

ARIC

ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

Atherosclerosis Risk in Communities

ID NUMBER: CONTACT YEAR: FORM CODE: VERSION: H DATE: 03/10/1999

LAST NAME: INITIALS:

Public reporting burden for this collection of information is estimated to average 6-15 minutes, including time for reviewing instructions, gathering needed information and completing and reviewing the questionnaire. Send comments regarding this burden estimate or any aspect of this collection information, including suggestions for reducing this burden to: 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 (AFUH screen 1 of 15)

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}

<p>Contacted and alive C</p>	<p>Phone Personal Interview Letter</p>	<p>A B C</p>	<p>Go to Item 6, Screen 2 Go to Item 9, Screen 4</p>
<p>Contacted & Refused F</p>			<p>Go to Item 33, Screen 13</p>
<p>Reported alive R</p>	<p>Relative, spouse, acquaintance Employer information Other</p>	<p>D E F</p>	<p>Go to Item 9, Screen 4</p>
<p>Reported Deceased D</p>	<p>Relative, spouse, acquaintance Surveillance Other (National Death Index)</p>	<p>G H I</p>	<p>Continue to Item 4</p>
<p>Unknown U</p>			<p>Go to Item 33, Screen 13</p>

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 2 of 15)

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 9, Screen 4.

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

7. Has a doctor ever said you had any of the following?

- | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|-----------------------|------------|-----------|----------------|
| a. Heart attack | Y | N | U |

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 3 of 15)

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
7.b. Heart failure or congestive heart failure	Y	N	U
c. High blood pressure	Y	N	U
d. Diabetes (sugar in the blood) Y	N	N	U
e. Blood clot in a leg (deep vein thrombosis)	Y	N	U
f. Blood clot in your lungs (pulmonary embolus)	Y	N	U
g. Chronic lung disease, such as bronchitis, or emphysema	Y	N	U
h. Asthma	Y	N	U
i. Cancer	Y	N	U

Go to Item 8, Screen 4.

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

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

7.k. And the date it was diagnosed?

		/				
Month			Year			

l. Have you had another cancer? Yes Y

Go to Item 8, Screen 4.		No N		Unknown U
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m. Can you tell me in what part of the body the cancer was located?

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

n. And the date it was diagnosed?

		/				
Month			Year			

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 4 of 15)

D. STROKE/TIA

8. 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
No	N

If "Yes", ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.

E. OVERNIGHT ADMISSIONS

9. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yyyy)?

Yes	Y
No	N
Unknown	U

If "Yes", complete "HOSPITALIZATIONS" section.

10. Have you stayed (Did [name] stay) overnight as a patient in a hospital for any other reason since our last contact?

Yes	Y
No	N
Unknown	U

If "Yes", add to "HOSPITALIZATIONS" section. For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER status go to Item 33, screen 13

11.a. Since our last contact, have you stayed overnight as a patient in a nursing home?

Yes	Y
No	N

Go to Item 12, Screen 5

b. Are you currently staying in a nursing home?

Yes	Y
No	N

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 5 of 15)

F. INVASIVE PROCEDURES

"The following questions ask about various types of surgery and procedures. We are interested in both those that occurred in the hospital or as an outpatient."

12. **[DO NOT ASK]**
Has participant completed a previous version 'G' or 'H' of Annual Follow-up?

Yes	Y
No	N

Go to Item 12.b.

12.a. Since we last contacted you on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?

Go to Item 13.a., Screen 6.

Yes	Y
No	N

Go to Item 14.a., Screen 7.

b. Since your last ARIC visit on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?

Yes	Y
No	N

Go to Item 14.b., Screen 7.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 6 of 15)

<p>13. Did you have:</p> <p>a. Coronary bypass: Yes Y No N</p> <p>b. Other heart procedure: Yes Y <input type="checkbox"/> Go to Item 13.c. No N</p> <p>Specify: <hr/></p> <p>c. Carotid endarterectomy: Yes Y <input type="checkbox"/> Go to Item 13.e. No N</p>	<p>13.d. Site: Right R Left L Both B</p> <p>e. Other arterial revascularization: .. Yes Y <input type="checkbox"/> Go to Item 13.f. No N</p> <p>Specify: <hr/></p> <p>f. Any other type of surgery on your heart or the arteries of your neck or legs? Yes Y No N</p>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 7 of 15)

<p>14. [DO NOT ASK] Has participant completed a previous version 'G' or 'H' of Annual Follow-up? Yes Y <input type="checkbox"/> Go to Item 14.b. No N</p> <p>a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck, or legs? <input type="checkbox"/> Go to Item 15.a. Yes Y <input type="checkbox"/> Go to Item 16, Screen 8. No N</p> <p>b. Since your last visit to the ARIC clinic on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck, or legs? Yes Y <input type="checkbox"/> Go to Item 16, Screen 8. No N</p>	<p>15. Did you have:</p> <p>a. Angioplasty of the coronary arteries: Yes Y No N</p> <p>b. Angioplasty in the arteries of your neck: Yes Y No N</p> <p>c. Angioplasty of lower extremity arteries: Yes Y No N</p>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 8 of 15)

G. INTERVIEW

"Now I would like to ask about medication use during the past two weeks."

