INSTRUCTIONS: This form should be completed during the participant’s visit. 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 paper form is used and 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 number corresponding to the most appropriate response. If a number is circled incorrectly, mark through it with an “X” and circle the correct response.

A. CHEST PAIN ON EFFORT

1. Since your last Jackson Heart Study exam on (mm/dd/yyyy) have you had any pain or discomfort in your chest? .......................... Yes 1

   No 2
   Don’t Know 7
   Refused 8
   Missing 9

   Go to Item 25

2. Do you get it when you walk uphill or hurry? .......................................................... Yes 1

   No 2
   Never hurries or Walks uphill
   Don’t Know 7
   Refused 8
   Missing 9

   Go to Item 22

3. Do you get it when you walk at an ordinary pace on the level? .............. Yes 1

   No 2
   Don’t know 7
   Refused 8
   Missing 9

   Go to Item 22
4. What do you do if you get it while you are walking? ....... Stop or slow down  1
   [RECORD "STOP OR SLOW DOWN" IF SUBJECT CARRIES ON AFTER TAKING NITROGLYCERIN]

   Carry on  2
   Don't Know  7
   Refused  8
   Missing  9

5. If you stand still, what happens to it?................................................. Relieved  1

   Not relieved  2
   Don't Know  7
   Refused  8
   Missing  9

6. How soon? .................................................................10 minutes or less  1

   More than 10 minutes  2
   Don't Know  7
   Refused  8
   Missing  9

7. Will you show me where it was? [CIRCLE “1” OR “2” FOR ALL AREAS]

   Yes  No  Don’t Know  Refused  Missing

   7a. Sternum (upper or middle) ..........1  2  7  8  9
   7b. Sternum (lower).........................1  2  7  8  9
   7c. Left anterior chest.....................1  2  7  8  9
   d. Left arm .....................................1  2  7  8  9
   7e. Other .........................................1  2  7  8  9

   7f. Specify:.................................

   Go to Item 7f
8. Do you feel it anywhere else? [IF “YES”, RECORD ABOVE] 

- Yes 1
- No 2
- Don’t Know 7
- Refused 8
- Missing 9

9. Did you see a doctor because of this pain or discomfort?

- Yes 1
- No 2
- Don’t know 7
- Refused 8
- Missing 9

Go to Item 11

10. What did the doctor say it was?

- Angina 1
- Heart attack 2
- Other Heart Disease 3
- Other 4

11. Have you been hospitalized because of this pain?

- Yes 1
- No 2
- Don’t Know 7
- Refused 8
- Missing 9

12. How long ago did you start getting this pain?

- Within the past:
  - 1 month 1
  - 6 months 2
  - 1 year 3
  - 2 years 4
  - Over 2 years 5
  - Don’t Know 7
  - Refused 8
  - Missing 9
The next 3 questions on chest pain refer to 3 aspects: how often it occurs, how severe it is, and how long it lasts.

13. Within the past 2 months, has your chest discomfort occurred more often? .................................................................Yes 1
    ..............................................................................................................No 2
    ...........................................................................................................Don’t know 7
    .................................................................................................................Refused 8
    ...............................................................................................................Missing 9
    Go to Item 15

14. Has it occurred at least twice as often as before? .........................Yes 1
    ..............................................................................................................No 2
    ...........................................................................................................Don’t know 7
    .................................................................................................................Refused 8
    ..................................................................................................................Missing 9

15. Within the past 2 months, has the pain become more severe? ..........Yes 1
    ..............................................................................................................No 2
    ...........................................................................................................Don’t know 7
    .................................................................................................................Refused 8
    ..................................................................................................................Missing 9

16. Within the past 2 months, has the pain lasted longer when it occurs? .................................................................................Yes 1
    ..............................................................................................................No 2
    ...........................................................................................................Don’t know 7
    .................................................................................................................Refused 8
    ..................................................................................................................Missing 9

17. Do you ever use nitroglycerin to relieve the pain? ..........................Yes 1
    ..............................................................................................................No 2
    ...........................................................................................................Don’t know 7
    .................................................................................................................Refused 8
    ..................................................................................................................Missing 9
    Go to Item 19
18. Within the past 2 months, has the pain required more nitroglycerin to relieve it? .................................Yes 1
                                           No 2
                                           Don’t know 7
                                           Refused 8
                                           Missing 9

19. Within the past 2 months, have you started getting the pain with less exertion? ..............................Yes 1
                                           No 2
                                           Don’t know 7
                                           Refused 8
                                           Missing 9

