMINATE INTERVIEW.]**

[ENTER CODE “N” IN HOUSEHOLD INDUCTION RECORD OF CONTACT (IRC)]

7. Are you currently or have you ever been a participant of the ARIC study? Yes Y
 No N
 Don’t know D

8. Are you currently or have you ever been a participant of the GENOA study? Yes Y
 No N
 Don't know D

9a. Are you currently or have you ever been a participant in any other heart or blood pressure study? Yes Y
Go to Item 10a — No N

Which studies?

9b.

9c.

9d.

“Since heart disease often runs in families, the Jackson Heart Study includes studying families, as well as individuals. We would like to include other members of your family in this study if they are eligible. We are looking for families with 11 or more blood relatives living in Hinds, Madison, or Rankin counties. I have a few questions about relatives you might have living nearby.”

10a. Do you have any grandparents living in Hinds, Madison, or Rankin County now? Yes Y
Go to Item 11a — No N

10b. How many?
 (# Live in tri-county)

11a. Is your father alive? Yes Y
Go to Item 12a — No N

11b. Does he live in Hinds, Madison, or Rankin counties? Yes Y
 No N

12.a Is your mother alive? Yes Y

Go to Item 13 — No N

12b. Does she live in Hinds, Madison, or Rankin counties? Yes Y

No N

	Aunts (a)	Uncles (b)	# Live in tri-county (c)	# ≥ 21 years (d)
13. How many aunts and uncles do you have living who are related to you by blood?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Brothers (a)	Sisters (b)	# Live in tri-county (c)	# ≥ 21 years (d)
14. How many living, biological brothers and sisters do you have, that is with the same mother and father?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Half Brothers (a)	Half Sisters (b)	# Live in tri-county (c)	# ≥ 21 years (d)
15. How many living, half brothers and sisters do you have, that is with the same mother OR the same father?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Sons (a)	Daughters (b)	# Live in tri-county (c)	# ≥ 21 years (d)
16. How many living, biological sons and daughters do you have?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

17a. [ASK ONLY IF ITEM 16d IS "01" OR MORE. IF ITEM 16d IS "00," GO TO ITEM 18.] Does the (mother/father) of your children aged 21 years or older live in Hinds, Madison, or Rankin County? Yes Y

Go to Item 18 — No N

17b. Does (she/he) live at this address? Yes Y

No N

17c. Has (she/he) ever been a participant in the ARIC study or Jackson Heart Study? Yes Y

No N

17d. Does most of (her/his) family live in Hinds, Madison, or Rankin county? Yes Y

No N

	Nieces (a)	Nephews (b)	# Live in tri-county (c)	# \geq 21 years (d)
18. How many nieces and nephews related by blood are alive?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Number (a)	# Live in tri-county (b)	# \geq 21 years (c)
19. How many grandchildren do you have living, who are related to you by blood?	<input type="text"/>	<input type="text"/>	<input type="text"/>

20a. If your family is selected for the study, do we have your permission to contact your family members? Yes Y

— No N

20b. Are there any family members that we should not contact? Yes Y

— No N

20c. How many family members shouldn't be contacted?

“Now, in an effort to make sure that we do everything WITHIN OUR MEANS to make your participation in the Jackson Heart Study possible, I would like to ask you a couple of questions about your decision to take part (or not) in the study. I would also like to know about any expectations that you have as a participant so that we can attempt to better meet your needs.”

21. Before your household received the letter from the Jackson Heart Study, had you heard about the study? Yes Y

Go to Item 25 — No N

22. How did you hear about the Jackson Heart Study? Please tell me all the ways that apply. [READ ALL CATEGORIES TO PARTICIPANT]

	<u>Yes</u>	<u>No</u>
a. A friend or relative told you about it	Y	N
b. A doctor or nurse told you about it	Y	N
c. Saw a billboard	Y	N
d. Saw a poster or flyer	Y	N
e. Received a brochure	Y	N
f. Heard a presentation	Y	N
g. Heard about it at church	Y	N
h. Heard about it at work	Y	N
i. From an information booth at Metro Mall	Y	N
j. From a health fair or other community event	Y	N
k. Someone came to your door or called to tell you about it	Y	N
l. Heard about it on radio or TV	Y	N
m. Read about it in the newspaper	Y	N
n. Other (Specify)	Y	N

Go to Item --

o.

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If zero or one “YES” response to Item 22, Go to Item 25

23. Of all the ways that you heard about the study, which would you say was the MOST important in your decision to (take part/not to take part)? [RECORD LETTER FROM ITEM 22 FOR MOST IMPORTANT]

24. Which was the LEAST important? [RECORD LETTER FROM ITEM 22 FOR LEAST IMPORTANT]

25. There are many reasons that people decide to (take part/not to take part) in studies such as the Jackson Heart Study. Using the response card, please tell me for each of these if it was very important, moderately important, or not important in your decision about taking part. [READ EACH RESPONSE TO PARTICIPANT] [RC #1]

	<u>Very Important</u>	<u>Moderately Important</u>	<u>Not Important</u>
a. Getting free medical tests and examinations.....	V	M	N
b. Getting information about your health.....	V	M	N
c. Curiosity about medical research.....	V	M	N
d. Thinking it can't hurt to give it a try.....	V	M	N
e. Concerns about being a "guinea pig".....	V	M	N
f. Finding out things you don't want to know.....	V	M	N
g. Having a regular doctor.....	V	M	N
h. Taking part will improve your health.....	V	M	N
i. Taking part will help people in general.....	V	M	N
j. Not having enough time.....	V	M	N
k. Seeing nothing in it for you.....	V	M	N
l. Taking part will help Black people.....	V	M	N
m. Taking part will help your family in particular.....	V	M	N
n. Taking part will help the scientists more than your people.....	V	M	N
o. Are there any other reasons involved with your decision to (take part/not take part) in studies such as the Jackson Heart Study?		Yes	Y

Go to Item 26	—	No	N
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p. Please specify the reason:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

q. Is this reason very important, moderately important, or not important in your decision about taking part?
[RC #1]

	Very important	V
	Moderately important	M
	Not important	N

26. What expectations do you have as a participant in the Jackson Heart Study?

[INTERVIEWER ONLY:
WERE EXPECTATIONS EXPRESSED?]

Yes Y

No N

27. What concerns do you have about the study or coming to the clinic examination?

[INTERVIEWER ONLY:
WERE CONCERNS EXPRESSED?]

Yes Y

No N

28. Some people have indicated that it would help to talk with others who have already taken part in research like the Jackson Heart Study. Would you like to have a volunteer who has taken part in another research study similar to the Jackson Heart Study call you to talk about what it is really like to be in a study?.....

Yes Y

Go to Item 30

No N

29. Is there a particular day or time that would be best for you?

Yes No

29a. Weekday morning? Y N

29b. Weekday afternoon? Y N

29c. Weekday evening? Y N

29d. Week-end morning? Y N

29e. Week-end afternoon? Y N

29f. Week-end evening? Y N

29g. Specific day..... Sunday S

Monday M

Tuesday T

Wednesday W

Thursday H

Friday F

Saturday A

Not indicated N

30. Do you have any recommendations for us on how to better recruit people like you to take part in the Jackson Heart Study?

