O.M.B 0925-0281 Exp. XX/XXXX

# **ARIC**

## ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

	Atheroscleros	is Risk in	Communitie	es													
	ID NUMBER: DATE:02/07/08					CONTA	ACT YEA	R:		FORM	CODE	E: <b>A</b> 1	F U	J VE	ERSIO	N: M	
	LAST NAME:									] 11	NITIAI	LS:					
req of t	olic reporting burden sirces, gathering and uired to respond to, his collection of info 4, ATTN: PRA (092	maintaining a collection rmation, incl	the data need of information uding suggest	ed, and co unless it di ons for red	mpletin isplays ducing t	ng and re a current his burde	viewing the tly valid Ol en, to: <b>NI</b> F	e collection MB contro	on of inform I number.	mation. Send o	An age comme	ency may ents regard	not cor ling this	nduct or sp s burden e	ponsoi estima	r, and a person i te or any other a	s not ispect
fo re ne "X qu	STRUCTIONS: llow-up. ID quired, ente cessary to f ". Code the estions, cir correctly, m	Number r the notice that all corrected the	, Contact umber so boxes. t entry c letter c	Year, that that If a nulearly orrespondence	and he la umber abov ondir	Name ast di sis e the to the total sis e the total sis e the total sis e the total sis e t	must b git ap ntered incor the mo	e ente pears incom rect e st app	ered at in the rectly entry.	oove. right man for ate re	Whentmoserk the mul-	enever st box arough ltiple ase.	nume Er the choi	erical nter le incor: ice" a	res eadi rect nd "	ponses are ng zeros w entry wit yes/no" ty	here h an
	ANNUAL FOI		QUESTION	NNAIRE	(AFU	<b>M</b> )											
	1. Date of statu	s determina	ation:		/	/		M	onth	/ D	Pay	Year					
	2. Final Status: {Circle one b		3. Ir	formation {Circle			n: ding choi	ce below	·}								
	Contacted a	and Alive	с —			Phone Perso Letter	nal Interv	iew					A B C			Go to Item 6 Go to Item 23	
	Contacted a	nd Refused	<sub>F</sub> –												Go	to Item 52	
	Reported A	Alive	<sub>R</sub> –				e, spouse, yer inforr	•	ance				D E F			Go to Item 2	3
	Reported	Deceased	<sub>D</sub> –			Surve	ve, spouse illance (Nationa	•					G H I			Continue to Iter	m 4
	Unknowr	1	<sub>U</sub> –												Go	to Item 52	

4. Date of death:
Month Day Year
5. Location of death:
a. City/County
b. State:
After Item 5, skip to Item 23, Screen 12.
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
7a. [DO NOT ASK] Has this participant previously completed version L of the AFU form? Y N If YES, go to Q9 7b. [DO NOT ASK] Has participant ever reported a heart failure diagnosis in AFU without a documented HF hospitalization in the ARIC database? (to be done for 1 year only). Y N
If NO, skip to Q9
8. In a previous ARIC phone call in [< year >], you indicated that you had been diagnosed with heart failure or congestive heart failure. Do yearl that you had such a diagnosis of heart failure?  Y N U
No or Unknown skip to Q9
What is the name and address of the doctor you last saw for heart failure?
8.a. Name:
8.b. Address:
8.c. What was the approximate date?
M M Y Y Y Y  8.d [DO NOT ASK] Was this within 3 yrs. of today's date ? Y N U
If you answered NO or UNKNOWN in <u>8.d</u> , skip 8.e.

[Request for authorization to release medical records for selected self-reported diagnoses / physician visits]

B. DEATH INFORMATION

8.e. "The ARIC study would like to ask your physician to tell us more about your health. If you agree to do this I will send you a form that tells
your physician that you authorize the ARIC study to get this information from your doctor. Once you sign that form and mail it back to me I will
contact your physician's office."

May I send you this release form and an addressed envelope for you to mail it back? Y

8.f. Were you hospitalized for heart failure at that time?

Y N U

If Yes, go to "obtain hospital information and date" Section F Q 28a and then return to Q 8g

8.g. Were you hospitalized for heart failure or congestive heart failure at another time?

Y N U

If Yes, go to "obtain hospital information and date" Section F Q 28a and return to Q 10.

9. Since we last contacted you on mm/dd/yyyy, has a doctor said that you had heart failure or congestive heart failure?

Y N U

No or Unknown skip to Q 10.

