

# ARIC

## ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

### Atherosclerosis Risk in Communities

ID NUMBER : [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] CONTACT YEAR: [ ] [ ] FORM CODE: [ A ] [ F ] [ U ] VERSION: F DATE: 01/30/96

LAST NAME: [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] INITIALS: [ ] [ ]

Public reporting burden for this collection of information is estimated to average 8 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. If you have any comments regarding this burden, please send them to Attention: **PHS Reports Clearance Officer, PHS, 737-F Hubert H. Humphrey Building, 200 Independence Avenue, SW, Washington, D. C. 20201, ATTN: PRA (0925-0281)**. Do not return the completed form to this address.

INSTRUCTIONS: This form should be completed during the interview portion of the participant's annual follow-up. 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 zeros 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.

### ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 1 of 14)

#### A. VITAL STATUS

1. Date of status determination: ..... [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ]  
Month Day Year

2. Final Status:  
{Circle one below}

3. Information obtained from:  
{Circle one corresponding choice below}

Contacted and alive	C	<input type="checkbox"/> Phone <input type="checkbox"/> Personal Interview <input type="checkbox"/> Letter	A	<input type="checkbox"/>	<b>Go to Item 6, Screen 2</b>
			B	<input type="checkbox"/>	
			C	<input type="checkbox"/>	<b>Go to Item 30, Screen 7</b>
Contacted & Refused	F	<b>Go Item 41, Screen 11</b>			
Reported alive	R	<input type="checkbox"/> Relative, spouse, acquaintance <input type="checkbox"/> Employer information <input type="checkbox"/> Other	D	<input type="checkbox"/>	<b>Go to Item 30, Screen 7</b>
			E	<input type="checkbox"/>	
			F	<input type="checkbox"/>	
Reported Deceased	D	<input type="checkbox"/> Relative, spouse, acquaintance <input type="checkbox"/> Surveillance <input type="checkbox"/> Other (National Death Index)	G	<input type="checkbox"/>	<b>Continue to Item 4</b>
			H	<input type="checkbox"/>	
			I	<input type="checkbox"/>	
Unknown	U	<b>Go to Item 41, Screen 11</b>			

**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 2 of 14)**

**B. DEATH INFORMATION**

4. Date of death:

		/			/				
Month			Day			Year			

5. Location of death:

a. City/ County


b. State:

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After Item 5, skip to Item 30, Screen 7.

**C. GENERAL HEALTH**

6. Now I will ask you some questions about your health since we last spoke with you; that is, since we last contacted you on (mm/dd/yy) until today. During that time, compared to other people your age, would you say that your health has been excellent, good, fair or poor?

- Excellent ... E
- Good ..... G
- Fair ..... F
- Poor ..... P

**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 3 of 14)**

**D. CHEST PAIN ON EFFORT**

7. Since we last contacted you, have you had any pain or discomfort in your chest?..... Yes Y

Go to Item 20, Screen 5	No	N
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8. Do you get it when you walk uphill or hurry? ..... Yes Y

Go to Item 17, Screen 5	No	N
	Never hurries or walks uphill	H

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

No N

10. What do you do if you get it while you are walking?

- Stop or slow down S
  - Carry on C
- {Record "Stop or slow down" if subject carries on after taking nitroglycerin}

Go Item 17, Screen 5

11. If you stand still, what happens to it? ..... Relieved R

Go to Item 17, Screen 5	Not relieved	N
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**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 6 of 14)**

<p>22. In what part of your leg do you feel it? {If calves not mentioned, ask: Anywhere else?}</p> <p style="margin-left: 40px;">Pain includes calf/calves      C</p> <p style="margin-left: 40px;">Pain does not include calf/calves      N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> <p>23. Do you get it if you walk uphill or hurry? ..... Yes      Y</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> <p style="margin-left: 40px;">No      N</p> <p style="margin-left: 40px;">Never hurries or walks uphill      H</p> <p>24. Do you get it if you walk at an ordinary pace on the level? .... Yes      Y</p> <p style="margin-left: 40px;">No      N</p>	<p>25. Does the pain ever disappear while you are walking? ..... Yes      Y</p> <p style="margin-left: 40px;">No      N</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> <p>26. What do you do if you get it when you are walking?</p> <p style="margin-left: 40px;">Stop or slow down      S</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29, Screen 7</div> <p style="margin-left: 40px;">Carry on      C</p>
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**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 7 of 14)**

