

First Year Questionnaire

ID NUMBER:					COI	NTA	CT Y	EAR:	FORM CODE: AF1 VERSION A 11-8-2001
LAST NAME:								INITIALS:	

INSTRUCTIONS: This form should be completed during the first year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"Now I am going to read a list of negative or stressful events that may happen in one's life. Across America, these events are among the unfortunate things that may happen to people no matter what their circumstances in life. Studies show that these negative or stressful events may have an important effect on one's health. After each one, please tell me if it has happened to you in the last 12 months."

,	First bases was had a socious illuser or initimather	<u>Yes</u>	<u>No</u>
1.	First, have you had a serious illness or injury that started or got worse in the last year?	Y	N
2.	Have you been the victim of a serious physical attack, mugging, sexual assault or other assault?	Y	N
3.	Have you been robbed or was your home burglarized?	Y	N
4.	Have you lost a loved one due to violence?	Y	N
5.	Has your house been shot at, or has there been gunfire in your neighborhood?	Y	N
6.	Has anyone close to you died?	Y	N
7.	Has a family member or close friend had a major illness or injury?	Y	N

AFIA 11-8-2001 (050106) 1 of 6

In th	e last 12 months	<u>Yes</u>	<u>No</u>	
8.	Have you moved to a worse residence or neighborhood?	Y	N	
9.	Have you or anyone in your household lost a job?	Y	N	
10.	Have you retired from a job when you did not want to?	Y	N	
11.	Have you had a divorce or separation from your (husband/wife)?	Y	N	
abou are f	JHS/ARIC ONLY, SAY:] "Now I have a series of questions that are similal at your childhood experiences. Those earlier questions were for your A for JHS. Where questions are nearly identical, I will do my best to first ries without asking you the full question. Thank you for your patience."	.RIC annua nake sure	l follow up	, while these
[OR:				
occu	JHS ONLY, SAY:] "Some studies suggest that the experiences we have interested in the state of illness throughout our lives. The following questions are designated as a superiences. We realize these things happened long ago. Please try to refer the state of the second state of the secon	igned to as	sess som	e of your early
12.	Were you raised up to age 16 by anyone other than your natural parents?	Yes	Y	
		No	N	Go to Item 14a
13a.	Was that because one of your <u>parents died</u> , because they <u>divorced or separated</u> , or from <u>some other reason</u> ?		A	
	Parents di or separat		в ——	Go to Item 14a
	Other reas	on	С	

13b	. Spe	cify:									

AF1A 11-8-2001 (050106) 2 of 6

Don't Know

Refused

[IF YES TO ITEM 12 SAY:] "The following questions refer to the persons whom you consider to be the <u>most important</u> in raising you up to age 16." [THIS CAN BE PARENTS OR ANY OTHER 2 PERSONS/CARETAKERS WHOM RESPONDENT THINKS WERE MOST IMPORTANT].

14a.	car	etak	er) ev	ver w	ork	ther i	ay w	hile	you	were				Yes						Y				
														No						N -	 G	to It	em 15	 5a
														Ther male in ho	care	etake		ier/		т –	 Go	to Ite	m 16	ia
														Does	s not	kno	w			D –	 Go	to Ite	m 15	ia
14b.	(or (the	othe mo	r im _l st im	porta port	ant n	ing u nale one)? WOR	caret P [PR	aker OBE	's) n	nain	job		ER											
	טוט	, NC	VI VVI	TEKE	ПЕ	WOR	KEDJ	•												7				
																			<u> </u>]]				
14c.	For	exa	mple	sell	ing c	mpo ars, tead	hear	ing l	egal	case			ng											
																				_]				
14d.	[IF (UNSL	JRE,	ASK:] "Wl	s or hat d FOR	id th	ey n	nake	or d	o wh		DUST	RY].										
						<u> </u>						<u> </u>] _				

AF1A 11-8-2001 (050106) 3 of 6

15a. What is the highest degree or years of school your father (or important male caretaker) completed, including trade or vocational school or college? [RECORD NUMBER OF YEARS FOR GRADES 1-12:] Some vocational or trade school, but no certificates 14 Vocational or trade certificate 15 Some college, but no degree 16 Associate degree, (junior college) (AA or AS) 17 Bachelor's degree (BA, BS, AB) 18 Graduate or professional schools (MA, MS, 19 Master's Doctorate, MD, JD, DDS, DVM, etc.) 15b. [IF LESS THAN 12, ASK:] Did he complete a GED?......Yes Υ No Ν 16a. Did your mother (or other important female caretaker) ever work for pay while you were growing up? Yes Υ No Ν. Go to Item 17a There was no mother/ female caretaker Go to Item 18 in household Does not know D. Go to Item 17a 16b. What was her main occupation or job while you were growing up? [PROBE FOR WHAT MOTHER DID, NOT WHERE SHE WORKED]. 16c. What were her most important activities or duties? For example selling cars, hearing legal cases, keeping books or office work, teaching school, etc.

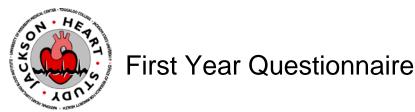
AF1A 11-8-2001 (050106) 4 of 6

16d.	What k ASK:] "\ [PROBE	What	did t	hey	mak	e or	do w	here	she	worl														
																				,]				
17a.	What is (or imp	ortar	nt fer	nale	care	take	r) <u>co</u>	s of :	scho eted,	ol yo inclu	ur m	nothe g trac	er de							I				
					[RE	COR	D NU	JMBE	R OF	YEA	RS F	OR C	GRAE	DES 1	-12	:]								
	Some vocational or trade school, but no certificates 14 Vocational or trade certificate 15																							
	Vocational or trade certificate 15 Some college, but no degree 16																							
	Some college, but no degree 16																							
	Some college, but no degree 16 Associate degree, (junior college) (AA or AS) 17															7								
					Bac	helo	r's d	egre	e (BA	, BS,	AB)								1	8				
								prof ctora							.)				1	9				
17b.	[IF LESS	S THA	N 12	2, AS	5K:] [Did s	she c	omp	lete a	a GEI	D?					Y	es		,	Y				
																N	lo		1	N				
	e next o		ions	are a	abou	t the	plac	e yo	u live	ed w	nen y	you v	were	gro	wing	up	unti	l ag	ge ī	10.	l re	alize	this	s was
18.	When y (persor home,	ıs wh	o rai	sed	you)	<u>own</u>	or v	ere l	<u>buyir</u>	<u>ng</u> th		nt,												
	such as												0	wn c	or bu	ying	l		В	3				
													P	ay re	nt				R	2				
														ome rranç			ing		0)				
													U	nsur	e				U	J				

AF1A 11-8-2001 (050106) 5 of 6

19.		iking a		the p	lace	you	lived	lunt	il yo	u we	re							
	age	10, di	d it:													<u>Y</u> 6	<u>es</u>	<u>No</u>
	a.	have	indoo	or plu	ımbi	ng?										۱۱	1	N
	b.	have	electi	ricity	?											۱۱	1	N
	c.	b. have electricity? c. and how many rooms did it have?															[_	
20.												e				<u>Y</u> 6	<u>ء</u> ر	<u>No</u>
	a.	a ref	rigera	tor?.														N
	b.	a car	?													Y	′	N
	c.	a tel	ephon	e?												Y	(N
	d.	a tel	evisio	n?												Y	(N
	e.	air c	onditi	oning	j?											\	(N
21.			•			hav	e. D	o yo	u ha	ve ar	ny ot	her						
			Ţ.															
				<u> </u>			·L	•	·	1	ı		1					
ADM	IINIST	RATIV	E INF	ORM <i>A</i>	ATIO	N												
								ı										
22.	Date	of da	ta col	lectic	n:				m	m	/	d	d	/	У	У	У	У
23.	Metl	nod of	data	colle	ction	ı:									•	uter form		C P
24	Cod	e num	her of	ners	on o	omr	letin	a th	is fo	rm·								

AF1A 11-8-2001 (050106) 6 of 6



]		ORM C		004
ID NUMBER: [']					CO	NTA	CT Y	EAR:							
LAST NAME:									INIT	IALS:					

INSTRUCTIONS: This form should be completed during the first year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"Now I'm going to read a list of events. After each one, please tell me if it has happened to you in the last 12 months."

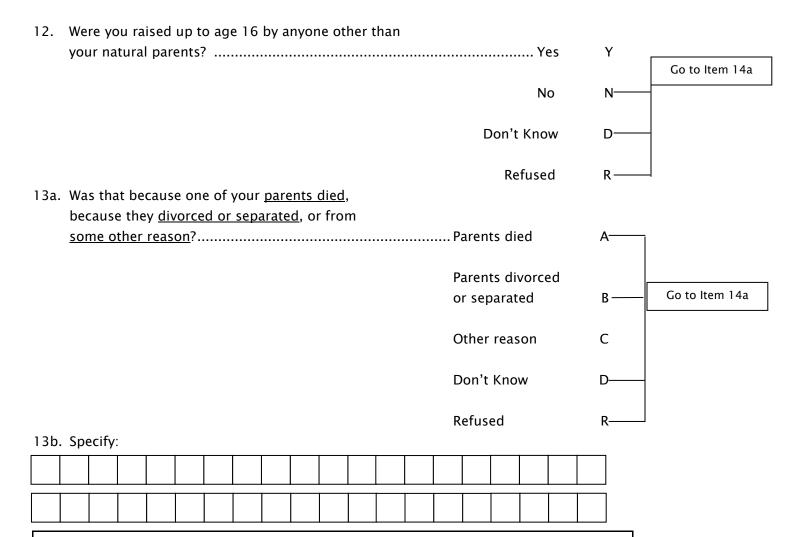
		<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
1.	First, have you had a serious illness or injury that started or got worse in the last year?	Y	N	K	R
2.	Have you been the victim of a serious physical attack, mugging, sexual assault or other assault?	Y	N	К	R
3.	Have you been robbed or was your home burglarized?	Y	N	K	R
4.	Have you lost a loved one due to violence?	Y	N	K	R
5.	Has your house been shot at, or has there been gunfire in your neighborhood?	Y	N	K	R
6.	Has anyone close to you died?	Y	N	K	R
7.	Has a family member or close friend had a major illness or injury?	Y	N	K	R

AF1B

lո	+ha	lac+	12	months			
ırı	tne	iast	1 2	months	_	_	_

	Clase 12 months	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
8.	Have you moved to a worse residence or neighborhood?	Y	N	K	R
9.	Have you or anyone in your household lost a job?	Υ	N	K	R
10.	Have you retired from a job when you did not want to?	Y	N	К	R
11.	Have you had a divorce or separation from your (husband/wife)?	Y	N	K	R

[FOR JHS/ARIC ONLY, SAY:] "Now I have a series of questions that are similar to ones you have just answered about your childhood experiences. Those earlier questions were for your ARIC annual follow up, while these are for JHS. Where questions are nearly identical, I will do my best to first make sure your earlier response applies without asking you the full question. Thank you for your patience."



[IF YES TO ITEM 12 SAY:] "The following questions refer to the persons whom you consider to be the <u>most important</u> in raising you up to age 16." [THIS CAN BE PARENTS OR ANY OTHER 2 PERSONS/CARETAKERS WHOM RESPONDENT THINKS WERE MOST IMPORTANT].

AF1B

14a.				her (ver w							2												
				·								 	Yes						Y				
													No						N –	Go	to Ite	m 15	a
													Ther male				her,	/					
													in ho			-1			Т_	Go	to Ite	m 16	ā
													Does	not	kno	W			D -	Go	to Ite	m 15	 5a
													Refu	sed					R _				
14b.	(or (the	othe e mo	r im st in	ere g porta nport HERE	ant n tant (nale one)?	caret P [PR	aker OBE	's) n	nain	job	ER											
14c.	For	exa	mple	is m sell ice v	ing c	ars,	hear	ing l	egal	case		ng											
14d.	[IF U	UNSU	JRE,	f bus ASK: [PR] "Wl	nat d	id th	ey n	nake	or d	o wł	DUST	RY].										

AF1B 3 of 7

15a. What is the highest degree or years of school your father (or important male caretaker) completed, including trade or vocational school or college?

[RECORD NUMBER OF YEARS FOR GRADES 1–12:].....

Some vocational or trade school, but no certificates 14

Vocational or trade certificate 15

Some college, but no degree 16

Associate degree, (junior college) (AA or AS) 17

Bachelor's degree (BA, BS, AB) 18

Graduate or professional schools (MA, MS,

Master's, Doctorate, MD, JD, DDS, DVM, etc.)

15b. [IF LESS THAN 12, ASK:] Did he complete a GED?	Yes	Υ
	No	N
Don't l	know	D
Ref	used	R

Don't Know

Refused

No N Go to Item 17a

There was no mother/

Does not know

female caretaker
in household

T

Go to Item 18

19

D

R

Refused R—— Construction

Go to Item 17a

Go to Item 17a

16b. What was her main occupation or job while you were growing up? [PROBE FOR WHAT MOTHER DID, NOT WHERE SHE WORKED].

16c.	16c. What were her most important activities or duties?																		
			mple		_			_	_		es, ke	eepir	ng						
	boo	oks c	or off	ice v	vork,	tead	ching	g sch	iool,	etc.									
																			<u> </u>
16d.	Wh	at ki	nd o	f bus	ines	s or	indu	stry	was	that?	? [IF I	UNSU	JRE,						
		_	Vhat		•							ked?	"						
	[PR	ORF	FOR	NAM	1E OF	· BUS	SINES	SS OI	RINL	OUST	RYJ.								
																		<u> </u>	
17a.	17a. What is the highest degree or years of school your mother (or important female caretaker) <u>completed</u> , including trade																		
	or vocational school or college?																		
	[RECORD NUMBER OF YEARS FOR GRADES 1-12:]																		
						Sor	ne vo	ocati	onal	or tı	ade	scho	ool, b	ut n	o ce	rtific	ates		14
						Voc	atio	nal c	or tra	de c	ertifi	cate							15
						Sor	ne c	olleg	e, bı	ıt no	deg	ree							16
						Ass	ocia	te de	egree	e, (ju	nior	colle	ege)	(AA (or AS	5)			17
						Bac	helo	r's d	legre	e (BA	A, BS	, AB)							18
									prof octor							:.)			19
						Doi	n't K	now											D
						Ref	used	ł											R
17b.	[IF L	ESS	THAI	N 12	, ASK	(:] D	id sł	ne co	mpl	ete a	GED)?					Ye	es	Y
																	N	0	N
																Don'	t Kn	wc	D
																R	efus	ed	R

AF1B 5 of 7

18.		-		•	-	/ing ι	•	•	•			:									
						you)					_										
						ad <u>so</u> elativ				_				C)wn d	or bu	ıying		В		
														Р	ay re	ent			R		
																- 41	11	_			
																gem	er livin ent	g	0		
														U	nsur	e			U		
														R	efus	ed			R		
19.			g ab did		the p	olace	you	lived	l unt	il yo	u we	re									
	J															<u>Yes</u>		<u>No</u>		Don't <u>Know</u>	R <u>efused</u>
	a.	hav	e ind	loor	plun	nbing	j?									Y		N		K	R
	b.	hav	e ele	ctric	ity?											Y		N		K	R
	c.	and	how	maı	ny ro	ooms	did	it ha	ve? .												
20.	Wh	en y	ou w	ere g	grow	/ing ι	ıp, tl	nat is	s up	until	you	wer	e								
	10	year	s old	l or s	so, d	lid yc	ur fa	amily	owr	n or	have	:									
																<u>Yes</u>		<u>No</u>		Don't <u>Know</u>	<u>Refused</u>
	a.	a	refri	gerat	tor?.											Y		N		K	R
	b.	a	car?													Y		N		K	R
	c.	a	telep	hon	e?											Y		N		K	R
	d.	a	telev	isior	າ?											Y		N		K	R
	e.	ai	r cor	nditio	oning	g?										Y		N		K	R
21	The	·+ i.c	all +k		ıocti	one l	hav.	. D	0.140	has		ot	hor								
21.			nts c	_		ons I ons?	IIdV	ε. D	о уо	u IId'	ve ai	iy Ol	iiei								

AF1B

ADMINISTRATIVE INFORMATION

22.	Date of data collection:			/			/					
		m	m	•	d	d		У	У	У	У	
23.	Method of data collection:						C	ompı	uter		(_
							Pa	per	form			P
24.	Code number of person completing th	is fo	rm:									



Second Year Ouestionnaire

FORM CODI	E: AF2	
VERSION A	5/29	/200

ID NUMBER:					C	TAC	ACT Y	YEAR:	
LAST NAME:								INITIALS:	

INSTRUCTIONS: This form should be completed during the second year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"Now I'm going to read a series of statements. For each one, tell me how much it is like you. For example, tell me whether the statement is a lot like you, somewhat like you, a little like you, or not at all like you."

		A lot like me	Somewhat like me	A little like me	Not at all like me
1.	In uncertain times I expect the best	A	В	С	D
2.	If something can go wrong for me, it will	A	В	С	D
3.	I'm always optimistic about my future	A	В	С	D
4.	I hardly ever expect things to go my way	A	В	С	D
5.	I rarely count on good things happening to me	A	В	С	D
6.	Overall, I expect more good things to happen than bac	d b	В	С	D

AF2A 5-29-2001 1 of 5

"Now I have some questions about your work or job situation."

7.	[DO NOT ASK; RECORD FROM AFU ITEM #32A: "PLEASE TELL ME WHICH OF THE FOLLOWING BEST DESCRIBES YOUR EMPLOYMENT STATUS?"]	Homemaking	A
		Employed	B Go to Item 9
		Unemployed	С
		Retired	D —
8.	Have you worked for pay in the past?	Yes	Υ
	G	o to Item 24 No	N
9.	[IF "EMPLOYED" OR "RETIRED" SAY]: "If you are not cu relation to your main job over your lifetime."	rrently working, please answ	ver these questions in
	[OR, IF "HOMEMAKING" OR "UNEMPLOYED" SAY]: "Pleat job over your lifetime."	ase answer these questions i	n relation to your main
	How satisfied (are/were) you with your job? (Are/Were) you <u>satisfied</u> , <u>dissatisfied</u> , or <u>neither</u> ?	Satisfied	Α
		Dissatisfied	В
		Neither	С
10.	situation where you faced job loss or layoff? Were you <u>actually laid off, constantly faced with</u> <u>job loss or lay off, faced this possibility more</u>		
	than once, faced this possibility once, or never faced with job loss or lay off?	. Actually laid off	Α
		Constantly faced with job loss or lay off	В
		Faced this possibility more than once	С
		Faced this possibility once	D
		Never faced with job loss or lay off	E

AF2A 5-29-2001 2 of 5

11.	Sometimes people have jobs that they want to keep. When thinking about your job (now/when you were worl how likely (is it/was it) that during the (next couple of years/last couple of years you worked) you (will/would) keep your current job? Would you say very likely, somewhat likely, not too likely, not at all likely, or	king),	
	you don't care to keep your job?	Very likely	Α
		Somewhat likely	В
		Not too likely	С
		Not at all likely	D
		You don't care to keep your job	E
12.	If you were to lose your main job, what do you think your chances (would be/would have been) of finding another job that paid about the same? Would you say		
	very good, good, fair, or poor?	Very good	Α
		Good	В
		Fair	С
		Poor	D

"I would like to read you a few things that may be true about your work. Please tell me how strongly you agree or disagree with each of these statements; that is, whether you <u>strongly agree</u>, <u>somewhat agree</u>, <u>somewhat agree</u>, or <u>strongly disagree</u>."