[INTERVIEWER ONLY:
WERE RECOMMENDATIONS EXPRESSED?]

Yes Y

No N

31. [COMPUTED FIELD. FAMILY STUDY ELIGIBILITY SCORE.]

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Health Care Access and Utilization

FORM CODE: HCA
VERSION A 09/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“The next set of questions are about your health care.”

1. Is there a particular place that you usually go to when you are sick or need advice about your health? Yes Y

— No N

2a. What kind of place is it that you usually go?

- | | | |
|---|---------------------------------|---|
| <input type="text" value="Go to Item 3"/> | Walk-in clinic | A |
| | HMO clinic | B |
| | Hospital clinic | C |
| | Neighborhood health center | D |
| | Hospital emergency room | E |
| | Public health department clinic | F |
| | Company or industry clinic | G |
| | Doctor's office | H |
| | Other | I |

If "Other", specify [DO NOT ENTER]:

Name: _____

Street Address: _____

2b. Facility Code:

3. Thinking about the place you usually go for help with your medical problems, in general, how much do you trust them to take good care of you? Do you trust them very much, somewhat, not very much, or not at all?
- | | |
|---------------|---|
| Very much | A |
| Somewhat | B |
| Not very much | C |
| Not at all | D |
4. Have you seen a dentist in the past 12 months?
- | | |
|------------|---|
| Yes | Y |
| No | N |
| Don't know | D |
5. When was the last time you went to a doctor or other health professional for a routine physical exam or general check-up; that is when you were not sick or pregnant? [RC #1]
- | | |
|--|---|
| Within the past year | A |
| At least 1 year but less than 2 years ago | B |
| At least 2 years but less than 4 years ago | C |
| 5 or more years ago | D |
| Never | E |
6. Overall, how hard has it been for you to get health services you have needed? Would you say it has been very hard, fairly hard, not too hard, or not hard at all?
- | | |
|-----------------|---|
| Very hard | A |
| Fairly hard | B |
| Not too hard | C |
| Not hard at all | D |

7. Are you currently covered by a private health insurance program that pays most or all of your medical care expenses, for example Blue Cross/Blue Shield or another insurance company? Yes Y
 No N
 Don't know D
8. Are you currently covered by Medicaid or public aid? Yes Y
 No N
 Don't know D
9. Are you currently covered by Medicare, a government plan that pays health care bills for people aged 65 and over and for some disabled people? Yes Y
 No N
 Don't know D
10. Are you currently covered by VA or Champus? Yes Y
 No N
 Don't know D
11. Overall, how satisfied are you with your regular (or most recent) doctor or health professional? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied? Very satisfied A
 Somewhat satisfied B
 Somewhat dissatisfied C
 Very dissatisfied D
 Not sure E

ADMINISTRATIVE INFORMATION

12. Date of data collection:

		/			/				
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 m m d d y y y y

13. Code number of person completing this form:

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Physical Activity Form

FORM CODE: PAC
VERSION A 08/24/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I’m going to ask you some questions about your physical activity during the past year. First, we would like to know about the general level of physical activity involved in your daily routine.”

A. ACTIVE LIVING

1. How many minutes a day do you usually walk and/or bicycle to and from work, school or errands?
[RC #1]Less than 5 minutes A
At least 5 but less than 15 minutes B
At least 15 but less than 30 minutes C
At least 30 but less than 45 minutes D
At least 45 minutes E

2. How many city blocks (10 city blocks is about 1 mile) do you usually walk each day to and from work or doing errands? **[RC #2]**Less than 5 blocks A
At least 5 but less than 10 blocks B
At least 10 but less than 15 blocks C
At least 15 but less than 20 blocks D
More than 20 blocks E

3. During leisure time, how often did you walk for at least 15 minutes at a time? **[RC #3]**Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

4. During leisure time, how often did you bike for at least 15 minutes at a time? **[RC #3]**Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

5. During leisure time, how often do you sweat from exertion? **[RC #3]**Less than once a month A
- Once a month B
- 2-3 times a month C
- Once a week D
- More than once a week E

6. During the past year, how often did you watch television? **[RC #4]**Less than 1 hour a week A
- At least 1 hour a week but less than 7 hours a week B
- At least 1 hour a day but less than 2 hours a day C
- At least 2 hours a day but less than 4 hours a day D
- 4 or more hours a day E

7. During a usual week in the past year, about how many times a week did you do physical exercise in your free time for at least 20 minutes without stopping, which was hard enough to make your heart rate and breathing increase a large amount?

B. OCCUPATIONAL ACTIVITIES:

“Now, some questions about your employment situation.”

8. Did you work for pay or do volunteer work during the past year? Yes Y

— No N

9. In comparison with other men (women) of your age, do you think your work (volunteer work) is physically much lighter, lighter, the same as, heavier, or much heavier? [RC #5] Much lighter A

Lighter B

The same as C

Heavier D

Much heavier E

10. After work are you physically tired? [RC #6] Never A

Seldom B

Sometimes C

Often D

Always E

11. When you are working (doing volunteer work) how often do you do each of the following?

11a. Sit: [RC #6] Never A

Seldom B

Sometimes C

Often D

Always E

11b. Stand: [RC #6]Never A
Seldom B
Sometimes C
Often D
Always E

11c. Walk: [RC #6]Never A
Seldom B
Sometimes C
Often D
Always E

11d. Lift heavy loads: [RC #6] Never A
Seldom B
Sometimes C
Often D
Always E

11e. Sweat from exertion: [RC #6] Never A
Seldom B
Sometimes C
Often D
Always E

C. HOME, FAMILY, YARD AND GARDEN

"Now, we want to know about your activities at home, not including activities you may do at your home or other people's home for pay or volunteer work."

12. During the past year (12 months) how much time did you spend caring for children under 5 years of age or for a disabled child or elderly person? **[RC #7]**Less than 1 hour per week **A**
- At least 1 but less than 20 hours per week **B**
- More than 20 hours per week **C**
-
13. During the past year (12 months) how much time did you spend preparing meals or cleaning up from meals? **[RC #8]**Less than ½ hour per day **A**
- At least ½ hour but less than 1 hour per day **B**
- At least 1 hour but less than 1 ½ hours per day **C**
- At least 1 ½ hours but less than 2 hours per day **D**
- 2 or more hours per day **E**
-
14. During the past year (12 months) how much time did you spend doing major cleaning activities such as shampooing carpets, waxing floors, washing windows or washing a car or other vehicle? **[RC #3]**Less than once a month **A**
- Once a month **B**
- 2-3 times a month **C**
- Once a week **D**
- More than once a week **E**

15. During the past year (12 months) how much time did you spend doing routine cleaning such as dusting, laundry, vacuuming, changing bed sheets or grocery shopping and pushing a cart?
[RC #3]Less than once a month A
 Once a month B
 2-3 times a month C
 Once a week D
 More than once a week E

16. During the past year (12 months) how much time did you spend doing gardening or yard work, such as mowing lawn or raking leaves?
[RC #3]Less than once a month A
 Once a month B
 2-3 times a month C
 Once a week D
 More than once a week E

17. During the past year (12 months) how much time did you spend doing heavy outdoor work such as chopping wood, tilling soil, shoveling or bailing hay? **[RC #3]**Less than once a month A
 Once a month B
 2-3 times a month C
 Once a week D
 More than once a week E

18. During the past year (12 months) how much time did you spend doing major home decoration or repair, such as plumbing, tiling, painting or building? [RC # 3]
- Less than once a month A
 - Once a month B
 - 2-3 times a month C
 - Once a week D
 - More than once a week E

D. SPORTS AND EXERCISE

"In this last section, we want to know if you were involved in any sports or exercise."