What is the name and address of the doctor who said you had heart failure?

9.a. Name: \_\_\_\_\_

9.b Address:

9.c. What was the approximate date?

M M Y Y Y Y

9.d. [DO NOT ASK] Was this within 3 yrs. of today's date] Y N U

9.e. Were you hospitalized for heart failure at that time?

Y N U

If Yes, go to "obtain hospital information and date" Section F Q 28a and return to 0.10.

#### If you answered NO or UNKNOWN in 9d, skip 9f.

[Request for authorization to release medical records for selected self-reported diagnoses / physician visits. If this is the same doctor as listed in Q.8. you do not need to re-read the script.]

9.f. "The ARIC study would like to ask your physician to tell us more about your health. If you agree to do this I will send you a form that tells your physician that you authorize the ARIC study to get this information from your doctor. Once you sign that form and mail it back to me I will contact your physician's office."

May I send you this release form and an addressed envelope for you to mail it back?

10. Since we last contacted you has a doctor said that your heart is weak, or does not pump as strongly as it should, or that you had fluid on the lungs?

Y N U

No or Unknown skip to Q 11a.

what is the name and address of the do	ctor y	ou sa	.W ?					
10.a. Name:					_			
10.b. Address:								
10.c. What was the approximate date?			/					
Question 10d deleted	M	M		Y	Y	Y	Y	
10.e. Were you hospitalized for the weak $Y = N = U$	ık hea	art mu	iscle a	it that	tin	ne?		
If Yes: go to obtain hosp question 11a	ita	l in	form	natio	on	and	dat	e Section F Q 28a and return to
[Request for authorization to release me Q.8. or Q.9. you do not need to re-read				r sele	ctec	d self	-report	ed diagnoses / physician visits. If this is the same doctor as listed in
								It your health. If you agree to do this I will send you a form that tells m your doctor. Once you sign that form and mail it back to me I will
May I send you this release form and ar	ı add	ressed	l enve	lope	for	you t	o mail	it back? Y N
11.a. Since we last contacted you on mi	m/dd/	′уууу,	, has a	a doct	or s	said t	hat you	ı had a heart attack?
Y N U								
Question 11b deleted								
11.c. Since we last contacted you has a	docto	or said	l that	you h	ad a	angin	a, ang	ina pectoris or chest pain due to heart disease?
Y N U								
12. Since we last contacted you, has a delectrocardiogram tracing?	loctoi	said	that y	ou ha	ıd aı	n irre	gular l	neart beat called atrial fibrillation, or atrial fibrillation on a heart scan or
Y N U								
13.a. Do you often have swelling in you Y N U	our fe	et or a	ankles	s at th	ie ei	nd of	the da	y?
No or Unknown skip to Q 14	1.							
13.b. Is the swelling in your feet or ank	les go	one in	the m	nornir	ng?			
Y N	Į	J						
14. Since we last contacted you has a de	octor	said y	ou ha	ıd hig	h b	lood	pressu	re?
Y N	Ţ	J						
15. Since we last contacted you has a de	octor	said y	ou ha	ive di	abe	etes o	r sugar	in the blood?
Y N	U	ī						
16. Since we last contacted you has a do Y N U	octor	said t	hat yo	ou had	d a l	blood	l clot i	n a leg or deep vein thrombosis?
No or Unknown skip to Q	17a.							

what is the name and address of the doctor you saw?	(If same physician as above, no need to records address)
16.a. Name:	<u></u>
16.b. Address:	
16.c. What was the approximate date?	
М М	YYYY
16.d. Were you hospitalized for a blood clot in a leg of $Y = N = U$	or deep vein thrombosis at that time?
If Yes: go to obtain hospital info	rmation and date Section F Q 28a and return to Q.17a, below.
Question 16e deleted	
17.a. Has a doctor ever said that you had a blood clot	t in your lungs or a pulmonary embolus?
Y N U	
No or Unknown skip to Q 18b.	
17.b. Since we last contacted you were you hospitalize $\begin{array}{cccccccccccccccccccccccccccccccccccc$	zed for a blood clot in your lungs or a pulmonary embolus at that time?
Y IN U	
If Yes: go to obtain hospital inform	mation and date Section F Q 28a and return to Q.18.b.below.
Question 18a deleted	
18.b. Since we last contacted you has a doctor told yo Y N U	ou that you had chronic lung disease, such as bronchitis, or emphysema?
If Yes skip to Q 20a.	
II les ship to g zou.	
19.a. Are there times when you wake up at night becaut $\begin{array}{cccccccccccccccccccccccccccccccccccc$	use of difficulty breathing?
19.b. Do you have trouble breathing or shortness of br	
Y N U Unable to walk •  If No or U: Go to Q 19f.	— Go to Q 19 f
11 NO 01 0. GO to Q 191.	
19.c. Do you have trouble breathing or shortness of br	reath when walking at ordinary pace on a level surface?
If No or U: Go to Q 19g.	
19.d. Do you stop for breath when walking at your ow Y N U	vn pace?
If No or U: Go to Q 19g.	
19.e. Do you stop for breath after walking 100 yards of $Y - N - U$	on the level?
If No or U: Go to Q 19g.	

