26-2. AHS Phase IV Health Follow-Up CATI Proxy Survey Script

## Welcome to the AHS Health Followup Online Survey!

If you are an AHS participant and received a letter with your log-in information, or if you are responding on behalf of an AHS participant, please continue to the next page.

If you found our site looking for more information from the Agricultural Health Study, please go to **www.aghealth.org.**

Login

4%

✎▶ Please enter the username and password from your letter:

Username: [                    ]

✎▶

Password: [                    ]

Next »

12%

**General Instructions for the Online Survey:**

- To move through the survey, please use the 'Next' and 'Previous' buttons at the bottom of each page. **Do not use the back button** on your browser.
- If you want to quit and come back later, you may close the survey by clicking the 'X' at the top right corner of the survey window. The answers you provided up to that point are saved.
- To return to this online survey, you will need to go to the study website at **www.aghealthsurvey.org** (as described in your letter). You will use the same username and password each time you access the survey.

**Please click 'Next' to continue.**

Next ▸▸                                                      ◂◂ Previous

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Before we get started, please confirm that we have the correct survey. This survey is for and/or about **John Joe Doe, Sr.**

Which of the following statements is true?

- ○ This name is correct
- ○ This name was correct, but it has since changed
- ○ This name is incorrect

Next ▸▸                                                      ◂◂ Previous

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As an added security measure, we need to verify each participants date of birth before going any further.

Please enter the date of birth for **John Joe Doe, Sr.** below:

MM/DD/YYYY

Next ▸▸                                                                      ◂◂ Previous

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It is best for **John Joe Doe, Sr.** to fill out his own questionnaire, but if this is not possible, it is okay for someone else to complete this survey.

Will **John Joe Doe, Sr.** be completing this questionnaire himself?

○ Yes
○ No, I am completing this on behalf of the AHS participant

Next ▸▸                                                                      ◂◂ Previous

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Is **John Joe Doe, Sr.** actively taking part in answering the questions?

- ○ Yes
- ○ No

Next »                                                                 « Previous

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Why is he not actively taking part in answering the questions?  He is...

- ○ Not capable of answering the questions
- ○ Incapacitated
- ○ Deceased
- ○ Currently hospitalized
- ○ Other

Next »                                                                 « Previous

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✏️▶ What is your relationship to **John Joe Doe, Sr.**?

- ○ Spouse
- ○ Sibling
- ○ Child
- ○ Grandchild
- ○ Parent
- ○ Other relative
- ○ Guardian
- ○ Friend
- ○ Other

Next ▸▸          ◂◂ Previous

70%

✏️▶ How long have you known **John Joe Doe, Sr.**?

[_____] # of Years

Next ▸▸          ◂◂ Previous

70%

How long have you known **John Joe Doe, Sr.**?

☐ # of Years

Next ▶

**Message from webpage**  ✕

⚠ Please give us your best guess. If you prefer to not answer this question, please enter '997'.

OK

◀ Previous

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81%

We want to thank you for agreeing to take part in this survey. As a reminder, your participation is completely voluntary and all the information collected will be kept confidential to the extent permitted by law.

If you have any questions while you are completing this survey, please contact study staff at 1 (###) ### - ####.

Next ▶

◀ Previous

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86%

Now we are ready to get started with the AHS Health Follow-up Survey.

This should take about 10 - 15 minutes to complete.

Please click 'Submit' to begin.

Next ▸▸                                              ◂◂ Previous

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91%
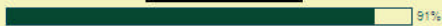
✏️▸ It appears there may be a problem with the [*name and/or date of birth*] in our records.  Sorry for the inconvenience.  We need to contact you to make sure we have the correct information in your record.

Please let us know the best way to reach you to update your information.

Click 'Close' to exit this survey, and a study staff member will be in touch soon.

Next ▸▸                                              ◂◂ Previous

Next >>

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# AHS PHASE IV - CATI CALL SCRIPT

## MAIN INTRODUCTION

**MN1**.  Hello, this is [*INTERVIEWER NAME*] calling on behalf of the Agricultural Health Study. May I please speak with [Mr/Ms] [*FIRST/LAST NAME/SUFFIX*]?