19. "During the past year did you participate in any of these activities or in any other similar activities not included on the list? [HAND RESPONDENT SPORTS AND EXERCISE LIST]
- Yes Y
 - No N
- Go to Item 31 —

20. How often did you play sports or exercise during the past year? [RC #9]
- Never or less than once a month A
 - Once a month B
 - 2-3 times a month C
 - Once a week D
 - More than once a week E

21. Which sport or exercise did you do most frequently? [SPECIFY ONLY ONE; REFER TO LIST]

- 21a. Is this activity on the code list?
- Yes Y
 - No N
- Go to Item 21c —

- 21b. Code for most frequent sport or exercise:
- | | | |
|--|--|--|
| | | |
|--|--|--|
- Go to Item 22

21c. If the activity is not coded, specify the activity :

22. How many months in the past year did you do this activity? [RC #10]Less than one month A
- 1 to 3 months B
- 4 to 6 months C
- 7 to 9 months D
- More than 9 months E

23. How many hours a week did you do this activity? [RC #11]Less than 1 hour A
- At least 1 but less than 2 hours B
- At least 2 but less than 3 hours C
- At least 3 but less than 4 hours D
- 4 or more hours E

24. What was the second most frequent sport or exercise you did? [SPECIFY ONLY ONE; REFER TO LIST]

IF NONE, GO TO ITEM 30

- 24a. Is this activity on the code list? Yes Y
- Go to Item 24c — No N

24b. Code for the second most frequent sport or exercise:

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Go to Item 25

24c. If the activity is not coded, specify the activity:

25. How many months in the past year did you do this activity? [RC #10]

-Less than one month A
- 1 to 3 months B
- 4 to 6 months C
- 7 to 9 months D
- More than 9 months E

26. How many hours a week did you do this activity? [RC #11]

-Less than 1 hour A
- At least 1 but less than 2 hours B
- At least 2 but less than 3 hours C
- At least 3 but less than 4 hours D
- 4 hours or more E

27. What was the third most frequent sport or exercise you did? [SPECIFY ONLY ONE; REFER TO LIST]

IF NONE, GO TO ITEM 30

27a. Is this activity on the code list? Yes Y

Go to Item 27c — No N

27b. Code for the third most frequent sport or exercise:

Go to Item 28

27c. If the activity is not coded, specify the activity:

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28. How many months in the past year did you do this activity? [RC #10]Less than one month A
- 1 to 3 months B
- 4 to 6 months C
- 7 to 9 months D
- More than 9 months E

29. How many hours a week did you do this activity? [RC# 11]Less than 1 hour A
- At least 1 but less than 2 hours B
- At least 2 but less than 3 hours C
- At least 3 but less than 4 hours D
- 4 hours or more E

30. In comparison with others of your own age, do you think your recreational activity is much less, less, the same as, more, or much more? [RC # 12] Much Less A
- Less B
- Same as C
- More D
- Much more E

E. ADMINISTRATIVE INFORMATION

31. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

32. Code number of person completing this form:

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Personal Data – Socioeconomic Status

FORM CODE: PDS
VERSION A 09/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I would like to ask you a few questions about yourself. In studies like this we often compare the ideas of men and women, young and old persons, and people of different economic backgrounds. The following questions are designed to assess some of your current and early life experiences. We realize that many of these refer to events that happened a long time ago. Please try to remember and answer as best you can. We will start our questions by gathering information about your current occupation, education and so forth. These questions are very important to this study. Can you agree to give us this information?”

Where were you born?

1a. City or Town:

1b. County: ..

1c. State (or Country if not US).....

2a. Think of this ladder with ten steps as representing where people stand in their communities. People define community in different ways. Please define it in whatever way is meaningful to you. At **step 10** are people who have the highest standing in their community. At **step 1** are people who have the lowest standing in their community. Tell me a number that represents where you think you stand at this time in your life, relative to other people in your community.

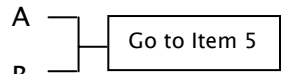
[SHOW RC #1]

Specify step on ladder:

2b. People think of their communities in different ways. When you answered the last question, what did you think of as your community?

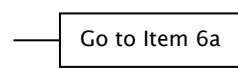
3. We would like to know about the kind of work you do. Looking at this card, **[SHOW RC #2]** please tell me the letter which best describes your current job?

- Working now, full-time A
- Working now, part-time B
- Employed, but temporarily laid off C
- Sick or on leave for health reasons D
- Unemployed, looking for work E
- Unemployed, not looking for work F
- Homemaker, not working outside the home G
- Retired from my usual job and not working H
- Retired from my usual job but working for pay I



4. When was your last regular job for pay? [RECORD YEAR]

y	y	y	y



[ENTER '9999' IF NEVER HAD A REGULAR JOB FOR PAY]

5. Are you currently working in one or more than one job? ... One O
More than one M

- 6a. What (is/was) your occupation on your main job? (For example: registered nurse, personnel manager, auto mechanic, accountant, machine operator, etc.)

[IF MORE THAN ONE, ASK:] Which do you consider your main occupation or job?

[PROBE FOR WHAT RESPONDENT DOES, NOT WHERE RESPONDENT WORKS, OBTAIN JOB TITLE]

6b. (Are/were) you self-employed for this occupation? Yes Y

No N

7. Tell me a little more about your main job. What are your most important activities or duties? For example patient care, directing hiring policies, repairing automobiles, reviewing financial records, operating machinery, etc.)

Two rows of 18 empty boxes for text entry.

8. What kind of business or industry (is/was) that? (For example, hospital newspaper publishing, auto repair shop, bank, etc.)

[IF UNSURE, ASK:] What do they make or do where you (work/worked)?

[PROBE FOR NAME OF BUSINESS OR INDUSTRY]

Two rows of 18 empty boxes for text entry.

9a. How long (have you had/did you have) your main job? (Number of years).....

Two empty boxes for years.

9b. (Is/was) your job one that (provides/provided) regular steady work throughout the year, (is/was) it seasonal, (are/were) there frequent layoffs, or what?

