

FOLLOW-UP QUESTIONNAIRE FOR CASES ONLY (PART II)

ID no. _____ - _____
 Form Type S F 0 1

General Instructions: Complete this questionnaire for all cases completing two-year follow-up.

I. CASE IDENTIFICATION

1. Cases's Initials: _____

2. Date of interview: _____ - _____ - _____
 Month Day Year

II. MEDICAL HISTORY

I am going to read you a list of health problems. For each problem, please tell me if you have ever had the problem. If you have had the problem, I will ask you to tell me your age when you first got it and whether you still have it. **IF RESPONSE IN COLUMN A IS DON'T KNOW, GO TO NEXT QUESTION.**

	<u>A</u> <u>Yes</u>	<u>A</u> <u>No</u>	<u>A</u> <u>Don't</u> <u>Know</u>	<u>B</u> <u>Age</u>	<u>C</u> <u>Still Have</u>	<u>C</u> <u>No Longer</u> <u>Have</u>	<u>C</u> <u>Don't</u> <u>Know</u>
3. Asthma	hltprb1 (1)	(2)	(3)	hp_age1 _____	hpsh1 (1)	(2)	(3)
4. Chronic bronchitis	hltprb2 (1)	(2)	(3)	hp_age2 _____	hpsh2 (1)	(2)	(3)
5. Emphysema	hltprb3 (1)	(2)	(3)	hp_age3 _____	hpsh3 (1)	(2)	(3)
6. Sinus trouble	hltprb4 (1)	(2)	(3)	hp_age4 _____	hpsh4 (1)	(2)	(3)
7. Allergies	hltprb5 (1)	(2)	(3)	hp_age5 _____	hpsh5 (1)	(2)	(3)
8. Heart Disease	hltprb6 (1)	(2)	(3)	hp_age6 _____	hpsh6 (1)	(2)	(3)
9. High Blood Pressure	hltprb7 (1)	(2)	(3)	hp_age7 _____	hpsh7 (1)	(2)	(3)
10. Kidney disease	hltprb8 (1)	(2)	(3)	hp_age8 _____	hpsh8 (1)	(2)	(3)
11. Liver disease	hltprb9 (1)	(2)	(3)	hp_age9 _____	hpsh9 (1)	(2)	(3)
12. Arthritis	hltprb10 (1)	(2)	(3)	hp_age10 _____	hpsh10 (1)	(2)	(3)
13. Skin disease	hltprb11 (1)	(2)	(3)	hp_age11 _____	hpsh11 (1)	(2)	(3)
14. Cancer	hltprb12 (1)	(2)	(3)	hp_age12 _____	hpsh12 (1)	(2)	(3)
15. Lupus	hltprb13 (1)	(2)	(3)	hp_age13 _____	hpsh13 (1)	(2)	(3)
16. Diabetes	hltprb14 (1)	(2)	(3)	hp_age14 _____	hpsh14 (1)	(2)	(3)

17. Have you had any other health problems I have not asked you about? Yes No **othlprb**
 (1) (2)

IF YES, Please specify all the problems.

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

18. Have you been pregnant at any time in the period since the ACCESS baseline interview? Yes No Not Applicable **othlprb**
 (1) (2) (3)

19. Have you been in the hospital as a patient in the period since the ACCESS baseline interview? Yes No **pt_hosp**
 (1) (2)

IF YES, ANSWER ITEMS A AND B. IF NO, GO TO QUESTION 20.

- A. How many times were you a patient in the hospital?
- B. Please give the following information for each time you were a patient in the hospital:

admit_no

Month (1)	Year	Name of Hospital (2)	Reason (3)
_____ - _____	admta_dy		
_____ - _____	admtb_dy		
_____ - _____	admte_dy		
_____ - _____	admtd_dy		
_____ - _____	admte_dy		
_____ - _____	admff_dy		

(Obtain signed release permission to obtain records)

20. During the past six weeks have you experienced any of the following?

	None	A Little	Some	Most of the Time	Always	
A. Increased appetite	(1)	(2)	(3)	(4)	(5)	expapp
B. Difficulty sleeping	(1)	(2)	(3)	(4)	(5)	expslp
C. Going to the bathroom more frequently	(1)	(2)	(3)	(4)	(5)	expfrurn
D. Weight gain	(1)	(2)	(3)	(4)	(5)	expwght
E. Swelling	(1)	(2)	(3)	(4)	(5)	expswell
F. Heartburn or stomach pain	(1)	(2)	(3)	(4)	(5)	exphb
G. Feeling "wired" or tense and hyperactive	(1)	(2)	(3)	(4)	(5)	expwierd

21. Have you taken prednisone during the past six weeks? Yes (1) No (2) takepred

III. PERSONAL HISTORY

22. Have you changed your job since your ACCESS baseline interview? Yes (1) No (2) jobchg

IF NO, GO TO QUESTION 23.