> YES ......................................... [STS1] ............................... 1
> NOT AVAIL/TEMP ILL
>     BY R OR PROXY ......... [APPT/CB]............................ 2
> WRONG NUMBER [WN]............ .................................... 3
> DECEASED............................[DEC1] ............................. 4
> TOO ILL/INCAPABLE
>     PERM BY PROXY............. [MN2]................................ 5

**[IF PERSON WITH WHOM YOU ARE SPEAKING EXPLICITLY VOLUNTEERS THAT R IS PERMANENTLY INCAPABLE OF PARTICIPATING, ENTER "5" AND PROCEED TO "TOO ILL/INCAPABLE PERMANENTLY" BLOCK; IF NOT SURE IF R IS PERMANENTLY UNABLE TO PARTICIPATE, ASK MN2:]**

**MN2.**  Will [Mr/Ms] [*FIRST/LASTNAME*], be available sometime over the next month or so to talk with us about possibly participating in a follow up interview for the Agricultural Health Study?

> YES ............................... [APPT/CB]............................. 1
> NO ...................................... [ILL1]................................ 2

## SET THE STAGE

**STS1**.  Occasionally, we contact everyone in the Agricultural Health Study to update information about their health.  Now is the time for our next follow up.  It is important for us to get this information so we can continue to learn about how agricultural and environmental factors may affect the health of farmers and their families. Would you be willing to answer some questions about his/her health?  This call should take approximately 15 minutes.

Did you receive the follow up questionnaire in the mail?

> YES ....................................... [STS3] ............................... 1
> NO......................................... [STS2] ............................... 2

**STS2**.  I have your mailing address as [MAILADD1]. Is this correct?

> YES ...............................................................................1
> NO............................. [UPDATEMAILADD1]...................2


**STS3**.  We can complete the interview by phone now, or we can schedule a time that is more convenient for you. The call should take approximately 10 - 15 minutes.

> YES, COMPLETE CATI NOW [STS4].............................  1
> YES, COMPLETE CATI LATER [APPT/CB] ...................  2
>
> NO, PLEASE RE-MAIL HARD COPY ....................... [STS3a]  3

**STS3a**.  We will mail the study letter and another copy of the questionnaire.  Please return it in the envelope provided to you.  The letter will also include your username and password to complete this survey online if that is your preference.  If you have any questions, or decide you would prefer to complete the follow up by phone, please call our toll-free number 1-XXX-XXX-XXXX.  Thank you for your time. [END CALL]

**STS4**.  Do you have any questions before we begin?

> YES  ...........................................................................1
> NO ............................................................................2

[IF STS4 = 1, THEN INTERVIEWER REFER TO FAQS AND CONTINUE]

## TOO ILL/INCAPABLE PERMANENTLY

**ILL1**.    I am very sorry to hear that.  Occasionally, we contact everyone in the Agricultural Health Study to update information about their health.  Now is the time for our next follow up.  It is important for us to get this information so we can continue to learn about how agricultural and environmental factors may affect the health of farmers and their families. Would you be willing to answer some questions about his/her health?  This call should take approximately 15 minutes.

> YES, COMPLETE NOW [ILL2] ........................ 1
> YES, SCHEDULE CB [APPT/CB].................... 2
> NO........................... [ILL3]................................ 2

**ILL2**.    Do you have any questions before we begin?

> YES   ........................................................................ 1
> NO ..........................................................................2

[IF ILL2 = 1, THEN INTERVIEWER REFER TO FAQS AND CONTINUE]

**ILL3.**    Is there someone else we might call you could answer our questions?

> YES   ........................................................................ 1
> NO [REF2] ..............................................................2

[IF ILL3 = 1, THEN INTERVIEWER RECORD NAME AND CONTACT INFORMATION FOR PROXY/END CALL]

**DECEASED**

**DEC1**.    I am very sorry to hear that.  We try to contact everyone in the Agricultural Health Study to update information about their health, and now is the time for our next follow up.  It is important for us to get this information, especially regarding those who have passed away, so we can continue to learn about how agricultural and environmental factors may affect the health of farmers and their families. Would you be willing to answer some questions about his/her health up to the time he/she died?  This call should take approximately 15 minutes.