<p>27. What happens to it if you stand still?</p> <p style="margin-left: 40px;">Relieved      R</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 20px;">Go to Item 29</div> <p style="margin-left: 40px;">Not relieved      N</p> <p>28. How soon?</p> <p style="margin-left: 40px;">10 minutes or less      L</p> <p style="margin-left: 40px;">More than 10 minutes      M</p>	<p><b>G. STROKE/TIA</b></p> <p>29. Since our last contact have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack, or TIA? ..... Yes      Y</p> <p style="margin-left: 40px;">No      N</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">If "Yes", ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.</div> <p><b>H. HOSPITALIZATIONS</b></p> <p>30. Were you (Was <u>[name]</u>) hospitalized for a heart attack since our last contact on (<u>mm/dd/yy</u>)? ..... Yes      Y</p> <p style="margin-left: 40px;">No      N</p> <p style="margin-left: 40px;">Unknown      U</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">If "Yes", complete "HOSPITALIZATIONS" section.</div>
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**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 8 of 14)**

<p>31. Have you stayed (Did [name]stay) overnight as a patient in a hospital for any other reason since our last contact? ..... Yes            Y</p> <p style="padding-left: 150px;">No            N</p> <p style="padding-left: 150px;">Unknown    U</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>If "Yes," add to "HOSPITALIZATIONS" section. For DECEASED AND REPORTED ALIVE participants, go to Item 41, Screen 11.</p> </div> <p><b>I. FUNCTIONAL STAUS</b></p> <p>"Now, I would like to find out whether you can do some physical activities without help. By 'without help', I mean without the assistance of another person. These questions refer to the last 4 weeks."</p> <p>32. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors, without help? ..... Yes    Y</p> <p style="padding-left: 150px;">No            N</p> <p>33. Are you able to walk up and down stairs without help? ..... Yes    Y</p> <p style="padding-left: 150px;">No            N</p>	<p>34. Are you able to walk half a mile without help? That's about 8 ordinary blocks. .... Yes    Y</p> <p style="padding-left: 150px;">No            N</p> <p>35.a. Are you ABLE to go to work?</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Go to Item 36.a, Screen 9</div> <div style="margin-left: 10px;"> <p>Yes    Y</p> <p>No     N</p> </div> </div> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Go to Item 37.a, Screen 9.</div> <div style="margin-left: 10px;"> <p>Not Applicable    A</p> </div> </div> <p>b. Is a heart problem the main cause of your not being able to work?</p> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Go to Item 37.a, Screen 9.</div> <div style="margin-left: 10px;"> <p>Yes            Y</p> <p>No            N</p> <p>Unknown      U</p> </div> </div>
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**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 9 of 14)**

<p>36.a. During the past 4 weeks, have you missed work for at least half a day because of your health? ..... Yes    Y</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Go to Item 37.a.</div> <div style="margin-left: 10px;"> <p>No            N</p> </div> </div> <p>b. On how many days has this happened? {maximum 28}</p> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="margin-left: 5px;">days</div> </div> <p>37.a. Are you able to do your usual activities, such as work around the house or recreation? ..... Yes    Y</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Go to Item 38.a.</div> <div style="margin-left: 10px;"> <p>No            N</p> </div> </div>	<p>37.b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?</p> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Go to Item 39.a, Screen 10.</div> <div style="margin-left: 10px;"> <p>Yes            Y</p> <p>No            N</p> <p>Unknown      U</p> </div> </div> <p>38.a. During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health?</p> <div style="margin-left: 100px; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">Go to Item 39.a, Screen 10.</div> <div style="margin-left: 10px;"> <p>Yes            Y</p> <p>No            N</p> </div> </div> <p>b. On how many days has this</p>
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happened? {maximum 28}

