

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUI screen 2 of 16)

B. DEATH INFORMATION

4. Date of death:

		/			/				
Month			Day			Year			

5. Location of death:

a. City/ County

b. State:

After Item 5, skip to Item 9, Screen 4.

C. GENERAL HEALTH

6. "Now I will ask you some questions about your health. Over the past year, 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?

	Yes	No	Unknown
a. Heart attack	Y	N	U

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	Yes	No	Unknown
7.b. Heart failure or congestive heart failure	Y	N	U
c. High blood pressure	Y	N	U
d. Diabetes or sugar in the blood	Y	N	U
e. Blood clot in a leg or deep vein thrombosis ..	Y	N	U
f. Blood clot in your lungs or 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 most recently diagnosed cancer was located?

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7.k. And the date it was diagnosed?

		/				
Month			Year			

1. Have you had another cancer?

	Yes	Y
Go to Item 8, Screen 4	No	N
	Unknown	U

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

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n. And the date it was diagnosed?

		/				
Month			Year			

D. STROKE/TIA

8. Since our last contact on
(mm/dd/yyyy), 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

Go to Item 11.
Screen 7

_____ No N
_____ Unknown U

If "Yes", add to "HOSPITALIZATIONS" section. For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER statuses go to Item 33, screen 15.

NAME: _____ ID NUMBER: CONTACT YEAR:

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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: /
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: /
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: /
M M Y Y Y Y

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

NAME: _____ ID NUMBER: CONTACT YEAR:

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37.d. Hospitalization Reason:

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

39.d. Month and Year: /
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: /
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: /
M M Y Y Y Y

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

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OVERNIGHT ADMISSIONS (Continued)

For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER statuses go to Item 33, screen 15.

- 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. _____
- b. Are you currently staying in a nursing home? Yes Y
 No N

G. 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', 'H' or 'I' of Annual Follow-up? Yes Y
 No N
- Go to Item 12.b. _____

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUI screen 8 of 16)

- 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. _____ Yes Y
 No N
- Go to Item 14.a., Screen 9. _____
- 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 9. _____

13. Did you have:
- a. Coronary bypass: Yes Y
 No N
- b. Other heart procedure: Yes Y
 No N
- Go to Item 13.c. _____
- Specify:

- c. Carotid endarterectomy: Yes Y
 No N
- Go to Item 13.e, Screen 9. _____

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<p>13.d. Site: Right R</p> <p style="padding-left: 150px;">Left L</p> <p style="padding-left: 150px;">Both B</p> <p>e. Other arterial revascularization: Yes Y</p> <p style="padding-left: 20px;">Go to Item 13.f. No N</p> <p>Specify:</p> <hr style="border: 0.5px solid black; margin: 10px 0;"/> <hr style="border: 0.5px solid black; margin: 10px 0;"/> <p>f. Any other type of surgery on your heart or the arteries of your neck or legs? Yes Y</p> <p style="padding-left: 150px;">No N</p>	<p>14. [DO NOT ASK]</p> <p>Has participant completed a previous version 'G', 'H' or 'I' of Annual Follow-up? Yes Y</p> <p style="padding-left: 20px;">Go to Item 14.b. No N</p> <p>a. Since we last contacted you on (<u>mm/dd/yyyy</u>) have you had a balloon angioplasty on the arteries of your heart, neck, or legs?</p> <p style="padding-left: 20px;">Go to Item 15.a. Yes Y</p> <p style="padding-left: 20px;">Go to Item 16, Screen 10. No N</p> <p>b. Since your last visit to the ARIC clinic on (<u>mm/dd/yyyy</u>) have you had a balloon angioplasty on the arteries of your heart, neck, or legs? Yes Y</p> <p style="padding-left: 20px;">Go to Item 16, Screen 10. No N</p>
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ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUI screen 10 of 16)

<p>15. Did you have:</p> <p>a. Angioplasty of the coronary arteries: Yes Y</p> <p style="padding-left: 150px;">No N</p> <p>b. Angioplasty in the arteries of your neck: Yes Y</p> <p style="padding-left: 150px;">No N</p> <p>c. Angioplasty of lower extremity arteries: Yes Y</p> <p style="padding-left: 150px;">No N</p>	<p>H. INTERVIEW</p> <p>"Now I would like to ask about medication use during the past two weeks."</p> <p>16. Did you take any medications during the past two weeks for:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Yes</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>No</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>Unknown</u></th> </tr> </thead> <tbody> <tr> <td>a. High Blood Pressure .. Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>b. High Blood Cholesterol Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> <tr> <td>c. Diabetes or High Blood Sugar Y</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">N</td> <td style="text-align: center;">U</td> </tr> </tbody> </table>		<u>Yes</u>	<u>No</u>	<u>Unknown</u>	a. High Blood Pressure .. Y	N	N	U	b. High Blood Cholesterol Y	Y	N	U	c. Diabetes or High Blood Sugar Y	Y	N	U
	<u>Yes</u>	<u>No</u>	<u>Unknown</u>														
a. High Blood Pressure .. Y	N	N	U														
b. High Blood Cholesterol Y	Y	N	U														
c. Diabetes or High Blood Sugar Y	Y	N	U														

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUI screen 11 of 16)

"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?

- | | | |
|---------------------------|--------|---|
| Go to Item 23, Screen 10. | Male | M |
| | Female | F |

19. **[DO NOT ASK]**

Has participant completed a previous version 'G', 'H' or 'I' of Annual Follow-Up? Yes Y
 No N

Go to Item 19.b.

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
 No N

Go to Item 19.c.
 Go to Item 23, Screen 13.

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
 No N

Go to Item 23, Screen 13.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUI screen 12 of 16)

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
 No N

Go to Item 23, Screen 13.

21.a. Name 2:

22. Code 2:

I. FUNCTIONAL STATUS

"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."

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

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days