> YES, COMPLETE NOW [DEC2]......................1
> YES, SCHEDULE CB [APPT/CB]....................2
> NO..........................[DEC3]...............................2

**DEC2**.    Do you have any questions before we begin?

> YES  ...........................................................1
> NO ..............................................................2

[IF DEC2 = 1, THEN INTERVIEWER REFER TO FAQS AND CONTINUE]

**DEC3.**    Is there someone else we might call you could answer our questions?

> YES  ...........................................................1
> NO [REF2] ..................................................2

[IF DEC3 = 1, THEN INTERVIEWER RECORD NAME AND CONTACT INFORMATION FOR PROXY/END CALL]

**REFUSAL**

**REF2**. [**IF PARTICIPANT/PROXY HAS NOT OFFERED A REASON OF REFUSAL ASK:** Would you be willing to tell me why you do not want to participate at this time?]

I DON'T HAVE ENOUGH TIME ............................................................... 1
I AM TOO ILL TO PARTICIPATE............................................................ 2
I'M JUST NOT INTERESTED ................................................................ 3
I DON'T WANT TO BE IN THE AG HEALTH STUDY AT ALL............. 4
OTHER ........................................................ [REF2sp] ............................ 5

    **REF2sp.**       [SPECIFY OTHER REASON FOR REFUSAL]

[REFER TO QUESTIONS AND CONCERNS DOCUMENT FOR REFUSAL CONVERSION]


**REF3**.   (We will try to call you at some point in the future in case things change.) Thank you for your time.  Have a good (day/afternoon/evening). [END CALL]

**[IF R EXPLICITLY STATES THAT WE SHOULD <u>NOT</u> CALL BACK, RECORD THE REQUEST IN THE COMMENTS FOR THIS CALL]**

**MAILADD1 = ADDRESS SENT IN SMS**

**PRE-LOAD MAILADD1 DATA FROM WESTAT**

**<UPDATEDMAILADD1 START HERE>**

UA1.  What part of the address is incorrect?

      [MAILADDRESS1]
      [MAILADDRESS2]
      [CITY], [ST]  [ZIP]

      CHECK ALL THAT APPLY

      STREET ADDRESS
      CITY
      STATE
      ZIP

*IF UA1 INCLUDES STREET ADDRESS*
UA1a.    What is your correct street address?

      ENTER FIRST LINE OF STREET ADDRESS

*IF UA1 INCLUDES STREET ADDRESS*
UA1b.   (What is your correct street address?)

      ENTER SECOND LINE OF STREET ADDRESS, IF NECESSARY, OR PRESS
      [ENTER] TO SKIP

      → IF CITY/STATE/ZIP ALL CORRECT, GO TO UA1f

*IF UA1 INCLUDES CITY*
UA1c.    What is the correct city for this address?

       ENTER CITY

      → IF STATE AND ZIP CORRECT, GO TO UA1f

*IF UA1 INCLUDES STATE*
UA1d.   What is the correct state for this address?

       ENTER STATE

      → IF ZIP CORRECT, GO TO UA1f

*IF UA1 INCLUDES ZIP*
UA1e.    What is the correct ZIP code for this address?

       ENTER ZIP CODE

**"PHONE1" IS THE NUMBER RECEIVED FROM WESTAT AND CAN ONLY BE UPDATED THROUGH THE WRONG NUMBER MODULE**

**"ALTPHONE1" IS ADDED WHEN A PARTICIPANT REPORTS THERE IS A BETTER NUMBER TO REACH HIM OR HER – ADDING AN ALTPHONE1 DOES NOT OVERRIDE PHONE1**

UALTP1a.       Can you please give me a better telephone number to reach you, starting with area code?

          ENTER AREA CODE AS ###

UALTP1b.       Can you please give me a better telephone number to reach you, starting with area code?

          ENTER PREFIX AS ###

UALTP1c.       Can you please give me a better telephone number to reach you, starting with area code?

          ENTER LINE AS ####

\*\*NOTE:  MN1 is the starting point of all interviews as it is defined as the initial question in the standard scheduler for all CATI instruments.  To accommodate this, the program will rely on a flag to recognize whether a case is a new contact or a resumption of a previous contact.  The script below assumes that this flag indicates the case is being re-entered.