		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
13.	I (have/had) very little chance to decide how I do my work.	A	В	С	D
14.	My work (requires/required) working very fast	A	В	С	D
15.	My work (requires/required) a lot of physical effort	A	В	С	D
16.	I (have/had) enough time to get my work done	A	В	С	D
17.	I (get/got) to do a variety of different things	A	В	С	D

AF2A 5-29-2001 3 of 5

18.	At your workplace, (do/did) you participate in making decisions about such things as the products or services offered, the total number of people employed, budgets,	Va a	V
	and so forth?	Yes	Y
		No	N
19a.	As an official part of your job, (do/did) you supervise work of other employees, have responsibility for or tell other employees what work to do?	Yes	Y
	Go to Item 20	No	N
	do to item 20		
19b.	(Do/Did) you hold a managerial position at your place of employment?	Yes	Y
	Go to Item 20	No	N
19c.	Would that (be/have been) a <u>top</u> , <u>upper</u> , <u>middle</u> or <u>lower</u> managerial position?	Тор	Α
		Upper	В
		Middle	С
		Lower	D
20.	(Does/Did) someone else supervise your work?	Yes	Υ
	Go to Item 24	No	N
21.	(Is/Was) your immediate supervisor <u>Black</u> , <u>White</u> , or of <u>another ethnicity or race</u> ? Black		В
	White		W
	Another or race	ethnicity	0
22.	Do you think your job (is/was) one that Black people tend to get more than people of other ethnic groups?	Yes	Y
	5	No	N
		110	1.4

AF2A 5-29-2001 4 of 5

23.	(Is/Was) your work group all Black, most half Black and half White, mostly White,	<u>ly Bla</u> or <u>all</u>	<u>ack,</u> Whi	abou te?	<u>ıt</u>	. All	Blacl	<			Α
						Мо	stly I	Black	,		В
							out h				С
						Мо	stly \	White	2		D
						All	Whit	e			Е
						Otł	ner				F
ADM	INISTRATIVE INFORMATION						Γ				ı
24.	Date of data collection:	m	m	/	d	d	/	V			у у
25.	Method of data collection:				-		.Con Pap	,	er	У	y C P
26.	Code number of person completing this	form	ı:								

AF2A 5-29-2001 5 of 5



Second Year Questionnaire

FORM COD	E: AF2
VERSION B	7/28/2004

ID NUMBER:					C	TAC	ACT \	YEAR:		
LAST NAME:								INITIALS:		

INSTRUCTIONS: This form should be completed during the second year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"Now I'm going to read a series of statements. For each one, tell me how much it is like you. For example, tell me whether the statement is a lot like you, somewhat like you, a little like you, or not at all like you."

		A lot like me	Somew hat like me	A little like me	Not at all like me	Don't known	Refused
1.	In uncertain times I expect the best	A	В	С	D	K	R
2.	If something can go wrong for me, it will	A	В	С	D	K	R
3.	I'm always optimistic about my future	A	В	С	D	K	R
4.	I hardly ever expect things to go my way	A	В	С	D	K	R
5.	I rarely count on good things happening to me	A	В	С	D	K	R
6.	Overall, I expect more good things to happen than bad	A	В	С	D	K	R

"Now I have some questions about your work or job situation."

[DO NOT ASK; RECORD FROM AFU ITEM #32A: 7. "PLEASE TELL ME WHICH OF THE FOLLOWING BEST DESCRIBES YOUR EMPLOYMENT STATUS?"] Homemaking Α Go to Item 9 **Employed** В Unemployed C Retired D Don't Know Κ Refused R Have you worked for pay in the past? Yes 8. Υ Go to Item 24 Don't Know Κ Refused R

9. [IF "EMPLOYED" OR "RETIRED" SAY]: "If you are not currently working, please answer these questions in relation to your main job over your lifetime."

[OR, IF "HOMEMAKING" OR "UNEMPLOYED" SAY]: "Please answer these questions in relation to your main job over your lifetime."

How satisfied (are/were) you with your job? (Are/Were) you satisfied, dissatisfied, or <u>neither</u>?.....Satisfied Α Dissatisfied В Neither C Don't Know D Refused R During the past year, how often were you in a situation where you faced job loss or layoff? Were you actually laid off, constantly faced with job loss or lay off, faced this possibility more than once, faced this possibility once, or never faced with job loss or lay off? Actually laid off Α Constantly faced with job loss or lay off В Faced this possibility more than once C Faced this possibility D once Never faced with job loss or lay off Ε Don't Know K Refused R

When thinking about your job (now/when you were working), how likely (is it/was it) that during the (next couple of years/last couple of years you worked) you (will/would) keep your current job? Would you say very likely, somewhat likely, not too likely, not at all likely, you don't care to keep your job?Very likely A Somewhat likely В Not too likely C Not at all likely D You don't care Ε to keep your job Don't Know Κ Refused R If you were to lose your main job, what do you think your chances (would be/would have been) of finding another job that paid about the same? Would you say very good, good, fair, or poor?.......Very good Α Good В Fair C Poor D Don't Know Κ

"I would like to read you a few things that may be true about your work. Please tell me how strongly you agree or disagree with each of these statements; that is, whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree."

Refused

R

		Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know	Refused
13.	I (have/had) very little chance to decide how I do my work	A	В	С	D	K	R
14.	My work (requires/required) working very fast	A	В	С	D	K	R
15.	My work (requires/required) a lot of physical effort	A	В	С	D	K	R
16.	I (have/had) enough time to get my work done	A	В	С	D	K	R
17.	I (get/got) to do a variety of different things	A	В	С	D	K	R

AF2B

18.	decisions about such things as the products or servoffered, the total number of people employed, bud and so forth?	vices gets,	Yes	Y
			No	N
		Dor	ı't Know	K
			Refused	R
19a.	As an official part of your job, (do/did) you supervi work of other employees, have responsibility for or			
	other employees what work to do?		Yes	Υ
		Go to Item 20	No	Ν
	_	Doi	n't Know	K
		Ref	used	R
19b.	(Do/Did) you hold a managerial position at your place of employment?		Yes	Y
		Go to Item 20	No	N
	L		l n't Know	K
		Ref	used	R
19c	Would that (be/have been) a top, upper, middle			
150.	or <u>lower</u> managerial position?		Тор	Α
			Upper	В
			Middle	С
			Lower	D
			Don't Know	K
			Refused	R
20.	(Does/Did) someone else supervise your work?		Yes	Y
		Go to Item 24	No	N
		Doi	n't Know	D
		Ref	used	R
21.	(Is/Was) your immediate supervisor <u>Black</u> , <u>White</u> , or of <u>another ethnicity or race</u> ?	Black		В
		White		W
			ethnicity	0
		Don't Kı	now	D
		Refused		R

AF2B

22.	Do you think your job (is/was) one that Black people tend to get more than people of other ethnic groups?	Yes	Υ
		No	N
		Don't Know	D
		Refused	R
23.	(Is/Was) your work group <u>all Black</u> , <u>mostly Black</u> , <u>about half Black and half White</u> , <u>mostly White</u> , or all White?	All Black	Α
	an writte:		
		Mostly Black	В
		About half Black and half White	С
		Mostly White	D
		All White	Е
		Other	F
		Don't Know	K
		Refused	R
ADM	INISTRATIVE INFORMATION		
24.	Date of data collection:/	/	
	m m d	d y y y	/ У
25.	Method of data collection:	Computer	С
		Paper form	Р
26.	Code number of person completing this form:		

AF2B 5 of 5



Third Year Questionnaire

									VERSION A 5-29-2001
ID NUMBER:						CON	ITAC	T YEAR:	
LAST NAME:								INITIALS:	

INSTRUCTIONS: This form should be completed during the third year annual follow-up call. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"The next questions concern how you see yourself, today, as a person living and doing things in the real world. Listen carefully to each question and tell me the response which describes how you feel. Each person is different, so there are no right or wrong answers. We would like an honest appraisal of how you generally see yourself. For each item, tell me if it is <u>completely true</u>, <u>somewhat true</u>, <u>somewhat false</u>, or <u>completely false</u>."

		Completely True	Somewhat True	Somewhat False	Completely False
1.	I've always felt that I could make of my life pretty much what I wanted to make of it	A	В	С	D
2.	Once I make up my mind to do something, I stay with it until the job is completely done	A	В	С	D
3.	I like doing things that other people thought could not be done	A	В	С	D
4.	When things don't go the way I want them to, that just makes me work even harder	A	В	С	D

AF3A 5-29-2001 050106 1 of 5

Completely True	Somewhat True	Somewhat False	Completely False	

5.	Sometimes I feel that if anything is going to be done right, I have to do it myself	В	С	D
6.	It's not always easy, but I manage to find a way to do things I really need to get done	В	С	D
7.	Very seldom have I been disappointed by the results of my hard work	В	С	D
8.	I feel that I am the kind of individual who stands up for what he believes in, <u>regardless</u> of the consequences	В	С	D
9.	In the past, even when things got really tough, I never lost sight of my goals	В	С	D
10.	It's important for me to be able to do things the way I want to do them rather than the way other people want me to do them	В	С	D
11.	I don't let my personal feelings get in the way of doing a job A	В	С	D
12.	Hard work has really helped me get ahead in life A	В	С	D

AF3A 5-29-2001 050106 2 of 5

"Now I would like to ask you some questions about what it is like to live in your neighborhood. Things about people's neighborhoods may be important to their health. By neighborhood, I mean the area around where you live. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors.

For each of the following statements, please tell me whether you <u>strongly agree</u>, <u>agree</u>, <u>disagree</u>, or <u>strongly disagree</u>."

		Strongly Agree	Agree	Disagree	Strongly Disagree
13 This is a close knit neighborhood		A	В	С	D
14. People around here are willing to help their neighbors		A	В	С	D
15. People in this neighborhood generally don't get along with each other		A	В	С	D
16. People in this neighborhood can be trusted		A	В	С	D
17. People in this neighborhood do not share the same values		A	В	С	D
18. This neighborhood is safe from crime		A	В	С	D
"Now I am going to describe some events that may or may phrase, please tell me whether it has happened in this neighborarely, or never."					
	Often	Some- times	Rarely	Never	Don't Know
During the past six months					_
19. How often was there a fight in this neighborhood in which a weapon was used?	0	S	R	N	D

AF3A 5-29-2001 050106 3 of 5

S

R

Ν

D

20. How often was there a violent argument

between neighbors?......O

	Often	Some- times	Rarely	Never	Don't Know
21. How often were there gang fights?	O	S	R	N	D
22. How often was there a sexual assault or rape?	O	S	R	N	D
23. How often was there a robbery or mugging?	O	S	R	N	D

"Thinking about your neighborhood as a whole, please tell me how much each of the following is a problem in your neighborhood. Please respond by indicating whether the following is a <u>very serious problem</u>, <u>somewhat serious problem</u>, <u>minor problem</u>, or <u>not really a problem</u> in your neighborhood."

	Very Serious Problem	Somewhat Serious Problem	Minor Problem	Not Really a Problem
24. Excessive noise	V	S	М	N
25. Heavy traffic or speeding cars	V	S	М	N
26. Lack of access to adequate food and/or shopping	V	S	М	N
27. Lack of parks or playgrounds	V	S	М	N
28. Trash and litter	V	S	М	N
29. No sidewalks or poorly maintained sidewalks	V	S	M	N

AF3A 5-29-2001 050106 4 of 5

ADMINISTRATIVE INFORMATION

30.	Date of data collection:			/			/				
		m	m		d	d		У	У	У	У
31.	Method of data collection:						.Con	npute	er		С
							Pap	er fo	rm		Р
32.	Code number of person completing this	form	1:						_		

AF3A 5-29-2001 050106 5 of 5



Third Year Questionnaire

FORM CODE	: AF3
VFRSION B	7-28-2004

ID NUMBER:								I							COI	NTA	ACT \	/EAR:	:									
LAST NAME:										\perp				INITI	ALS:													
INSTRUCTIONS: numerical respo is entered incor questions, circl	onses rrectly	are r /, mar	equir k thr	ed, er ough	nter th the ir	he nur ncorre	mber ect en	so tha try witl	t the I h an "I	ast dig X". Co	git ap ode ti	ppeai he co	rs in th orrect	ne right entry cl	most b early al	ox. bov	Enter e the i	r leadi incorr	ing z	zeroes entry.	where For "mi	necess ultiple	ary to	fill al e" and	ll boxe l "yes/	es. If a /no" typ	ເ numb ວe	er

"The next questions concern how you see yourself, today, as a person living and doing things in the real world. Listen carefully to each question and tell me the response which describes how you feel. Each person is different, so there are no right or wrong answers. We would like an honest appraisal of how you generally see yourself. For each item, tell me if it is <u>completely true</u>, <u>somewhat true</u>, <u>somewhat false</u>, or <u>completely false</u>,"

		Completely True	Somewhat True	Somewhat False	Completely False	Don't Know	Refused
1.	I've always felt that I could make of my life pretty much what I wanted to make of it	A	В	С	D	К	R
2.	Once I make up my mind to do something, I stay with it until the job is completely done	A	В	С	D	К	R
3.	I like doing things that other people thought could not be done	A	В	С	D	К	R
4.	When things don't go the way I want them to, that just makes me work even harder	A	В	С	D	К	R

		Completely True	Somewhat True	Somewhat False	Completely False	Don't Know	Refused
5.	Sometimes I feel that if anything is going to be done right, I have to do it myself	A	В	С	D	К	R
6.	It's not always easy, but I manage to find a way to do things I really need to get done	A	В	С	D	К	R
7.	Very seldom have I been disappointed by the results of my hard work	A	В	С	D	К	R
8.	I feel that I am the kind of individual who stands up for what he believes in, <u>regardless</u> of the consequences	A	В	С	D	К	R
9.	In the past, even when things got really tough, I never lost sight of my goals	A	В	С	D	К	R
10.	It's important for me to be able to do things the way I want to do them rather than the way other people want me to do them	A	В	С	D	К	R
11.	I don't let my personal feelings get in the way of doing a job	A	В	С	D	К	R
12.	Hard work has really helped me get ahead in life	A	В	С	D	K	R

"Now I would like to ask you some questions about what it is like to live in your neighborhood. Things about people's neighborhoods may be important to their health. By neighborhood, I mean the area around where you live. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors.

For each of the following statements, please tell me whether you <u>strongly agree</u>, <u>agree</u>, <u>disagree</u>, or <u>strongly</u> disagree."

		Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Refused
13	This is a close knit neighborhood	A	В	С	D	K	R
14.	People around here are willing to help their neighbors	A	В	С	D	К	R
15.	People in this neighborhood generally don't get along with each other	A	В	С	D	K	R
16.	People in this neighborhood can be trusted	A	В	С	D	K	R
17.	People in this neighborhood do not share the same values	A	В	С	D	К	R
18.	This neighborhood is safe from crime	A	В	С	D	K	R

AF3B

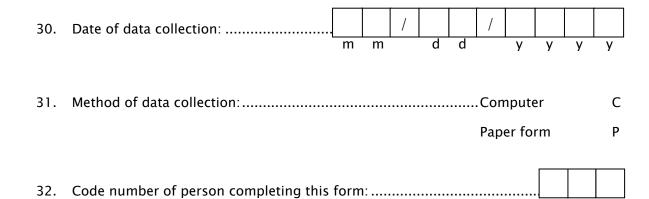
"Now I am going to describe some events that may or may not have happened in your neighborhood. For each phrase, please tell me whether it has happened in this neighborhood during the past six months often, sometimes, rarely, or never."

	Often	Some- times	Rarely	Never	Don't Know	Refused
During the past six months						
19. How often was there a fight in this neighborhood in which a weapon was used?	0	S	R	N	K	R
20. How often was there a violent argument between neighbors?	0	S	R	N	К	R
21. How often were there gang fights?	O	S	R	N	К	R
22. How often was there a sexual assault or rape?	O	S	R	N	K	R
23. How often was there a robbery or mugging?	O	S	R	N	K	R

"Thinking about your neighborhood as a whole, please tell me how much each of the following is a problem in your neighborhood. Please respond by indicating whether the following is a <u>very serious problem</u>, <u>somewhat serious problem</u>, <u>minor problem</u>, or <u>not really a problem</u> in your neighborhood."

	Very Serious Problem	Somewhat Serious Problem	Minor Problem	Not Really a Problem	Don't Know	Refused
24. Excessive noise	V	S	М	N	К	R
25. Heavy traffic or speeding cars	V	S	М	N	К	R
26. Lack of access to adequate food and/or shopping	V	S	М	N	K	R
27. Lack of parks or playgrounds	V	S	М	N	K	R
28. Trash and litter	V	S	М	N	K	R
29. No sidewalks or poorly maintained sidewalks	V	S	М	N	K	R

ADMINISTRATIVE INFORMATION





Annual Follow-Up Other Form

A D VALLEY MACHINE MACHINE MACHINE	ROLLOW ROLL																
ID NUMBER:									CC	NTA	CT YEA	AR: [FORM CODE: AFO VERSION A 5-29-20	001
LAST NAME:													INITIA	ALS:			
must be entere rightmost box incorrect entry	ed abo . Ente with a le the	ive. Whei r leading an "X". C letter coi	never zeroe ode th rrespo	nume s who ne cor onding	erical ere ne rect e	respo ecessa entry	nses ary to clearl	are re fill al y abo	equire I box ve the	ed, en es. If e inco	ter the a nur orrect	e nu nber entr	mber s r is ent y. For	so that tered in "multip	the last correctl ole choic	r, Contact Year, and N digit appears in the ly, mark through the ce" and "yes/no" type ectly, mark through it	
First, I would	d like	to ask y	you a	bout	mec	dicati	on u	se d	uring	g the	past	two	o wee	ks.			
1. Did you	take	any me	dicat	ions	duri	ng th	1е <u>ра</u>	<u>ist tv</u>	vo w	<u>eeks</u>	for:			<u>Yes</u>		<u>No</u>	
	a.	Chest	pain	or ar	ngina	١								. Y		N	
	b.	Other	heart	con	ditio	n								. Y		N	
Now, I would	d like	to ask y	you a	bout	som	ie ex	perie	ences	s you	ı ma	y hav	e ha	ad in	the pa	ist year	<i>′</i> .	
2. In the <u>pa</u>	st ye	<u>ar</u> have	you l	had a	any o	f the	follo	owin	g tes	ts o	prod	cedu	ures?				
														<u>Yes</u>		<u>No</u>	
	a.	Echoca	ardio	gram	٠							••••		. Y		N	
	b.	ECG												. Y		N	
	c.	Exercis	se str	ess t	test .									. Y		N	
	d.	CT/MR	RI hea	ıd										. Y		N	

AFOA 1 of 4

3.	In the <u>past y</u>	<u>ear,</u> have you seen:	<u>Yes</u>	<u>No</u>
	a.	a dentist	. Y	N
	b.	a doctor or health professional for routine physical exam or general check-up, that is when you are <u>not</u> sick	Y	N
		that is when you are <u>not</u> sick i		.,
	C.	a chiropractor	. Y	N
	d.	a person who uses acupuncture	. Y	N
	e.	a faith healer	. Y	N
	f.	a person who heals with roots or herbs	. Y	N
	g.	a person who practices astrology or reads zodiac signs	. Y	N
	h.	a person who reads tea leaves, roots or palms	. Y	N

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

4.	How much stress have you experienced over the		
	past year? Have you experienced none, very little,		
	mild stress, moderate stress, a lot of stress, or		
	extreme stress?	None	Α
		Very little	В
		Mild stress	С
		Moderate stress	D
		A lot of stress	Ε
		Extreme stress	F

AFOA

5.	How often have you felt sad or depressed over the <u>past year</u> : <u>almost never</u> , <u>seldom</u> , <u>sometimes</u> ,		
	often, very often, or constantly?	Almost never	Α
		Seldom	В
		Sometimes	С
		Often	D
		Very often	E
		Constantly	F
6.	How often have you felt nervous or tense over the past year?	Almost never	Α
		Seldom	В
		Sometimes	С
		Often	D
		Very often	E
		Constantly	F
7.	How often have you felt you were treated unfairly or discriminated against over the <u>past year</u> ?	Almost never	Α
		Seldom	В
		Sometimes	С
		Often	D
		Very often	E
		Constantly	F

AFOA 3 of 4

8.	How well have you handled or coped with		
	stressors you experienced over the <u>past year</u> ? Would		
	you say <u>very poorly</u> , <u>poorly</u> , <u>fair</u> , <u>pretty well</u> , <u>well</u> , or		
	very well?	. Very poorly	Α
		Poorly	В
			_
		Fair	C
		B II	_
		Pretty well	D
		Well	г
		weii	Ε
		Very well	F
		very wen	'
9.	How satisfied are you with the help or support		
٥.	that you've received from others over the <u>past year</u> ?		
	Are you very dissatisfied, somewhat dissatisfied, a little		
	dissatisfied, a little satisfied, somewhat satisfied, or		
	very satisfied?	. Very dissatisfied	Α
		,	
		Somewhat dissatisfied	В
		A little dissatisfied	C
		A little satisfied	D
		Somewhat satisfied	E
			_
		Very satisfied	F
A .l	atata anti-a la Como attan		
Aan	ninistrative Information		
10.	Date of data collection:		
	m m d	l d y y y	у
			-
11	Method of data collection:	Computer	С
	Method of data conection.	Computer	C
		Paper Form	Р
12	Code number of person completing this form:		
14.	Code number of person completing tills form		

