



SEMI-ANNUAL FOLLOW-UP CORE QUESTIONS

ID NUMBER:

FORM CODE: SAF

DATE: 4/30/18
Version 3.0

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 .. → **GO TO QUESTION 2a**
- b. Participant contacted, refused to be interviewed.. → **GO TO QUESTION 33**
- c. Proxy/Informant contacted.....
- d. Other person contacted.....
- e. Contact pending; continue to attempt to contact.. → **SAVE AND CLOSE FORM**
- f. Window closed; unable to contact..... → **SAVE AND CLOSE FORM**

2. Is the participant deceased?

- Yes → **GO TO QUESTION 33, COMPLETE THE DEC FORM**
- No.....

B. CANCER INFORMATION

2a. Since we last contacted you [name], has a doctor said you [name] had cancer?

- Yes
- No..... → **IF QUESTION 1 is 'a. Participant contacted, agreed to be interviewed', GO TO QUESTION 10;
IF QUESTION 1 is 'c. Proxy/Informant contacted' or 'd. Other person contacted', GO TO QUESTION 3**

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?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 →
No →

**IF QUESTION 1 is ‘a. Participant contacted, agreed to be interviewed’, GO TO QUESTION 10;
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 /
Month Year

[QUESTION 15 MOVED TO MCU FORM]

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 /
Month Year

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 /
Month Year

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 →

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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 / →
Month Year

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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?"