**MN1**.          Hello, this is [*INTERVIEWER NAME*] calling on behalf of the Agricultural Health Study. May I please speak with [Mr/Ms] [*FIRST/LAST NAME/SUFFIX*]?

          YES [IF STS3, ILL1 OR DEC1 = 2, GO TO CB2, IF STS3, ILL1 OR DEC1 = 3, GO TO CB3]
             1
          NOT AVAIL/TEMP ILL
             BY R OR PROXY ........ [APPT/CB1]...........................2
          WRONG NUMBER [WN]............ .................................3
          DECEASED...........................[DEC1]..............................4
          TOO ILL/INCAPABLE
             PERM BY PROXY............. [MN2]................................5

**CB1.**      When would be a good time to reach him/her?

          CONTINUE                    ☐ [APPT/CB]

**CB2.**    Good [morning/afternoon/evening].  (This is [INTERVIEWER NAME] calling on behalf of the Agricultural Health Study.)  We spoke to you earlier about participating in this study.

          CONTINUE                    ☐ [LAUNCH CATI]

**CB3**.    Good [morning/afternoon/evening].  Recently, we mailed you a copy of the AHS follow up questionnaire.  We have not yet received this from you.  I am calling to complete the interview by phone.  This call will take approximately (15) minutes.

                    YES, COMPLETE NOW [CB4] .........................1
                    YES, SCHEDULE CB [APPT/CB]....................2
                    NO...........................[CB5] ...............................2

**CB4**.       Do you have any questions before we begin?

                    YES  ...........................................................................1
                    NO.................................................................................2

[IF CB4 = 1, THEN INTERVIEWER REFER TO FAQS AND CONTINUE]

**CB5.**          Is there someone else we might call you could answer our questions?

                    YES  ...........................................................................1
                    NO............................ [REF2].......................................2

[IF CB5 = 1, THEN INTERVIEWER RECORD NAME AND CONTACT INFORMATION FOR PROXY/END CALL]

**WN1**. Is this [PHONE NUMBER]?

       YES
       NO     →       GO TO WN3

**WN2**. Our records show that [PS NAME] lives at this number.  Is this correct?

       YES                                       → GO TO MN1
       NO, BUT KNOWS HOW TO CONTACT R   → GO TO WN4
       NO, DON'T KNOW R                   → GO TO WN4

**WN3**.    Phone number:  [PHONE NUMBER]

       I apologize for the inconvenience.  I do need to redial this number in order to determine the source of the problem.  If your phone should ring, please answer it.  Thank you.

       HANG UP AND RE-DIAL NUMBER.

       SAME PERSON
       DIFFERENT PERSON          → GO TO WN5

**WN4**.    I'm sorry to have disturbed you.  Thanks (again) for your help.  Goodbye.

       *IF WN2 = KNOWS HOW TO CONTACT R*
       RECORD NEW CONTACT INFORMATION AND GIVE TO SUPERVISOR

       WHAT IS WRONG WITH THIS NUMBER?

       DOUBLE WRONG NUMBER                 → Record Comments.  END.
       R NOT KNOWN AT THIS NUMBER        → Record Comments.  END.
       NEW CONTACT INFO FOR R OBTAINED  → Record Comments.  END.

**WN5**.    Have I reached [PHONE NUMBER]?

       CORRECT               → GO TO MN1
       INCORRECT

**WN6**.    I'm sorry to have disturbed you.  Thanks (again) for your help.  Goodbye.

       CONTINUE

**WN7.** WHAT IS WRONG WITH THIS NUMBER?

       DOUBLE WRONG NUMBER                 → Record Comments.  END.
       R NOT KNOWN AT THIS NUMBER        → Record Comments.  END.
       NEW CONTACT INFO FOR R OBTAINED  → Record Comments.  END.

In this survey we will be asking questions about:

- Farming
- General Health
- Family Medical History

We hope that you will be willing to answer all the questions, but if for some reason you prefer not to answer certain questions, the survey will allow you to do so.

When we ask for dates or ages, if you can't remember the exact year or how old the study participant was when something happened, please give us your best guess.  When we ask how many years the study participant did something, please round to the nearest whole number.

After you have completed the entire survey, please remember to click on the 'Submit' button so that we will know you have completed it.

Next »

0%

✏️▶ Did he smoke a total of 100 cigarettes or more during his lifetime?