19.g. Do you usually have some cough or wheezing? Y N U
Question 20 deleted
20.a. Since we last contacted you on mm/dd/yy has a doctor said you had asthma?
Y N U
20.b Do you have pain in your legs caused by a blockage of the arteries? Y N U
20.c Since we last contacted you has a doctor said that you have peripheral vascular disease or intermittent claudication ? $ Y \qquad N \qquad U $
21.a. Since we last contacted you has a doctor said that you had cancer?  Y N U  Go to Item 22a
21.b. Can you tell me in what part of the body the most recently diagnosed cancer was located?
21.c. And the date it was diagnosed?
Month Year
D. STROKE/TIA
22.a. 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?
If "No", go to question 23
22.b. Were you hospitalized for this stroke, slight stroke, transient ischemic attack or TIA?  Yes Y  No N
If "Yes", ensure that this event is included in the "HOSPITALIZATIONS"
section, Section F Q 28a, if appropriate.

19.f. Do you have difficulty breathing when you are not walking or active?  $\ensuremath{Y} \ensuremath{N} \ensuremath{V} \ensuremath{U}$ 

#### E. ADMISSIONS

23.	Were	you	(Was	[name]	)hospitalized	d for	а	heart	attack	since	our	last	contact	on	(mm/dd/yyyy)?

Y N U

24. Have you stayed (Did  $[\underline{name}]$ stay) overnight as a patient in a hospital for any other reason since our last contact?

Y N U

If "Yes" to either 23 or 24, add to "HOSPITALIZATIONS" section F Q28a and return to Q. 25a.

25.a. Were you (Was [name]) admitted to an emergency room or a medical facility for outpatient treatment since our last contact on (mm/dd/yyyy)?

Y N U

If No or Unknown: Go to Q 27a

25.b. Was this related to a heart problem or difficulty breathing ?

Y N U

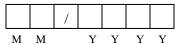
If No or Unknown: Go to Q27a

What is the name and address of this medical facility?

26.a. Name: \_\_\_\_\_

26.b. Address: \_\_\_\_\_

26.c. What was the approximate date?



27.a. Since our last contact, (Did  $[\underline{name}]$ stay)have you stayed overnight as a patient in a nursing home? ..... Yes Y

Go to Item 40. No N

For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER statuses, go to Q.52

27.b. Are you currently staying in a nursing home? ...... Yes Y

No N

On the paper form skip Section F and continue to Item 40. To skip in the DMS Page down to, or jump-to (CTRL-J), to Item 40.

### F. HOSPITALIZATIONS

For each time you were (he/she was) a patient 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. Press F3 for a list of hospitals and press <ENTER> on the correct one if found. Otherwise press <ESC> and type in the appropriate information. 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.]

28.a.	Hospitalization H	leason:		
28.b.	Hospital Name, C:	ity, and State:		
28.c.	Month and Year:	M M Y Y Y Y	28.d. Linkage Status:  (H) or (N)	
29.a.	Hospitalization H	Reason:		
29.b.	Hospital Name, C:	ity, and State:		
	Month and Year: Hospitalization	M M Y Y Y Y Reason:	29.d. Linkage Status: (H) or (N)	
30.b.	Hospital Name, C	ity, and State:		
30.c.	Month and Year:	M M Y Y Y Y	30.d. Linkage Status: (H) or (N)	
31.a.	Hospitalization	Reason:		
31.b.	Hospital Name, C	ity, and State:		
31.c.	Month and Year:	M M Y Y Y Y	31.d. Linkage Status: (H) or (N)	
32.a.	Hospitalization	Reason:		
32.b.	Hospital Name, C	ity, and State:		

