ANNUAL FOLLOW-UP FORM

ADMINISTRATIVE INFORMATION

0a. Completion Date: __/__/____ 0b. Staff ID: _______ 0c. CY: _______

Instructions: This form should be completed during the interview portion of the participant's follow-up. The Date is the day the contact was made or is the date the status determination was made. Special missing values are allowed for cases where the response “Don’t know”, “Refused”, “Unknown”, or “N/A” is not listed as an option.

INTRODUCTION SCRIPT: "Hello, this is [your name] from the ARIC Study. May I please speak with [name of contact]?

"Hello [name of respondent]. My name is [your name] and I am from the ARIC Study. May I have a few minutes of your time to ask about your health in the past year"?

A. STATUS

1. Result of contact for the interview (select one)
   a. Participant contacted, agreed to be interviewed... □ → GO TO QUESTION 17
   b. Contacted, refused to be interviewed................... □ → GO TO QUESTION 71
   c. Proxy/Informant contacted............................. □
   d. Other person contacted..................................
   e. Contact pending; continue to attempt to contact..
   f. Window closed; unable to contact ....................... □ → SAVE AND CLOSE FORM

2. Is the participant deceased?
   Yes............................................... □
   No ........................................... □ → GO TO QUESTION 29

B. DEATH INFORMATION

3. Death reported by: (select one)
   Relative/Spouse/Acquaintance.............................................. □
   Surveillance........................................................................
   Other (e.g., Obituary, Social Security Administration)......... □
4. Date of death: [ ] [ ] [ ]
   Month  Day  Year

5. Location of death:
   a. City: __________________________  c. State: [ ]
   b. County: ________________________

6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?
   Yes……………………………………… [ ] → GO TO QUESTION 7
   No………………………………………… [ ]

6a. Is there someone else who could answer these questions?
   Yes - person located…………………………………… [ ] → GO TO QUESTION 71
   Yes - reschedule remainder of interview…………… [ ] → GO TO QUESTION 71
   No…………………………………………………………… [ ]

HOSPITALIZATIONS FOR HEART ATTACK / CONDITION / STROKE (for deceased participants)

7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]?
   Yes……………………………………… [ ]
   No………………………………………… [ ] → GO TO QUESTION 10

8a. Hospital Name, City, State: ___________________ ▼

8a1. Specify hospital name, city, and state if not in drop down list: ________________________________

8b. Approximate date of hospitalization: [ ] [ ] [ ] [ ]
   Month  Day  Year

Second hospitalization, if applicable

9a. Hospital Name, City, State: ___________________ ▼

9a1. Specify hospital name, city, and state if not in drop down list: ________________________________

9b. Approximate date of hospitalization [ ] [ ] [ ] [ ]
   Month  Day  Year

OTHER HOSPITALIZATIONS (for deceased participants)

10. Did [name] stay overnight as a patient in a hospital for any other reason since our last contact?
    Yes……………………………………… [ ]
    No………………………………………… [ ] → GO TO QUESTION 14
11a. Hospitalization Reason: _______________________________

11b. Hospital Name, City, State: ▼

11b1. Specify hospital name, city, and state if not in drop down list: ______________________________

11c. Approximate date of hospitalization □ □/□ □ □ □

   Second hospitalization, if applicable

12a. Hospitalization Reason: _______________________________

12b. Hospital Name, City, State: ▼

12b1. Specify hospital name, city, and state if not in drop down list: ______________________________

12c. Approximate date of hospitalization □ □/□ □ □ □

   Third hospitalization, if applicable

13a. Hospitalization Reason: _______________________________

13b. Hospital Name, City, State: ▼

13b1. Specify hospital name, city, and state if not in drop down list: ______________________________

13c. Approximate date of hospitalization □ □/□ □ □ □

OUTPATIENT TREATMENT (for deceased participants)

14. Was [name] admitted to an emergency room or a medical facility for outpatient treatment since our last contact?
   Yes……………………… □➢ GO TO QUESTION 71
   No ……………………… □➢ GO TO QUESTION 71

15. Was this related to a heart problem or difficulty breathing?
   Yes……………………… □➢ GO TO QUESTION 71
   No ……………………… □➢ GO TO QUESTION 71

16a. Hospital/Medical Facility Name, City, State: ▼

16a1. Specify hospital/medical facility name, city, and state if not in drop down list: ______________________________

16b. Approximate date of admission: □ □/□ □ □ □ ➢ GO TO QUESTION 71
C. GENERAL HEALTH

17. Now I will ask you some questions about your health. Over the past year, compared to other people your age, would you say that your health has been excellent, good, fair or poor?