○ Yes
○ No
○ *Prefer not to answer*

Next »

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✏️▶ How old was he when he first started smoking cigarettes?

[ ] Age

Next »                                                                    « Previous

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2%

✏️▶ How old was he when he last smoked cigarettes?

[        ]  Age

Next ▸▸     ◂◂ Previous

2%

✏️▶ Thinking about all the years that he smoked, about how many cigarettes per day did he usually smoke on days when he smoked?

[        ]  # Cigarettes per day

Next ▸▸     ◂◂ Previous

The following questions ask about drinking alcoholic beverages including beer or ale, wine, wine coolers, champagne, mixed drinks, and liquor.

When you are asked about a "drink," think about a 12-ounce bottle or can of beer, a 5-ounce glass of wine or champagne, one wine cooler, one shot of liquor, or one mixed drink or cocktail.

Next »          « Previous

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Did he ever drink any type of alcoholic beverage?

○ Yes
○ No
○ Prefer not to answer

Next »          « Previous
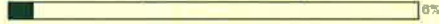
How old was he when he last consumed an alcoholic beverage?

[____] Age

Next »     « Previous

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About how tall was he?  Please answer in feet and inches, and round to the nearest inch.

[____] Feet and inches

Next »     « Previous

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8%

**About how much did he weigh?**

[        ] # Pounds

Next »                                                          « Previous

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5%

**Has anyone in his immediate family related by blood (his mother, father, sisters, brothers, or children) ever been diagnosed with asthma?**

○ Yes
○ No
○ *Prefer not to answer*

Next »                                                          « Previous

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11%

Has anyone in his immediate family related **by blood** (his mother, father, sisters, brothers, or children) ever been diagnosed with Parkinson's disease?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next »    « Previous

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12%

Has anyone in his immediate family related **by blood** (his mother, father, sisters, brothers, or children) ever had cancer?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next »    « Previous

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These next three screens ask about different types of cancer in his family. If you do not see certain types listed on this screen, they may be on one of the next screens coming up.

What type(s) of cancer have members of his **immediate** family had? Mark all that apply.

- ☐ Bladder
- ☐ Bone
- ☐ Brain
- ☐ Breast
- ☐ Cervical
- ☐ Colon or rectal
- ☐ Esophagus
- ☐ Kidney
- ☐ None of the above
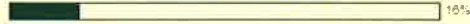- ☐ *Prefer not to answer*

Next ▸          ◂ Previous

What type(s) of cancer have members of his **immediate** family had? Mark all that apply.

- ☐ Leukemia
- ☐ Liver
- ☐ Lung
- ☐ Lymphoma
- ☐ Melanoma
- ☐ Multiple myeloma
- ☐ Ovarian
- ☐ Pancreatic
- ☐ Prostate
- ☐ None of the above

Next ▸          ◂ Previous

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16%

✎ ▶ What type(s) of cancer have members of his **immediate** family had?  Mark all that apply.

☐ Stomach
☐ Thyroid
☐ Uterine or endometrial
☐ Other type of cancer
☐ None of the above
☐ Don't know type

Next »                                                                      « Previous

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16%

These questions are about medical conditions the study participant may have had. Please only report conditions that were diagnosed by a doctor or other health professional.

We are interested in what age he was diagnosed with a specific condition.  If you do not know the exact age, please give us your best guess.

Next »                                                                      « Previous

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✏️▶ Was he ever diagnosed with **Parkinson's disease**?

○ Yes
○ No
○ *Prefer not to answer*

Next ▸    ◂ Previous

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18%

✏️▶ How old was he when first diagnosed with Parkinson's disease?

[        ] Age

Next ▸    ◂ Previous

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Was the diagnosis made or confirmed by a neurologist or movement disorder specialist?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next »    « Previous

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Did he ever take any prescribed medicines for Parkinson's disease?

Examples include: Carbidopa or levodopa (brand names such as Sinemet, Stalevo, or Parcopa); Mirapex or Pramipexole; Requip or Ropinirole; Permax or Pergolide.

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next »    « Previous

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✎ ▶ Did his symptoms ever improve after taking any of these medicines?