- Regular, steady work
Seasonal
Frequent layoffs
Don't know
Other

R
S
F
D
O

Go to Item 10a

9c. Specify:

Two rows of 18 empty boxes for text entry.

10a. Thinking over your entire work life, have you ever been unemployed (that is looking for a job but unable to find one) for 6 months or longer? Yes Y

Go to Item 11 — No N

10b. How many times have you been unemployed for more than 6 months? [SPECIFY NUMBER OF TIMES]

11. How satisfied are you with your job? Are you satisfied, dissatisfied, or neither? Satisfied S
Dissatisfied D
Neither N

12. Now I would like you to think about the kind of jobs you had when you were younger. Please tell me what your first full-time occupation or job was.

[PROBE FOR WHAT RESPONDENT DID, NOT WHERE RESPONDENT WORKED. OBTAIN JOB TITLE.]

13. Pretend that the steps on this ladder stand for 10 possible steps in your life. The tenth step stands for the best possible way of life for you and the first step stands for the worst possible way of life for you. Keeping in mind that **step 10** represents your best way of life and **step 1** represents your worst way of life, will you tell me the step number that best describes where you are now?
[SHOW RC #3]
Specify step on ladder:

14. Would you please tell me the step number that best describes where you were ten years ago?
Specify step on ladder:

15. Will you please tell me the step number that best describes where you would like to be next year?

Specify step on ladder:

16. Will you please tell me the step number that best describes where you expect to be next year?

Specify step on ladder:.....

17. How disappointed would you be if you found out that you could never reach (STEP # IN Q#15)? Would you be very disappointed, fairly disappointed, slightly disappointed, or not at all disappointed?

- Very disappointed V
- Fairly disappointed F
- Slightly disappointed S
- Not at all disappointed N

18a. What is the highest degree or years of school you have completed, including trade or vocational school or college?

[IF CURRENTLY ENROLLED, MARK HIGHEST GRADE COMPLETED OR HIGHEST DEGREE RECEIVED.]

[RECORD NUMBER OF YEARS FOR GRADES 1–12:]

- Some vocational or trade school, but no certificates 14
- Vocational or trade certificate 15
- Some college, but no degree 16
- Associate degree, (junior college) (AA or AS) 17
- Bachelor’s degree (BA, BS, AB) 18
- Graduate or professional schools (MA, MS, Master’s Doctorate, MD, JD, DDS, DVM, etc.) 19

18b. **[IF LESS THAN 12, ASK:]** Did you complete a GED? Yes Y
 No N

19a. Have you completed any other training or education outside of formal school programs? Yes Y

Go to Item 20 — No N

19b. Specify:

Two rows of 15 empty boxes each for specifying details.

20. [DO NOT ASK; REFER TO SOCIAL SUPPORT FORM]

[HAS RESPONDENT EVER HAD SPOUSE OR CURRENTLY HAS SPOUSE/PARTNER?] Yes Y

Go to Item 24 — No N

21. [SELECT APPROPRIATE WORDING]

Is your (husband/wife/partner) presently working for pay?

OR

Did your (husband/wife/partner) ever work for pay? Yes, currently Y

Yes, in the past P

Go to Item 23a — No N

22a. What (is/was) (his/her) occupation or main job? (For example: registered nurse, personnel manager, auto mechanic, accountant, machine operator, etc.)

[PROBE FOR WHAT SPOUSE/PARTNER DOES, NOT WHERE SPOUSE/PARTNER WORKS, OBTAIN JOB TITLE]

Two rows of 15 empty boxes each for job title details.

22b. What are/were (his/her) most important activities or duties? (For example patient care, directing hiring policies, repairing automobiles, reviewing financial records, operating machinery, etc.)

Two rows of 15 empty boxes each for activity details.

22c. What kind of business or industry (is/was) that?
 (For example, hospital newspaper publishing, auto repair shop, bank, etc.)

[IF UNSURE, ASK:] What do they make or do where your (spouse/partner) (works/worked)?

[PROBE FOR NAME OF BUSINESS OR INDUSTRY]

23a. What is the highest degree or years of school your (husband/wife/partner) ever completed, including trade or vocational school or college?

[IF CURRENTLY ENROLLED, MARK HIGHEST GRADE COMPLETED OR HIGHEST DEGREE RECEIVED]

RECORD NUMBER OF YEARS FOR GRADES 1-12

--	--

- Some vocational or trade school, but no certificates 14
- Vocational or trade certificate 15
- Some college, but no degree 16
- Associate degree, (junior college) (AA or AS) 17
- Bachelor's degree (BA, BS, AB) 18
- Graduate or professional school (MA, MS, Master's Doctorate, MD, JD, DDS, DVM, etc) 19

23b. **[IF LESS THAN 12, ASK:]** Did (he/she) complete a GED? Yes Y
 No N

"The following questions have to do with family finances. We know from other research that financial strain is common and very important to consider in understanding people's health. These questions will help give a picture of the various financial situations experienced by persons in the Jackson Heart Study. I want to remind you that key information you provide is strictly confidential and will never be identified with you as an individual."

24. Are you or your family renting, buying (paying a mortgage), or do you own (paid off) the house or apartment where you live now?
- | | |
|----------------------------|---|
| Pays rent | P |
| Buying (paying a mortgage) | B |
| Owns | O |
| Neither owns nor pays rent | N |
| Don't know | D |
25. Do you own or are buying/leasing one or more cars?
- | | |
|--------------------|---|
| Yes, one | O |
| Yes, more than one | M |
| No | N |
26. Suppose you needed money quickly and you cashed in all of your (and your spouse's/ partner's) checking and savings accounts, cars, jewelry, or other possessions and any stocks, bonds, or real estate (other than your principal home). If you added up what you get, about how much would it amount to? Just give me your best estimate from the list.
- [HAND RC #4]**
- | | |
|---------------------|---|
| \$0 - 499 | A |
| \$500 - 999 | B |
| \$1,000 - 4,999 | C |
| \$5,000 - 9,999 | D |
| \$10,000 - 19,999 | E |
| \$20,000 - 49,999 | F |
| \$50,000 - 99,999 | G |
| \$100,000 - 199,999 | H |
| \$200,000 or more | I |
| Don't know | J |
| Refused | K |

27. In the past year, did you or anyone living in your household receive any income from the following sources?

	<u>YES</u>	<u>NO/ DON'T KNOW</u>	<u>REFUSED</u>
27a. Investments?	Y	N	R
27b. Social Security?	Y	N	R
27c. Worker's Compensation?	Y	N	R
27d. Unemployment Compensation?	Y	N	R
27e. ADC or AFDC? (Aid to Dependent Children)	Y	N	R
27f. Food Stamps?	Y	N	R
27g. Other Welfare Programs?	Y	N	R
27h. Supplemental Security Income (SSI)?	Y	N	R
27i. Gambling?	Y	N	R

28a. Now, thinking of all these sources as well as money from jobs, income from a business, or farm, rent from property, social security or retirement benefits, help from friends or family, or any other income not reported, what was your total combined family income before taxes in (YEAR)? Using this card [RC #5] tell me the letter that most closely matches your total combined family income.