20. Within the past 2 months have you started getting the pain when sitting still? .................................Yes 1
                                           No 2
                                           Don’t know 7
                                           Refused 8
                                           Missing 9

21. Within the past 2 months, have you started getting the pain when sleeping? .................................Yes 1
                                           No 2
                                           Don’t know 7
                                           Refused 8
                                           Missing 9

B. POSSIBLE INFARCTION

22. Since your last Jackson Heart Study exam, have you had a severe pain across the front of your chest lasting for half an hour or more? .................................Yes 1
                                           Go to Item 25
                                           No 2
                                           Don’t know 7
                                           Refused 8
                                           Missing 9
23. Did you see a doctor because of this pain?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>

24. What did the doctor say it was?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack</td>
<td>1</td>
</tr>
<tr>
<td>Other disorder</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>

25. Since your last Jackson Heart Study exam, have you had a heart attack for which you were hospitalized one week or more?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Go to Item 28</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>

26. How many such heart attacks have you had?  

(Don’t know = 7, Refused = 8, Missing = 9)

27. How old were you when you had your (first) heart attack?  

(Don’t know = 777, Refused = 888, Missing = 999)

28. Have you ever had a test in which you were asked to exercise while an electrocardiogram was taken?  

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
<tr>
<td>Go to Item 30</td>
<td></td>
</tr>
</tbody>
</table>
29. Were you told that the results were normal or abnormal? .......Normal
   Abnormal
   Don’t know
   Refused
   Missing

C. INTERMITTENT CLAUDICATION

30. Do you get pain in either leg on walking? ................................. Yes
   No
   Don’t know
   Refused
   Missing

31. Does this pain ever begin when you are standing still or sitting? ....... Yes
   No
   Don’t know
   Refused
   Missing

32. In what part of your leg do you feel it? [IF CALVES
   NOT MENTIONED, ASK: “ANYWHERE ELSE?”] ........... Pain includes calf/calves
   Pain does not include calf/calves

33. Do you get it if you walk uphill or hurry? ....... Yes
   No
   Never hurries or walks uphill
   Don’t Know
   Refused
   Missing
34. Do you get it if you walk at an ordinary pace on the level? .................Yes 1
   No 2
   Don’t know 7
   Refused 8
   Missing 9

35. Does the pain ever disappear while you are walking? .........................Yes 1
   No 2
   Don’t know 7
   Refused 8
   Missing 9
   Go to Item 39

36. What do you do if you get it when you are walking? ........ Stop or slow down 1
   Carry on 2
   Don’t Know 7
   Refused 8
   Go to Item 39
   Missing 9

37. What happens to it if you stand still? ...................................... Relieved 1
   Not relieved 2
   Don’t Know 7
   Refused 8
   Go to Item 39
   Missing 9

38. How soon? ............................................................... 10 minutes or less 1
   More than 10 minutes 2
   Don’t Know 7
   Refused 8
   Missing 9
39. Were you hospitalized for this problem in your legs? .......................Yes 1
                No 2
                Don’t know 7
                Refused 8
                Missing 9

D. CONGESTIVE HEART FAILURE

40. Since your last Jackson Heart Study exam, have you
    had to sleep on 2 or more pillows to
    help you breathe? .................................................................Yes 1
                No 2
                Don’t know 7
                Refused 8
                Missing 9

41. Have you been awakened at night by trouble breathing? .................Yes 1
                No 2
                Don’t know 7
                Refused 8
                Missing 9

42. Have you had swelling of your feet or ankles
    (excluding during pregnancy)? ..............................................Yes 1
    [INCLUDE PARENTHEtical COMMENT
    FOR FEMALES ONLY]
    No 2
    Don’t know 7
    Refused 8
    Missing 9

43. Did it tend to come on during the day and go down overnight? ........Yes 1
    No 2
    Don’t know 7
    Refused 8
    Missing 9
E. INVASIVE PROCEDURES

44. Since your last Jackson Heart Study exam, have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?  .................................................................Yes  1
     No 2
     Don’t know 7
     Refused 8
     Missing 9

45. Did you have:

45a. Coronary bypass: .................................................................Yes  1
     No 2
     Don’t know 7
     Refused 8
     Missing 9

45b1. Other heart procedure: .................................................................Yes  1
     No 2
     Don’t know 7
     Refused 8
     Missing 9
     Go to Item 45c

45b2. Specify:

45c. Carotid endarterectomy: .................................................................Yes  1
     No 2
     Don’t know 7
     Refused 8
     Missing 9
     Go to Item 45e1
45d. Site: ................................................................. Right 1
     Left 2
     Both 3
     Don't know 7
     Refused 8
     Missing 9