- ○ Yes
- ○ No
- ○ Prefer not to answer

Next ▶▶                                                          ◀◀ Previous

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✎ ▶ Was he ever diagnosed with **depression**?

- ○ Yes
- ○ No
- ○ Prefer not to answer

Next ▶▶                                                          ◀◀ Previous

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How old was he when first diagnosed with depression?

| | Age

Next ▸        ◂ Previous

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Was he ever diagnosed with **high blood pressure or hypertension**?

○ Yes
○ No
○ *Prefer not to answer*

Next ▸        ◂ Previous

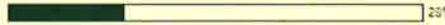Powered by CatStat

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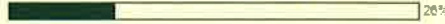
✏️ ▶ How old was he when first diagnosed with high blood pressure or hypertension?

[        ] Age

Next ►►                                                                    ◄◄ Previous

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✏️ ▶ Was he ever diagnosed with **a heart attack** (or myocardial infarction)?

○ Yes
○ No
○ *Prefer not to answer*

Next ►►                                                                    ◄◄ Previous

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How old was he when first diagnosed with a heart attack (or myocardial infarction)?
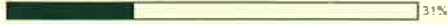
_____ Age

Next »  « Previous

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Was he ever diagnosed with **heart failure**?

○ Yes
○ No
○ *Prefer not to answer*

Next »  « Previous

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31%

✐ ▶ How old was he when first diagnosed with heart failure?

_____ Age

Next »                                                      ◄◄ Previous

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32%

✐ ▶ Was he ever diagnosed with a **stroke**?  Do not include TIAs or mini-strokes.

○ Yes
○ No
○ *Prefer not to answer*

Next »                                                      ◄◄ Previous

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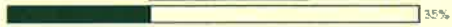
33%

✏️▶ How old was he when first diagnosed with a stroke?

[        ]  Age
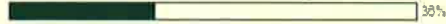
Next »    « Previous

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35%

✏️▶ Was he ever diagnosed with **asthma**?

○ Yes
○ No
○ *Prefer not to answer*

Next »    « Previous

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How old was he when first diagnosed with asthma?

| | Age

Next »                                    « Previous

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Was he ever diagnosed with **Farmer's Lung**?

○ Yes
○ No
○ *Prefer not to answer*

Next »                                    « Previous

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38%

✎▶ How old was he when first diagnosed with Farmer's Lung?

[        ] Age

Next ▸        ◂ Previous

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39%

✎▶ Was he ever diagnosed with **idiopathic pulmonary fibrosis**?

○ Yes
○ No
○ Prefer not to answer

Next ▸        ◂ Previous

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40%

How old was he when first diagnosed with idiopathic pulmonary fibrosis?

Age

Next »                                                                                                    « Previous

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42%

Was he ever diagnosed with **emphysema**?

- Yes
- No
- *Prefer not to answer*

Next »                                                                                                    « Previous

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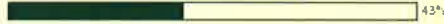
43%

✎ ▶ How old was he when first diagnosed with emphysema?

[ ] Age

Next ▶▶          ◀◀ Previous

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44%

✎ ▶ Was he ever diagnosed with **chronic bronchitis**?

○ Yes
○ No
○ *Prefer not to answer*

Next ▶▶          ◀◀ Previous
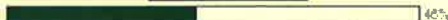
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45%

✎▶ How old was he when first diagnosed with chronic bronchitis?

[      ]  Age

Next ▶▶                                              ◀◀ Previous

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46%

✎▶ Was he ever diagnosed with **chronic obstructive pulmonary disease (COPD)?**

○ Yes
○ No
○ Prefer not to answer

Next ▶▶                                              ◀◀ Previous

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47%

✐ ▶ How old was he when first diagnosed with chronic obstructive pulmonary disease (COPD)?

[          ] Age

**Next »**                                                                 **« Previous**

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45%

✐ ▶ Was he ever diagnosed with **diabetes**?

○ Yes
○ No
○ *Prefer not to answer*

**Next »**                                                                 **« Previous**

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50%

How old was he when first diagnosed with diabetes?

[          ] Age

Next ▶▶          ◀◀ Previous

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51%

Did he ever take any prescribed medicines for diabetes?