AFOA 4 of 4



Annual Follow-Up Other Form

., AMOUN	N - NELTYSIA A.S.				
ID NUM	BER:	CONTACT YEA	R:		CODE: AFO ON B 7 -28-2004
LAST N	AME:		INITIALS:		
must be rightmo ncorrec questior	CTIONS: This form should be completed each year durin entered above. Whenever numerical responses are request box. Enter leading zeroes where necessary to fill all be tentry with an "X". Code the correct entry clearly above as, circle the letter corresponding to the most appropriated circle the correct response.	uired, enter the ooxes. If a num the incorrect e	number so that ber is entered ntry. For "mul	at the last digit a incorrectly, mark tiple choice" and	ppears in the c through the "yes/no" type
First, I	would like to ask you about medication use dur	ing the past	two weeks.		
1.	Did you take any medications during the past	two weeks.			
		<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
a	. Chest pain or angina	Y	N	K	R
b	. Other heart condition, such as congestive				
	heart failure	Y	N	K	R
If 1b is	Yes:				
C	. What medication did you take for your				
	heart condition?				
	List:				
Now, I	would like to ask you about some experiences y	ou may have	had in the p	oast year.	
	w I have some questions about some symptoms me if you have any of these symptoms within t		-	t experience.(Could you please
		<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
a.	Do you have difficulty breathing when you are not walking or active?	Y	N	K	R
b.	Do you frequently cough at night (in the abser of a cold or "flu")?		N	K	R
c.	Do you sleep on 2 or more pillows to improve breathing?		N	K	R

AFOB 1 of 10

	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
d. Do you wake up at night because of trouble breathing?	Y	N	K	R
e. Do you have swelling in your feet or ankles (exce during pregnancy)?		N	K	R
If yes to any item a-e, ASK:				
f. Have you seen a doctor or health care professional for any of these symptoms in the past year, that is since your last JHS telephone				
interviews?	Y	N	K	R
3. In the past year have you had any of the following tes	ts or proced	lures?		
	<u>Yes</u>	<u>No</u>	Don't Know	<u>Refused</u>
a. Echocardiogram	Y	N	K	R
b. ECG	Y	N	K	R
c. Exercise stress test	Y	N	K	R
d. CT/ MRI head	Y	N	K	R
4. In the past year, have you seen:	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
a. a dentist	Y	N	K	R
 a doctor or health professional for routine physical exam or general check-up, 				
that is when you are not sick	Y	N	K	R
c. a chiropractor	Y	N	K	R
d. a person who uses acupuncture	Y	N	K	R
e. a faith healer	Y	N	K	R
f. a person who heals with roots or herbs	Y	N	K	R
g. a person who practices astrology or reads zodiac signs	Y	N	K	R
h. a person who reads tea leaves, roots or palms	Y	N	K	R

AFOB

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

5.	How much stress have you experienced over the past year? Have you experienced none, very little, mild stress, moderate stress, a lot of stress, or extreme stress?	. None	A
		Very little	В
		Mild stress	С
		Moderate stress	D
		A lot of stress	E
		Extreme stress	F
		Don't Know	K
6.	How often have you felt sad or depressed	Refused	R
0.	over the past year: almost never, seldom, sometimes, often, very often, or constantly?	. Almost never	Α
		Seldom	В
		Sometimes	С
		Often	D
		Very often	Ε
		Constantly	F
		Don't Know	K
7.	How often have you felt nervous or tense	Refused	R
, .	over the <u>past year</u> ?	. Almost never	Α
		Seldom	В
		Sometimes	С
		Often	D

		Very often	E
		Constantly	F
		Don't Know	K
		Refused	R
7.	How often have you felt you were treated unfairly or discriminated against over the <u>past year</u> ?	. Almost never	Α
		Seldom	В
		Sometimes	С
		Often	D
		Very often	E
		Constantly	F
		Don't Know	K
		Refused	R
9.	How well have you handled or coped with stressors you experienced over the past year? Would		
	you say <u>very poorly</u> , <u>poorly</u> , <u>fair</u> , <u>pretty well</u> , <u>well</u> , or <u>very well?</u>	. Very poorly	Α
		Poorly	В
		Fair	С
		Pretty well	D
		Well	Ε
		Very well	F
		Don't Know	K
		Refused	R

AFOB 4 of 10

10.	How satisfied are you with the help or support				
	that you've received from others over the <u>past year</u> ?	lo.			
	Are you <u>very dissatisfied</u> , <u>somewhat dissatisfied</u> , <u>a litt</u> <u>dissatisfied</u> , <u>a little satisfied</u> , <u>somewhat satisfied</u> , or	<u>ie</u>			
	very satisfied?	Very dissa	itisfied	Α	
		Somewhat	t dissatisf	ied B	
		A little dis	satisfied	С	
		A little sa	tisfied	D	
		Somewha	t satisfied	E	
		Very satis	fied	F	
		Don't Kn	ow	K	
		Refused		R	
11.	Are you currently covered by one or more health insurance programs that pays most or all of your health care expenses?	. Yes	γ	1	
	your nearth care expenses.	No	N	Go to Item 1	3
		110	.,		
		Don't Know	К ——		
		Refused	R		
12.	How long has it been since you had health insurance coverage?	. Less than 1 yo	ear <i>i</i>	Α	
		1 to 2 years	[3	
		More than 3 y	ears (C	Go to Item 16
		Don't Know	ŀ	<	
		Refused	ſ	₹	

13.	Are you currently	covered by any	of the f	following program	(check all that apply)
-----	-------------------	----------------	----------	-------------------	------------------------

	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
a.	Private health insurance such as Blue Cross/Blue Shield? Y	N	K	R
b.	Medicaid or public aid? Y	N	K	R
c.	Medicare, a government plan that pay health care bills for people aged 65 and over?	N	К	R
d.	Veterans Administration, CHAMPUS, or TRICARE? Y	N	K	R
e.	Other			

14. (Check all that apply) Have you experienced any of the following changes in health insurance benefits in the past year, or since your last JHS annual follow up telephone call?

	•	, , , , , , , , , , , , , , , , , , , ,				
		<u>Y</u>	<u>es</u>		Don't <u>Know</u>	<u>Refused</u>
	a.	An increase in the price of the premiums	Υ	N	K	R
	b.	A cut in benefits	Υ	N	K	R
	c.	An increase in your share of the medical costs	Υ	N	K	R
15.	Has	there been a time in the past year when you did not				
	hav	e health insurance coverage?	Yes		Υ	
			No		N	
			Don't l	Know	K	
			Refuse	d	R	
16.	Do	you have health insurance that helps you pay for your				
		dications?	Yes		Υ	
			No		N	Go to Item 2

17. If you have coverage for your medication, is your coverage limited for any of the following reasons?

	following reasons?	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>
	a. I have no limits on my coverage	Y	N	K	R
	b. I have a dollar limit per month	Y	N	K	R
	c. (How much)	Y	N	K	R
	d. I have a limit on the number of medications per month.	Y	N	K	R
	e. How many?)	Y	N	K	R
	f. I am only allowed to fill my prescriptions every				
	g. How many?) months?	Y	N	K	R
	h. Any other limits?	Y	N	K	R
	i. List				
18.	On average, how much do you pay each month for your medication?Le	ess then \$20		Α	
		20 - \$40		В	
	\$4	12 - \$75		С	
	\$7	76 - 100		D	
	\$1	101 - \$250		E	
	Мо	ore than \$250		F	
	Do	on't know		K	
	Re	efused		R	
19.	Do you pay a co-payment when you fill your medication?				
	Ye	es		Υ	
	No	0		N	
	Do	on't Know		K	
	Re	efused		R	

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

20.	How many times in the past year did you go to a doctor's	or nurse		
	practitioner's office to get care for yourself?	None	Α	Go to Item 22
		1	В	
		2	С	
		3	D	
		4	E	
		5 to 9	F	
		10 or more	G	
		Don't Know	K	
		Refused	R	
21.	How often did you doctor or other health care providers			
	listen carefully to you?	Never	N	
		Sometimes	S	
		Usually	U	
		Always	Α	
		Don't know	K	
		Refused	R	
22.	How often did you doctor or other health providers expla	in		
	things in a way you could understand?	Never SometimesS	N	
		Usually	U	
		Always	Α	
		Don't Know	K	
		Refused	R	
23	How often did your doctor or other health providers show	1		
	respect for what you had to say?		N	
		Sometimes	S	
		Usually	U	
		Always	Α	
		Don't Know	K	
		Pafusad	D	

24.	How often did your doctor or other health providers spen enough time with you?		N	
		Sometimes	S	
		Usually	U	
		Always	Α	
		Don't Know	K	
		Refused	R	
25.	Overall, how satisfied have you been with the quality of			
	health care you have received in the past year?	Very Satisfied		Α
		Somewhat satisfi	ied	В
		Somewhat dissat	isfied	С
		Very dissatisfied		D
		Not sure		E
		Don't Know		K
		Refused		R
Now	I will ask you questions regarding any problems that you h	nave had when yo	u have	tried to get health care
26.	In the past year, how much of a problem has it been to go tests, or treatment you or your doctor or nurse practition			
	believed necessary?	.A big problem		Α
		A small problem		В
		Not a problem		С
		Don't Know		K
		Refused		R

27.		as there been a time in the past year when you went wit eeded care because of costs?		Υ		
			No	Ν	Go to	Item 29
			Don't Know	K		
			Refused	R		
28.	Wl	hat type of care did you forego? (check all that apply)	<u>Yes</u>	<u>No</u>	Don't	Refused
					<u>Know</u>	
	a.	Did not fill a prescription	Y	N	K	R
	b.	Did not see a specialist when needed	Y	N	K	R
	c.	Skipped a medical test, treatment of follow-up	Y	N	K	R
	d.	Had medical problems, but did not see a doctor or nu practitioner		N	K	R
	e.	Other				
		w confident are you that you can get high quality healthre when you need it?		ent	A B C D	
			Refused		R	
Adn	ninis	strative Information				
30.	Da	te of data collection:	d y	у у	у	
31.	М	ethod of data collection:	•	_	С	
			Paper Forr	II	Р	
32.	Co	de number of person completing this form:				

AFOB 10 of 10



Annual Follow-Up Other Form

A Y O C	Y de la companya de l									
ID NUMB	ER:					CON	ΓACT YEAR:	:		ORM CODE: AFO ERSION C 8/19/2005
LAST NA	ME:							INITIALS:		
must be e rightmost incorrect questions	entered above. t box. Enter lea entry with an "X	Whenever ading zero X". Code t er corresp	r numeriones where the correction on the correction of the correction on the correction of the correction on the correction on the correction of the correction on the correction of the correction on the correction of the correct	al resp necess ct entry	onses are sary to fill clearly ab	required, all boxes. ove the in	enter the r If a numb ncorrect en	number so th per is entered try. For "mu	at the last dig I incorrectly, I Itiple choice"	Contact Year, and Name git appears in the mark through the and "yes/no" type y, mark through it with
First, I w	ould like to	ask you	about n	nedica	tion use	during t	he past tv	wo weeks.		
1.	Did you take	any me	dication	s duri	ng the pa	ast two v	weeks.			
						<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	<u>Missing</u>
a.	Chest pain	or angii	1a			1	2	7	8	9
b.	Other hear heart failu				-		2	7	8	9
If 1b is `	Yes:									
C.	What medi heart cond List:	lition?								
	I have some	-					-	-	t experienc	e. Could you please Missing
						<u> </u>	110	Know	asca	<u>51119</u>
a.	Do you have you are not					1	2	7	8	9
b.	Do you freque	•	_	_		1	2	7	8	9

AFOC 1 of 15

Do you sleep on 2 or more pillows

to **improve your breathing**? 1

				<u>Ye</u>	<u>S</u>		<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	<u>Missing</u>
d.	Do you wake up trouble breathing			1			2	7	8	9
d.	Do you have swe ankles (except d			1			2	7	8	9
f.	o any item a-e, AS Have you seen a o professional for a past year, that is interview?	doctor or healt any of these sy since your last	mptoms JHS tele _l	phone			2	7	8	9
Now, I v	vould like to ask	you about som	e health	care ex	perie	nces	s you ı	may have	had in the p	oast year.
3. In th	ne past year have	you had any o	f the foll	owing t <u>Ye</u>		or pi lo		<u>Refused</u>	<u>Missing</u>	3a1-3c1. <u>Reason?</u> (see codes below)
3a.	Echocardiogra	m		1		2	7	8	9	
3b.	ECG			1		2	7	8	9	
3c.	Exercise stress	test		1		2	7	8	9	
[IF U	ES TO ITEMS 3a-c JSING PAPER FORI IGNATED BELOW - 3c1. Select fro	M ENTER NUME FOR EACH ITEM	BER IN TE M. IF USIN	XT BOX	THA	ТС	ORRES	PONDS TO		
Rou	tine physical			0	1		Hear	t failure /	fluid on lur	ngs02
Follo	ow up of heart pr	oblem (surgery	/ / stent)	0	3		Hear	t murmur		04
Che	st pain / discomf	ort		0	5		Hear	t rhythm	disturbance	06
Oth	er (Specify)			0	7		Don'	't know		77
Refu	ısed			8	8		Miss	ing		99
3a2	-3c2. Specify:									

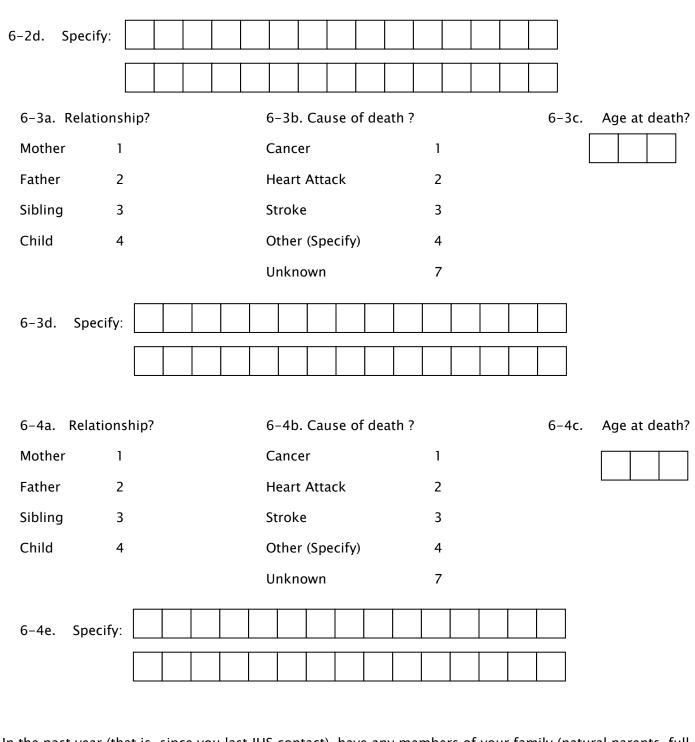
AFOC 2 of 15

									<u>Y</u> 6	<u>es</u>	<u>No</u>		Don't Know	Mis	<u>sing</u>	<u>Re</u>	fused	<u>L</u>	
3d.	CT/ MI	RI he	ad .						1		2	_	7		8		9		
IF YES TO [IF USING DESIGNA	G PAPER	FOF	RM E	NTEF	R NU	MBEI	R IN	TEXT	BO	(TH	AT C	ORRE	SPONDS						ГЕМ]
3d1. Sele	ect fron	n one	e of t	the f	ollov	ving	code	es:											
Forgetfu	lness /	trou	ble t	hink	ing .				1			Stro	oke						2
TIA or "li	ttle" sti	rokes	5						3	3		Oth	er (spe	cify).					4
Don't kn	ow								7	,		Ref	used						8
Missing .									9)									
																1			
3d2. Sp	ecity:															_			
3e. Ca	theteriz	atio	n or	angi	ogra	m			1		2	7	8			9			
IF 3	Rais V	FS A	VCK.	Was	that	arte	rioa	ram i	to lo	ok at	tha	blood	d vessel	c in v	our.				
	J C. 13 1	LJ, 7	JIX.	was	triat	arte	ilogi	ιαπι	10 10	OK at	· tiic	ыоос	7 VC33C1	, iii)	our.	4		l1. Re des b	
	3 e-1		neck	(Ca	rotid	l arte	eriog	ram)	1		2	7	8			9			
	3e-2.		hear	t (Co	orona	ary a	rteri	ogra	m).1		2	7	8			9			
	3e-3.		kidn	eys ((Rena	al ar	terio	gram	n)1		2	7	8			9			
Or	3e-4.		legs	(per	iphe	ral v	ascu	lar) .	1		2	7	8			9			
IF YES TO [IF USING DESIGNA 4a-d. Se	G PAPER ATED BE	R FOF	RM E	NTEF R EAC	R NUI CH IT	MBEI EM.	R IN T	TEXT SING	BO	(TH	AT C	ORRE	SPONDS	5 то	ONE				ГЕМ]
Emergen	cv for a	a hea	ırt at	tack					1			Fm	ergency	/ for :	a strø	nke			2
Follow u													ctors su						
Chest pa													pain w						

AFOC 3 of 15

	Other (Specify)								7			Don	't kn	iow.						7	77
	Refused								88			Miss	ing.							<u></u>	9
	4d. Specify:																				
5.	In the past year																			tory	? That
														Yes					1		
														No					2 -	\neg	
														Don	't Kr	now			7 _		Go to Item
														Refu	ised				8 -	+	
														Miss	ing				9 _		
6.	For each pers	on w	ho d	ied,	dete	rmin	e:														
	6-1a. Relatio	onsh	ip?				6-1	b.	Cau	se of	f dea	th?					6	-1c.	Age	at d	eath?
	Mother	1					Ca	ncer					1							T	
	Father	2					He	art A	Attac	k			2								
	Sibling	3					Str	oke					3								
	Child	4					Ot	her (Spec	ify)			4								
							Un	knov	wn				7								
	6d. Specify:																				
	6-2a. Relatio	onsh	ip?				6-	2b. (Caus	e of	deat	h?					6	-2c.	Age	at d	eath?
	Mother	1					Ca	ncer					1							$\overline{}$	
	Father	2					He	art A	Attac	k			2					L			
	Sibling	3					Str	oke					3								
	Child	4					Ot	her (Spec	ify)			4								
							Un	knov	wn				7								

AFOC 4 of 15



7. In the past year (that is, since you last JHS contact), have any members of your family (natural parents, full siblings, natural children) been newly diagnosed (that is, have they been told by a health care provider that they have) with high blood pressure, heart disease, stroke, diabetes (sugar in the blood) or cancer?

 Yes	1	Go to Item 9
No	2	
Don't Know	7 —	_
Refused	8 —	_
Missing	9	

AFOC 5 of 15

For each person wh	no has a new di	agnosis (bee	n told by he	ealth car	e professio	nal), determine:
8-1b. Relations	ship?	8-1c.	Told has: ?			8-1d. Age at diagnosis
Mother	1	High b	lood pressu	re	1	
Father	2	Stroke			2	
Sibling	3	Heart [Disease		3	
Child	4	Diabet	es		4	
		Cancer	-		5	
		Other ((Specify)		7	
8–1d. Specify:						
8-2b. Relations	-		Told has:?			8–2d. Age at diagnosis
Mother	1		lood pressu	re	1	
Father	2	Stroke			2	
Sibling	3		Disease		3	
Child	4	Diabet			4	
		Cancer			5	
		Other ((Specify)		7	
8–2d. Specify:						
8-3a. Relations			Told has: ?		_	8–3c. Age at diagnosis
Mother	1		lood pressu	re	1	
Father	2	Stroke			2	
Sibling	3		Disease		3	
Child	4	Diabet			4	
		Cancer			5	
		Other ((Specify)		7	
8-3d. Specify:						

8.