45e1. Other arterial revascularization or bypass: ......................... Yes 1
     No 2
     Don't know 7
     Refused 8
     Missing 9

45f. Any other type of surgery on your heart or the arteries of your neck or legs? .................................................... Yes 1
     No 2
     Don't know 7
     Refused 8
     Missing 9

466. Since your last Jackson Heart Study exam, have you had a balloon angioplasty on the arteries of your heart, neck, or legs? ................................................................. Yes 1
     No 2
     Don't know 7
     Refused 8
     Missing 9

47. Did you have:
47a. Angioplasty of the coronary arteries? ................................. Yes 1
     No 2
     Don't know 7
     Refused 8
     Missing 9
47b. Angioplasty in the arteries of your neck? .....................................

- Yes 1
- No 2
- Don’t know 7
- Refused 8
- Missing 9

47c. Angioplasty of lower extremity arteries? ....................................

- Yes 1
- No 2
- Don’t know 7
- Refused 8
- Missing 9

48. Since your last Jackson Heart Study exam, have you had:

48a. Heart catheterization? .............................................................

- Yes 1
- No 2
- Don’t know 7
- Refused 8
- Missing 9

48a1. What was the reason for this procedure?

- Emergency for a heart attack 1
- Chest pain/discomfort 2
- Doctors suspected disease/blockage 3
- Follow up after heart attack or procedure (surgery or stent) 4
- Other (Specify) 5
- Don’t Know 7
- Refused 8
- Missing 9

48a2. Specify:
### 48b. Carotid artery catheterization?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>

#### 48b1. What was the reason for this procedure?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency for a stroke</td>
<td>1</td>
</tr>
<tr>
<td>Doctors suspected disease/blockage</td>
<td>2</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>3</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
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</table>

#### 48b2. Specify:

Go to Item 49

### 48c1. Other arterial catheterization?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>

#### 48c2. Specify:

Go to Item 49

### 48c3. What was the reason for this procedure?

<table>
<thead>
<tr>
<th>Reason</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leg pain on walking short distance</td>
<td>1</td>
</tr>
<tr>
<td>Doctor suspected disease/blockage</td>
<td>2</td>
</tr>
<tr>
<td>Other (Specify)</td>
<td>3</td>
</tr>
<tr>
<td>Don’t Know</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>8</td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
</tr>
</tbody>
</table>
48c4. Specify:  


F. Diagnostic Procedures

49. Since your last Jackson Heart Study exam, have you had any of the following procedures performed for a medical reason?

Please do not include any procedures done for research studies or a fitness program.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused</th>
<th>Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>49a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF YES ASK:
49a1. What was the reason for this procedure?

Heart failure/fluid on lungs 1
Heart murmur / Valvular heart disease 2
High blood pressure 3
Follow up after heart attack or surgery 4
Other (Specify) 5
Don’t know................................. 7
Refused...................................... 8
Missing...................................... 9

49a2. Specify:  


49b. Electrocardiogram? ........................ 1  2  7  8  9

**IF YES ASK:**
49b1. What was the reason for this procedure?
   - Chest pain / discomfort  1
   - Rhythm disturbance  2
   - High blood pressure  3
   - Other (Specify)..............................  4
   - Don’t know.................................  7
   - Refused....................................  8
   - Missing....................................  9

49b2. Specify:

49c. Treadmill or cardiac stress test? 1 2 7 8 9

**IF YES ASK:**
49c1. What was the reason for this procedure?
   - Chest pain / discomfort  1
   - Follow up after heart attack or procedure  2
   - Other (Specify)..............................  3
   - Don’t know.................................  7
   - Refused....................................  8
   - Missing....................................  9

49c2. Specify:
49d. MRI exam of the brain? ............. 1 2 7 8 9

**IF YES ASK:**
49d1. What was the reason for this procedure?
- Passing out 1
- Forgetfulness 2
- TIA (little strokes) 3
- Stroke 4
- Blocked arteries 5
- Other (Specify) ....................... 6
- Don’t know ............................. 7
- Refused ................................. 8
- Missing ................................. 9

49d2. Specify:

```
```

G. ADMINISTRATIVE INFORMATION

50. Date of data collection: ...................... m m d d y y y y

51. Method of data collection: ....................... Computer 1
    Paper form 2

52. Data Collected .................................. In Clinic 1
    Off Site 2

53. Code number of person completing this form: ..................