   Excellent ....................
   Good ......................
   Fair ..........................
   Poor ..........................

18. Since we last contacted you, has a doctor said you had high blood pressure?
   Yes .........................
   No ..........................

19. Since we last contacted you, has a doctor said you have diabetes or sugar in the blood?
   Yes ..........................
   No ..........................

20. Since we last contacted you, has a doctor told you that you had chronic lung disease, such as bronchitis, or emphysema?
   Yes .......................... → GO TO QUESTION 24
   No ..........................

21a. Are there times when you wake up at night because of difficulty breathing?
   Yes .........................
   No ..........................

21b. Do you have trouble breathing or shortness of breath when hurrying on the level?
   Yes ..........................
   No ..........................
   Unable to Walk ............. → GO TO QUESTION 23

21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?
   Yes ..........................
   No .......................... → GO TO QUESTION 23

21d. Do you stop for breath when walking at your own pace?
   Yes ..........................
   No ..........................
   → GO TO QUESTION 23

21e. Do you stop for breath after walking 100 yards on the level?
   Yes ..........................
   No ..........................
   → GO TO QUESTION 23
22. Do you have difficulty breathing when you are not walking or active?
   Yes.................................................
   No .................................................

23. Do you usually have some cough or wheezing?
   Yes .................................................
   No .................................................

24. Since we last contacted you on [mm/dd/yyyy], has a doctor said you had asthma?
   Yes .................................................
   No .................................................

25. Since we last contacted you has a doctor said that you have peripheral vascular disease or intermittent claudication?
   Yes .................................................
   No .................................................

26. Do you have pain in your legs caused by a blockage of the arteries?
   Yes .................................................
   No .................................................

27. Do you often have swelling in your feet or ankles at the end of the day?
   Yes .................................................
   No ................................................. → GO TO QUESTION 28

27a. Is the swelling in your feet or ankles gone in the morning?
   Yes .................................................
   No .................................................

28. Since we last contacted you has a doctor said you had cancer?
   Yes .................................................
   No ................................................. → GO TO QUESTION 30

28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?
   __________________________________________

28b. What is the approximate date the cancer was diagnosed?
   [ ] [ ] / [ ] [ ] -> GO TO QUESTION 30
D. CARDIOVASCULAR EVENTS

29. May I ask you some questions about [name’s] health?

   Yes ...... □  → GO TO QUESTION 30
   No....... □

29a. Is there someone else we can ask?

   Yes, person located.................................. □  → GO TO QUESTION 30
   Yes, reschedule remainder of interview........... □  → GO TO QUESTION 71
   No .................................................................. □  → GO TO QUESTION 71

RECENT HEART FAILURE DIAGNOSIS

30. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said that you [name] had heart failure or congestive heart failure?

   Yes........................................ □  → GO TO QUESTION 32a
   No ........................................... □

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

   Yes........................................ □
   No ........................................... □  → GO TO QUESTION 36

DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART

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

32a. Name ______________________________

32b. Address ______________________________

32c. City: _______________  32d. State: □□

32e. Approximate date: □□/□□/□□□□

HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART

33. Were you (Was [name]) hospitalized at that time?

   Yes........................................ □  → GO TO QUESTION 35
   No ........................................... □

34a. Hospital/Medical Facility Name, City, State: ______________________________

34a1. Specify hospital/medical facility name, city, and state if not in drop down list: ______________________________
34b. Approximate date of admission: ☐/☐/☐ ☐/☐/☐  

“The ARIC study would like to ask your physician to tell us more about your health. If you agree to do this I will send you a form that tells your physician that you authorize the ARIC study to get this information from your doctor. Once you sign that form and mail it back to me I will contact your physician’s office.”