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days

**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 10 of 14)**

<p>39.a. Over the past year, have you lost more than 10 pounds?</p> <p style="text-align: right;">Yes            Y</p> <p><input type="checkbox"/> <u>Go to Item 40a</u>    No            N</p> <p><input type="checkbox"/> <u>Go to Item 39c</u>    Unknown      U</p> <p>b. About how much lower is your weight now than a year ago?</p> <p><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> pounds</p> <p>c. Were you trying to lose this weight? .....</p> <p style="text-align: right;">Yes            Y</p> <p style="text-align: right;">No             N</p> <p style="text-align: right;">Unknown      U</p>	<p>40.a. Please tell me which of the following describes your current marital status:</p> <p align="center">{READ ALL CHOICES}</p> <p><input type="checkbox"/> <u>Go to Item 40c, Screen 11</u>    Married            M</p> <p style="text-align: right;">Widowed            W</p> <p style="text-align: right;">Divorced            D</p> <p style="text-align: right;">Separated            S</p> <p><input type="checkbox"/> <u>Go to Item 40c, Screen 11</u>    Never Married      N</p> <p>b. When did you become (widowed/ Divorced/separated)?</p> <p style="text-align: right;">During the last month            A</p> <p style="text-align: right;">More than 1 month ago, but during the last 6 months            B</p> <p style="text-align: right;">More than 6 months ago, but during the last year            C</p> <p style="text-align: right;">More than one year ago            D</p> <p style="text-align: right;">Don't Know            E</p>
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**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 11 of 14)**

<p>40.c. Did someone [else] you were close to die in past year? .....</p> <p style="text-align: right;">Yes            Y</p> <p><input type="checkbox"/> <u>Go to Item 41</u>    No            N</p> <p><input type="checkbox"/> <u>Go to Item 41</u>    Don't Know      U</p> <p>d. When did this person die?</p> <p style="text-align: right;">During the last month            A</p> <p style="text-align: right;">More than 1 month ago, but during the last 6 months            B</p> <p style="text-align: right;">More than 6 months ago, but during the last year            C</p> <p style="text-align: right;">Don't Know            D</p>	<p>40.e. What was this person's relationship to you?</p> <p style="text-align: right;">Mother            M</p> <p style="text-align: right;">Father            F</p> <p style="text-align: right;">Sister            S</p> <p style="text-align: right;">Brother            B</p> <p style="text-align: right;">Child            C</p> <p style="text-align: right;">Other relative      R</p> <p style="text-align: right;">Friend            F</p> <p style="text-align: right;">Pet            P</p> <p style="text-align: right;">Other            O</p> <p><b>J. ADMINISTRATIVE INFORMATION</b></p> <p>41. code number of person completing this form:</p> <p align="right"><input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
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NAME: \_\_\_\_\_

ID NUMBER:

□ □ □ □ □ □ □ □

CONTACT YEAR:

□ □

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 12 of 14)

F. HOSPITALIZATIONS

For each time you were (he/she was) a patient over night in a hospital, I would like to obtain the reason you were (he/she was) admitted, the name of the hospital, and the date. When was the first time you were (he/she was) hospitalized since our last contact with you (him/her) on (mm/dd/yyyy of last contact)? [Fill in, probing as necessary. Abbreviations can be used for local hospitals. Probe for additional hospitalizations. For linkage, H indicates that the hospitalization was reported; N indicates that the hospitalization was fully sought by Surveillance, and not found.]

42.a. Hospitalization Reason:

\_\_\_\_\_

43.a. Hospital Name, City, and State:

\_\_\_\_\_

44.a. Month and Year:

□ □ / □ □ □ □ □ □

M M Y Y Y Y

45.a. Linkage Status:

□

(H) or (N)

42.b. Hospitalization Reason:

\_\_\_\_\_

43.b. Hospital Name, City, and State:

\_\_\_\_\_

44.b. Month and Year:

□ □ / □ □ □ □ □ □

M M Y Y Y Y

45.b. Linkage Status:

□

(H) or (N)

42.c. Hospitalization Reason:

\_\_\_\_\_

43.c. Hospital Name, City, and State:

\_\_\_\_\_

44.c. Month and Year:

□ □ / □ □ □ □ □ □

M M Y Y Y Y

45.c. Linkage Status:

□

(H) or (N)



NAME: \_\_\_\_\_

ID NUMBER:

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CONTACT YEAR:

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**ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUF screen 13 of 14)**

42.d. Hospitalization Reason:

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43.d. Hospital Name, City, and State:

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44.d. Month and Year:

			/				
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M M Y Y Y Y

45.d. Linkage Status:

(H) or (N)

42.e. Hospitalization Reason:

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43.e. Hospital Name, City, and State:

---

44.e. Month and Year:

			/				
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M M Y Y Y Y

45.e. Linkage Status:

(H) or (N)

42.f. Hospitalization Reason:

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43.f. Hospital Name, City, and State:

---

44.f. Month and Year:

			/				
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M M Y Y Y Y

45.f. Linkage Status:

(H) or (N)