32.c. Month and Year:	M M Y Y Y Y	32.d. Linkage Status:  (H) or (N)
33.a. Hospitalization Rea	son:	
33.b. Hospital Name, City	, and State:	
33.c. Month and Year:  34.a. Hospitalization Rea	M M Y Y Y Y	33.d. Linkage Status: (H) or (N)
34.b. Hospital Name, City	, and State:	
34.c. Month and Year:	M M Y Y Y Y	34.d. Linkage Status:  (H) or (N)
35.a. Hospitalization Rea	.son:	
35.b. Hospital Name, City	, and State:	
35.c. Month and Year:	M M Y Y Y Y	35.d. Linkage Status: (H) or (N)
36.a. Hospitalization Rea	ason:	
36.b. Hospital Name, City	r, and State:	
36.c. Month and Year:	/ / 1	36.d. Linkage Status: (H) or (N)

37.a. Hospitalization Reason:
37.b. Hospital Name, City, and State:
37.c. Month and Year:  /
38.a. Hospitalization Reason:
38.b. Hospital Name, City, and State:
38.c. Month and Year:  /
39.a. Hospitalization Reason:  39.b. Hospital Name, City, and State:
39.c. Month and Year: / 39.d. Linkage Status: (H) or (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."
40. [DO NOT ASK]  Has participant completed a previous version 'G' or later of Annual Follow-up?
Yes Y  Go to Item 41b.
41.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 42a. Yes Y
Go to Item 44a

41.b. Si	nce your last ARIC v or the arteries of								
			Yes	Y					
	Go to Item 44b.		– No	N					
42. Did	you have:								
a. C	oronary bypass?	Үе	es	Y					
		No	)	N					
b. 0	ther heart procedure	? Ye	es	Y					
		No	O	N					
S	pecify:								
c. Ca	rotid endarterectomy	? Ye	es	Y					
	Go to Item 42e.	No.	)	N					
d. S	ite:	. Right	R						
		Left	L						
		Both	В						
	ther arterial evascularization? .	Yes	Y						
		No	N						
S	pecify:								
	ny other type of sur		heart Y	or the	e arterie	es of you	r neck o	r	
		No	N						
43. <b>[DO NO</b> Ha	OT ASK] s participant comple	ted a previo	ous ver	sion '	G' or lat	cer of An	nual Fol	low-up?	
		Υe	es	Y					
	Go to Item 44b.	No.	)	N					
	nce we last contacte e arteries of your h				re you ha	ad a ball	oon angi	oplasty or	stent on
	Go to Item 45a.	Yes	Y						
[	Go to Item 46a.	No	N						