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

Yes............................ ☐
No ............................. ☐

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

36. Since we last contacted you [name] on [mm/dd/yyyy] has a doctor said you [name] had a heart attack?

Yes............................ ☐
No ............................. ☐→ GO TO QUESTION 40

37. Were you (Was [name]) hospitalized at that time?

Yes............................ ☐
No ............................. ☐→ GO TO QUESTION 40

HOSPITAL INFORMATION FOR HEART ATTACK

38a. Hospital Name, City, State: ▼

38a1. Specify hospital name, city, and state if not in drop down list: _____________________________

38b. Approximate date of hospitalization ☐/☐/☐ ☐/☐/☐

Second hospitalization, if applicable

39a. Hospital Name, City, State: ▼

39a1. Specify hospital name, city, and state if not in drop down list: _____________________________

39b. Approximate date of hospitalization ☐/☐/☐ ☐/☐/☐

40. Since we last contacted you [name] has a doctor said you [name] had angina, angina pectoris or chest pain due to heart disease?

Yes............................ ☐
No ............................. ☐
41. Since we last contacted you [name] has a doctor said you [name] had an irregular heart beat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?
   Yes...........................
   No...........................

42. Since we last contacted you [name] has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?
   Yes...........................
   No........................... → GO TO QUESTION 45

43. Were you [was ‘name’] hospitalized for a blood clot in a leg or deep vein thrombosis at that time?
   Yes...........................
   No........................... → GO TO QUESTION 45

HOSPITALIZATION FOR BLOOD CLOT IN LEG

44a. Hospital Name, City, State: ▼

44a1. Specify hospital name, city, and state if not in drop down list: ______________________________

44b. Approximate date of hospitalization MONTH/ YEAR

45. Since we last contacted you [name], has a doctor said that you [name], had a blood clot in your lungs or a pulmonary embolus?
   Yes...........................
   No........................... → GO TO QUESTION 48

46. Were you [was ‘name’] hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?
   Yes...........................
   No........................... → GO TO QUESTION 48

HOSPITALIZATION FOR BLOOD CLOT IN LUNGS

47a. Hospital Name, City, State: ▼

47a1. Specify hospital name, city, and state if not in drop down list: ______________________________

47b. Approximate date of hospitalization MONTH/ YEAR

48. Since we last contacted you [name], has a doctor said that you [name] had a stroke, slight stroke, transient ischemic attack, or TIA?
   Yes...........................
   No........................... → GO TO QUESTION 51
49. Were you [was ‘name’] hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?
   Yes...........................................☐
   No ...........................................☐→**GO TO QUESTION 51**

**HOSPITALIZATION FOR STROKE OR TIA**

50a. Hospital Name, City, State: ▼

50a1. Specify hospital name, city, and state if not in drop down list: ________________________________

50b. Approximate date of hospitalization □□/□□/□□

**E. ADMISSIONS**

51. Have you stayed (Did [name] stay) overnight as a patient in a hospital for any other reason since our last contact?
   Yes...........................................☐
   No ...........................................☐→**GO TO QUESTION 57**

**HOSPITALIZATION FOR OTHER REASON**

52a. Hospitalization Reason: ________________________________

52b. Hospital Name, City, State: ▼

52b1. Specify hospital name, city, and state if not in drop down list: ________________________________

52c. Approximate date of hospitalization □□/□□/□□

**HOSPITALIZATION FOR OTHER REASON**

53a. Hospitalization Reason: ________________________________

53b. Hospital Name, City, State: ▼

53b1. Specify hospital name, city, and state if not in drop down list: ________________________________

53c. Approximate date of hospitalization □□/□□/□□

**HOSPITALIZATION FOR OTHER REASON**

54a. Hospitalization Reason: ________________________________

54b. Hospital Name, City, State: ▼
54b1. Specify hospital name, city, and state if not in drop down list: ______________________________