- Less than \$5,000 A
- \$5,000 – 7,999 B
- \$8,000 – 11,999 C
- \$12,000 – 15,999 D
- \$16,000 – 19,999 E
- \$20,000 – 24,999 F
- \$25,000 – 34,999 G
- \$35,000 – 49,999 H
- \$50,000 – 74,999 I
- \$75,000 – 99,999 J
- \$100,000 or more K
- Don't Know L
- Refused M

Go to Item 29

28b. You may not be able to give me an exact range for your family income, but can you tell me if your family received \$35,000 or more? Yes Y

Go to Item 28f — No N

Go to Item 29 — Don't know D
Refused R

28c. Was it \$50,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

28d. Was it \$75,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

28e. Was it \$100,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

[IF THE FAMILY DID NOT RECEIVE \$35,000 OR MORE IN (YEAR)]

28f. Was it \$10,000 or above? Yes Y

Go to Item 29 — No N
Don't know D
Refused R

28g. Was it \$25,000 or above? Yes Y

No N

Don't know D

Refused R

29. How much of that income do you contribute? Using this card tell me the letter that most closely matches your total income before taxes in (year).

- [HAND RC #5]
- | | |
|--------------------|---|
| Less than \$5,000 | A |
| \$5,000 – 7,999 | B |
| \$8,000 – 11,999 | C |
| \$12,000 – 15,999 | D |
| \$16,000 – 19,999 | E |
| \$20,000 – 24,999 | F |
| \$25,000 – 34,999 | G |
| \$35,000 – 49,999 | H |
| \$50,000 – 74,999 | I |
| \$75,000 to 99,999 | J |
| \$100,000 or more | K |
| Don't know | L |
| Refused | M |

30. On average, how many people, including yourself does your total family income support?

Number of persons:

31a. Including yourself, how many people lived in your house during the past 12 months?

Number of persons:

31b. Of these, how many are under the age of 18?

Number of persons:

32. **[SHOW RC #6]** Now, think of a ladder with 10 steps representing where people stand in the United States. At **step 10** are the people who are the best off—those who have the most money, the most education and the most respected jobs. At **step 1** are the people who are the worst off—who have the least money, least education, and the worst jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top, and the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder? Tell me a number that represents where you think you stand at this point in time relative to other people in the United States.

Specify number of step:

--	--

ADMINISTRATIVE INFORMATION

33. Date of data collection:.....

		/			/				
m	m		d	d		y	y	y	y

34. Code number of person completing this form:

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Stress

FORM CODE: STS
VERSION A 05/03/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“We are interested in the amount of stress that you have experienced over the past 12 months. Over the past 12 months, how much stress did you experience...”

[HAND RESPONDENT CARD]

	Not Stressful	Mildly Stressful	Moderately Stressful	Very Stressful
1. In your job? (This would include feeling overworked, hassled at work, job insecurity, etc.)	A	B	C	D
2. In your relationships with others? (This would include your marriage, friendships, dealing with relatives, etc.)	A	B	C	D
3. Related to living in your neighborhood? (This would include crime, traffic, events affecting your personal safety, etc.)	A	B	C	D
4. Related to caring for others? (This would include caring for an elderly parent or relative, caring for children, etc.)	A	B	C	D
5. Related to legal problems? (This would include dealing with lawyers, judges, or other court officials, being accused or convicted of crime, etc.)	A	B	C	D
6. Related to medical problems? (This would include personal health problems or illness in the family, availability of health care, etc.)	A	B	C	D
7. Related to racism and discrimination? (This would include feeling mistreated or discriminated against at work, in a restaurant, at the grocery store, etc.)	A	B	C	D
8. Related to meeting basic needs? (This would include housing, buying food, paying bills, etc.)	A	B	C	D

ADMINISTRATIVE INFORMATION

9. Date of data collection:.....

		/			/				
--	--	---	--	--	---	--	--	--	--

m	m		d	d		y	y	y	y
---	---	--	---	---	--	---	---	---	---

10. Code number of person completing this form:

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Health Practices: Tobacco Use

FORM CODE: TOB
VERSION A 07/05/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I have a series of questions about your health habits. These first questions will be about tobacco use.”

1. Have you smoked at least 400 cigarettes in your lifetime?
[CODE “NO” IF LESS THAN 400 CIGARETTES, THAT IS,
20 PACKS OR 2 CARTONS IN A LIFETIME].....Yes Y

— No N

2. How old were you when you first started to smoke cigarettes
regularly, that is, every day? [ENTER “00” IF NEVER SMOKED REGULARLY].....

Age

3. Do you now smoke cigarettes? Yes Y

No N

4. How long has it been since you last smoked cigarettes? 4a.

Months

[CALCULATE # OF MONTHS AND YEARS
BASED ON PARTICIPANT RESPONSE]

4b.

Years

IF PARTICIPANT HAS SMOKED CIGARETTES WITHIN THE PAST 3 MONTHS, SAY: "Please answer the next few questions with regard to your current or recent cigarette smoking practices."

IF PARTICIPANT HAS NOT SMOKED CIGARETTES WITHIN THE PAST 3 MONTHS, SAY: "Please answer the next few questions with regard to your usual cigarette smoking practices before you quit."

5. How many cigarettes do (did) you smoke per day? Cigarettes
[ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00.]
6. Do (did) you smoke more frequently during the first few hours after awakening than during the rest of the day? Yes Y
No N
7. How soon after you wake (woke) up do (did) you smoke your first cigarette? Would you say within the first 5 minutes, the first 30 minutes, the first hour, or more than an hour after awakening? 0–5 minutes A
6–30 minutes B
31–60 minutes C
61 minutes or more D
8. Of all the cigarettes you smoke (smoked) during the day, which one would you hate (have hated) to give up most? [ANSWER MUST BE STATED AS A TIME/ PLACE/SITUATION. IF PARTICIPANT STATES "IN THE MORNING", "WHEN I GET UP" "WITH MY COFFEE" OR A SIMILAR RESPONSE, CLARIFY.]..... First of the day F
Any other A
9. Do (did) you find it difficult to refrain from smoking in places where it is forbidden, for example, in church, the library, cinema, etc? Yes Y
No N
10. Do (did) you smoke if you are (were) so ill that you are (were) in bed most of the day? Yes Y
No N
11. On the average, for the entire time you have smoked, how many cigarettes did you usually smoke per day? Cigarettes
[ENTER EXACT NUMBER. CODE ½ CIGARETTE PER DAY AS 01, ANYTHING LESS AS 00]

12. Since you began smoking, for how many years were you off cigarettes? Years

13. How deeply do (did) you inhale the cigarette smoke—
not at all, slightly, moderately, or deeply? Not at all N
Slightly S
Moderately M
Deeply D

