ARIC

Atherosclerosis Risk in Communities

CONFIDENTIAL DATA FORM

ID NUMBER: | | | | | | | | CONTACT YEAR : | | | FORM CODE: | C | F | D | VERSION: C DATE: 12/07/06

INSTRUCTIONS: For "multiple choice" and "yes/no" type questions, record 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.

0.a. Hospital code number: | |

[If code 96-99, name and location]:

Hospital Name: _____

City and State: _____

0.b. Medical Record Number:

0.c. Date of discharge (for nonfatal case) or death:

		–			–				

Month Day Year

0.d. Has the hospital chart been located? *(Moved from HRA4)*

Yes…… Y
No……. N → If No, go to Q6.

1. a. Last Name: *(Moved from HRA5a)*

b. First Name:

c. Middle Name:

2. Social Security Number: *(Moved from HRA6)*

2a. Medicare Number

3. Date of birth:*(Moved from HRA10*)

Month Day Year

4.a.0. Is this the patient's address?..... Yes Y
No N

If Yes, skip to Question 4.b.1

4a.1. Whose address
(relationship to patient)?

4.b. Address Information

4.b.1. PO Box, Box, &/or Route and Number:

4.b.2. Street Number Prefix:

4.b.3. Street Number:

4.b.4. Street Number Suffix:

4.b.5. Street Name Prefix:

4.b.6. Street Name (e.g., Elm):

4.b.7. Street Name type:

4.b.8. Street Name Suffix:

4.b.9 Unit Type:

4.b.10 Unit Prefix:

4.b.11. Unit Identifier:

4.b.12 Unit Suffix:

4.b.13 Other

(Moved from HRA7)
4.c.1 City:

(Moved from HRA7)
4.d.1 County:

(Moved from HRA7)
4.e. State:

4.e.1 Country (if not USA):

4.f. Zip Code: *(Moved from HRA7b)*

(Moved from HRA3a)

5.a. Cohort status:

ARIC Cohort …… …….. C

JHS Cohort-not ARIC Cohort …….. J

Community , not in ARIC or JHS Cohort …….. S

(Moved from HRA3b)

b. Is the patient's address in the ARIC community surveillance catchment area?
(Automatically filled by DES: Y if address is in catchment; else C if 5a=(C or J), O if (5a=S and out-of catchment); else U if catchment area is unknown)

In catchment, needs abstraction …… Y →

Out of catchment, ARIC or JHS cohort, needs abstraction ……... C →

Out of catchment, not in either ARIC or JHS cohort, do not abstract …… … . O →

If Y, C or O, skip to Q6.

Undetermined by computer at this time ……. U

c. Abstractor Investigation of Undetermined in Q5b. (If Q5.b = U then field center needs to work through all available resources or contact Coordinating Center to resolve whether patient's address is in our out of catchment, then return to this form and fill out Q5.c. If finally the address cannot be resolved then "Undetermined" remains as a response below.)

In catchment, needs abstraction …… Y

Out of catchment, ARIC or JHS cohort, needs abstraction ..……... C

Out of catchment, not in either ARIC or JHS cohort, do not abstract……... …. O →

Undetermined after all means available to resolve, needs abstraction…… … U

If O in 5c, document determination in notelog

ADMINISTRATIVE INFORMATION:

6. Abstractor number: | | | |

7. Date abstract completed: | | | – | | | – | | | | |

Month Day Year