					7	les	Y								
		Go	to Item	n 46a.		-No	N								
5.	Did y	ou ha	ave:												
	a. An	giop	lasty or	stent o	f the c	orona	ry arte	eries	3:						
					7	les .	Y								
					1	<b>1</b> 0	N								
	b. An	giop	lasty or	stent i	n the a	rteri	es of y	your	neck	:					
					7	les .	Y								
					1	No	N								
	c. An	giop	lasty or	stent o	f the l	ower (	extrem:	ity a	arter	ies:					
		_	-		7	les .	Y	-							
					1	10	N								
'No		ould :		ask abou								week	S."		
No	w I wo	ould :		ask abou medicati			he past		o weel			week	s."		
'No	w I wo	ould i	ake any		ons dur <u>Yes</u>	ing tl	he past	t two	o weel			week	s."		
'No	w I wo Did y a. Hi b. Hi	ould in our target binds on the second secon	ake any i	medicati	ons dur <u>Yes</u> . Y	ing tl <u>No</u>	he past	t two	o weel			week	s."		
'No	w I wo Did y a. Hi b. Hi c	ould in our target binds of the control of the cont	ake any make	medicati ssure? .	ons dur <u>Yes</u> . Y	ing tl <u>No</u> N	he past	t two knowr U	o weel			week	s."		
'No	w I wo  Did y  a. Hi  b. Hi  c  c. Di	ould in the state of the state	ake any make	medicati	ons dur <u>Yes</u> . Y . Y	ring tl <u>No</u> N	he past	t two known U	o weel			week	s."		
'No 16.	w I wo Did y a. Hi b. Hi c c. Di h d. He w I wo tioned	ould in the state of the state	ake any place and precious and	medicati ssure?	ons dur Yes Y Y Y T T T T T T T T T T T T T T T T	No N N N N N N N N N N N N N N N N N N	he past <u>Unl</u> iption ent rec	t two	o weel	ons y	or:	urren	tly ı		
No No No nen ore	w I wo Did y a. Hi b. Hi c c. Di h d. He w I wo tioned script	ould in the control of the control o	lood pre lood sterol? es or clood su failure?	medicati ssure?gar?	ons dur Yes Y Y Y Y The peminder are tak	N  N  N  N  N  N  N  N  N  N  N  N  N	he past <u>Unl</u> iption ent rec o the t	U U U medi	icatio	ons y	rou <u>c</u> r : ask	ırren you	tly ı		
No No No nen ore	w I wo Did y a. Hi b. Hi c c. Di h d. He w I wo tioned script	ould in the control of the control o	lood pre lood sterol? es or clood su failure? like to the schemedicati  ASK} Doe	medicati ssure? .  gar?  ask abou duling r ons you	ons dur Yes Y Y Y Y The period of the period	N  N  N  N  N  N  N  N  N  N  N  N  N	he past <u>Unl</u> iption ent rec o the t	U U U medi	icatio	ons y	rou <u>c</u> r : ask	ırren you	tly ı		
'No 'I6.	w I wo Did y a. Hi b. Hi c c. Di h d. He w I wo tioned script [DO Ye	gh bisholes abete igh linition to not a	lood pre lood sterol? es or clood su failure? like to the sche medicati  ASK} Doe	medicati ssure? .  gar?  ask abou duling r ons you s the pa	ons dur Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	N  N  N  N  N  N  N  N  N  N  N  N  N	he past <u>Unl</u> iption ent rec o the t	U U U medi	icatio	ons y	rou <u>c</u> r : ask	ırren you	tly ı		
No No nen ore	w I wo Did y a. Hi b. Hi c c. Di h d. He w I wo tioned script  [DO Ye No Pa re	gh bisholes abets igh linition to the second control of the second	lood pre lood sterol? es or plood su failure? like to the schemedicati  ASK} Doe  ipant d to pro	medicati ssure? .  gar?  ask abou duling r ons you s the pa	ons dur Yes Y Y Y Y Y Y Y Y Y Y Y Y One of the peninder are take T	N  N  N  N  N  N  N  N  N  N  N  N  N	he past <u>Unl</u> iption ent rec o the t	U U U medi	icatio	ons y	rou <u>c</u> r : ask	ırren you	tly ı		

[Once participant has all medications or prescriptions] Please read the names of all the medications prescribed by a doctor. This includes pills, liquid medications, skin patches, inhalers, and injections. Please do not include over the counter medications unless prescribed by a doctor. [If asked: <a href="mailto:currently">currently</a> taking applies to medications taken in the past two weeks. Use the look-up table to enter, if medication is available in table]

	Medication Name
48.a.	
48.b.	
48.c.	
48.d.	
48.e.	
48.f.	
48.g.	
48.h.	
48.i.	
48.j.	
48.k.	
48.1.	
48.m.	
48.n.	
48.0.	
48.p.	
48.q.	
48.r.	
48.s.	
48.t.	

"Next I would like to ask you about your  $\underline{\text{regular}}$  use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin  $\underline{\text{in a cold medicine}}$ . By regular use, I mean  $\underline{\text{taking aspirin}}$  at least once a week for several months."

49. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol or Advil. [Use look-up table]

Yes Y No N Unknown U

<pre>I. OTHER ITEMS    "Next, I have a few miscellaneous questions."</pre>
50. Do you now smoke cigarettes? Yes Y
No N
51. Please tell me which of the following describes your current marital statu
[READ EACH CATEGORY]
Married M
Widowed W
Divorced D
Separated S
Never Married N
<pre>J. ADMINISTRATIVE INFORMATION</pre>
ARIC study boundaries? Yes Y
No N
Unknown U
54. Will your center (still) be able to get his/her records via community surveillance? Yes Y
No N
55. Result code:
Result Codes
01 – No Action Taken
02 – Tracing (Not yet contacted any source)
3A – Contacted, Interview Complete by Cohort Member
3B - Contacted, Interview Complete, Proxy/Informant
04 - Contacted, Interview Partially Complete or Rescheduled
05 – Contacted, Interview Refused
06 – Reported Alive, Will Continue to Attempt Contact This Year
07 – Reported Alive, Contact Not Possible This Year
08 – Reported Deceased

09-Unknown

98 – Does Not Want Any Further AFU Contact