○ Yes
○ No
○ *Prefer not to answer*

Next ▶▶          ◀◀ Previous

Powered by DatStat

52%

✐▶ Did he ever take insulin?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next »    « Previous

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53%

✐▶ Was he ever diagnosed with **thyroid disease or thyroid problems**?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next »    « Previous

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✎ ▶ Was he ever diagnosed with an **overactive thyroid (hyperthyroidism)?**

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next ▶▶          ◀◀ Previous

Powered by CatStat



✎ ▶ How old was he when first diagnosed with an overactive thyroid?

[          ] Age

Next ▶▶          ◀◀ Previous

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57%

▶ Was this **Graves' disease** or some other type of thyroid condition that caused the overactive thyroid gland?

- ○ Graves' disease
- ○ Other overactive thyroid condition
- ○ Don't know
- ○ *Prefer not to answer*

Next »    « Previous

Powered by DatStat

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58%

▶ Was he ever diagnosed with an **underactive thyroid (hypothyroidism)**?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next »    « Previous

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How old was he when first diagnosed with an underactive thyroid (hypothyroidism)?

[    ] Age

Next ▸     ◂ Previous

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Was this **thyroiditis** (sometimes called Hashimoto's thyroiditis) or was this some other type of thyroid condition that caused the underactive thyroid gland?

- ○ Thyroiditis (also called Hashimoto's thyroiditis)
- ○ Other underactive thyroid condition
- ○ Don't know
- ○ *Prefer not to answer*

Next ▸     ◂ Previous

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51%

✎ ▶ Was he ever diagnosed with **kidney stones**?

○ Yes
○ No
○ *Prefer not to answer*

Next ▸ | ◂ Previous

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63%

✎ ▶ How old was he when first diagnosed with kidney stones?

[ ____ ] Age

Next ▸ | ◂ Previous

Powered by DatStat

64%

✎ ▶ How many times did he have kidney stones?

[          ] # Times

Next »                                                          « Previous

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65%

✎ ▶ Was he ever diagnosed with **kidney disease**? Do not include kidney stones.

○ Yes
○ No
○ *Prefer not to answer*

Next »                                                          « Previous

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66%

✎▶ How old was he when first diagnosed with kidney disease?

[        ] Age

| Next » | | « Previous |

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67%

✎▶ Was he ever treated with dialysis?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

| Next » | | « Previous |

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89%

How old was he when first treated with dialysis?
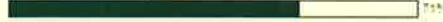
[ ] Age

Next »    « Previous

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70%

Was he ever diagnosed with **rheumatoid arthritis** (an autoimmune disease)? Do not include osteoarthritis (the most common type of arthritis).

○ Yes
○ No
○ *Prefer not to answer*

Next »    « Previous

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How old was he when first diagnosed with rheumatoid arthritis?

[            ] Age

Next ►►      ◄◄ Previous

Did he see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for rheumatoid arthritis?

◦ Yes
◦ No
◦ Prefer not to answer

Next ►►      ◄◄ Previous

73%

✏️ ▶ Did he **ever** take any of the following medicines for rheumatoid arthritis?

| Mark an answer for **each row** below: | Yes | No | Don't know | Prefer not to answer |
|---|---|---|---|---|
| Hydroxychloroquine or chloroquine (Plaquenil), Methotrexate (Rheumatrex or Trexall) | ○ | ○ | ○ | ○ |
| Leflunomide (Arava), Sulfasalazine (Azulfidine) | ○ | ○ | ○ | ○ |
| Biologics, given by infusion or injection, such as infliximab (Remicade), adalimumab (Humira), etanercept (Enbrel), or rituximab (Rituxan). Do **not** include steroid injections in the joints. | ○ | ○ | ○ | ○ |

Next »                                    « Previous

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75%

✏️ ▶ Was he ever diagnosed with **lupus**?

○  Yes
○  No
○  *Prefer not to answer*

Next »                                    « Previous

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How old was he when first diagnosed with lupus?

[ ] Age

Next »   « Previous

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Did he see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) for lupus?

