CARDIOVASCULAR HEALTH STUDY TIMELINE

Population: A total of 5,201 men and women aged 65+ (approximately 1,300 in each of four communities) recruited at baseline, and an additional 687 African-Americans (approximately 230 in each of three of the communities) recruited at the third follow-up examination.

Study Year 1	<u>Calendar Year</u> 1988-89	Activity Write protocol and pilot test
2	1989-90	Baseline Examination to assess: Risk factors Medical history (CHD, stroke, related diagnoses, medical care, medications) Physical examination Blood pressure, pulse, postural changes Height, weight, distribution of body fat Carotid ultrasonography Hemostasis: coagulation, fibrinolysis Lipids, lipoproteins Fasting blood insulin, glucose, chemistries, (stored blood) Glucose tolerance test Hematology: hematocrit, WBC, platelet count Echocardiography Electrocardiogram (resting and ambulatory) Pulmonary function testing Education, smoking, physical activity Physical function testing
3-4	1990-92	Surveillance contacts with study participants at 6-month intervals (three phone contacts, two brief clinic or home interviews)
5	1992-93	Follow-up examination Repeat baseline components: Risk factors Interim medical history (CHD, stroke, related diagnoses, medical care, medications) Physical examination Blood pressure, pulse, postural changes

Height, weight, distribution of body fat

Carotid ultrasonography

Hemostasis: coagulation, fibrinolysis

Lipids, lipoproteins

Fasting blood insulin, glucose, chemistries

(stored blood)

Hemotology: Hematocrit, WBC

Electrocardiogram (resting and ambulatory)

Education, smoking, physical activity

Physical function testing

New Components:

Cerebral magnetic resonance imaging (MRI), first

half of cohort

Aortic ultrasonography

Hospital records

Death certificates and investigations for cause of

death

1993-4

Surveillance Contacts with study participants at 6-month intervals (one phone contact, one clinical examination)

Repeat baseline components:

Risk Factors

Interim medical history (CHD, Stroke, related

diagnoses, medical care, medications)

Physical examination

Blood pressure, pulse, postural changes

Height, weight, distribution of body fat

Cholesterol

Electrocardiogram (resting and ambulatory)

Education, smoking physical activity

Physical function testing

Pulmonary function testing

New components:

Cerebral magnetic resonance imaging (MRI),

second half cohort

Peak-flow testing

Oximetry

Hospital records

Death certificates and investigations for cause of death

6

1994-5 Surveillance Contacts with study participants at 6-month intervals (one phone contact, one clinic examination) Repeat baseline components: Risk factors Interim medical history (CHD, stroke, related diagnoses, medical care, medications) Physical examination Blood pressure, pulse, postural changes Height, weight, distribution of body fat Cholesterol Electrocardiogram (resting and ambulatory) Education, smoking, physical activity Physical function testing Echocardiography First half of cohort Ambulatory electrocardiography Repeat on one-third of cohort New component **Bone Density** Hospital records Death certificates and investigations for cause of death 8 1995-96 Surveillance Contacts with study participants at 6month intervals (one phone contact, one clinic examination) Repeat baseline components: Risk factors Interim medical history (CHD, stroke, related diagnoses, medical care, medications) Physical examination Blood pressure, pulse, postural changes Height, weight, distribution of body fat Cholesterol Electrocardiogram (resting and ambulatory) Education, smoking, physical activity Physical function testing Nutrition Echocardiography Second half of cohort Hospital records Death certificates and investigations for cause of death 9 1996-7 Surveillance Contacts with study participants at 6-

month intervals (one phone contact, one clinic

examination)

Repeat baseline components:

Risk factors

Interim medical history (CHD, stroke, related

diagnoses, medical care, medications)

Physical examination

Blood pressure, pulse, postural changes

Height, weight, distribution of body fat

Cholesterol

Electrocardiogram (resting and ambulatory)

Education, smoking, physical activity

Physical function testing

Physical activity

Hemostasis: coagulation, fibrinolysis

Lipids, lipoproteins

Fasting blood insulin, glucose, chemistries

Hematology: Hematocrit, WBC

Supine Ankle-Arm Blood Pressure

Carotid and Aortic Ultrasound

Ambulatory electrocardiography

repeat on one-third of cohort

Hospital records

Death certificates and investigation for

cause of death

10 1997-8

Surveillance Contacts with study participants at 6 month intervals (two phone contact, one clinic examination)

Repeat baseline components:

Risk factors

Interim medical history (CHD, stroke,

related diagnoses, medical care, medications)

Physical examination

Blood pressure, pulse, postural changes

Height, weight, distribution of body fat

Cholesterol

Electrocardiogram (resting and

ambulatory)

Education, smoking, physical activity

Physical function testing

Orthostatic Blood Pressure

Pulmonary function testing

Cerebral MRI (first half of cohort)

Spot Urine Collection

Hospital records

Death certificates and investigations for

11 1198-9 Surveillance Contacts with study participant at 6month intervals (two phone contacts, one clinic examination)

Repeat baseline components:

Risk factors

Interim medical history (CHD, stroke, related diagnoses, medical care, medications)

Physical examination

Blood pressure, pulse, postural changes

Height, weight

Cholesterol

Hemostasis: coagulation, fibrinolysis

Lipids, lipoproteins

Fasting blood insulin, glucose, chemistries

Hematology: Hematocrit, WBC Supine Ankle-Arm Blood Pressure

Electrocardiogram (resting and ambulatory)

Education, smoking, physical activity

Physical function testing

Carotid and Aortic Ultrasound

Cerebral MRI (second half of cohort)

Retinal photography

Six-minute walk with oximetry

Hearing Test

Hemodynamic Reactivity

Trails A & B

Grooved Pegboard Hospital records

Death certificates and investigation for

cause of death

1999-2008 12-19*

Surveillance Contacts with study participants at 6month intervals (semi-annual phone

contacts)

Hospital records

Death certificates and investigations for cause of death analyses

^{*} For Years 18-19 (2007-2008), surveillance contacts are conducted under the CHS contract only at the Pittsburgh site; surveillance contacts at other sites are supported by investigatorinitiated grant funding.