AFOC 6 of 1

8-4a. Relationship?		8-4b. Told has: ?	8–4	4c. Age at diagnosis
Mother	1	High blood pressure	1	
Father	2	Stroke	2	
Sibling	3	Heart Disease	3	
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	
8–4d. Specify:				
]
				-

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

9. How much stress have you experienced over the

past year? Have you experienced none, very little,

mild stress, moderate stress, a lot of stress, or

extreme stress?......None 1 2 Very little Mild stress 3 Moderate stress 4 5 A lot of stress Extreme stress 6 Don't Know

> Refused 8 9 Missing

7

AFOC 7 of 15

10. How often have you felt sad or depressed over the past year: almost never, seldom, sometimes, often, very often, or constantly? Almost never 1 Seldom 2 3 Sometimes Often 4 Very often 5 Constantly 6 Don't Know 7 Refused 8 Missing 9 11. How often have you felt nervous or tense over the <u>past year?</u> Almost never 1 Seldom 2 Sometimes 3 Often Very often 5 6 Constantly Don't Know 7 Refused 8 Missing 9 12. How often have you felt you were treated unfairly or discriminated against over the <u>past year</u>?..... Almost never 1 Seldom 2 3 Sometimes 4 Often 5 Very often Constantly 6 Don't Know 7 Refused 8 Missing 9

AFOC 8 of 15

13.	Hov	well have you handled or coped with					
	stre	ssors you experienced over the <u>past year</u> ? V	Vould				
	you	say very poorly, poorly, fair, pretty well, wel	<u>l</u> , or				
	<u>ver</u> y	<u>/ well?</u>		. Very po	oorly	1	
				Poorly		2	
				Fair		3	
				Pretty v	well	4	
				Well		5	
				Very w	ell	6	
				Don't k	Know	7	
				Refuse	d	8	
				Missing	9	9	
14.	Hov	v satisfied are you with the help or support t	hat you've	e receive	ed from oth	ners over the	past year?
	Are	you very dissatisfied, somewhat dissatisfied	, <u>a little d</u>	<u>issatisfi</u>	ed, a little :	satisfied, som	newhat satisfied,
	or <u>v</u>	ery satisfied?		. Very di	ssatisfied	1	
				Somew	hat dissati	sfied 2	
				A little	dissatisfie	d 3	
				A little	satisfied	4	
				Somew	hat satisfie	ed 5	
				Very sa	itisfied	6	
				Don't	Know	7	
				Refuse	ed	8	
				Missin	g	9	
15.	In th	e past year, have you seen:	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing
	a.	a dentist	1	2	7	8	9
	b.	a doctor or health professional for routine physical exam or general check-up, that is when you are not sick	1	2	7	8	9
	c.	a chiropractor		2	7	8	9
	d.	a person who uses acupuncture	1	2	7	8	9

AFOC 9 of 15

		<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing
e.	a faith healer	1	2	7	8	9
f.	a person who heals with roots or herbs	1	2	7	8	9
g.	a person who practices astrology or reads zodiac signs	1	2	7	8	9
h.	a person who reads tea leaves, roots or palms	1	2	7	8	9

16. Are you currently covered by one or more health insurance programs that pays most or all of your health care expenses? Yes

Go to Item 13 Go to Item 12 No 2 Don't Know 7 Refused

Missing

17. How long has it been since you had health insurance

coverage? Less than 1 year Go to Item 16 1 to 2 years More than 3 years Don't Know Refused Missing

18. Are you currently covered by any of the following program (Answer each item)

Yes	<u>No</u>	<u>Don't</u> Know	<u>Refused</u>	<u>Missing</u>
a. Private health insurance such as Blue Cross/Blue Shield? 1	2	7	8	9
b. Medicaid or public aid?1	2	7	8	8

AFOC 10 of 15

		<u>Yes</u>	<u>No</u>	<u>Don't</u> Know	<u>Refused</u>	Missing
•	. Medicare, a government plan that					
	pays health care bills for people aged					
	65 and over?	1	2	7	8	9
	e. Veterans Administration, CHAMPUS, or					
	TRICARE?	1	2	7	8	9
İ	. Other	1	2	7	8	9
19	. (Answer all items) Have you experienced an	y of the	following	changes in he	alth insurance	benefits in the
pa	st year, or since your last JHS annual follow up	telepho	ne call?			
		<u>Yes</u>	<u>No</u>	<u>Don't</u> <u>Know</u>	<u>Refused</u>	<u>Missing</u>
	a. An increase in the price of the premium:	s 1	2	7	8	9
	b. A cut in benefits	1	2	7	8	9
	c. An increase in your share of the medical		า	7	8	0
	costs	1	2	/	8	9
20.	Has there been a time in the past year when y	ou did n	ot			
	have health insurance coverage?			Yes		1
				No		2
				Don't K	now	7
				Refused		8
				Missing		9
21	On average have much do you now each mann	alo for us				
21.	On average, how much do you pay each mon medication?	=		s then \$20	1	
			\$20	- \$40	2	
			\$42	- \$75	3	
			\$76	- 100	4	
			\$10	1 - \$250	5	
			Mor	e than \$250	6	
			Don	't know	7	
			Ref	used	8	
			Mis	sing	9	

22.		you have health insurance that helps you pay for you dications?		. Yes	1	
				No	2	Go to Item 20
				Don't Know	7	
				Refused	8	
				Missing	9	
23.	Do	you pay a co-payment when you fill your medication?			1	
			Yes		1	
			No		2	
			Don't Kn	ow	7	
			Refused		8	
			Missing		9	
24.	me	ne medication insurance plans have various "limits" or dications. I am going to read a list of possible limitati n, please tell me if your plan this limit. <u>Yes</u>				
	a.	My plan has no limits on my medication coverage1	2	7	8	9
		: : : : : : : : : : : : : : : : : : :	_	·	Ü	J
	b.	My plan has a dollar limit per month1	2	7	8	9
	c.	IF YES to 17b, ask: How much is the dollar limit?				
	d.	My plan limits the number of medications it will pay for per month (or quarter if using 3 month prescriptions)	2	7	8	9
	e.	IF YES to 17d, ask: How many medications can you obtain?				
	f.	My plan limits how often I can fill my prescriptions 1	2	7	8	9
	g.	IF YES to item 17f, ask: What is the time limit for filling your prescriptions?				
	h.	Any other limits?	2	7	8	9

List

i.

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

25.	How many times in the past year did you go to a doctor's	or nurse		
	practitioner's office to get care for yourself?	.None	01	Go to Item 26
		1	02	
		2	03	
		3	04	
		4	05	
		5 to 9	06	
		10 or more	07	
		Don't Know	77	
		Refused	88	
		Missing	99	
26.	How often did your doctor or other health care providers			
	listen carefully to you?	.Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't know	7	
		Refused	8	
		Missing	9	
27.	How often did your doctor or other health providers expla	ain		
27.	things in a way you could understand?		1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missing	9	

28.	How often did your doctor or other health care providers	show			
	respect for what you had to say?	Never	1		
		Sometimes	2		
		Usually	3		
		Always	4		
		Don't Know	7		
		Refused	8		
		Missing	9		
29.	How often did your doctor or other health care providers enough time with you?		1		
		Sometimes	2		
		Usually	3		
		Always	4		
		Don't Know	7		
		Refused	8		
		Missing	9		
30.	Overall, how satisfied have you been with the quality of health care you have received in the past year?	Very satisfied		1	
		Somewhat satisf	ied	2	
		Somewhat dissa	tisfied	3	
		Very dissatisfied		4	
		Not sure		5	
		Don't Know		7	
		Refused		8	
		Missing		9	
Now 31.	I will ask you questions regarding any problems that you in the past year, how much of a problem has it been to go you or your doctor or nurse practitioner believed necess.	et the health care,	medica em	_	
		Not a problem		3	
		Don't Know		7	
		Refused		8	
		Missing		9	

AFOC 14 of 15

32.	Н	as there been a time in the past year when you went wit	hout			
	ne	eeded health care because of costs?	Yes		1	
			No		2	
			Don'	t Know	7	
			Refu	sed	8	
			Miss	ing	9	
33.	W	hat type of health care did you do without because of co <u>Yes</u>	osts? (<u>No</u>		em) Refused	<u>Missing</u>
	a.	Did not fill a prescription1	2	7	8	
	b.	Did not see a specialist when needed1	2	7	8	9
	c.	Skipped a medical test, treatment of follow-up1	2	7	8	9
	d.	Had medical problems, but did not see a doctor or nurse practitioner1	2	7	8	9
	Ot	her				
34.		ow confident are you that you can get high quality health		/ confident	1	
			Some	ewhat confident	t 2	
			Not t	too confident	3	
			Not a	at all confident	4	
				t Know	7	
			Refu		8	
			Miss		9	
۸dn	aini	strative Information	141133	iiig	5	
				/		
35.	D	ate of data collection: /		/		
		m m d	d	у у	у у	
36.	М	lethod of data collection:		. Computer	1	
				Paper Form	2	
37.	D	ata Collection		. In Clinic	1	
				Off Site	2	
38.	C	ode number of person completing this form:				

AFOC 15 of 15



Annual Follow-Up Other Form

ID NUMBE	R:									C	ONTA	ACT Y	'EAR:					RM CODE: A	
LAST NAM	1E:													INITI	ALS:				
must be er rightmost ncorrect e	ntered a box. Er ntry wit circle tl	bove. Iter lea th an "X he lette	Wherading X". Co er cor	never zeroe ode tl respo	numes whe co	erical ere n rrect	respo ecess entry	onses ary to clear	are ro o fill a ly abo	equir all bo ove th	red, e xes. ne inc	nter If a n correc	the nu umbe ct entr	imber r is en y. Foi	so tha itered r "muli	at the la incorrectiple cho	st digi ctly, m oice" a	ntact Year, t appears ir ark througl nd "yes/no' mark thro	n the n the ' type
vould like	e to as	k you	abo	ut so	me l	healt	h ca	re ex	cperi	ence	s yo	u ma	ay ha	ve ha	d in t	he pas	st yea	r.	
. In th	ie past	year	have	you	had	any	of th	ne fo	llowi	ing t <u>Yes</u>		_	roceo <u>Don'</u> <u>Knov</u>	<u>t Ref</u>		<u>Mis</u>	sing_		. <u>Reason?</u> des below
la.	Echo	cardic	gran	n						1		2	7	8	3		9		
1b.	ECG									1		2	7	8	3		9		
1c.	Exerc	ise st	ress	test						1		2	7	8	3		9		
[IF US DESIC		APER I D BEL	FORN OW F	I EN FOR I	TER EACH	NUM H ITE	BER M. IF	IN TI	ext i	BOX [*] MS,	THA	ТСС	ORRES	PONI	DS TO			ie Codes Or Each	
Routi	ne phy	/sical.								01			Hea	rt fail	lure /	fluid	on lur	ngs	.02
Follo	w up o	f heai	t pro	bler	n (sı	ırger	y/st	ent).		03	3		Hea	rt mu	ırmur	·			.04
Chest	t pain ,	/ disc	omfo	ort						05	•		Hea	rt rhy	/thm	disturk	oance		.06
Other	r (Spec	ify)								07	7		Don	't kn	ow				. 77
Refus	sed									88	3		Miss	sing .					. 99
1a2-	1c2.	Spec	cify: [
			- 1	- 1			i				i l		1 1	- 1	1		1	1	

AFO Version D 10-16-2006 1 of 18

				<u>Yes</u>	<u>No</u>		n't ow	<u>Missing</u>	<u>Refusec</u>	<u>!</u>	_
1d. CT/ M	RI head			1	2		7	8	9		
IF YES TO ITEMS [IF USING PAPER DESIGNATED BE	R FORM ENTE	R NUMBER	R IN TEXT	г вох т	THAT C	ORRESP	ONDS				м]
1d1. Select fror	n one of the	following	codes:								
Forgetfulness /	trouble thin	king		1		Strok	e			2	
TIA or "little" st	rokes			3		Other	(spec	ify)		4	
Don't know				7		Refus	ed			8	
Missing				9							
		 									
1d2. Specify:											
1e. Catheteriz	zation or ang	jiogram		1	2	7	8	g)		
IE 1 o is \	′ES, ASK : Wa	c that arto	riogram	to look	at the	blood	occole	in vour			
ir i e. is i	LJ, AJK. Wa	s that afte	riografii	to look	attile	DIOOU V	esseis	s iii your.		d1. Reas	
									(see co	des belo)W)
1e-1.	neck (Ca	arotid arte	riogram)	1	2	7	8	g)		
1e-2	heart (C	Coronary a	rteriogra	ım) . 1	2	7	8	g			
1e-3.	kidneys	(Renal art	eriogran	n)1	2	7	8	g)		
1e-4.	legs (pe	ripheral va	scular) .	1	2	7	8	g)		
IF YES TO ITEMS [IF USING PAPER DESIGNATED BE	R FORM ENTE	R NUMBER	R IN TEXT	г вох т	THAT C	ORRESP	ONDS	TO ONE C			м]
2a-d. Select fro	om one of th	e followin	g codes:								
Emergency for a	a heart attac	k		1		Emer	gency	for a strol	ke	2	<u> </u>
Follow up after	heart attack	or surgery	/ / stent	3		Docto	ors sus	spected di	sease/blo	ckage .4	ŀ
Chest pain / dis	scomfort			5		Lea n	ain wi	th walking	1	6	5

AFO Version D 10-16-2006 2 of 18

	Other (Specify)								7			D	on'	t kı	าดพ	/	 				7	7
	Refused								88			M	lissi	ng			 				9	9
	2d. Specify:															Т Т]				
3.	In the past year is, have your nat																					' That
															Ye	5		1				
															Re		W	2 · 7 · 8 · 9		Go t	o Item	5
4.	For each pers	on w	/ho c	lied,	dete	rmin	e:															
	4-a1. Relatio	onsh	ip?				4-a	2.	Cau	se (of d	eath	1?					4	-a3.	Age	e at d	eath?
	Mother	1					Ca	ncer						1]
	Father	2					He	art A	ttac	k			7	2								
	Sibling	3					Str	oke					:	3								
	Child	4					Otl	her (Spe	ify))			4								
							Un	knov	wn					7								
	4.a4 Specify	/: <u> </u>																				
	4-b1. Relatio	onsh	iip?				4-	b2. (Caus	e o	f de	ath	?					4	-b3.	Ag	e at d	eath?
	Mother	1					Ca	ncer						1								
	Father	2					He	art A	ttac	k				2					L			
	Sibling	3					Str	oke						3								
	Child	4					Otl	her (Spec	ify))			4								
					,		Un	knov	wn					7								
	4-b4. Specify	:																				

AFO Version D 10-16-2006 3 of 18

	4-c1. Relationsh	nip?	4-c2. Cause of	death?	4-c	3. Age at death?
	Mother 1		Cancer	1		
	Father 2		Heart Attack	2		
	Sibling 3		Stroke	3		
	Child 4		Other (Specify)	4		
			Unknown	7		
	4-c4. Specify:					
	4-d1. Relations	ship?	4-d2. Cause of	death ?	4-d	3. Age at death?
	Mother 1		Cancer	1		
	Father 2		Heart Attack	2		
	Sibling 3		Stroke	3		
	Child 4		Other (Specify)	4		
			Unknown	7		
	4-d4. Specify:					
5.	In the past year (tha	at is, since you last Jł	HS contact), have	any membe	rs of your family (na	atural parents, full
	siblings, natural chi	ildren) been newly di	iagnosed (that is	, have they b	een told by a health	care provider
	that they have) with	n high blood pressure	e, heart disease,	stroke, diab	etes (sugar in the bl	ood) or cancer?
					Yes	1 Go to Item 7
					No	2
					Don't Know	7 —
					Refused	8 ——

AFO Version D 10-16-2006 4 of 18

Missing

For each person wh	o has a ne	w diagno	osis (be	en to	ld by	heal	th ca	are p	rofe	ssio	nal),	deter	mine:
6-a1. Relationsh	ip?		6-a2	Tol	d has	?					(5-a3.	Age at diagnosis
Mother	1		High	blood	pres	sure		1					
Father	2		Strok	e				2					
Sibling	3		Heart	Disea	ise			3					
Child	4		Diabe	etes				4					
			Canc	er				5					
			Other	(Spec	ify)			7					
6-a4. Specify:													
6-b1. Relationsh	nip?		6-b2	. Told	has	?						6-b3	. Age at diagnosis
Mother	1		High	blood	pres	sure		1					
Father	2		Strok	e				2					
Sibling	3		Heart	Disea	ise			3					
Child	4		Diabe	etes				4					
			Canc	er				5					
			Othei	(Spec	ify)			7					
6-b4. Specify:													
6-c1. Relations	hip?		6-c2.	Told	has	! ?						6-c3	. Age at diagnosis
Mother	1		High	blood	pres	sure		1					
Father	2		Strok	e				2					
Sibling	3		Heart	Disea	ise			3					
Child	4		Diabe	etes				4					
			Canc	er				5					
			Othei	(Spec	ify)			7					
6-c4. Specify:													

AFO Version D 10-16-2006 5 of 18

6-d1. Relationshi	p ?	6-d2. Told has ?	6-d3. Age at diagnosis ?
Mother	1	High blood pressure	1
Father	2	Stroke	2
Sibling	3	Heart Disease	3
Child	4	Diabetes	4
		Cancer	5
		Other (Specify)	7
_			
6-d4. Specify:			

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

7. How much stress have you experienced over the

past year? Have you experienced none, very little,

mild stress, moderate stress, a lot of stress, or

AFO Version D 10-16-2006 6 of 18

Missing

9

8.	How often have you felt sad or depressed		
	over the past year: almost never, seldom, sometimes,		
	often, very often, or constantly?	. Almost never	1
		Seldom	2
		Sometimes	3
		Often	4
		Very often	5
		Constantly	6
		Don't Know	7
		Refused	8
		Missing	9
9.	How often have you felt nervous or tense		
	over the <u>past year</u> ?	. Almost never	1
		Seldom	2
		Sometimes	3
		Often	4
		Very often	5
		Constantly	6
		Don't Know	7
		Refused	8
		Missing	9
10.	How often have you felt you were treated unfairly		
	or discriminated against over the past year?	. Almost never	1
		Seldom	2
		Sometimes	3
		Often	4
		Very often	5
		Constantly	6
		Don't Know	7
		Refused	8
		Missing	9

AFO Version D 10-16-2006 7 of 18

11.	Hov	w well have you handled or coped with					
	stre	essors you experienced over the <u>past year</u> ?					
	you	ı say <u>very poorly, poorly, fair, pretty well, v</u>	<u>vell</u> , or				
	ver	y well?		Very po	oorly	1	
				Poorly		2	
				Fair		3	
				Pretty	well	4	
				Well		5	
				Very w	ell	6	
				Don't l	Know	7	
				Refuse	d	8	
				Missing	g	9	
12.	Hov	w satisfied are you with the help or suppor	t that you'	ve receive	ed from ot	hers over the <u>p</u>	oast year?
	Are	you very dissatisfied, somewhat dissatisfied	ed, <u>a little</u>	dissatisfi	ed, <u>a little</u>	satisfied, som	ewhat satisfied,
	or <u>v</u>	very satisfied?		Very di	ssatisfied	1	
				Somew	hat dissat	isfied 2	
				A little	dissatisfie	ed 3	
				A little	satisfied	4	
				Somew	hat satisfi	ied 5	
				Very sa	atisfied	6	
				Don't	Know	7	
				Refuse	ed	8	
				Missin	g	9	
13.	In th	ne past year, have you seen:	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing
	a.	a dentist	1	2	7	8	9
	b.	a doctor or health professional for routing physical exam or general check-up, that is when you are not sick		2	7	8	9
	c.	a chiropractor	1	2	7	8	9
	d.	a person who uses acupuncture	1	2	7	8	9

AFO Version D 10-16-2006 8 of 18

		<u>Ye</u>	<u>:S</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing
(e.	a faith healer1		2	7	8	9
1	f.	a person who heals with roots or herbs1		2	7	8	9
Ć	g.	a person who practices astrology or reads zodiac signs		2	7	8	9
ı	h.	a person who reads tea leaves, roots or palms1		2	7	8	9
14.		e you currently covered by one or more health surance programs that pays most or all of					
	you	ur health care expenses?	Y	'es		1	
			ı	No		2	Claim 1.C
			[Don't Kn	ow	7 ——	Skip 16
			F	Refused		8	
			1	Missing		9	
15.		w long has it been since you had health insurance verage?L		ss than i	year	1 —	\neg
			1 1	to 2 year	S	2 ——	
			Мо	ore than	3 years	3 ——	Skip 20
			Do	on't Knov	v	7	
			Re	fused		8 ——	
			Mi	ssing		9 ——	