14. Have you ever used any other tobacco products regularly, that is cigars or cigarillos, pipes, chewing tobacco, or snuff/dip? Yes Y
 Go to Item 27 — No N

15. What is the total number of years you have smoked cigars or cigarillos regularly? Years
 If "00", go to Item 18

16. Over the course of the entire time you smoked cigars or cigarillos, how many cigars or cigarillos per week have you typically smoked? Cigars or Cigarillos

17. Do you currently smoke cigars or cigarillos? Yes Y
No N

18. What is the total number of years you have smoked a pipe regularly? Years
 If "00", go to Item 21

19. Over the course of the entire time you have smoked a pipe, how many pipefuls per week have you typically smoked? Pipefuls

20. Do you currently smoke a pipe?Yes Y
No N

21. What is the total number of years you have used chewing tobacco such as Redman, Beechnut or Levi Garret, regularly?
Years

If "00", go to Item 24

22. Over the course of the entire time you have used chewing tobacco, how many pouches per week have you typically chewed? [A STANDARD POUCH CONTAINS 3 OUNCES].....
Pouches

23. Do you currently use chewing tobacco? Yes Y
No N

24. What is the total number of years you have used snuff or dip, such as Skoal, Bandits or Copenhagen, regularly?
Years

If "00", go to Item 27

25. Over the course of the entire time you have used dip or snuff, how many cans per week have you typically used? [A STANDARD CAN CONTAINS 1.2 OUNCES].....
Cans

26. Do you currently use dip or snuff?Yes Y
No N

27. [ASK EVERYONE] During the past year, about how many hours per week, on the average, were you in close contact with people where they were smoking? For example, at work, your home, in a car, or other close quarters?
Hours

ADMINISTRATIVE INFORMATION

28. Date of data collection:

		/			/				
--	--	---	--	--	---	--	--	--	--

m	m		d	d		y	y	y	y
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29. Code number of person completing this form:

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Personal and Family Health History Form

FORM CODE: PFH
VERSION A 10/06/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“I would like to ask you a few questions about your health and that of your parents.”

1. Compared to other people your age, would you say that your health is excellent, good, fair, or poor?
- | | |
|-----------|---|
| Excellent | E |
| Good | G |
| Fair | F |
| Poor | P |

Personal Health Problems: “Now I’m going to read a list of some health problems. After each one, please tell me if a doctor or health professional has ever said you have that problem.”

Has your doctor or health professional ever said you have:

- 2a. High blood pressure or hypertension?
- | | |
|------------|---|
| Yes | Y |
| No | N |
| Don’t know | D |
-

- 2b. How old were you when first told that you had high blood pressure or hypertension?
- age

- 3a. High blood cholesterol?
- | | |
|------------|---|
| Yes | Y |
| No | N |
| Don’t know | D |
-

- 3b. How old were you when first told that you had high blood cholesterol?.....
- age

- 4a. Heart attack?
- | | |
|-----|---|
| Yes | Y |
|-----|---|

Go to Item 5a	}	No	N
		Don't know	D

4b. How old were you when first told that you had a heart attack?

--	--	--

age

5a. Stroke? Yes Y

Go to Item 6a	}	No	N
		Don't know	D

5b. How old were you when first told that you had a stroke?.....

--	--	--

age

Has your doctor or health professional ever said you have:

6a. Sugar in the blood or diabetes? Yes Y

Go to Item 7a	}	No	N
		Don't know	D

6b. How old were you when first told that you had sugar in the blood or diabetes?

--	--	--

age

7a. Kidney problem? Yes Y

Go to Item 8a	}	No	N
		Don't know	D

7b. How old were you when first told that you had a kidney problem?

--	--	--

age

8a. Cancer? Yes Y

Go to Item 9a	}	No	N
		Don't know	D

8b. How old were you when first told that you had cancer?.....

--	--	--

age

9a. Chronic lung disease, such as bronchitis or emphysema? Yes Y

Go to Item 10a	}	No	N
		Don't know	D

9b. How old were you when first told that you had chronic lung disease?.....

--	--	--

age

10a. Asthma? Yes Y

Go to Item 11a	}	No	N
		Don't know	D

10b. How old were you when first told that you had asthma?

--	--	--

age

11a. A blood circulation problem? Yes Y

Go to Item 12a	}	No	N
		Don't know	D

11b. How old were you when first told that you had a blood circulation problem?

--	--	--

age

12a. Have you stayed overnight as a patient in a hospital during the past year? Yes Y

	Go to Item 13		No	N																																																																															
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12b. Reason:

13. [IS YOUR NATURAL MOTHER LIVING? DO NOT ASK; RECORD FROM ELIGIBILITY FORM.]
Y

Yes —

No N

— Don't know D

14. Approximately how old was your mother when she died?
age

15a. What was the cause of your natural mother's death? Cancer C
Heart attack A
Stroke S
Unknown U
Other (Specify) O

15b. Specify:

16. How old is your mother?
age

Did your mother ever have (or does she have) any of the following diseases? [READ EACH DISEASE NAME]

17. Cancer? Yes Y
No N
Don't know D

18. Diabetes (sugar in the blood)? Yes Y
 No N
 Don't know D

19a. High blood pressure or hypertension? Yes Y
 No N
 Don't know D

Go to Item 20a

19b. How old was she when she was first told that she had high blood pressure or hypertension?
 age

20a. Stroke? Yes Y
 No N
 Don't know D

Go to Item 21a

20b. How old was she when she was first told that she had had a stroke?
 age

21a. Heart disease? Yes Y
 No N
 Don't know D

Go to Item 22

21b. How old was she when she was first told that she had heart disease?
 age

22. [IS YOUR NATURAL FATHER LIVING? **DO NOT ASK; RECORD FROM ELIGIBILITY FORM.**] Yes Go to Item 25
 Y

No N
 Don't know D

Go to Item 25

23. Approximately how old was your father when he died?
 age

- 24a. What was the cause of your natural father's death?
- | | | |
|-----------------|---|---|
| Cancer | C | } Go to Item 26 |
| Heart attack | A | |
| Stroke | S | |
| Unknown | U | |
| Other (Specify) | O | |

24b. Specify:

Go to Item 26

25. How old is your father?

--	--	--

age

Did your father ever have (or does he have) any of the following diseases? **[READ EACH DISEASE NAME]**

26. Cancer?

Yes	Y
No	N
Don't know	D

27. Diabetes (sugar in the blood)?

Yes	Y
No	N
Don't know	D

28a. High blood pressure or hypertension?

Yes	Y
No	N
Don't know	D

Go to Item 29a }

28b. How old was he when he was first told that he had high blood pressure or hypertension?

--	--	--

age

29a. Stroke? Yes Y
 No N
 Don't know D

29b. How old was he when he was first told that he had had a stroke?
 age

30a. Heart disease? Yes Y
 No N
 Don't know D

30b. How old was he when he was first told that he had heart disease?
 age

“Now I have a few questions about your full brothers and sisters. Count only those who have the same natural mother and natural father as you, even if they are no longer living or you are no longer in touch with them. Do not include adopted or step brothers or sisters. Earlier you indicated that you have __ brothers and __ sisters still living.”

