SEMI-ANNUAL FOLLOW-UP CORE QUESTIONS

ADMINISTRATIVE INFORMATION

0a. Completion Date: Month / Day / Year
0b. Staff ID:

Instructions: This form is completed during the six-month follow up to the participant’s annual follow-up interview. The Date is the day the contact is made, or is the date the status determination is 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 recent health?"

A. STATUS

1. Result of contact for the interview (select one)
   a. Participant contacted, agreed to be interviewed
   b. Participant contacted, refused to be interviewed
   c. Proxy/Informant contacted
   d. Other person contacted
   e. Contact pending; continue to attempt to contact
   f. Window closed; unable to contact

2. Is the participant deceased?
   Yes
   No

B. CANCER INFORMATION

2a. Since we last contacted you [name], has a doctor said you [name] had cancer?
   Yes
   No

2a1. Can you tell me in what part of the body the [name's] most recently diagnosed cancer was located?
2b. What is the approximate date the cancer was diagnosed?

Month/Year

DOCTOR INFORMATION FOR CANCER

“Please provide the contact information of the doctor you [name] most recently visited for your [his/her] cancer.”

2c. Contact information of the doctor you [name] last saw for your [his/her] cancer:

2c1. Doctor Name: _________________________

2c2. Clinic or Institution Name: _________________________

2c3. Address: ____________________________

2c4. City: _____________   2c5. State: ___________

2c6. Approximate date: Month/Year

If speaking to the participant: “The ARIC study would like to ask your health care providers to tell us more about your cancer diagnosis and treatment. If you agree to do this, I will send you a form that tells your providers that you authorize the ARIC study to get this information from them. Once you sign that form and mail it back to me, I will contact your health care providers.”

If speaking to the proxy/informant/other: “The ARIC study would like to ask [name’s] health care providers to tell us more about his/her cancer diagnosis and treatment. If you agree to do this, I will send [name] a form that tells his/her providers that [name] authorizes the ARIC study to get this information from them. Once [name] signs that form and mails it back to me, I will contact the office of the health care providers.”

2d. May I send you this release form and an addressed envelope for you to mail it back?

Yes .........................   → IF QUESTION 1 is ‘a. Participant contacted, agreed to be interviewed’,
No ..........................   → IF QUESTION 1 is ‘c. Proxy/Informant contacted’
                             or ‘d. Other person contacted’, GO TO QUESTION 3

C. CARDIOVASCULAR EVENTS

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

Yes .........   → GO TO QUESTION 10
No .........   →
3a. Is there someone else we can ask?

Yes, person located ........................................... → **GO TO QUESTION 10**
Yes, reschedule remainder of interview ............ → **GO TO QUESTION 33**
No ............................................................ → **GO TO QUESTION 33**

[QUESTIONS 4-9b MOVED TO MCU FORM]

RECENT HEART ATTACK

10. 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 14**

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

Yes ................................................... 
No .................................................... → **GO TO QUESTION 14**

Hospital information for heart attack

12a. Hospital Name, City, State: ▼

12a1. Specify hospital name, city, and state if not in drop down list: _____________________________

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

Month            Year

Second hospitalization, if applicable

13a. Hospital Name, City, State: ▼

13a1. Specify hospital name, city, and state if not in drop down list: _____________________________

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

Month            Year

RECENT HEART SYMPTOMS AND VASCULAR EVENTS

14. 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 ....................................................

14a. 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 15a**
14b. At that time, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for a blood clot in a leg or deep vein thrombosis?

Yes .............................................. ☐
No .............................................. ☐ → **GO TO QUESTION 15a**

**HOSPITALIZATION FOR BLOOD CLOT IN LEG**

14c. Hospital Name, City, State: ▼

14c1. Specify hospital name, city, and state if not in drop down list: _____________________________

14d. Approximate date of hospitalization □ □ / □ □ □ □

15a. 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 16**

15b. Were you (was [name]) hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?

Yes .............................................. ☐
No .............................................. ☐ → **GO TO QUESTION 16**

**HOSPITALIZATION FOR BLOOD CLOT IN LUNGS**

15c. Hospital Name, City, State: ▼

15c1. Specify hospital name, city, and state if not in drop down list: _____________________________

15d. Approximate date of hospitalization □ □ / □ □ □ □

16. 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 19**

17. Were you [was name] hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?

Yes .............................................. ☐
No .............................................. ☐ → **GO TO QUESTION 19**

**Hospitalization for stroke or TIA**

18a. Hospital Name, City, State: ▼

18a1. Specify hospital name, city, and state if not in drop down list: _____________________________
18b. Approximate date of hospitalization

D. OTHER ADMISSIONS

19. Since our last contact, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for any reason that you have not yet mentioned?