16. Are you currently covered by any of the following program (Answer each item)

	<u>Ye</u>	<u>es</u>	<u>No</u>	<u>Don't</u> Know	<u>Refused</u>	<u>Missing</u>
a.	Private health insurance such as Blue Cross/Blue Shield?	1	2	7	8	9
b.	Medicaid or public aid?	1	2	7	8	8

AFO Version D 10-16-2006 9 of 18

	165	110	Know	<u>iterasea</u>	<u> </u>
c. Medicare, a government plan that					
pays health care bills for people aged					
65 and over?	1	2	7	8	9
d. Veterans Administration, CHAMPUS, or					
TRICARE?	1	2	7	8	9
		2	7	0	0
e. Other	1	2	7	8	9
17. (Answer all items) Have you experienced any o	of the foll	lowing ch	nanges in hea	Ith insurance be	enefits in the
past year, or since your last JHS annual follow up to	elephone	call?			
	<u>Yes</u>	<u>No</u>	<u>Don't</u> <u>Know</u>	<u>Refused</u>	<u>Missing</u>
a. An increase in the price of the premiums	5 1	2	7	8	9
b. A cut in benefits	1	2	7	8	9
c. An increase in your share of the medical					
costs	1	2	7	8	9
18. Has there been a time in the past year when y			Vaa		1
have health insurance coverage?			Yes		1
			No		2
			Don't l	Know	7
			Refuse	d	8
			Missing	9	9
19. On average, how much do you pay each mon	th for vo	ur			
medication?	•		s then \$20	1	
		\$20	- \$40	2	
		\$41	- \$75	3	
		\$76	- 100	4	
		\$10	1 - \$250	5	
		Mor	e than \$250	6	
		Don	't know	7	
		Refu	ısed	8	
		Miss	sing	9	
			-		

Yes

No

<u>Don't</u>

<u>Refused</u>

Missing

AFO Version D 10-16-2006 10 of 18

20.		you have health insurance that helps you pay for your edications?		. Yes	1	
				No	2	Go to Item 23
				Don't Know	7	
				Refused	8	
				Missing	0	
21.	Do	you pay a co-payment when you fill your medication?		Missing	9	
			Yes		1	
			No		2	
			Don't Kn	ow	7	
			Refused		8	
			Missing		9	
	a. b. c.	My plan limits the number of medications it	No 2 2	Don't <u>Know</u> 7 7	Refused 8 8	Missing 9 9
	e.	will pay for per month (or quarter if using 3 month prescriptions)	2	7	8	9
	f.	My plan limits how often I can fill my prescriptions 1	2	7	8	9
	g.	IF YES to item 22f, ask: What is the time limit for filling your prescriptions?				
	h.	Any other limits?1	2	7	8	9

AFO Version D 10-16-2006 11 of 18

1	lict
1.	LI3(

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

23.	How many times in the past year did you go to a doctor's practitioner's office to get care for yourself?		01
		1	02
		2	03
		3	04
		4	05
		5 to 9	06
		10 or more	07
		Don't Know	77
		Refused	88
		Missing	99
24.	How often did your doctor or other health care providers		
	listen carefully to you?	Never	1
		Sometimes	2
		Usually	3
		Always	4
		Don't know	7
		Refused	8
		Missing	9
2.5	Harry of the second second and the second se		
25.	How often did your doctor or other health providers explantings in a way you could understand?		1
		Sometimes	2
		Usually	3
		Always	4
		Don't Know	7
		Refused	8
		Missina	9

AFO Version D 10-16-2006 12 of 18

26.	How often did your doctor or other health care providers	show		
	respect for what you had to say?	.Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missing	9	
27.	How often did your doctor or other health care providers	spend		
	enough time with you?	.Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missing	9	
28.	Overall, how satisfied have you been with the quality of			
	health care you have received in the past year?	.Very satisfied		1
		Somewhat satisf	ed	2
		Somewhat dissat	isfied	3
		Very dissatisfied		4
		Not sure		5
		Don't Know		7
		Refused		8
		Missing		9

Now I will ask you questions regarding any problems that you have had when you have tried to get health care.

AFO Version D 10-16-2006 13 of 18

29.		the past year, how much of a problem has it been ou or your doctor or nurse practitioner believed neo	cessary?	A l		edical test 1 2	s, or treatment
			No	tap	oroblem	3	
			Do	n't k	Know	7	
			Re	fuse	d	8	
			Mi	ssing	g	9	
30.		as there been a time in the past year when you wen				1	
			No			2 —	Skip to 32
			Do	n't k	Know	7	
			Re	fuse	d	8	
			Mi	ssing	g	9	
31.	W	hat type of health care did you do without because <u>Yes</u>	of costs <u>No</u>			em) Refused	<u>Missing</u>
	a.	Did not fill a prescription1	2		7	8	9
	b.	Did not see a specialist when needed1	2		7	8	9
	c.	Skipped a medical test, treatment of follow-up1	2		7	8	9
	d.	Had medical problems, but did not see a doctor or nurse practitioner1	2		7	8	9
	Ot	her					
32.		w confident are you that you can get high quality he when you need it?		ry c	onfident	1	
			So	mew	hat confiden	t 2	
			No	t too	o confident	3	
			No	t at	all confident	4	
			Do	n't k	Know	7	
			Re	fuse	d	8	
			Mi	ssing	g	9	
33.	ſΓ	OO NOT ASK] Is the participant male or female?			Male	1 —	Go to Item 39
		- , p			Female	2	

AFO Version D 10-16-2006 14 of 18

34.				SK] H or "E													. Yes			1				
												Go	to Ite	em 35	5b		- No			2				
35 a	you	ı tak	en o	it cor r use ots o	ed an	y fer	nale	hori	mon	e pill	s, sk	in					. Yes No			1	-	to Itei		
35 b	hav	e yc	u ta	HS vi ken d s, sh	or us	ed a	ny fe	male	e ho				o to l			 }	. Yes			1	C	o to Ito	36 mes	·
Plea start	se gi ting	ve n with	ne th any	e na you	mes may	of th be ta	e fer aking	male 3 cur	hor	mone ly or	es yo with	ou ha the	ive u mos	sed : t rec	since ent	e oui one.	r last Pleas	cont se ex	tact (clud	since e hori	that mone	exam) crear	ns.	
35 c	. N	lame	: 1:																					
36.	Co	de 1	:										[
37.	Hav las	ve yo t cor	ou al itact	so us ed yo	sed a ou?	seco	ond 1	fema	ale h	ormo	one s	since	we				. Yes			1				
37a.	. N	lame	2:									Go	o to It	em 3	9		- No			2				
]				
			<u> </u>						<u> </u>	<u> </u>	<u> </u>						<u> </u>]				
	<u> </u>		<u> </u>				<u> </u>		<u> </u>	1	<u> </u>		<u> </u>	<u> </u>			<u></u>]				
38.	Co	de 2	:																					

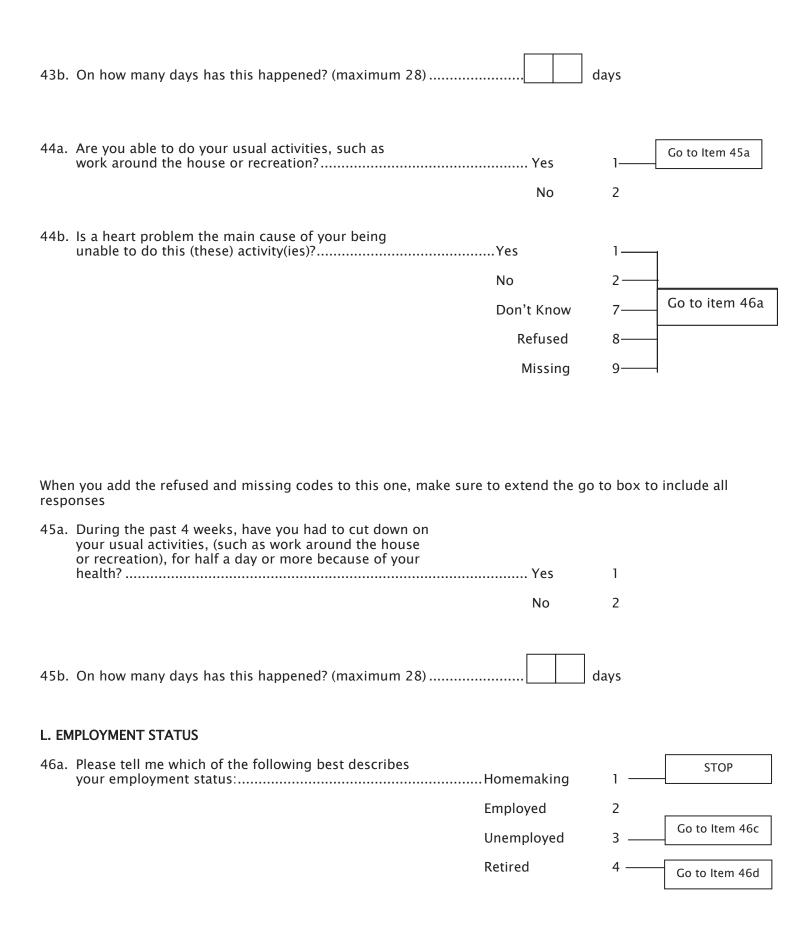
AFO Version D 10-16-2006 15 of 18

I. FUNCTIONAL STATUS:

"Now I would like to find out whether you can do some physical activity without help. By 'without help' I mean without the assistance of another <u>person</u>. These questions refer to the last 4 weeks."

39.	Are you able to do heavy work around the hous			
	shoveling snow or washing windows, walls or fl without help?		1	
		No	2	
		Don't Know	7	
		Refused	8	
		Missing	9	
40.	Are you able to walk up and down stairs withou	t help? Yes	1	
	· , · · · · · · · · · · · · · · · · · ·	No	2	
		Don't Know	7	
		Refused	8	
		Missing	9	
41.	Are you able to walk half a mile without help? T	_	_	
	about 8 ordinary blocks.		1	
		No	2	
		Don't Know	7	
		Refused	8	
		Missing	9	
42a.	Are you ABLE to go to work?	Yes	Go to Item 4	13a
		No	2	
		Not Applicable	9 Go to Item	44a
42b.	Is a heart problem the main cause of your not be able to work?	eing	1 —	
	able to work:	No	2 Go to Ite	
			_	m 44a
		Don't Know	7 —	
		Refused	8	
42	Durton the next () I do not be a second of the second of	Missing	9	
43a.	During the past 4 weeks, have you missed work at least half a day because of your health?	Yes	1	
		Go to Item 44a No	2	

AFO Version D 10-16-2006 16 of 18



AFO Version D 10-16-2006 17 of 18

46b.	Which of these two categories best describes your "employed" status:	Employed at a job for pay, either full or part-time	17 _	
		Employed, but temporarily away from regular work	2	STOP
46c.	Which of these two categories best describes your "unemployed" status:	. Unemployed, looking for work	1-	STOP
		Unemployed, not looking for work	2	
46d.	Which of these two categories best describes your "retired" status:	. Retired from my usual occupation and not working	1	
		Retired from my usual occupation, but working for pay	2	

Administrative Information

47.	Date of data collection:			/			/				
		m	m		d	d		У	У	У	У
48.	Method of data collection:						. Co	mput	er		1
							Pap	oer Fo	orm		2
49.	Data Collection						. In	Clini	c		1
							Of	f Site	<u>:</u>		2
50.	Code number of person completing this	for	n:					[

AFO Version D 10-16-2006 18 of 18



Annual Follow-Up Questionnaire Form

FORM CODE: AFU

VERSION A 8–23–2001
Content identical to ARIC AFU
Version I (04/11/2001) except
item #36 result codes

LAST NAME:

INITIALS:

INSTRUCTIONS: This form should be completed during the annual follow-up telephone contact. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

A. VITAL STATUS

1.	Date of status determination			/			/				
		m	m		d	d		У	У	У	У

AFUA 8-23-2001 1 of 15

2. Final Status: (circle one below)

3. Information obtained from: (Circle one choice below)

Contacted and aliveC	Phone
Contacted and refused F ———	Go to Item 33
Reported aliveR——	Relative, spouse, acquaintance D Employer information E Other F
Reported deceasedD———	Relative, spouse, acquaintance G Surveillance
UnknownU ———	Go to Item 33

B. DEATH INFORMATION

4.	Date of Death:			/			/				
		m	m		d	d		У	У	У	У
5.	Location of death:		_	1	-	-	1		1		
	a. City/County:										
	b. State:										

[FOR PARTICIPANTS "REPORTED DECEASED", GO TO ITEM #9]

AFUA 8-23-2001 2 of 15

C. GENERAL HEALTH

Now I will ask you some questions about your health.

Over the past year, compared to other people your age would you say your health has been excellent, good,		
	Excellent	Ε
	Good	G
	Fair	F
	Poor	Р

Has a doctor ever said you had any of the following? 7.

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a. Heart attack	Y	N	U
b. Heart failure or congestive heart failure	Y	N	U
c. High blood pressure	Y	N	U
d. Diabetes or sugar in the blood	Y	N	U
e. Blood clot in a leg or deep vein thrombosis	Y	N	U
f. Blood clot in your lungs or pulmonary embolus	Y	N	U
g. Chronic lung disease such as bronchitis, or emphysema	Y	N	U
h. Asthma	Y	N	U
i. Cancer	Y	N 	U
			Go to Iter

j. Can you tell me in what part of the body the most recently diagnosed cancer was located? ..

k. And the date it was diagnosed:.....

I. Have you had another cancer?......Yes Υ No Go to Item 8

Unknown

3 of 15 AFUA 8-23-2001

	m.	of th	he body	I me in v the can]
	n.	And	I the da	te it was	diagnose	٠d:				m	m	/	У	У	У	У]
D. ST	ROKE	/TIA	١														
8.	been	told	l by a pl	nysician	(mm/dd/ that you chemic at	had	a str	okė,					Yes				Y
													No				N
					at this eve ONS" section												
E. OV	/ERNIC	CHT A	ADMISS	IONS													
9.					spitalized (mm/dd/								Yes				Y
													No				N
			If "Yes"	complete	"HOSPITAL	_IZAT	IONS"	secti	on.				Unl	know	/n		U
10	Lleve		ata: cl	(D:d [no al atras N		-ا - : - : ا	•		.							
10.					ne] stay) r reason s								Yes				Υ
													No				N
			If "Yes'	add to "H	OSPITALIZ/	ATION	NS" se	ction					Unl	know	/n		U

[IF BOTH ITEMS #9 AND #10 = "N" OR "U", SKIP TO ITEM #11A (BELOW THE "HOSPITALIZATIONS" SECTION)].

AFUA 8-23-2001 4 of 15

ID N	D NUMBER: CONTACT YEAR:																							
LAST	NAI	ME:														INITI	ALS:							
BIRT	HDA	Y: [m	m	/	d	d	/	У	У	У	У	VI. [Oate:		m	m /		d	d d	У	У	У	У
SOCI	IAL S	ECU	RITY	:			_	-		-	-													
F. HO	OSPI ⁻	TALI	ZATI	ONS																				
you v	were	(he	/she	was) adr	nitte	d, th	e na	me c	of the	e hos	spita	l and	l the	date	. WI	nen v	was 1	the f	btain irst tii ast co	ne y	ou we		
ADD	FILL IN, PROBING AS NECESSARY. ABBREVIATIONS CAN BE USED FOR LOCAL HOSPITALS. 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.]																							
37 a	37 a. Hospitalization Reason:																							
	7 a. Hospitalization Reason:																							
20 2	Цая	- nita	l Na	ma 1	City	and (Stata																	
36 a	38 a. Hospital Name, City and State:																							
															,					1				
39 a	. Mo	nth a	and `	Year:					•••••	•••••			m	 	/	у	У	<u> </u>	<u> </u>					
													•••			,	,	,	,					
10 -																								
40 a	. LIN	kage	stai	us:						•••••			-							Н				
													spital Surve							N				
37 b	Ho	snita	lizat	ion I	Reasi	on:																		
	1110	эргса	mzac		Cus	J]				
									L		<u> </u>	L]				
38 b	. Ho	spita	ıl Naı	me, (City	and s	State	:												_				
]				

39 l	b. Month and Year:														/	У	У	У	У	
40 b. Linkage status:																				
												Hos by S	spital Surve	izati eillan	on fu ce a	ully s nd n	ougl ot fo	ht und	N	
37 c. Hospitalization Reason:																				
	No. a. Usamital Nama. City and Stati																			
38 c. Hospital Name, City and State:																				
38 c. Hospital Name, City and State:																				
	8 c. Hospital Name, City and State:																			
39 c. Month and Year:																				
39 d	39 c. Month and Year:																			
39 C. Month and Tear																				
40 c. Linkage status:																				
Hospitalization fully sought																				
Hospitalization fully sought by Surveillance and not found N															 					
~ -					_															
3/0	a. Ho	spita	uizat	tion	Reas	on:														
				<u> </u>							<u> </u>	<u> </u>								
38 0	d. Ho	spita	ıl Na	me,	City	and :	State	:												
	<u> </u>	ļ	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>												
_			_												/					
39 d	d. Mo	nth	and	Year	:		•••••						 	m	/	У	У	У	у	

AFUA 8-23-2001

		kage	sta	tus:.					 		. Hos	pital	izati	on r	epor	ted			Н	
											Hos by S	pital Surve	izati illan	on fi ice a	ully s nd n	oug ot fo	ht und		N	
37 e.	Hos	spita	ılizat	tion	Reas	on:														
	ļ																		I	
38 e.	Hos	spita	ıl Na	me,	City	and	State	::												
					!	1	<u> </u>	!	ļ	-						l			! 1	
39 e.	Мо	nth a	and `	Year	:				 			m	m	/	у	у	у	у		
															•	•	•	•		
40 e.	Lin	kage	sta	tus:.					 		. Hos	pital	izati	on r	epor	ted			Н	
											Hos	nital	izati	on fi	م برال		ht			
											hy S	Pitai	illan	יוטוו	ully s	ot fo	und		NI.	
											by S	Surve	illan	ice a	nd n	ot fo	und		N	
37 f.	Hos	spita	ılizat	tion	Reas	on:					by S	Surve	illan	ice a	nd n	ot fo	und		N	
37 f.	Hos	spita	ılizat	tion	Reas	on:					by S	Surve	illan	ice a	nd n	ot fo	und		N	
37 f.	Hos	spita	ılizat	tion	Reas	on:					by S	Surve	illan	ice a	nd n	ot fo	und		N 	
37 f.	Hos	spita	llizat	tion	Reas	on:					by S	Surve	illan	ice a	nd n	ot fo	und		N 	
37 f.							State	::			by S	Surve	illan	ice a	nd n	ot fo	und		N 	
							State	::			by S	Surve	illan	ice a	nd n	ot fo	und		N 	
							State	::			by S	Surve	illan	ice a	nd n	ot fo	und		N 	
38 f.	Hos	spita	ıl Na	me,	City	and					by S	Surve	illan	ice a	nd n	ot fo	und		N 	
	Hos	spita	ıl Na	me,	City	and					by S	m	m	/	nd n	ot fo	y	У	N 	
38 f.	Hos	spita	ıl Na	me,	City	and					by S	Surve	illan	/	nd n	ot fo	und		N 	
38 f.	Hos	spita nth a	and '	me, Year	City	and					by S	m	m	/	nd n	y	und	У	N 	

AFUA 8-23-2001 7 of 15

E. OVERNIGHT ADMISSIONS (Continued)

[FOR "DECEASED", "REPORTED ALIVE", OR "CONTACTED BY LETTER" STATUSES, GO TO ITEM 33].