31a. [FULL BROTHERS LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.]

31b. [FULL SISTERS LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.]

31c. Were there any others who are no longer living? Yes
 Y

No N

31d. How many full brothers are no longer living?

31e. How many full sisters are no longer living?

31f. [TOTAL NUMBER OF FULL BROTHERS AND FULL SISTERS.
DO NOT ASK; COMPUTE. IF NONE, ENTER "00".]

--	--

If "00" Go to Item 37a

Have any of your brothers or sisters (whether living or no longer living) ever had any of the following diseases?
[READ EACH RESPONSE]

32a. Cancer? Yes Y

Go to Item 33a		No	N
		Don't know	D

32b. How many?

--	--

33a. Diabetes (sugar in the blood)? Yes Y

Go to Item 34a		No	N
		Don't know	D

33b. How many?

--	--

34a. High blood pressure or hypertension? Yes Y

Go to Item 35a		No	N
		Don't know	D

34b. How many?

--	--

34c. How many of these brothers and sisters were younger than 60 years of age when told they had high blood pressure or hypertension?

--	--

35a. Stroke? Yes Y

Go to Item 36a		No	N
		Don't know	D

--	--

35b. How many?
 35c. How many of these brothers and sisters were younger than 60 years of age when told they had a stroke?

36a. Heart disease? Yes Y
 No N
 Don't know D
 Go to Item 37a

36b. How many?

36c. How many of these brothers and sisters were younger than 60 years of age when told they had heart disease?

"I also have a few questions about your natural children. Earlier you indicated that you have __ natural or biological children still living.

37a. [NATURAL CHILDREN LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.]
 IF "00" Go to Item 37c

37b. How many are over 18 years old?.....

37c. Were there any others who are no longer living? Yes Y
 No N
 Go to Item 38a

37d. How many natural children are no longer living?

Have any of your adult (age 18 or older) natural children (whether living or no longer living) ever been told they have:

38a. Cancer? Yes Y
 No N
 Don't know D
 Go to Item 39a

38b. How many?

39a. Diabetes (sugar in the blood)? Yes Y
No N
Don't know D

Go to Item 40a

39b. How many?

40a. High blood pressure or hypertension? Yes Y
No N
Don't know D

Go to Item 41 a

40b. How many?

40c. How many of these children were younger than 60 years of age when told they had high blood pressure or hypertension?

41a. Stroke? Yes Y
No N
Don't know D

Go to Item 42a

41b. How many?

41c. How many of these children were younger than 60 years of age when told they had a stroke?

42a. Heart disease? Yes Y
 No N
 Don't know D

Go to Item 43

42b. How many?

42c. How many of these children were younger than 60 years of age when told they had heart disease?

ADMINISTRATIVE INFORMATION

43. Date of data collection: / /
 m m d d y y y y

44. Code number of person completing this form:



Social Support Form

FORM CODE: SOC
VERSION A 09/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

“Now I have some questions about your relationships with your family and others.”

1a. First, are you married, separated, divorced, widowed or have you never been married? Married M
 Separated S
 Divorced D
 Widowed W
 Never been married N —

1b. How long have you been (married, separated, divorced, widowed)? years

[0-6 months = 00
7-12 months = 01]

2. Are you currently living with your spouse or another person in an intimate relationship? Yes Y
 No N —

3. How much does (did) your (husband/wife/partner/person you live with) make you feel loved and cared for? Would you say a great deal, quite a bit, some, a little, or not at all? [RC #1] A great deal A
 Quite a bit B
 Some C
 A little D
 Not at all E

4. How much do you feel (he/she) (makes/made) too many demands on you? Would you say a great deal, quite a bit, some, a little, or not at all? [RC #1]A great deal A
Quite a bit B
Some C
A little D
Not at all E

5. How many close friends do you have (people you feel at ease with, can talk to about private matters, and can call on for help)? [RC #2]None A
1 or 2 B
3 to 5 C
6 to 9 D
10 or more E

6. How many relatives do you have that you feel close to? [RC #2]None A
1 or 2 B
3 to 5 C
6 to 9 D
10 or more E

7. How many of these friends or relatives do you see at least once per month? [RC #2]None A
1 or 2 B
3 to 5 C
6 to 9 D
10 or more E

8a. Do you belong to any social, recreational, work, church or other community groups? (For example, social clubs, groups, ball clubs, exercise groups, PTA, scouts, charity or community service) Yes Y
 No N

Go to Item 9

8b. What is the total number of groups to which you belong?

ADMINISTRATIVE INFORMATION

9. Date of data collection:

		/			/				
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 m m d d y y y y

10. Code number of person completing this form.....

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Clinic Appointment Form

FORM CODE: CLA
VERSION A 10/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

[IF RESPONDENT IS NOT PLANNING TO COME TO THE CLINIC, GO TO ITEM 14]

“There are several points we would like to cover to make your clinic visits easier.

For your visit we ask that you fast, that is not eating or drinking anything by mouth but water and medication for 12 hours before your appointment. This means take all routine medication during this time with water only – no coke, no tea, no coffee – just water. It also means not to chew any gum, eat mints or other foods. You will be given a snack shortly after your arrival, after we have drawn your blood sample.”

1. Some medicines, such as insulin for diabetes, cannot be taken while fasting. Do you take insulin for diabetes?..... Yes Y
- No N

“Continue to take insulin the way you normally do. You should not fast before you come to

2. Do you have any medical reason why you must not fast for 12 hours? Yes Y
- No N

Specify: _____

3. Is it possible for you to arrange with your doctor a way to fast before you come to the clinic? Yes Y
- No N

“Then it will be okay for you to eat before the visit as you normally do.”

“Good. Please ..”

4. Some medications can be taken fasting or delayed until the snack at the clinic. Do you have a medicine you must take for which you must not fast for 12 hours? Yes Y
No Go to Item 6 — N

Specify: _____

5. Is it possible for you to arrange with your doctor a way to take this medicine and still fast, or to fast for a shorter time before you come to the clinic? Yes Y "Good. Please .."
No "Then it will be okay for you to eat before the visit as you normally" — N

6. Do you have any special diet we should consider for the clinic snack? Yes Y
No Go to Item 7 — N

Specify: _____

7. Will you need any assistance getting around the clinic? Yes Y
No Go to Item 8a — N

Specify: _____

8a. Will you need to have transportation provided by Jackson Heart Study in order to get your clinic appointment? Yes Y
No Go to Item 9 — N

Specify: _____

- 8b. Would you like to have a Jackson Heart Study volunteer call to arrange transportation, or shall we call a taxi? JHS Volunteer A
 Taxi B
 Other C

Specify: _____

9. Will you need to have child (or adult) care provided at the Jackson Heart Study clinic while you attend your clinic appointment?..... Yes Y
 No N

Specify: _____

10. Will you need any assistance (reading/writing) with completing the paperwork? Yes Y
 No N

Specify: _____

11. Do you have any other special needs for the clinic visit that we should know about? Yes Y
 No N

Specify: _____

IF INTERVIEW PLANNED WITH ANOTHER HOUSEHOLD MEMBER, READ:

“Now I would like to interview (Name of Respondent), then we will make the appointment for your clinic examinations together.”]