Yes □
No □ → GO TO QUESTION 25

HOSPITALIZATION FOR OTHER REASON

20a. Hospitalization Reason: _______________________________

20b. Hospital Name, City, State: ▼

20b1. Specify hospital name, city, and state if not in drop down list: ______________________________

20c. Approximate date of hospitalization

Month / Year

HOSPITALIZATION FOR OTHER REASON

21a. Hospitalization Reason: _______________________________

21b. Hospital Name, City, State: ▼

21b1. Specify hospital name, city, and state if not in drop down list: ______________________________

21c. Approximate date of hospitalization

Month / Year

HOSPITALIZATION FOR OTHER REASON

22a. Hospitalization Reason: _______________________________

22b. Hospital Name, City, State: ▼

22b1. Specify hospital name, city, and state if not in drop down list: ______________________________

22c. Approximate date of hospitalization

Month / Year

HOSPITALIZATION FOR OTHER REASON

23a. Hospitalization Reason: _______________________________

23b. Hospital Name, City, State: ▼
23b1. Specify hospital name, city, and state if not in drop down list: _____________________________

23c. Approximate date of hospitalization □            □

Month                       Year

HOSPITALIZATION FOR OTHER REASON

24a. Hospitalization Reason: ___________________________________________________________________

24b. Hospital Name, City, State: ▼

24b1. Specify hospital name, city, and state if not in drop down list: _____________________________

24c. Approximate date of hospitalization □            □

Month                       Year

EMERGENCY ROOM OR OUTPATIENT CARE

25. Were you (Was [name]) seen at an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]?

   Yes ....................... □
   No ....................... □ ➔ GO TO QUESTION 28

26. Was this related to a heart problem or difficulty breathing?

   Yes ....................... □
   No ....................... □ ➔ GO TO QUESTION 28

Emergency room/medical facility information

27a. ER/Facility Name, City, State: ▼

27a1. Specify ER/Facility name, city, and state if not in drop down list: _____________________________

27b. Approximate date □            □

Month                       Year

28. Since our last contact, have you (has [name]) stayed overnight as a patient in a nursing home?

   Yes ....................... □
   No ....................... □

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

   Yes ....................... □
   No ....................... □
E. 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 as an outpatient.

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

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

31. Did you [name] have:

a. Coronary bypass?

Yes ............................ □
No ............................ □

b. Other heart procedure?

Yes ............................ □  → Specify: _________________________________
No ............................ □

c. Carotid endarterectomy?

Yes ............................ □
No ............................ □ → GO TO QUESTION 31e

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 ............................ □

32. Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had a balloon angioplasty or stent on the arteries of your [name’s] heart, neck, or legs?

Yes ............................ □
No ............................ □ →  IF QUESTION 1 is ‘a. Participant contacted, agreed to be interviewed’, GO TO QUESTION 33, COMPLETE THE GENERAL INTERVIEW FORM AND MCU; IF QUESTION 1 is ‘c. Proxy/Informant contacted’ or ‘d. Other person contacted’, AND QUESTION 2 is NOT ‘Yes’, GO TO QUESTION 33, COMPLETE THE MCU.
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 ..............................................

Angioplasty or stent facility information

d. Facility Name, City, State: ______________________ ▼

e. Specify Facility name, city, and state if not in drop down list: ________________________________

f. Approximate date [ ]/ [ ] → IF QUESTION 1 is ‘a. Participant contacted, agreed to be interviewed’, GO TO QUESTION 33, COMPLETE THE GENERAL INTERVIEW FORM AND MCU; IF QUESTION 1 is ‘c. Proxy/Informant contacted’ or ‘d. Other person contacted’, AND QUESTION 2 is NOT ‘Yes’, GO TO QUESTION 33, COMPLETE THE MCU.

F. ADMINISTRATIVE INFORMATION

33. sAFU Core Questions Completion Status:
   a. Complete ........................................................................................................
   b. Partially complete; contact again within window (interruptions) ..
   c. Partially complete; unable to complete within window (done) ....

CLOSURE SCRIPT:

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