11 a	. [SEE INSTRUCTIONS ABOVE] Since our last conta have you stayed overnight as a patient in a nurs	ict, sing home?	Yes	Y	
		Go to Item 12	——No	N	
11 b	. Are you currently staying in a nursing home?		Yes	Y	
			No	N	
G. IN	IVASIVE PROCEDURES				
	following questions ask about various types of soccurred in the hospital or as an outpatient."	surgery and proce	dures. We are	interested	in both those
12.	[DO NOT ASK] Has participant completed a preversion "A" or "B" of Annual Follow-up?	vious	Yes	Y	
		Go to Item 12b	No	N	
12 a	. Since we last contacted you on (mm/dd/yyyy) have you had surgery on your heart, or the arte of your neck or legs excluding surgery for varic	ries ose			
	veins?		Yes	Υ	Go to Item 13a
			No	N —	Go to Item 14a
12 b	. Since your last JHS visit on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery				
	for varicose veins?			Y	
		Go to Item 14b	No	N	
13.	Did you have:				
	a. Coronary bypass		Yes	Y	
			No	N	
	b. Other heart procedures		Yes	Y	
		Go to Item 13c	— No	N	
	Specify:		-		
			_		

AFUA 8-23-2001 8 of 15

c. Carotid endarterectomy		Yes	Υ	
	Go to Item 13e	No	N	
d. Site		Right	R	
		Left	L	
		Both	В	
e. Other arterial revascularization		Yes	Y	
	Go to Item 13f	No	N	
Specify:				
f. Any other type of surgery on your heart of arteries of your neck or legs?	or the ·····	Yes	Υ	
		No	N	
 [DO NOT ASK] Has participant completed a pre version "A" or "B" of Annual Follow-up? 	vious	Yes	Y	
version // or 2 or/united ronon aprilling	Go to Item 14b	No	N	
14 a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs?		Yes	Υ —	Go to Item 15a
		No	N	Go to Item 16
14 b. Since your last visit to the JHS clinic on (mm/do have you had a balloon angioplasty on the arte				
of your heart, neck or legs?		Yes	Y	
	Go to Item 16	No	N	

AFUA 8-23-2001 9 of 15

	15.	Did	vou	have
--	-----	-----	-----	------

a.	Angioplasty of the coronary arteries	. Yes	Υ
		No	N
b.	Angioplasty in the arteries of your neck	. Yes	Υ
		No	N
c.	Angioplasty of lower extremity arteries	. Yes	Υ
		No	N

H. INTERVIEW

"Next, I would like to ask about medication use during the past two weeks."

16. Did you take any medications during the past two weeks for:

		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a.	High blood pressure	Υ	N	U
b.	High blood cholesterol	Υ	N	U
c.	Diabetes or high blood sugar	Y	N	U

"Now I would like to ask you about your <u>regular</u> use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin <u>in a cold medicine</u>. By regular use, I mean <u>taking aspirin</u> at least once a week for several months."

17. Are you NOW taking aspirin or a medicine containing aspirin on a regular basis? This does not include Tylenol nor Advil. Yes

No N

Unknown U

Female F

AFUA 8-23-2001 10 of 15

19.	[DC	NO rsior	T AS ı "A"	K] H or "E	as th 3" of	e pa Ann	rtici; ual F	oant ollov	com v-up	plete ?	ed a	previ	ious 				. Yes		,	Y			
												Go	to Ite	em 19	b		No		I	N			
19 a				t cor r use																	Г	Go to Ite	m 10c
																	. Yes		•	Υ	`	30 10 116	111 190
																	No		I	N		Go to It	em 23
19 b										rmon	ne pil	lls,											
	skii	n pa	tches	s, sh	ots o	r im	plan	ts?	•••••						•••••		. Yes		,	Y			
	have you taken or used any female hormone pills, skin patches, shots or implants?																						
																				since t e horm			
19 c	. N	ame	1:																				
														 			1						
20.	Cod	de 1																					
20.	COC	ac 1												ļ				!					
21.												ince					. Yes		,	Y			
												Go	to It	em 2	3		No		I	N			
21 a	N I	ame	. 7.								'												
21 a	. IN	anne	. 2.		1			1		1						1				1			
]			
		I				I		1	-	-	-	L			I					1			

AFUA 8-23-2001 11 of 15

22. Code 2:....

I. FUNCTIONAL STATUS:

"Now I would like to find out whether you can do some physical activity without help. By 'without help' I mean without the assistance of another <u>person</u>. These questions refer to the last 4 weeks."

23.	Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors without help?	.Yes	Y	
		No	N	
24.	Are you able to walk up and down stairs without help?		Y	
		No	N	
25.	Are you able to walk half a mile without help? That's about 8 ordinary blocks.	. Yes	Υ	
		No	N	
26 a	Are you ABLE to go to work?Yes		Υ	Go to Item 27a
	No		N	
	Not App	plicable	Α ——	Go to Item 28a
26 b	. Is a heart problem the main cause of your not being able to work?		YN	Go to Item 28a
	Unkr	nown	U	do to item 20a
	During the past 4 weeks, have you missed work for at least half a day because of your health?	. Yes - No	Y N	
27 b	On how many days has this happened? (maximum 28)		days	
28 a	Are you able to do your usual activities, such as work around the house or recreation?	. Yes No	Y	Go to Item 29a

AFUA 8-23-2001 12 of 15

28 b	. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?	Yes	Y —	
		No	N—	Go to Item 30
		Unknown	U \square	
29 a	During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health?	Yes	Y N	
29 b	. On how many days has this happened? (maximum 28)	da	ays	
J. OT	THER ITEMS			
"Nex	t, I have a few miscellaneous questions."			
30.	Do you now smoke cigarettes?	Yes	Y	
		No	N	
31.	Di [*] Se	arried idowed vorced eparated ever married	M W D S	
K. A	DMINISTRATIVE INFORMATION			
33.	Code number of person completing this form:			
34.	Does participant (still) live within official JHS study boundaries?	Yes	Y	
		No	N	
		Unknown	U	
35.	Will JHS (still) be able to get his/her records via community surveillance?	Yes	Y	

AFUA 8-23-2001 13 of 15

No

Ν

36. Result code [RECORD NUMBER FROM CODE LIST, BELOW]:	
No action taken	01
Tracing (not yet contacted any source)	02
Contacted, interview partially complete or rescheduled	04
Contacted, interview refused	05
Reported alive, will continue to attempt contact this year	06
Reported alive, contact not possible this year	07
Reported deceased	08
Unknown	09
Contacted, interview complete – complete next section	10
Does not want any further AFU contact	98
L. EMPLOYMENT STATUS	
32 a. Please tell me which of the following best describes your employment status:	A STOP
Employed	В
Unemployed	C Go to Item 32c
Retired	D Go to Item 32d
32 b. Which of these two categories best describes your "employed" status: Employed at a job for pay, either full or part-time	A
Employed, but temporarily	STOP
away from regular work	В —
32 c. Which of these two categories best describes your "unemployed" status: Unemployed, looking for work	A —
	STOP
Unemployed, not looking for work	В

32 d. Which of these two categories best describes your "retired" status:	. Retired from my usual occupation and not working	Α
	Retired from my usual occupation, but working for pay	В

END OF FORM - STOP

AFUA 8-23-2001 15 of 15



Annual Follow-Up Questionnaire Form

FORM CODE: AFU
VERSION B 08/05/2005
Content identical to ARIC AFU
Version I (04/11/2001) except
item #36 result sodes

ID NUMBER:]	C	ONT	ACT	YEAI	₹: [(04/11) result d) exce
LAST NAME:														INIT	IALS:						
INSTRUCTION and Name mu appears in the mark through and "yes/no" incorrectly, m	ist be e right i the ir type q	enter most ncorre uesti	red al box ect ei ons,	oove. . Ente ntry w circle	Whe er lea ith ar the l	never ding n "X". etter	num zeroe Cod corre	erica s wh e the spon	l res ere r cori	pons neces rect e to th	es are sary t ntry o ie mo	requ o fill a learly st app	ired, all bo abo	enter enter enter enter	the r If a n	numb umbe rrect	er so t er is er entry.	that th ntered For "	ne last d I incorre multiple	igit ctly,	
A. VITAL STA	TUS																				
1. Date of	statu	s de	tern	ninati	ion		[m	m	/	d	d	/	у	У	У	У				
		<u>(</u>		Final le on									_	_		-	otaine oice l				
Contact	ed ar	nd al	ive		C—			- Pe	rsoi	nal Ir	nterv	iew				В			Go to Ite		
Contact	ed ar	nd re	fuse		F —													G	o to Iten	n 33]
Reporte	d aliv	/e			R —			En	nplo	yer i	nfor	matio	on	intan		E		- Go	to Item	n 9	
Reporte	d ded	cease	ed		D—			- Su	ırvei	lland	:e			intan Inde		Н		- Co	ntinue t	o Iten	n 4
Unknow	/n				U —													Go	to Item	n 33	

B. DEATH INFORMATION

4.	Date of Death:			/			/				
		m	m		d	d		У	У	У	У
5.	Location of death:						1		,		
	a. City/County:										
	b. State:										

[FOR PARTICIPANTS "REPORTED DECEASED", GO TO ITEM #9]

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 your health has been excellent, good, fair or poor?

fair or poor?	Excellent	Ε
	Good	G
	Fair	F
	Poor	Р

7. Has a doctor ever said you had any of the following?

		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a.	Heart attack	Y	N	U
b.	Heart failure or congestive heart failure	Y	N	U
c.	High blood pressure	Y	N	U
d.	Diabetes or sugar in the blood	Y	N	U
e.	Blood clot in a leg or deep vein thrombosis	Y	N	U
f.	Blood clot in your lungs or pulmonary embolus	Y	N	U
g.	Chronic lung disease such as bronchitis, or emphysema	Y	N	U
h.	Asthma	Y	N	U
i.	Cancer	Y	N 	U

Go to Item 8

	j.	Can you tell me in what part of the body the most recently diagnosed cancer was located?												
	l.	And the data it was diagnosed:				/								
	к.	And the date it was diagnosed:	•••••	m	m		У	У	У	У	I			
	I.	Have you had another cancer?					Yes			,	Y			
							No			ı	N	Go to I	tem 8	
							Unk	cnow	'n	l	U			
	m.	Can you tell me in what part of the body the cancer was		1		Ι					1			
		located?												
						/								
	n.	And the date it was diagnosed:		m	m	′	у	У	У	у				
ר א	TROKE	-/ΤΙΔ												
8.		e our last contact on (mm/dd/yyyy), have	vou											
	been	told by a physician that you had a stroke t stroke, transient ischemic attack, or TIA	<u>,</u>				Yes			,	Y			
	J						No			ı	N			
		If "Yes" ensure that this event is included "HOSPITALIZATIONS" section, if appropri		!										
8b.	Were ische	e you hospitalized for this stroke, slight st emic attack or TIA?	roke,	trans	sient 		Ye	5			Υ			
							No				N			
		If "Yes" ensure that this event is included "HOSPITALIZATIONS" section, if appropri		•										

AFU B(08082005)5 3 of 15

E. OVERNIGHT ADMISSIONS

ı
N
n U
Y
N
n U

[IF BOTH ITEMS #9 AND #10 = "N" OR "U", SKIP TO ITEM #11A (BELOW THE "HOSPITALIZATIONS" SECTION)].

AFU B(08082005)5 4 of 15

ID N	UMB	ER:									C	TAC	ACT	YEAF	R: [
LAS	ΓNA	ME:														INITI	ALS:							
BIRT	HDA	.Υ: [m	m	/	d	d	/	У	У	У	У	VI. [Oate:		m	m /		d	d	/	У	У	У
SOC	IAL S	SECU	RITY	:			-	-		-	-													
F. H	OSPI	TALI	ZATI	ONS																				
you	were	(he	/sĥe	was) adr	nitte	d, th	e na	pation me o	of the	e hos	pita	l and	l the	date	. Wl	hen v	was t	he fi	irst	time	e you	ı we	
ADD	ITIO	NAL	HOS	PITA	LIZA	MOIT	NS. F	OR L	EVIA ⁻ INKA ON W	GE,	H INI	DICA	TES	THA	T TH	E HC	SPIT	ALIZ	ATIC	ON V	VAS	REP	ORT	ED;
37 a	. Ho	spita	lizat	ion I	Reas	on:																		
38 a	. Ho	spita	l Na	me, (City	and :	State):]				
39 a	. Mo	nth a	and `	Year:	<u> </u>								m	m	/	У	У	У	У]				
40 a	. Lin	kage	e stai	tus:								Hos	pital	izati	on f	eportuilly s	oug			H N				
37 b	. Ho	spita	lizat	ion I	Reas	on:														-				
38 F	. Ho	spita	l Na	me i	City	and '	State	\ ·												-				
30 L		- Prica			City			 																
				l	l	I	I	I		l					l]				

39 b. Month and Year:....

70 L	. Lin	kage	sta	tus:.								Hos	pita	lizati	on r	epor	ted			Н
												Hos by S	spita Surve	lizati eillan	on f ice a	ully s nd n	oug ot fo	ht und		N
27 -			l:		5															
3/0	. но	spita 	llizat	ion i	Keas 	on:			<u> </u>											1
		•	•	•	•	•	•	•	•	•		•		•	•	•	•	•	•	_
38 c	. Ho	spita	ıl Na	me,	City	and :	State	<u>:</u>												
				!]
																				_
39 c	Mο	nth	and '	Year [.]											/]
33 (. 1410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	arra	· cui									<u>m</u>	m	<u> </u>	У	У	У	У	J
40 c	. Lin	kage	stat	tus.										1::			_			
			. Jea					• • • • • • • • • • • • • • • • • • • •				Hos	spita	ıızatı	OII I	epor	ted			Н
			Jean								•••••	Hos	pita	lizati	on f	ully s	soug	ht .		
												Hos	pita	lizati	on f		soug	ht und		H N
												Hos	pita	lizati	on f	ully s	soug	ht und		
37 c		spita										Hos	pita	lizati	on f	ully s	soug	ht und		
37 c		spita										Hos	pita	lizati	on f	ully s	soug	ht und		
37 c		spita										Hos	pita	lizati	on f	ully s	soug	ht		
37 c		spita										Hos	pita	lizati	on f	ully s	soug	ht		
	l. Ho		ılizat	ion I	Reas	on:						Hos	pita	lizati	on f	ully s	soug	ht		
	l. Ho	spita spita	ılizat	ion I	Reas	on:						Hos	pita	lizati	on f	ully s	soug	ht		
	l. Ho		ılizat	ion I	Reas	on:						Hos	pita	lizati	on f	ully s	soug	ht		
	l. Ho		ılizat	ion I	Reas	on:						Hos	pita	lizati	on f	ully s	soug	ht		
	l. Ho		ılizat	ion I	Reas	on:						Hos	pita	lizati	on f	ully s	soug	ht		
38 0	l. Ho	spita	ılizat	me,	City	on:	State					Hos	pita	lizati	on f	ully s	soug	ht		

AFU B(08082005)5 6 of 15

40 c	l. Lin	kage	stat	us:.							 .Hos	pital	izati	on r	eport	ted		ŀ	4
											Hos by S	pital Surve	izati eillan	on fi ce a	ully s nd n	oug ot fo	ht und	1	N
37 €	. Ho	spita	ılizat	ion I	Reas	on:													
		•			•	•		•	•	•	•	•	•		•				
38 €	. Ho	spita	ıl Na	me,	City	and S	State	:											
		1	1		1	ı			1	l			I						
39 €	. Mc	nth	and '	Year:							 	m	m	/	у	у	у	у	
40 e. Linkage status:Hospitalization reported																			
		Kaye	stai	us:.		• • • • • • • • • • • • • • • • • • • •					 .Hos	pital	izati	on r	eport	ted		ŀ	4
10 (ב	ikaye	e stai	us:.							 Hos	pital	izati	on fı	ully s	oug	ht		
		ikaye	e stai	tus: .							 Hos	pital	izati	on fı	-	oug	ht und		N
		spita									 Hos	pital	izati	on fı	ully s	oug	ht und		
											 Hos	pital	izati	on fı	ully s	oug	ht und		
										•••••	 Hos	pital	izati	on fı	ully s	oug	ht und		
											 Hos	pital	izati	on fı	ully s	oug	ht und		
37 f	. Ho	spita	ılizat	ion I	Reaso						 Hos	pital	izati	on fı	ully s	oug	ht und		
37 f	. Ho	spita	ılizat	ion I	Reaso	on:					Hos	pital	izati	on fı	ully s	oug	ht und		
37 f	. Ho	spita	ılizat	ion I	Reaso	on:					Hos	pital	izati	on fı	ully s	oug	ht und		
37 f	. Ho	spita	ılizat	me,	City :	on:	State	:			Hos	pital	izati	on fı	ully s	oug	ht und		
37 f	. Ho	spita	ılizat	me,	City :	on:	State	:			Hos	pital	izati	on fi	ully s	oug	ht und		
37 f	. Ho	spita spita onth	al Na	me, ·	City :	on:	State	:			Hos by S	spital Surve	izati eillan m	on fi	ully s nd nd	oug ot fo	und		
37 f	. Ho	spita spita onth	al Na	me, ·	City :	on:	State	:			Hos by S	pital Surve m	izati eillan m	on fi	ully s nd nd	y y	y	у	

AFU B(08082005)5 7 of 15

E. OVERNIGHT ADMISSIONS (Continued)

Specify:

[FOR "DECEASED", "REPORTED ALIVE", OR "CONTACTED BY LETTER" STATUSES, GO TO ITEM 33].

11 a.	[SEE INSTRUCTIONS ABOVE] Since our last contact, have you stayed overnight as a patient in a nursing home?	Yes	Y	
	Go to Item 12	No	N	
11 b	Are you currently staying in a nursing home?		Υ	
		No	N	
G. IN	VASIVE PROCEDURES			
"The that	following questions ask about various types of surgery and proc occurred in the hospital or as an outpatient."	edures. We are	interested	in both those
12.	[DO NOT ASK] Has participant completed a previous version "A" or "B" of Annual Follow-up?	Yes	Y	
	Go to Item 12b	No	N	
12 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?	Yes No	Y N	Go to Item 13a Go to Item 14a
12 b	Since your last JHS visit 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 14b	Yes	Y N	
13.	Did you have:			
	a. Coronary bypass	Yes	Y	
		No	N	
	b. Other heart procedures	Yes	Y	
	Go to Item 13c	No	N	

AFU B(08082005)5 8 of 15

c. Carotid endarterectomy		Yes	Υ	
	Go to Item 13e	No	N	
d. Site		Right	R	
		Left	L	
		Both	В	
e. Other arterial revascularization		Yes	Y	
	Go to Item 13f	No	N	
Specify:		_		
		_		
f. Any other type of surgery on your heart o arteries of your neck or legs?	or the	Yes	Υ	
		No	N	
14. [DO NOT ASK] Has participant completed a pre	vious	V	V	
version "A" or "B" of Annual Follow-up?			Y	
	Go to Item 14b	—— No	N	
14 a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs?		Yes	Υ —	Go to Item 15a
		No	Ν —	Go to Item 16
14 b. Since your last visit to the JHS clinic on (mm/do have you had a balloon angioplasty on the arte				
of your heart, neck or legs?	-	Yes	Υ	
	Go to Item 16	No	N	

	1	5.	Did	you	have
--	---	----	-----	-----	------

a.	Angioplasty of the coronary arteries	Yes	Υ
		No	N
b.	Angioplasty in the arteries of your neck	Yes	Υ
		No	N
c.	Angioplasty of lower extremity arteries	Yes	Υ
		No	N

H. INTERVIEW

"Next, I would like to ask about medication use during the past two weeks."

16. Did you take any medications during the past two weeks for:

		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a.	High blood pressure	Υ	N	U
b.	High blood cholesterol	Y	N	U
c.	Diabetes or high blood sugar	Υ	N	U

"Now I would like to ask you about your <u>regular</u> use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin <u>in a cold medicine</u>. By regular use, I mean <u>taking aspirin</u> at least once a week for several months."

week for several months."

