VERSION: C 03-11-93



ID NUMBER:

LAST NAME:

## **HEALTH HISTORY FORM**

INITIALS:

FORM CODE:

CONTACT YEAR:

instructions, g this burden, p Independence Av	athering needed information and completi- lease send them to Attention: PRA Report	on is estimated to average 1 minute, including the time for reviewing and reviewing the questionnaire. If you have comments regarding is Clearance Officer, PHS, 721-B Hubert H. Humphrey Building, 200 e Paperwork Reduction Project (0925-0281), Office of Information and hington, DC 20503.
INSTRUCTIONS:	entered above. Whenever numerical responding the rightmost box. Enter leading zer incorrectly, mark through the incorrect incorrect entry. For "multiple choice"	e participant's visit. ID Number, Contact Year and Name must be conses are required, enter the number so that the last digit appears roes where necessary to fill all boxes. If a number is entered entry with an "X". Code the correct entry clearly above the and "yes/no" type questions, circle the letter corresponding to the is circled incorrectly, mark through it with an "X" and circle the
	HEALTH HISTORY	FORM (HHXC screen 1 of 5)
A. AFU CHEST P	AIN CONFIRMATION	[DO NOT READ LOCATIONS] <u>Yes</u> <u>No</u>
Rose angicall pred	rticipant report positive na in the Annual Follow-up eding this visit?	2.a. Sternum (upper or middle)

. INVASIVE PROCEDURES			5.d. Site: Right	R
4. Since your last ARIC visit,		Left	L	
have you had surgery on your heart, or the arteries of your neck or legs, excluding			Both	В
surgery for varicose veins?		e. Other arterial revascularization: Yes	Y	
Go to Item 6, Screen 3.	— No	N	Go to Item 5.f. No	N
5. [PROBE FOR TYPE OF INVASIVE PROCEDURE]		Cago.	Specify:	70 TO
a. Coronary bypass:		Υ		
	No	N	policements to re- police logics, but no semicial balance pulsantia, and tac propositions and semicial as and balance comes	1140
b. Other heart procedure: Yes Y		Y	f. Other: Yes	Y
Go to Item 5.c.	— No	N	No	N
Specify:			obtinos i pale farm chanto be concerned darung the p	
the the camber to that the last digit appropries	No leader	pe was as	endering, here demonstrates the Palacanacomis ender Mallino Lagram manage describi, was up the quality and lands and analysis described	
c. Carotid endarterectomy:	Yes	Y	mi noticel a fil careature aralements zace	
Go to Item 5.e.	— No	N		
			S-YROTRAN PTIASK	

HEAL	TH HISTO	RY FORM (	HHXC screen 3 of 5)	
6. Since your last visit to the ARIC clinic, have you had a balloon angioplasty on the arteries of your heart, neck, or legs?	Yes	Y N	8. Since your last visit to the ARIC clinic, have you had:  a. Heart catheterization:	Y N
7. [PROBE FOR TYPE OF PROCEDURE]  a. Angioplasty of the coronary arteries:	Yes	Υ	b. Carotid artery catheterization: Yes	Y N
b. Angioplasty in the arteries		N	Go to Item 9, Screen 4.	Y N
of your neck:	No	Y N	Specify:	_
c. Angioplasty of lower extremity arteries:	Yes	Y		-
	No	N		

HEALTH HISTORY FORM (HHXC screen 4 of 5) D. WALKING/STANDING C. DIAGNOSTIC PROCEDURES 10. Does the participant use 9. Since your last visit to the ARIC clinic, have you had any of the a wheelchair, crutches or walker? ..... following procedures performed? - Yes Yes No No N a. Echocardiogram: ..... Y Go to Item 12, N Screen 5. b. Electrocardiogram: ..... c. Treadmill or cardiac 11. Does the participant walk stress test: ..... Y with a cane? ..... Yes d. Carotid ultrasound studies: ...... N No e. MRI exam of the brain: ..... f. CAT scan of the brain: ..... Y

HEALTH HISTORY FORM	(HHXC screen 5 of 5)
E. ADMINISTRATIVE INFORMATION	
12. Date of data collection: / /	
month day year	
13. Method of data collection: Computer C	
Paper form P	
14. Code number of person completing this form:	

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