A. **IF YES**, Why? reas_chg
 Sarcoidosis (1)
 Other physical condition (2)
 Other (3)
 Specify: _____

23. Have any of your brothers, sisters, spouse or mate, other relatives or friends or acquaintances been found to have sarcoidosis in the period since your ACCESS baseline interview? When you answer this question, you should think about old and new family members. Yes (1) No (2) Don't Know (3) famsrc
 A. **IF YES**, Specify? _____

- | | | | | |
|-----------------------------------------------------------------------------------------------------------------|------------|-----------|--------------------------------|-----------------|
| 24. Do you have any children? | (1)
Yes | (2)
No | | havechld |
| IF YES, ANSWER 24A.
IF NO, GO TO QUESTION 25. | | | | |
| A. Have any of your children been found to have sarcoidosis in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | (3)
Don't Know | chd_src |
| Smoking and Nicotine Use | | | | |
| 25. Have you ever smoked any tobacco product? | (1)
Yes | (2)
No | | smokever |
| IF NO, GO TO QUESTION 34. | | | | |
| 26. Have you stopped smoking cigarettes in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | (3)
Never smoked cigarettes | stp_smo1 |
| 27. Have you started smoking cigarettes in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | | sta_smo1 |
| 28. Have you stopped smoking cigarillos in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | (3)
Never smoked cigarillos | stp_smo2 |
| 29. Have you started smoking cigarillos in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | | sta_smo2 |
| 30. Have you stopped smoking cigars in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | (3)
Never smoked cigars | stp_smo3 |
| 31. Have you started smoking cigars in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | | sta_smo3 |
| 32. Have you stopped smoking a pipe in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | (3)
Never smoked a pipe | stp_smo4 |
| 33. Have you started smoking a pipe in the period since your ACCESS baseline interview? | (1)
Yes | (2)
No | | sta_smo4 |
| 34. Do you spend more than three hours a week in rooms filled with smoke from other smokers? | (1)
Yes | (2)
No | | othsmok |

IV. INCOME

GIVE THE PARTICIPANT CARDS I AND J NOW.

Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.

35. Was your total combined FAMILY income during the past 12 months more or less than \$20,000 -- that is, yours as well as that of all the members of your household, including Armed Forces members living at home? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received. **CHECK ONLY ONE.**

(1)	(2)	income
\$20,000	Less than	
or more	\$20,000	
(Card I)	(Card J)	

36. Of these income groups, which number from the cards best represents your total combined FAMILY income during the past 12 months. Include wages, salaries, and other items we just talked about. **WRITE THE NUMBER IN THE BLANKS.**

_____ **incomtot**

V. ADMINISTRATIVE MATTERS

37. INTERVIEWER:

a. A. SIGNATURE: _____

b. B. ACCESS STAFF NO.: _____ - _____

38. RESEARCH COORDINATOR:

c. A. SIGNATURE: _____

d. B. ACCESS STAFF NO.: _____ - _____

39. DATE FORM COMPLETED: _____ - _____ - _____

Month Day Year

FORM 36
Follow-up Questionnaire for Cases Only (Part II)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I(1)	Form revision
	newid	F(5.1)	Patient ID
3a	HLTPRB1	I(1)	Hx of asthma 1=Yes 2=No or Don't Know
3b	HP_AGE1	I(3)	Age at asthma
3c	HPSH1	I(1)	Still have asthma 1=Yes 2=No or Don't Know
4a	HLTPRB2	I(1)	Hx of chronic bronchitis 1=Yes 2=No or Don't Know
4b	HP_AGE2	I(3)	Age at chronic bronchitis
4c	HPSH2	I(1)	Still have chronic bronchitis 1=Yes 2=No or Don't Know
5a	HLTPRB3	I(1)	Hx of emphysema X=Censored
5b	HP_AGE3	I(3)	Age at emphysema X=Censored
5c	HPSH3	I(1)	Still have emphysema X=Censored
6a	HLTPRB4	I(1)	Hx of sinus trouble 1=Yes 2=No or Don't Know
6b	HP_AGE4	I(3)	Age at sinus trouble
6c	HPSH4	I(1)	Still have sinus trouble 1=Yes 2=No or Don't Know
7a	HLTPRB5	I(1)	Hx of allergies 1=Yes 2=No or Don't Know
7b	HP_AGE5	I(3)	Age at allergies
7c	HPSH5	I(1)	Still have allergies 1=Yes 2=No or Don't Know
8a	HLTPRB6	I(1)	Hx of heart disease 1=Yes 2=No or Don't Know
8b	HP_AGE6	I(3)	Age at heart disease
8c	HPSH6	I(1)	Still have heart disease X=Censored