17. Are you NOW taking aspirin or a medicine containing aspirin

Unknown U

Female F

AFU B(08082005)5 10 of 15

19. [DO NOT ASK] Has the participant coversion "A" or "B" of Annual Follow-						Y	es	`	<i>(</i>	
			Go to I	tem 19	9b	— N	lo	١	N	
19 a. Since we last contacted you on (mm/ you taken or used any female hormo										Go to Item 19c
patches, shots or implants?						Y	es	١	<i>(</i> —	do to item 13c
						N	lo	1	N ——	Go to Item 23
19 b. Since your JHS visit on (mm/dd/yyyy) have you taken or used any female h	ormone					v		,	,	
skin patches, shots or implants?									1	
			Go to	ltem	23	—_N	lo	1	١	
19 c. Name 1:										
20. Code 1:										
20. Code 1		•••••			<u> </u>					
21 Uses and second formula	L									
21. Have you also used a second female last contacted you?						Y	es	١	(
			Go to	Item 2	23	— N	lo	١	١	
21 a. Name 2:										
22. Code 2:]						

AFU B(08082005)5 11 of 15

I. FUNCTIONAL STATUS:

"Now I would like to find out whether you can do some physical activity without help. By 'without help' I mean without the assistance of another <u>person</u>. These questions refer to the last 4 weeks."

23.	Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors without help?	. Yes	Y	
		No	N	
24.	Are you able to walk up and down stairs without help?		Y	
		No	N	
25.	Are you able to walk half a mile without help? That's about 8 ordinary blocks.	. Yes	Y	
		No	N	
26 a.	Are you ABLE to go to work? Yes		Υ —	Go to Item 27a
	No		N	
	Not App	plicable	Α —	Go to Item 28a
26 b.	Is a heart problem the main cause of your not being able to work?Yes		Y —	
	No		N —	Ca ta ltam 20a
		nown	U	Go to Item 28a
	During the past 4 weeks, have you missed work for	Vas	V	
	at least half a day because of your health?	. Yes - No	Y N	
27 b.	On how many days has this happened? (maximum 28)		days	
28 a.	Are you able to do your usual activities, such as work around the house or recreation?	. Yes	Υ ——	Go to Item 29a
		No	N	

AFU B(08082005)5 12 of 15

28 b	. Is a heart problem the main cause of your being unable to do this (these) activity (ies)?	Yes	Y —	
		No	N—	Go to Item 30
		Unknown	u —	
29 a	. During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health?	Yes	Y N	
29 b	. On how many days has this happened? (maximum 28)		days	
J. OT	THER ITEMS			
"Nex	t, I have a few miscellaneous questions."			
30.	Do you now smoke cigarettes?	Yes	Υ	
		No	N	
31.	Please tell me which of the following describes your current marital status [READ EACH CATEGORY]:	Married Widowed Divorced Separated Never married	M W D S	
K. Al	DMINISTRATIVE INFORMATION			
33.	Code number of person completing this form:			
34.	Does participant (still) live within official JHS study boundaries?	Yes No Unknown	Y N U	
35.	Will JHS (still) be able to get his/her records via community surveillance?	Yes	Y	

AFU B(08082005)5 13 of 15

No

Ν

36. Result code [RECORE	NUMBER FROM CODE LIST, BELOW]:			
	No action taken		01	
	Tracing (not yet contacted any source)		02	
	Contacted, interview partially complete	or rescheduled	04	
	Contacted, interview refused		05	
	Reported alive, will continue to attempt	contact this year	06	
	Reported alive, contact not possible thi	s year	07	
	Reported deceased		08	
	Unknown		09	
	Contacted, interview complete – complete	ete next section	10	
	Does not want any further AFU contact		98	
L. EMPLOYMENT STATUS				
32 a. Please tell me which your employment sta	of the following best describes atus:	Homemaking	Α	STOP
		Employed	В	
		Unemployed	C —	Go to Item 32c
		Retired	D ——	Go to Item 32d
32 b. Which of these two c	ategories hest			
	loyed" status:Employed at a either full or		A	
	Employed, bu away from re	it temporarily	B	STOP
	away nomite	J	-	
32 c. Which of these two c describes your "uner	ategories best nployed" status: Unemployed, looki	ng for work	Α	
				STOP
	Unemployed, not lo	ooking for work	В	

32 d. Which of these two categories best describes your "retired" status:	Retired from my usual occupation and not working	Α
	Retired from my usual occupation, but working for pay	В

END OF FORM - STOP

AFU B(08082005)5 15 of 15



ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

FORM CODE:	Α	F	U

VERSION: C 10/14/2008

ID NUMBER:						CON.	TACT	Г ҮЕА	AR
LAST NAME:									INITIALS:

Public reporting burden for this collection of information is estimated to average 6–15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892–7974, ATTN: PRA (0925–0281). Do not return the completed form to this address.

INSTRUCTIONS: This form should be completed during the interview portion of the participant's annual follow-up. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeros where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFU)

A. VITAL STATUS

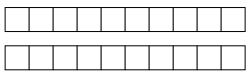
1. Date of status determ	nination:									
		Month Day	Year							
2. Final Status:		Information obtained	3. Information obtained from:							
{Circle one below}		{Circle one correspor	nding choice be	low}						
		Phone	Α	Go to Item 6						
Contacted and Alive	c —	Personal Interview	В							
		Letter	c ——	Go to Item 23						
Contacted and Refused	F			- Go to Item 52						
		Relative, spouse, acquaintance	D							
Reported Alive	R ——	Employer information	E -	Go to Item 23						
		Other	F							
		Relative, spouse, acquaintance	G							
Reported Deceased	D —	Surveillance	н	Continue to Item 4						
		I								
		Other (National Death Index)		6						
Unknown	U ———			Go to Item 52						

B. DEATH INFORMATION

4. Date of dea	ath
----------------	-----

		/			/			
Moi	nth	Day		ay		Ye	ar	

- 5. Location of death:
- a. City/ County



b. State:

After Item 5, skip to Item 23, **Screen X.**

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?"

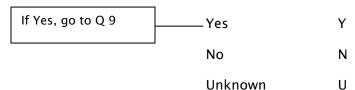
Excellent E

Fair F

Poor P

7a. [DO NOT ASK] Has this participant previously completed version ${\tt B}$

of the AFU form?



7b. **[DO NOT ASK]** Has participant ever reported a heart failure diagnosis in AFU without a documented HF hospitalization in the Jackson Heart Study database? **(to be done for 1 year only).** Y

If NO, skip to Q9	

failure or congestive heart failure. Do you recall that you had such a diagnosis of heart failure?
Y N U
No or Unknown skin to O9
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
8 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 then return to Q 8g
8 f. 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:

8. In a previous JHS phone call in [< year >], you indicated that you had been diagnosed with heart

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 Q10
10. Has a doctor ever 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 doctor you saw?
10. a. Name:
10. b. Address:
10. c. What was the approximate date? M M Y Y Y Y
10. d. [DO NOT ASK] Was this within 3 yrs. of today's date? Y N U
10. e. Were you hospitalized for the weak heart muscle at that time? Y N U
11. a. Has a doctor ever said that you had a heart attack?
Y N U 11. b. Has a doctor ever said that you had angina, angina pectoris or chest pain due to heart disease? Y N U
If No or Unknown: Go to Q 12.

Y N U
12. Has a doctor ever said that you had an irregular heart beat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?
Y N U
13. a. Do you often have swelling in your feet or ankles at the end of the day? Y N U
No or Unknown skip to Q 14.
13. b. Is the swelling in your feet or ankles gone in the morning?
Y N U 14. Has a doctor ever said that you had high blood pressure?
Y N U 15. Has a doctor ever said that you have diabetes or sugar in the blood?
Y N U
16. Has a doctor ever said that you had a blood clot in a leg or deep vein thrombosis? Y N U
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:
16. b. Address:
16. c. What was the approximate date? M M Y Y Y Y
16. d. Were you hospitalized for a blood clot in a leg or deep vein thrombosis at that time? Y N U

11. c. Were you first told that you had angina since we last contacted you on mm /dd/ yyyy?

If Yes: go to obtain hospital information and date Section F Q 28a and return to Q.17a, below.
17. a. Has a doctor ever said that you had a blood clot in your lungs or a pulmonary embolus? Y N U
No or Unknown skip to Q 18.
17. b. Were you hospitalized for a blood clot in your lungs or a pulmonary embolus at that time? Y N U
If Yes: go to obtain hospital information and date Section F Q 28a and return to Q. 18.a.,below.
18. a. Has a doctor ever said that you had chronic lung disease, such as bronchitis, or emphysema? Y N U
If No or U skip to Q 19a.
18. b. Were you told by the physician that you had chronic lung disease since we last contacted you o mm/dd /yyyy?
Y N U
If Yes to either 18a or 18b: Go to Q 20.
19. a. Are there times when you wake up at night because of difficulty breathing?
Y N U
19. b. Do you have trouble breathing or shortness of breath when hurrying on the level?
Y N U Unable to walk ——— Go to Q 19 f
If No or U: Go to Q 19f.
19. c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?

If No or U: Go to Q 19g.

Y N U

19. d. Do you stop for breath when walking at your own pace? U



Ν

19. e. Do you stop for breath after walking 100 yards on the level?



19. f. Do you have difficulty breathing when you are not walking or active?

Υ

19.g. Do you usually have some coughing or wheezing?

Ν

Υ

20. Has a doctor ever said that you had asthma?

U

20. a. Did the doctor say that you have asthma since we last contacted you on mm/dd/yyyy?

20. b. Do you have pain in your legs caused by a blockage of the arteries?

20. c. Has a doctor ever said that you have peripheral vascular disease or intermittent claudication?

21. a. Has a doctor ever said that you had cancer?



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? Yes Y	
If "No", go to question 23 No N	
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.	
E. ADMISSIONS	
23. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/d	d /yyyy)?
Y N U	
24. Have you stayed (Did [name]stay) overnight as a patient in a hospital for any other real last contact? Y N U	son since oui
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 outpertent since our last contact on (mm/ dd/ yyyy)?	oatient
Y N U	

21. b. Can you tell me in what part of the body the most recently diagnosed cancer was

If No or Unknown: Go to Q 27a

Y N U
If No or Unknown: Go to Q 27a
What is the name and address of this medical facility?
26a. Name:
26b. Address:
26. c. What was the approximate date? M M Y Y Y Y
27. a. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home?
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 scroll down 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. 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 Reason:
28. b. Hospital Name, City, and State:

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

AFU Version C _10/14/2008 10 of 18

32. b. Hospital Name, City, and State:		
32. c. Month and Year: / / Y	Y Y	32. d. Linkage Status: (H) or (N)
33. a. Hospitalization Reason:		
33. b. Hospital Name, City, and State:		
33. c. Month and Year:		33. d. Linkage Status:
34. a. Hospitalization Reason:		
34. b. Hospital Name, City, and State:		
34. c. Month and Year: / / / / / / / / / / / / / / / / / / /	YY	34. d. Linkage Status: (H) or (N)
35. a. Hospitalization Reason:		
35. b. Hospital Name, City, and State:		
35.c. Month and Year: / / / / / / / / / / / / / / / / / / /	Y Y	35. d. Linkage Status: (H) or (N)

36. a. Hospitalization Reason:	
36. b. Hospital Name, City, and State:	
36. c. Month and Year: / / / / / / / / / / / / / / / / / / /	36. d. Linkage Status: (H) or (N)
37. a. Hospitalization Reason:	
37. b. Hospital Name, City, and State:	
37. c. Month and Year: M M Y Y Y Y	37. d. Linkage Status: (H) or (N)
38. a. Hospitalization Reason:	
38. b. Hospital Name, City, and State:	
38. c. Month and Year: M M Y Y Y Y	38. d. Linkage Status: (H) or (N)
39. a. Hospitalization Reason:	
39. b. Hospital Name, City, and State:	
39. c. Month and Year:	39. d. Linkage Status:

G. INVASIVE PROCEDURES

"The following questions ask about various types of surgery and procedures.

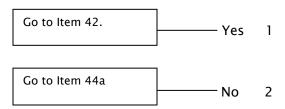
We are interested in both those that occurred in the hospital or as an out-patient."

40. **[DO NOT ASK]**

Has participant completed a previous version 'A' or later of Annual Follow-up?



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?



41. b. Since your last Jackson Heart Study visit on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?



- 42. Did you have
 - a. Coronary bypass:Yes 1

No 2

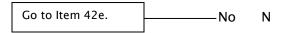
b. Other heart procedure:Yes

No 2

42.b1. Specify: ______

c. Carotid endarterectomy:

Yes Y



- d. Site:..... Right R
 - Left L
 - Both B
- e. Other arterial

revascularization: Yes Y

No N

42. e1. Specify: _____

f. Any other type of surgery on your heart or the arteries of your neck or legs?

Yes Y

No N

43. **[DO NOT ASK]**

Has participant completed a previous version 'A' or later of Annual Follow-up?

Yes Y

	_	
Go to Item 44b.	No	N
	140	,,

44. a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs?

Go to Item 45a.

Yes Y

No N

44. b. Since your last visit to the Jackson Heart Study on (mm/dd/yyyy) have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs?

	Yes	Y
Go to Item 46.	No	N

45. Did you have:

a. Angioplasty or stent of the coronary arteries:	Yes	Υ
	No	N
b. Angioplasty or stent in the arteries of your neck:	Yes	Y
	No	N
c. Angioplasty or stent of the lower extremity arteries:	Yes	Υ
	No	N

H. INTERVIEW

"Now I would like to ask about medication use during the past two weeks."

46. Did you take any medications during the past two weeks for:

		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
a.	High Blood Pressure	Υ	N	U
b.	High Blood Cholesterol	Υ	N	U
c.	Diabetes or High Blood Sugar	Υ	N	U
d.	Heart Failure	Y	N	U

[&]quot;Now I would like to ask about the prescription medications you <u>currently</u> use [optional: as mentioned in the scheduling reminder we sent recently]. Can I ask you to bring all the prescription medications you are taking to the telephone?

47. [C	OO NOT ASK} Does the participar	nt have medications to report?
	Yes	Y
	No	N
	Participant refused to provide information	
	Unknown	U
If the	answer is NO, REFUSED, or UNKNOWN	N, skip to question 49
prescr Please	ibed by a doctor. This includes p do not include over the counter	or prescriptions] Please read the names of all the medications pills, liquid medications, skin patches, inhalers, and injections. medications. nedications taken in the past two weeks.
48.a		<u>-</u>
48.b. <u>-</u>		_
48.c		-
48.d. ₋		_
48.e. ₋		-
48.f		
48.g. <u>-</u>		-
48.h. <u>-</u>		-
48.i		
48.j		

48.I			
48.m			
48.n			
48.o			
48.p			
48.q			
48.r			
48.s			
48.t			
	ug, such as asp	gular use of aspirin. This includes aspirin alone, or in a pirin <u>in a cold medicine</u> . By regular use, I mean <u>taking</u> nths."	
49. Are you NOW taking asp		cine containing aspirin, on a regular basis? This does	
	Yes	Υ	
	No	N	
	Unknown	U	
I. OTHER ITEMS "Next, I have a few miscella	neous question	ns."	
50. Do you now smoke ciga	rettes? Ye		
51. Please tell me which of the	ne following de	escribes your current marital status:	
[READ EACH CATEGORY]			
Married	М		

Widowed

W

Se	eparated	S		
N	ever Married	N		
J. ADMINISTRAT	IVE INFORMATION			
52. Code numbe	er of person completi	ng this form:		
53. Does partici	pant (still) live within	official the Jackson Heart Study boundaries?	Yes	Y
			No	N
		U	Jnknown	U
54. Will the JHS	be able to get his/h	er records via community surveillance?	Yes	Y
55. Result code:			No	N
Result Codes				
01 - No A	Action Taken			
02 - Trac	ing (Not yet contacte	ed any source)		
03 - Con	tacted, Interview Con	nplete		
031 - By	proxy / informant			
04 - Con	tacted, Interview Part	ially Complete or Rescheduled		
05 - Con	tacted, Interview Refu	used		
06 - Rep	orted Alive, Will Cont	inue to Attempt Contact This Year		
07 - Rep	orted Alive, Contact N	Not Possible This Year		
08 – Rep	orted Deceased			
09 – Unk	nown / Lost to AFU			
98- Does	Not Want Any Furthe	er AFU Contact		

Divorced

D



Annual Follow-Up Other Form

ID NUMBER:									C	ONTA	CT Y	EAR:							DE: AF0 D 10/1		16
LAST NAME:													INITI	ALS:							
INSTRUCTION must be enter rightmost box incorrect entr questions, cir an "X" and cir	ed above. . Enter le / with an " cle the lett	When ading X". Co er cor	never zeroe ode th respo	nume es who ne cor onding	erical ere n rect	respo ecess entry	onses ary to clear	are in a fill a fill a	equir all bo ove th	red, e xes. he inc	nter i If a n correc	the nu umbei ct entr	mber is er y. Fo	so tha itered r "mul	at the inco Itiple	e last rrect choi	: digit ly, ma ce" ar	appea ark thr nd "yes	ars in th ough t s/no" ty	he :he ype	
vould like to	ask you	ı aboı	ut so	me h	nealt	h ca	re ex	cperi	ence	s yo	u ma	ay hav	/e ha	d in	the	past	year				
. In the រ	ast year	have	you	had	any	of th	ne fo	llow	ing t <u>Yes</u>		-	roced <u>Don't</u> <u>Knov</u>	<u>Ref</u>		<u>. </u>	<u>Missi</u>	ng_		-1c1. <u> </u> e code		
la. E	chocardi	ogran	n						1		2	7	i	8		9					
1b. E	CG								1		2	7		8		9					
1c. E	kercise s	tress	test						1		2	7		8		9					
[IF USIN	O ITEMS G PAPER ATED BEL	FORM OW F	OR E	TER N EACH	NUM I ITE	BER M. IF	IN TI	ext i NG D	BOX [*] MS,	THA	т сс	RRES	PON	DS TO						EM]	
Routine	physical								01			Hea	rt fai	lure ,	/ flu	id oı	n lun	gs	0)2	
Follow ι	p of hea	rt pro	blen	n (su	rger	y/st	ent).		03	3		Hea	rt mı	ırmu	r				0)4	
Chest pa	ain / disc	comfo	ort						05	5		Hea	rt rhy	/thm	dist	urba	ance.		0)6	
Other (S	pecify)								07	7		Don	't kn	ow						77	
Refused									88	3		Miss	ing							99	
1a2-1c2	. Spe	cify: [

AFO Version D 10-16-2006 1 of 18

								<u>Ye</u>	<u>S</u>	<u>No</u>		Don't Know	<u>N</u>	<u>lissing</u>	<u>R</u>	<u>Refuse</u>	<u>d</u>	
1d. CT	/ MRI	head .						1		2		7		8		9		
IF YES TO IT [IF USING PA DESIGNATED	PER F	ORM E	NTE	R NU	MBER	R IN T	ΓΕΧΤ	ГВОХ	THA	T C	ORRE	SPONI	DS T					ITEM]
1d1. Select	from o	one of	the f	ollov	ving	code	!S:											
Forgetfulnes	ss / tr	ouble 1	think	ing .				1			Str	oke						.2
TIA or "little	" strol	kes						3			Ot	her (sp	pecify	_/)				.4
Don't know								7			Re	fused .						. 8
Missing								9										
1d2. Speci	fv.]			
razi speci	·''	<u> </u>	<u> </u>	<u> </u>]			
1e. Cathet	terizat	ion or	angi	ogra	m			1		2	7	8	8		9			
IF 1 e.	is YES	S, ASK:	Was	that	arte	riogr	am	to loc	ok at	the	bloo	d vess	els ii	n your:				
																		eason?
																(see co	oaes i	below)
16	e-1.	neck	(Car	rotid	arter	iogr	am).	1		2	7	8	8		9			
1 6	e-2.	hea	rt (Co	orona	ary a	rterio	ogra	m).1		2	7	8	8		9			
16	e-3.	kidr	ieys	(Rena	al art	erio	gram	n)1		2	7	8	8		9			
1 e	-4.	legs	(peri	ipher	al va	scul	ar)	1		2	7	8	8		9			
IF YES TO IT [IF USING PA DESIGNATED	PER F	ORM E	NTE	R NU	MBER	R IN T	ΓΕΧΤ	ВОХ	THA	T C	ORRE	SPONI	DS T	O ONE				ITEM]
2a-d. Selec	t from	one c	of the	follo	owing	g cod	des:											
Emergency 1	for a h	neart a	ttack					1			Em	ergen	cy fo	r a stro	oke			. 2
Follow up af	ter he	art att	ack o	or su	rgery	/ / st	ent.	3			Do	ctors	susp	ected c	lisea	ise/blo	ockag	e .4
Chest pain /	disco	omfort						5			Leg	g pain	with	walkir	ıg			. 6