16. Did you take any medications during the past two weeks for:

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. High Blood Pressure ..	Y	N	U
b. High Blood Cholesterol	Y	N	U
c. Diabetes or High Blood Sugar	Y	N	U

"Next, I would like to ask you about your regular use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months."

17. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol nor Advil. ...

Yes	Y
No	N
Unknown	U

18. **[DO NOT ASK]**
Is the participant male or female?

Male M
Female F

Go to Item 23,
Screen 10.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 9 of 15)

19. [DO NOT ASK]

Has participant completed a previous version 'G' or 'H' of Annual Follow-Up? Yes Y

Go to Item 19.b. No N

a. Since we last contacted you on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? Yes Y

Go to Item 19.c. No N

Go to Item 23,
Screen 10.

b. Since your ARIC visit on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? Yes Y

Go to Item 23,
Screen 10. No N

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

c. Name 1:

20. Code 1:

21. Have you also used a second female hormone since we last contacted you? Yes Y

Go to Item 23,
Screen 10. No N

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 10 of 15)

<p>21.a. Name 2:</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>22. Code 2: <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></p> <p>H. FUNCTIONAL STATUS</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>23. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors, without help? Yes Y No N</p>	<p>24. Are you able to walk up and down stairs without help? Yes Y No N</p> <p>25. Are you able to walk half a mile without help? That's about 8 ordinary blocks. Yes Y No N</p> <p>26.a. Are you ABLE to go to work?</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 27.a, Screen 11.</div> — Yes Y — No N </div> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 28.a, Screen 11.</div> — Not Applicable A </div> <p>b. Is a heart problem the main cause of your not being able to work?</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 28.a, Screen 11.</div> — Yes Y — No N — Unknown U </div>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 11 of 15)

<p>27.a. During the past 4 weeks, have you missed work for at least half a day because of your health? Yes Y No N</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 28.a.</div> — </div> <p>b. On how many days has this happened? {maximum 28}</p> <div style="margin-left: 100px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days </div> <p>28.a. Are you able to do your usual activities, such as work around the house or recreation? Yes Y No N</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 29.a.</div> — </div>	<p>28.b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 30, Screen 12.</div> — Yes Y — No N — Unknown U </div> <p>29.a. During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health?</p> <div style="margin-left: 100px;"> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">Go to Item 30, Screen 12.</div> — Yes Y — No N </div> <p>b. On how many days has this happened? {maximum 28}</p> <div style="margin-left: 100px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> days </div>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 12 of 15)

I. OTHER ITEMS

"Lastly, I have a few miscellaneous questions."

30. Do you now smoke cigarettes? Yes Y
No N

31. Please tell me which of the following describes your current marital status:

[READ EACH CATEGORY]

Married M
Widowed W
Divorced D
Separated S
Never Married ... N

32.a. Please tell me which of the following best describes your employment status:

Homemaking A — Go to Item 33, Screen 13.
Employed B —
Unemployed C — Go to Item 32.c, Screen 13.
Retired D — Go to Item 32.d, Screen 13.

32.b. Which of these two categories best describes your 'Employed' status:

Employed at a job for pay, either full or part-time A — Go to Item 33, Screen 13.
Employed, but temporarily away from my regular work B — Go to Item 33, Screen 13.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 13 of 15)

32.c. Which of these two categories best describes your 'Unemployed' status:

Unemployed, looking for work A — Go to Item 33.
Unemployed, not looking for work B —

32.d. Which of these two categories best describes your 'Retired' status:

Retired from my usual occupation and not working A
Retired from my usual occupation, but working for pay B

J. ADMINISTRATIVE INFORMATION

33. Code number of person completing this form:

34. Does participant (still) live within official ARIC study boundaries? Yes Y
No N
Unknown U

35. Will your center (still) be able to get his/her records via community surveillance? Yes Y
No N

36. Result code:

NAME: _____ ID NUMBER: CONTACT YEAR:

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 14 of 15)

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.]

37.a. Hospitalization Reason:

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

39.a. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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M M Y Y Y Y

40.a. Linkage Status:

(H) or (N)

37.b. Hospitalization Reason:

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

39.b. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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M M Y Y Y Y

40.b. Linkage Status:

(H) or (N)

37.c. Hospitalization Reason:

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

39.c. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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M M Y Y Y Y

40.c. Linkage Status:

(H) or (N)

NAME: _____ ID NUMBER: CONTACT YEAR:

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUH screen 15 of 15)

37.d. Hospitalization Reason:

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

39.d. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		Y	Y	Y	Y	

40.d. Linkage Status:
(H) or (N)

37.e. Hospitalization Reason:

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

39.e. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		Y	Y	Y	Y	

40.e. Linkage Status:
(H) or (N)

37.f. Hospitalization Reason:

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

39.f. Month and Year:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	M		Y	Y	Y	Y	

40.f. Linkage Status:
(H) or (N)