

ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

| ID NUMBER: | CONTACT YEAR: FORM CODE: A F U VERSION: A 11/20/ |
|---|--|
| LAST NAME: | INITIALS: |
| up. ID Num are require leading zer through the entry. For the most ap | hould be completed during the interview portion of the participant's annual followber, Contact Year, and Name must be entered above. Whenever numerical responses d, enter the number so that the last digit appears in the rightmost box. Enter be swhere necessary to fill all boxes. If a number is entered incorrectly, mark incorrect entry with an "X". Code the correct entry clearly above the incorrect "multiple choice" and "yes/no" type questions, circle the letter corresponding to propriate response. If a letter is circled incorrectly, mark through it with an "X" the correct response. |
| | ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUA screen 1 of 8) |
| A. VITAL STATUS 1. Date of status determina | tion: - - |
| <pre>2. Final Status: {Circle one below}</pre> | <pre>3. Information obtained from: {Circle one corresponding choice below}</pre> |
| Contacted and alive | C Personal Interview B Go to Item 6, Screen 2 Letter C Go to Item 30, Screen 8 |
| Contacted & Refused | F Go to Item 32, Screen 8 |
| Reported alive | Relative, spouse, acquaintance D Employer information E Go to Item 30, Screen 8 Other |
| Reported Deceased | D Relative, spouse, acquaintance G H Continue to Item 4 Other (National Death Index) I |
| Unknown | U — Go to Item 32, Screen 8 |

C. GENERAL HEALTH

6. Now I will ask you some questions about your health since we last spoke with you; that is, from (mm/dd/yy of last contact) 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

N

Not relieved

CHEST PAIN ON EFFORT 7. Since our last contact on (mm/dd/yy of last contact), have you had any pain or discomfort in your chest? Yes N Go to Item 20, Screen 5 8. Do you get it when you Y walk uphill or hurry? Yes N - No Go to Item 17, Screen 5 Never hurries H or walks uphill 9. Do you get it when you walk at Y an ordinary pace on the level? Yes N ; No 10. What do you do if you get it it while you are walking? ... Stop or slow down C Carry on {Record "Stop or slow down" if subject carries on after taking nitroglycerin} Go to Item 17, Screen 5

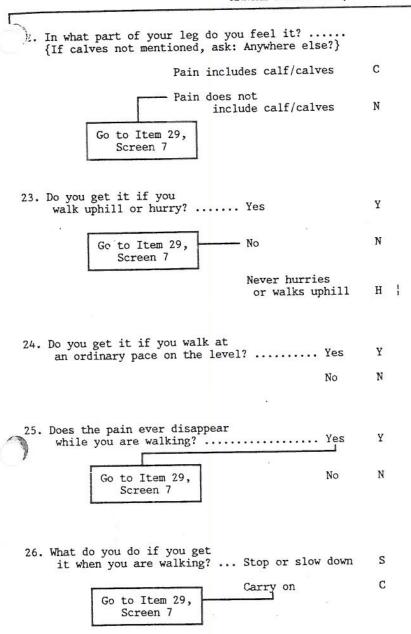
what happens to it? Relieved

Go to Item 17, Screen 5

11. If you stand still,

| 12. | How soon? | 10 minutes or less | L |
|------|--|----------------------|--------|
| | Go to Item 17, Screen 5 | More than 10 minutes | М |
| 13. | Will you tell me where it {Record answer verbatim in Then, circle Y or N for | in space below. | 10 |
| | | <u>Yes</u> | No |
| | a. Sternum (upper or midd | le) Y | N |
| | b. Sternum (lower) | у | N |
| | c. Left anterior chest | у | Ņ |
| | d. Left arm | У | N |
| No. | e, Other | ў | N |
| | f. Specify: | | |
| . 14 | . Do you feel it anywhere {If "Yes", record above | else? Yes } No | Y N |
| 15 | . Did you see a doctor bed of this pain or discomf | ause Fort? Yes | Y |
| | Go to Item 17, Screen 5 | No | N |
| | | | |
| 16 | . What did he say it was? | Angina | Α |
| | | Heart Attack | Н |
| Ä | | Other Heart Disease | D |
| | | Other | 0 |

| . POSSIBLE INFARCTION | |
|--|---|
| 17. Since our last contact have you had a severe pain across the front of your chest lasting for half an hour or more? | Y |
| Go to Item 20 | N |
| 18. Did you see a doctor because of this pain? Yes | Y |
| Go to Item 20 | N |
| 19. What did he say it was? Heart Attack | Н |
| Other Disorder | 0 |
| F. INTERMITTENT CLAUDICATION | |
| 20. Since our last contact on (nm/dd/yy of last contact), have you had pain in either leg on walking? Yes | Y |
| Go to Item 29, Screen 7 | N |
| 21. Does this pain ever begin when you are standing still or sitting? Yes | Y |
| Go to Item 29, No Screen 7 | N |



| 7. What happens to it if you stand still? Relieved | R |
|--|--------|
| Go to Item 29 Not relieved | N |
| 28. How soon? | L M |
| G. STROKE/TIA | |
| 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 |
| No | N |

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

| hospitalized for a heart attack since our last contact on (mm/dd/yy of last contact) | ? | Yes | |
|--|--------|----------|--------|
| | | No | |
| | | Unknown | 1 |
| | | | |
| If "Yes", complete "HOSPITALIZA | TTONS | section. | |
| | 110113 | Section: | |
| li "Yes", complete hosilianian | | | |
| | stav) | | |
| . Have you stayed (Did overnight as a patient in a | stay) | | |
| . Have you stayed (Did overnight as a patient in a | (| Yes | Y |
| . Have you stayed (Did overnight as a patient in a | (| 39 | |
| . Have you stayed (Did overnight as a patient in a | (| Yes | Y N |
| . Have you stayed (Did overnight as a patient in a | (| 39 | |
| . Have you stayed (Did overnight as a patient in a hospital for any other reason since our last contact? | | No | |
| . Have you stayed (Did overnight as a patient in a | | No | |
| . Have you stayed (Did overnight as a patient in a hospital for any other reason since our last contact? | | No | |
| . Have you stayed (Did overnight as a patient in a hospital for any other reason since our last contact? | | No | |
| overnight as a patient in a hospital for any other reason since our last contact? | | No | |