54c. Approximate date of hospitalization __________/________/________

HOSPITALIZATION FOR OTHER REASON

55a. Hospitalization Reason: ________________________________

55b. Hospital Name, City, State: ____________________

55b1. Specify hospital name, city, and state if not in drop down list: ________________________________

55c. Approximate date of hospitalization __________/________/________

HOSPITALIZATION FOR OTHER REASON

56a. Hospitalization Reason: ________________________________

56b. Hospital Name, City, State: ____________________

56b1. Specify hospital name, city, and state if not in drop down list: ________________________________

56c. Approximate date of hospitalization __________/________/________

57. Were you (Was [name]) admitted to an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]?
   Yes ........................................
   No ........................................→ GO TO QUESTION 60

58. Was this related to a heart problem or difficulty breathing?
   Yes ........................................
   No ........................................→ GO TO QUESTION 60

EMERGENCY ROOM/MEDICAL FACILITY INFORMATION

59a. ER/Facility Name, City, State: ____________________

59a1. Specify ER/Facility name, city, and state if not in drop down list: ________________________________

59b. Approximate date of hospitalization __________/________/________
60. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home?

Yes ........................................
No ........................................

61. Are you (Is [name]) currently a resident of a nursing home or long-term care facility?

Yes ........................................
No ........................................

F. INVASIVE PROCEDURES

Next I am going to ask about various types of surgery and medical procedures. We are interested in those that occurred in the hospital, or in an emergency department, or as an outpatient.

62. Since we last contacted you [name], on [mm/dd/yyyy] have you [did name] had any surgery on your [name’s] heart, or the arteries of your neck or legs, not counting surgery for varicose veins?

Yes ........................................
No ........................................ → GO TO QUESTION 64

63. Did you [name] have:

a. Coronary bypass?

Yes ........................................
No ........................................

b. Other heart procedure?

Yes ........................................ → Specify: ________________________________
No ........................................

c. Carotid endarterectomy?

Yes ........................................
No ........................................ → GO TO QUESTION 63e

d. Site:

Right ..................................
Left ..................................
Both ..................................

e. Other arterial revascularization?

Yes ........................................ → Specify: ________________________________
No ........................................

f. Any other type of surgery on your heart or the arteries of your [name’s] neck or legs?

Yes ........................................
No ........................................
64. Since we last contacted you [name] on [mm/dd/yyyy] have you [did name have] had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?

   Yes………………………………………
   No ………………………………………

   → Go to Question 65a

Did you [name] have:

a. Angioplasty or stent of the coronary arteries of your [name's] heart:

   Yes………………………………………
   No ………………………………………

b. Angioplasty or stent in the arteries of your [name's] neck:

   Yes………………………………………
   No ………………………………………

c. Angioplasty or stent of the lower extremity arteries:

   Yes………………………………………
   No ………………………………………

65. Did you [name] take any medications during the past two weeks for:

   a. High blood pressure?

      Yes………………………………………
      No ………………………………………

   b. High blood cholesterol?

      Yes………………………………………
      No ………………………………………

   c. Diabetes or high blood sugar?

      Yes………………………………………
      No ………………………………………

   d. Heart failure?

      Yes………………………………………
      No ………………………………………

66. Are you [Is name] NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol or Advil.

      Yes………………………………………
      No ………………………………………
67. Does the participant have medications to report?

Yes ........................................
No ........................................ \( \rightarrow \) Go to Question 69

68. Record names of medications.

Next, I have a few miscellaneous questions.

69. Do you (Does [name]) now smoke cigarettes?

Yes ........................................
No ........................................

70. Please tell me which of the following describes your [name's] current marital status:

Married ....................................
Widowed ...................................
Divorced ..................................
Separated ..................................
Never Married ..........................

CLOSURE SCRIPT:

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

If participant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"

Otherwise: "Thank you very much for answering these questions. We will call ______ in about a year."

H. ADMINISTRATIVE INFORMATION

71. AFU Completion Status:

a. Complete .............................................
   b. Partially complete; contact again within window (interruptions) ...
   c. Partially complete; unable to complete within window (done) ......