FORM 36

Follow-up Questionnaire for Cases Only (Part II)
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
9a	HLTPRB7	1(1)	Hx of high blood pressure 1=Yes 2=No or Don't Know
9b	HP_AGE7	1(3)	Age at high blood pressure
9c	HPSH7	1(1)	Still have high blood pressure 1=Yes 2=No or Don't Know
10a	HLTPRB8	1(1)	Hx of kidney disease 1=Yes 2=No or Don't Know
10b	HP_AGE8	1(3)	Age at kidney disease X=Censored
10c	HPSH8	1(1)	Still have kidney disease X=Censored
11a	HLTPRB9	1(1)	Hx of liver disease 1=Yes 2=No or Don't Know
11b	HP_AGE9	1(3)	Age at liver disease X=Censored
11c	HPSH9	1(1)	Still have liver disease X=Censored
12a	HLTPRB10	1(1)	Hx of arthritis 1=Yes 2=No or Don't Know
12b	HP_AGE10	1(3)	Age at arthritis
12c	HPSH10	1(1)	Still have arthritis 1=Yes 2=No or Don't Know
13a	HLTPRB11	1(1)	Hx of skin disease 1=Yes 2=No or Don't Know
13b	HP_AGE11	1(3)	Age at skin disease
13c	HPSH11	1(1)	Still have skin disease 1=Yes 2=No or Don't Know
14a	HLTPRB12	1(1)	Hx of cancer 1=Yes 2=No or Don't Know
14b	HP_AGE12	1(3)	Age at cancer X=Censored
14c	HPSH12	1(1)	Still have cancer X=Censored

3
 FORM 36
 Follow-up Questionnaire for Cases Only (Part II)
 (Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
15a	HLTPRB13	I(1)	Hx of lupus X=Censored
15b	HP_AGE13	I(3)	Age at lupus X=Censored
15c	HPSH13	I(1)	Still have lupus X=Censored
16a	HLTPRB14	I(1)	Hx of diabetes 1=Yes 2=No or Don't Know
16b	HP_AGE14	I(3)	Age at diabetes 1= <40 2= >=40
16c	HPSH14	I(1)	Still have diabetes X=Censored
17	OTHLTPRB	I(1)	Other health problems 1=Yes 2=No
18	PREGNANT	I(1)	Pregnant since ACCESS baseline 1=Yes 2=No 3=Not applicable
19 *	PT_HOSP	I(1)	Hospitalized since baseline 1=Yes 2=No
19a	ADMIT_NO	I(3)	How many hospitalizations
19b1	ADMTA_DY	I(4)	Days from enrollment to hospitalization A
19b1	ADMTB_DY	I(4)	Days from enrollment to hospitalization B
19b1	ADMTD_DY	I(4)	Days from enrollment to hospitalization C
19b1	ADMTD_DY	I(4)	Days from enrollment to hospitalization D
19b1	ADMTE_DY	I(4)	Days from enrollment to hospitalization E
19b1	ADMTF_DY	I(4)	Days from enrollment to hospitalization F

*Refer to the form for skip pattern for this item.

FORM 36

Follow-up Questionnaire for Cases Only (Part II)
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
20a	EXPAPP	I(1)	Increased appetite 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20b	EXPSLP	I(1)	Difficulty sleeping 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20c	EXPFRURN	I(1)	Go to bathroom more frequently 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20d	EXPWGHT	I(1)	Weight gain 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20e	EXPSWELL	I(1)	Swelling 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20f	EXPHB	I(1)	Heartburn or stomach pain 1=None 2=A Little 3=Some 4=Most of the time 5=Always
20g	EXPWIERD	I(1)	Feeling wired/tense/hyperactive 1=None 2=A Little 3=Some 4=Most of the time 5=Always
21	TAKEPRED	I(1)	Prednisone in past 6 wks 1=Yes 2=No
22 *	JOBCHG	I(1)	Change job since baseline 1=Yes 2=No
22a	REAS_CHG	I(1)	Why changed job 1=Sarcoidosis 2=Other physical condition 3=Other
23	FAMSRC	I(1)	Family affected since baseline 1=Yes 2=No 3=Don't Know
24 *	HAVECHLD	I(1)	Have children 1=Yes 2=No
24a	CHD_SRC	I(1)	Children affected since BL 1=Yes 2=No 3=Don't Know

*Refer to the form for skip pattern for this item.

FORM 36

Follow-up Questionnaire for Cases Only (Part II)
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
25 *	SMOKEVER	I(1)	Ever smoked tobacco 1=Yes 2=No
26	STP_SMO1	I(1)	Stopped cigarettes since BL 1=Yes 2=No 3=Never smoked cigarettes
27	STA_SMO1	I(1)	Started cigarettes since BL 1=Yes 2=No
28	STP_SMO2	I(1)	Stopped cigarillos since BL X=Censored
29	STA_SMO2	I(1)	Started cigarillos since BL X=Censored
30	STP_SMO3	I(1)	Stopped cigars since baseline X=Censored
31	STA_SMO3	I(1)	Started cigars since baseline X=Censored
32	STP_SMO4	I(1)	Stopped pipes since baseline 1=Yes 2=No 3=Never smoked a pipe
33	STA_SMO4	I(1)	Started pipes since baseline 1=Yes 2=No
34	OTHSMOK	I(1)	>3 hrs week in smoky rooms 1=Yes 2=No
35	INCOME	I(1)	Income 1=\$20,000 or more 2=Less than \$20,000
36	INCOMTOT	I(3)	Income category 1=Less than 20,000 2=20,000 - 49,999 3=50,000 and over

*Refer to the form for skip pattern for this item.