○ Yes
○ No
○ Prefer not to answer

Next »   « Previous

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🖉▶ Did he **ever** take any of the following medicines for lupus?

| Mark an answer for **each row** below: | Yes | No | Don't know | Prefer not to answer |
|---|---|---|---|---|
| Hydroxychloroquine or chloroquine (Plaquenil), Methotrexate (Rheumatrex or Trexall) | ○ | ○ | ○ | ○ |
| Azathioprine (Imuran), Cellcept, Cytoxan, or Cyclosporine | ○ | ○ | ○ | ○ |
| Biologics, given by infusion or injection, such as belimumab (Benlysta). Do **not** include steroid injections in the joints or skin. | ○ | ○ | ○ | ○ |

Next ▸ | ◂ Previous

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🖉▶ Was he ever diagnosed with **Sjögren's disease**?

○ Yes
○ No
○ Prefer not to answer

Next ▸ | ◂ Previous

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How old was he when first diagnosed with Sjögren's disease?

[     ] Age

Next »                                                                    « Previous

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Did he see a rheumatologist (a physician who specializes in bone, joint, and skin diseases) or ear, nose and throat specialist for Sjögren's disease?

○ Yes
○ No
○ Prefer not to answer

Next »                                                                    « Previous

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🖉▶ Did he **ever** take any of the following medicines for Sjogren's disease?

| Mark an answer for **each row** below: | Yes | No | Don't know | Prefer not to answer |
|---|---|---|---|---|
| Hydroxychloroquine or chloroquine (Plaquenil), or Methotrexate (Rheumatrex or Trexall) | ○ | ○ | ○ | ○ |
| Pilocarpine (Salagen) or Cevimeline (Evoxac), or Cyclosporine Opthalmic (Restasis) | ○ | ○ | ○ | ○ |
| Biologics, given by infusion or injection, such as Rituximab (Rituxan) | ○ | ○ | ○ | ○ |

Next ▶▶                    ◀◀ Previous

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🖉▶ Was he ever diagnosed with **sarcoidosis**?

○ Yes
○ No
○ *Prefer not to answer*

Next ▶▶                    ◀◀ Previous

Powered by OutStat

88%

✎▶ How old was he when first diagnosed with sarcoidosis?

[        ] Age

Next ▸▸    ◂◂ Previous

Powered by DatStat

90%

✎▶ Was he ever diagnosed with **pesticide poisoning?**

○ Yes
○ No
○ Prefer not to answer

Next ▸▸    ◂◂ Previous

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How old was he when first diagnosed with pesticide poisoning?

_____ Age

Next »  « Previous

How many times was he poisoned by pesticides?

_____ # Times

Next »  « Previous

93%

✏️ ▶ Did he ever have a **head injury requiring medical attention?**

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next » | « Previous

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94%

✏️ ▶ Did he ever have a head injury that resulted in loss of consciousness (got knocked out)?

- ○ Yes
- ○ No
- ○ *Prefer not to answer*

Next » | « Previous

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94%

✎ ▶ How old was he the first time he lost consciousness from a head injury?

[____] Age

[Next »]   [« Previous]

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96%

✎ ▶ How many times did he have a head injury with loss of consciousness?

[____] # Times

[Next »]   [« Previous]

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Did he ever have hay fever, seasonal allergies or allergic rhinitis, **whether or not it was diagnosed** by a doctor?

○ Yes
○ No
○ *Prefer not to answer*

Next »                                                                 « Previous

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Thank you for completing the AHS Health Follow-up Online Survey!

Can we contact you again in the future?

○ Yes
○ No
○ *Prefer not to answer*

Next »                                                                 « Previous

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99%

Please click 'Submit' to complete the survey.

On the next page, we will update your contact information.

Submit                                    « Previous

Powered by DatStat

**Contact Information**

We would like to make sure that our records include your accurate contact information should we need to contact you in the future.

1. Please provide your updated phone numbers and e-mail address.

Phone Numbers:    HOME: _____

CELL: _____

OTHER: _____

What is the best number to reach you?    ☐ Home    ☐ Cell    ☐ Other

E-mail Address: _____

E-mail Address: _____

E-mail Address: _____

What is your preferred method of contact?    ☐ Phone    ☐ Email    ☐ Mail

2. Our records indicate that your current address is:

_____

_____

Is this correct?    ☐ No → Please enter corrections in the space provided below
☐ Yes → Question 3

_____
Street Number

_____                    _____
Street Name                              Apt. Number

_____          _____          _____
City                                      State            Zip Code

In what year did you move into your current address?    _____
Year