IF INTERVIEWS COMPLETED FOR THIS VISIT, READ:

“Now I would like to set your appointment for the clinic examination at the Jackson Medical Mall. Let me call to schedule a good time for you.” [CALL (CLINIC TELEPHONE NUMBER) FOR APPOINTMENT INFORMATION AND RECORD BELOW.]

12a. APPOINTMENT STATUS: Set S

— Pending P

— Refused R

12b. Day of appointment: Sunday S

Monday M

Tuesday T

Wednesday W

Thursday H

Friday F

Saturday A

12c. Date of appointment: / /
d d y y m m

12d. Time of appointment: :
h h m m

[REVIEW APPOINTMENT SCHEDULE, PROCEDURES.

IF RESPONDENT IS UNABLE TO SCHEDULE APPOINTMENT AT THIS TIME, SPECIFY]:

13a. Reason:

13b. Recontact Procedures:

14a. [RECORD REASON RESPONDENT IS NOT COMING TO THE CLINIC:]

Go to Item 15				Language barrier	A
				Physically unable to attend clinic	B
				Doesn't want blood drawn	C
				Doesn't want to take time off work	D
				Other	refusal
			E		
			Other	F	

Specify other refusal/reason: _____

ADMINISTRATIVE INFORMATION

15. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

16. Code number of person completing this form:

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IF APPOINTMENT SCHEDULED. GO TO MEDICATIONS INSTRUCTIONS NEXT PAGE

5d. City:

5e. State:

5f. Zip Code:

6. What is your home telephone number starting with your area code?

n n n n n n n n n n

IF NO HOME TELEPHONE NUMBER GO TO ITEM 8

		:		
--	--	---	--	--

7b. AM A

7a. What is the best time for us to contact you at home? ...
h h m m

PM P

8. What is your work telephone number starting with your area code?

			-				-				
n	n	n		n	n	n		n	n	n	n

9. What is your Pager number starting with your area code?

			-				-				
n	n	n		n	n	n		n	n	n	n

10. What is your Cell phone number starting with your area code?

			-				-				
n	n	n		n	n	n		n	n	n	n

11. What is your Email address?

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

16. Pager number: n n n n n n n n n n

17. Cell phone: n n n n n n n n n n

18. Email address:

C. SECOND CONTACT PERSON

Specify name and relationship of **second** contact person:

19a. Last Name:

19b. First Name:

19c. Relationship?

20. **Second** Contact Person home phone number: - -
 n n n n n n n n n n

IF NO HOME TELEPHONE NUMBER GO TO ITEM 22

21a. What is the best time for us to contact him/her
 at home? :
 h h m m 21b. AM A
PM P

22. Work phone number: - -
 n n n n n n n n n n

23. Pager number: - -
 n n n n n n n n n n

- -

30. Pager number: n n n n n n n n n n

31. Cell phone: n n n n n n n n n n

32. Email address:

E. PHYSICIAN CONTACT INFORMATION

“We would also like the name, address, and telephone number of your primary health care provider. Can you give me this information now, or would you prefer to bring it with you to the clinic visit?” [IF BRING TO CLINIC, GIVE PARTICIPANT THE REQUEST FOR PHYSICIAN CONTACT INFORMATION FORM.]

33. [DO NOT ASK; RECORD APPROPRIATE RESPONSE.]

- Complete physician contact information obtained O
- Participant will bring information to clinic C
- Participant to provide at 24-hour pick-up P
- Refusal or no health care provider R — Go to Item 38

Health Care Provider’s Name:

34a. Last name:

34b. First name:

35a. Is your primary health care provider a physician, nurse practitioner, or some other provider? Physician P Go to Item 36a

Nurse practitioner N

Other

O

35b. Other (specify):

Grid for specifying other information (20 columns).

Street address:

36a. Grid for street address (20 columns).

36b. Grid for street address (20 columns).

36c. Grid for street address (20 columns).

36d. Grid for street address (20 columns).

36d. City: [Grid]

[Grid]

36e. State:

36f. Zip code: [Grid]

37. Telephone number:

n n n n n n n n n n

F. ADMINISTRATIVE INFORMATION

38. Date of data collection: [mm/dd/yyyy]

39. Method of data collection: Paper Form Computer C P

40. Code number of person completing this form: [Grid]

41. Date Home Induction Interview
completed:

		/			/				
m	m		d	d		y	y	y	y

42a. Time Home Induction Interview
completed:
h h m m

		:		
--	--	---	--	--

42b. AM A
PM P



Interviewer Observations

FORM CODE: OBS
VERSION A 10/20/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

1. Respondent's cooperation was:

Very good	V
Good	G
Fair	F
Poor	P

2. Did the respondent seem to want to talk a lot during and after the interview?

Yes	Y
No	N

3. Did the respondent have hearing problems?

Yes	Y
No	N

4. Did the respondent have vision problems such as blindness or unusually thick lenses?

Yes	Y
No	N

5. Did the respondent have physical impairments such as missing limbs or artificial limbs?

Yes	Y
No	N

6. Are there comments about the respondent's physical abilities? Yes Y
 [Go to Item 7] — No N

Comments: _____

7. The quality of the interview is [CIRCLE ONLY ONE]:

[Go to Item 9] — High quality H
 Good quality G
 Fair quality F
 Poor quality P

8. The main reason for fair or poor quality of information was because the respondent:

	<u>Yes</u>	<u>No</u>
8a. Did not want to be more specific.....	Y	N
8b. Did not understand or speak English.....	Y	N
8c. Was bored or uninterested.....	Y	N
8d. Was upset, depressed or angry.....	Y	N
8e. Had poor hearing or speech.....	Y	N
8f. Was confused or distracted by frequent interruptions.....	Y	N
8g. Was inhibited by others around him/her.....	Y	N
8h. Was embarrassed by the subject matter.....	Y	N
8i. Was emotionally unstable.....	Y	N
8j. Was physically ill.....	Y	N
8k. Other.....	Y	N — [Go to Item 9]

Specify: _____

9. Is the respondent likely to be able to read? Yes Y
 No N
 Don't know D

- 10a. Did the respondent have any difficulties with any of the wording used in the interviews? Yes Y
 No N
- Go to Item 11 —

10b. What were the difficulties?

10c. What did you do about them?

11. How much did you like the interview? A great deal A
 A lot B
 Not too much C
 Not at all D

ADMINISTRATIVE INFORMATION

12. Date of data collection:

		/			/				
m	m		d	d		y	y	y	y

13. Code number of person completing this form:

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