AFO Version D 10-16-2006 2 of 18

	Other (Specify)								7			C	on [®]	't k	cnov	v						7	7
	Refused								88	3		N	1iss	ing	j							9	9
	2d. Specify:																						
3.	In the past year	(that	is, s	ince	your	· last	JHS	cont	act)), ha	ave y	you	hac	l a	ny c	han	ge i	n y	our/	fam	ily h	story	? That
	is, have your nat	ural	pare	nts,	any (of yo	ur fu	ıll br	oth	ers	or s	iste	rs,	or	you	r na	tura	al c	hild	lren	died	•	
															. Ye	S			1				
															No)			2				
															Do	n't	Kno	w	7		Go t	o Item	5
															Re	fuse	ed		8				
															Mi	ssin	g		9				
4.	For each pers	on w	ho d	lied,	dete	rmin	e:																
	4-a1. Relatio	onsh	ip?				4-a	2.	Caı	use	of c	leat	h?						4	-a3.	Ag	e at d	eath?
	Mother	1					Ca	ncer						1									
	Father	2					He	art A	tta	ck				2									J
	Sibling	3					Str	oke						3									
	Child	4					Ot	her (Spe	cify	·)			4									
							Un	knov	vn					7									
	4.a4 Specify	/:	1		$\overline{}$	1	$\overline{\top}$	<u> </u>		<u> </u>			1				1		_				
	4-b1. Relatio	onsh	ip?				4-	b2. (Cau	se c	of de	eath	?						4	-b3.	Ag	e at d	eath?
	Mother	1					Ca	ncer						1						Γ			\neg
	Father	2					He	art A	Atta	ck				2						L			
	Sibling	3					Str	oke						3									
	Child	4					Ot	her (Spe	cify	·)			4									
							Un	knov	vn					7									
	4-b4. Specify	: [
		_ _							<u> </u>				T				Ī	<u> </u>]			
		ı	- 1	1	- 1	1	- 1	- 1			l	1	- 1			1	- 1	- 1		l			

AFO Version D 10-16-2006 3 of 18

4-c1. Relationsh	nip?	4-c2. Cause of d	eath?	4-c3. Age at death?
Mother 1		Cancer	1	
Father 2		Heart Attack	2	
Sibling 3		Stroke	3	
Child 4		Other (Specify)	4	
		Unknown	7	
4–c4. Specify:				
4-d1. Relations	hip?	4-d2. Cause of de	eath ?	4-d3. Age at death?
Mother 1		Cancer	1	
Father 2		Heart Attack	2	
Sibling 3		Stroke	3	
Child 4		Other (Specify)	4	
		Unknown	7	
4-d4. Specify:				
				our family (natural parents, full
_				ugar in the blood) or cancer?
				1 Go to Item 7
			No	2
				Know 7 —
			Refus	
			Missir	

AFO Version D 10-16-2006 4 of 18

For each person wh	o has a new d	iagnosis (be	en told b	y health	care profes	sional), dete	ermine:
6-a1. Relationshi	ip?	6-a2	. Told ha	as?		6-a3	3. Age at diagnosis
Mother	1	High	blood pre	essure	1		
Father	2	Strok	e		2		
Sibling	3	Heart	Disease		3		
Child	4	Diabe	etes		4		
		Canc	er		5		
		Othei	(Specify))	7		
6-a4. Specify:]
							_]
							J
6-b1. Relationsh	nip?		. Told has			6-b	3. Age at diagnosis
Mother	1		blood pre	essure	1		
Father	2	Strok			2		
Sibling	3	Heart	Disease		3		
Child	4	Diabe	etes		4		
		Canc	er		5		
		Othei	(Specify))	7		
6-b4. Specify:							
							_]
6-c1. Relationsl	hip?		. Told has			6-c	3. Age at diagnosis
Mother	1		blood pre	essure	1		
Father	2	Strok			2		
Sibling	3		Disease		3		
Child	4	Diabe			4		
		Canc			5		
		Othe	(Specify))	7		
6-c4. Specify:							
]

6.

AFO Version D 10-16-2006 5 of 18

6-01. Kelationshi	p ?	6-02. 1010 nas ?	6-d3. Age at diagnosis ?
Mother	1	High blood pressure	
Father	2	Stroke	2
Sibling	3	Heart Disease	3
Child	4	Diabetes	4
		Cancer	5
		Other (Specify)	7
6-d4. Specify:			

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

7. How much stress have you experienced over the

past year? Have you experienced none, very little,

mild stress, moderate stress, a lot of stress, or

1 2 Very little Mild stress 3 Moderate stress A lot of stress 5 Extreme stress 6 Don't Know 7 Refused

AFO Version D 10-16-2006 6 of 18

Missing

9

8.	How often have you felt sad or depressed		
	over the past year: almost never, seldom, sometimes,		
	often, very often, or constantly?	. Almost never	1
		Seldom	2
		Sometimes	3
		Often	4
		Very often	5
		Constantly	6
		Don't Know	7
		Refused	8
		Missing	9
9.	How often have you felt nervous or tense		
	over the <u>past year</u> ?	. Almost never	1
		Seldom	2
		Sometimes	3
		Often	4
		Very often	5
		Constantly	6
		Don't Know	7
		Refused	8
		Missing	9
10.	How often have you felt you were treated unfairly		
	or discriminated against over the past year?	. Almost never	1
		Seldom	2
		Sometimes	3
		Often	4
		Very often	5
		Constantly	6
		Don't Know	7
		Refused	8
		Missing	9

AFO Version D 10-16-2006 7 of 18

11.	Hov	wwell have you handled or coped with					
	stre	essors you experienced over the <u>past year?</u>	Would				
	you	say <u>very poorly, poorly, fair, pretty well, w</u>	<u>vell</u> , or				
	ver	y well?		Very p	oorly	1	
				Poorly		2	
				Fair		3	
				Pretty	well	4	
				Well		5	
				Very w	ell	6	
				Don't	Know	7	
				Refuse	ed .	8	
				Missin	g	9	
12.	Hov	v satisfied are you with the help or support	t that you'v	e receive	ed from ot	hers over the <u>p</u>	ast year?
	Are	you very dissatisfied, somewhat dissatisfied	ed, a little o	<u>dissatisfi</u>	ed, <u>a little</u>	satisfied, some	ewhat satisfied,
	or <u>v</u>	very satisfied?		Very d	issatisfied	1	
				Somew	/hat dissat	isfied 2	
				A little	dissatisfie	ed 3	
				A little	satisfied	4	
				Somew	/hat satisfi	ed 5	
				Very sa	atisfied	6	
				Don't	Know	7	
				Refus	ed	8	
				Missin	ng	9	
13.	In th	e past year, have you seen:	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing
	a.	a dentist	1	2	7	8	9
	b.	a doctor or health professional for routing physical exam or general check-up, that is when you are not sick		2	7	8	9
	c.	a chiropractor	1	2	7	8	9
	d.	a person who uses acupuncture	1	2	7	8	9

AFO Version D 10-16-2006 8 of 18

			<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing
(e.	a faith healer	1	2	7	8	9
f	f.	a person who heals with roots or herbs	1	2	7	8	9
Ć	g.	a person who practices astrology or reads zodiac signs	1	2	7	8	9
ł	h.	a person who reads tea leaves, roots or palms	1	2	7	8	9
14.	ins	e you currently covered by one or more heal surance programs that pays most or all of					
	yo	ur health care expenses?		Yes		1———	
				No		2	Skip 16
				Don't Kn	ow	7 ——	3KIP 10
				Refused		8	
				Missing		9	
15.		ow long has it been since you had health insuverage?		Less than	1 year	1 —	
				1 to 2 year	·s	2 —	
			1	More than	3 years	3 ——	Skip 20
			I	Don't Knov	N	7	
			I	Refused		8 ——	
			I	Missing		9 ——	

16. Are you currently covered by any of the following program (Answer each item)

	<u>Yes</u>	<u>No</u>	<u>Don't</u> Know	<u>Refused</u>	<u>Missing</u>
a. Private health insurance such as Blue Cross/Blue Shield?	1	2	7	8	9
b. Medicaid or public aid?	1	2	7	8	8

AFO Version D 10-16-2006 9 of 18

	<u>Yes</u>	<u>No</u>	<u>Don't</u> Know	<u>Refused</u>	<u>Missing</u>
c. Medicare, a government plan that					
pays health care bills for people aged					
65 and over?	1	2	7	8	9
d. Veterans Administration, CHAMPUS, or					
TRICARE?	1	2	7	8	9
e. Other	1	2	7	8	9
17. (Answer all items) Have you experienced any of	the foll	owing c	hanges in health	insurance b	enefits in the
past year, or since your last JHS annual follow up tel	lephone	call?			
	<u>Yes</u>	<u>No</u>	<u>Don't</u> <u>Know</u>	<u>Refused</u>	<u>Missing</u>
a. An increase in the price of the premiums.	1	2	7	8	9
b. A cut in benefits	1	2	7	8	9
c. An increase in your share of the medical costs	1	2	7	8	9
18. Has there been a time in the past year when yo	u did no	ot			
have health insurance coverage?			Yes		1
			No		2
			Don't Kno	ow	7
			Refused		8
			Missing		9
19. On average, how much do you pay each montl	h for vo	ur			
medication?	=		s then \$20	1	
		\$20) - \$40	2	
		\$41	- \$75	3	
		\$76	5 - 100	4	
		\$10	01 - \$250	5	
		Mor	e than \$250	6	
		Dor	ı't know	7	
		Ref	used	8	
		Mis	sing	9	

10 of 18 AFO Version D 10-16-2006

20.		you have health insurance that helps you pay for you edications?		Yes	1	
				No	2	Go to Item 23
				Don't Know	7—	
				Refused	8	
				Missing	9	
21.	Do	you pay a co-payment when you fill your medication	?	9		
			Yes		1	
			No		2	
			Don't Kn	ow	7	
			Refused		8	
			Missing		9	
	a. b. c.	m, please tell me if your plan this limit. Yes My plan has no limits on my medication coverage	No 2 2	Don't <u>Know</u> 7 7	Refused 8 8	Missing 9 9
	e.	month prescriptions)	2	7	8	9
	f.	My plan limits how often I can fill my prescriptions1	2	7	8	9
	g.	IF YES to item 22f, ask: What is the time limit for filling your prescriptions?				
	h.	Any other limits?1	2	7	8	9

AFO Version D 10-16-2006 11 of 18

1	l ict
1.	LIST

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

23.	How many times in the past year did you go to a doctor's practitioner's office to get care for yourself?		01
	processors of the government o	1	02
		2	03
		3	04
		4	05
		5 to 9	06
		10 or more	07
		Don't Know	77
		Refused	88
		Missing	99
		Wilsonig	33
24.	How often did your doctor or other health care providers listen carefully to you?	.Never	1
		Sometimes	2
		Usually	3
		Always	4
		Don't know	7
		Refused	8
		Missing	9
25.	How often did your doctor or other health providers expla	ain	
	things in a way you could understand?		1
		Sometimes	2
		Usually	3
		Always	4
		Don't Know	7
		Refused	8
		Missing	9

AFO Version D 10-16-2006 12 of 18

26.	How often did your doctor or other health care providers	show		
	respect for what you had to say?	.Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missing	9	
27.	How often did your doctor or other health care providers	spend		
	enough time with you?	.Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missing	9	
28.	Overall, how satisfied have you been with the quality of			
	health care you have received in the past year?	.Very satisfied		1
		Somewhat satisf	ied	2
		Somewhat dissat	isfied	3
		Very dissatisfied		4
		Not sure		5
		Don't Know		7
		Refused		8
		Missing		9

Now I will ask you questions regarding any problems that you have had when you have tried to get health care.

AFO Version D 10-16-2006 13 of 18

Not a problem 3 Don't Know 7	
Don't Know 7	
Don't know /	
Refused 8	
Missing 9	
30. Has there been a time in the past year when you went without	
needed health care because of costs?Yes	
No 2 —— Skip to 3	2
Don't Know 7	
Refused 8	
Missing 9	
31. What type of health care did you do without because of costs? (Answer each item) Yes No Don't Refused Missing Know	Ĺ
a. Did not fill a prescription	
b. Did not see a specialist when needed	
c. Skipped a medical test, treatment of follow-up	
d. Had medical problems, but did not see a doctor or nurse practitioner 2 7 8 9	
Other	
32. How confident are you that you can get high quality health are when you need it?	
Somewhat confident 2	
Not too confident 3	
Not at all confident 4	
Don't Know 7	
Refused 8	
Missing 9	
33. [DO NOT ASK] Is the participant male or female?	m 39
Female 2	

AFO Version D 10-16-2006 14 of 18

34.				SK] H or "E													. Yes			1				
												Go	to Ite	em 35	5b		- No			2				
35 a	you	ı tak	en o	it cor r use ots o	ed an	y fer	nale	hori	mon	e pill	s, sk	in					. Yes No			1	<u> </u>	o to It Go to		
35 b	hav	ve yo	ou ta	HS vi ken (s, sh	or us	ed a	ny fe	male	e ho	rmor	ne pi		o to l			 }	. Yes –No			1 2			Telli :	39
Plea start	se gi	ive n with	ne th any	e na you	mes may	of th be ta	e fer aking	male J cur	hor	mon ly or	es yo with	ou ha the	ıve u mos	sed : t rec	since ent	e oui one.	last Pleas	cont se ex	tact (cclud	since e hor	that mon	exar e cre	n), ams.	
35 c	. N	lame	e 1:																					
36.	Со	de 1	:										[
37.	Ha ^s	ve yo t cor	ou al ntact	so us ed yo	sed a ou?	sec	ond 1	fema	ale h	ormo	one s		we 				. Yes - No			1				
37a.	N	lame	2:									<u> </u>	3 10 11	em 5	9									
			Ĺ														<u>. </u>]				
38.	Со	de 2	:																					

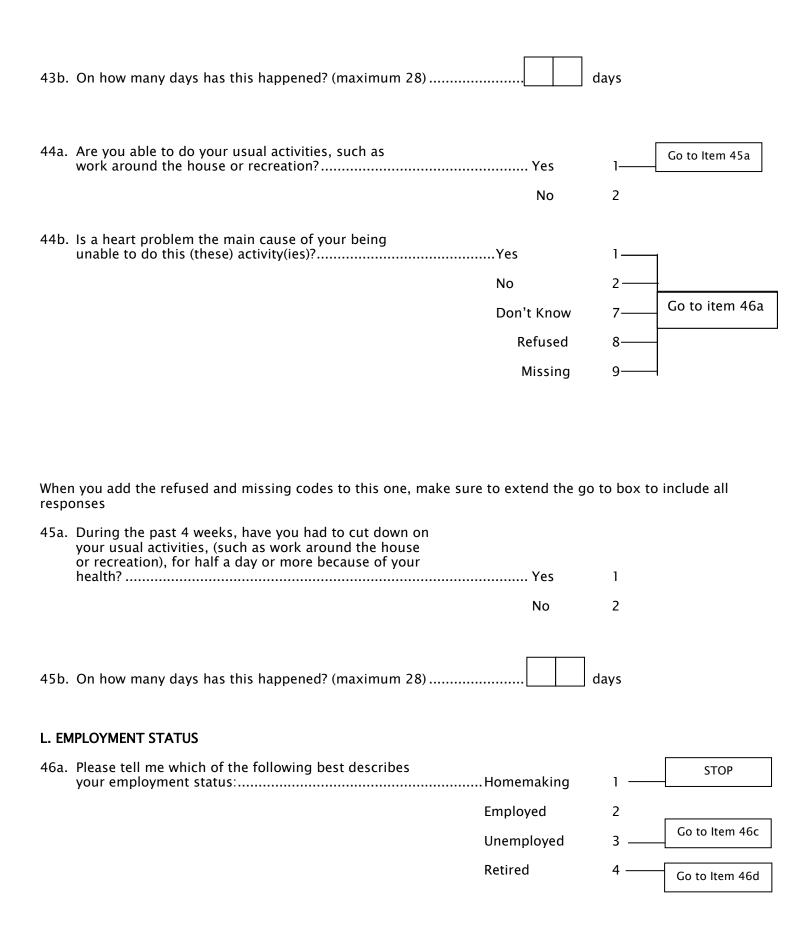
AFO Version D 10-16-2006 15 of 18

I. FUNCTIONAL STATUS:

"Now I would like to find out whether you can do some physical activity without help. By 'without help' I mean without the assistance of another <u>person</u>. These questions refer to the last 4 weeks."

39.	Are you able to do heavy work around the hous shoveling snow or washing windows, walls or fl	e, like		
	without help?		1	
		No	2	
		Don't Know	7	
		Refused	8	
		Missing	9	
40.	Are you able to walk up and down stairs withou	ıt help? Yes	1	
		No	2	
		Don't Know	7	
		Refused	8	
		Missing	9	
41.	Are you able to walk half a mile without help? T	hat's		
	about 8 ordinary blocks	Yes	1	
		No	2	
		Don't Know	7	
		Refused	8	
		Missing	9	
42a.	Are you ABLE to go to work?	Yes	1	Go to Item 43a
		No	2	
		Not Applicable	9	Go to Item 44a
42b.	Is a heart problem the main cause of your not be able to work?		1	
		No	2	Go to Item 44a
		Don't Know	7	GO to item 44a
			-	
		Refused	8	
		Missing	9	
43a.	During the past 4 weeks, have you missed work at least half a day because of your health?	c tor Yes	1	
		Go to Item 44a	2	

AFO Version D 10-16-2006 16 of 18



AFO Version D 10-16-2006 17 of 18

46b.	Which of these two categories best describes your "employed" status:	Employed at a job for pay, either full or part-time	1
		Employed, but temporarily away from regular work	2 — STOP
46c.	Which of these two categories best describes your "unemployed" status:	Unemployed, looking for work	1 — STOP
		Unemployed, not looking for work	2
46d.	Which of these two categories best describes your "retired" status:	Retired from my usual occupation and not working	1
		Retired from my usual occupation, but working for pay	2

Administrative Information

47.	Date of data collection:			/			/				
		m	m		d	d		У	У	У	У
48.	Method of data collection:						. Co	mput	er		1
							Pap	er F	orm		2
49.	Data Collection						. In	Clini	c		1
							Of	f Site	<u> </u>		2
								г			
50.	Code number of person completing this	fori	m:		•••••			[

AFO Version D 10-16-2006 18 of 18



ANNUAL FOLLOW-UP FORM

ID NUMBER: FORM CODE: A F U DATE: 8/29/2011 Version D
ADMINISTRATIVE INFORMATION Oa. Completion Date:/
Instructions: This form should be completed during the interview portion of the participant's follow-up. The Date is the day the contact was made or is the date the status determination was made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.
INTRODUCTION SCRIPT: "Hello, this is [your name] from the Jackson Heart Study. May I please speak with [name of contact]?"
"Hello [name of respondent]. My name is [your name] and I am from the Jackson Heart Study. May I have a few minutes of your time to ask about your health in the past year"?
A. STATUS
1. Result of contact for the interview (select one) a. Participant contacted, agreed to be interviewed → GO TO QUESTION 17 b. Contacted, refused to be interviewed → GO TO QUESTION 72 c. Proxy/Informant contacted □ d. Other person contacted □ e. Contact pending; continue to attempt to contact □ → SAVE AND CLOSE FORM f. Window closed; unable to contact □ → SAVE AND CLOSE FORM
2. Is the participant deceased?
Yes
B. DEATH INFORMATION
3. Death reported by: (select one) Relative/Spouse/Acquaintance
4. Date of death: Month Day Year

5. Location of death:	
a. City:	c. State:
b. County:	
Are you able to answer some questions about an contact with [name] on [mm/dd/yyyy]?	y hospitalizations that occurred since our last
Yes ☐ GO TO QUESTIO No	ON 7
6a. Is there someone else who could answer these	questions?
Yes - person located Yes - reschedule remainder of interview No	
HOSPITALIZATIONS (for deceased participants	s)
7. Was [<u>name</u>] hospitalized for a heart attack, or heart memory. [mm/dd/yyyy]? Yes□ No□ GO TO QUESTIC	
8a. Hospital Name, City, State:	▼
8a1. Specify hospital name, city, and state if not in d	lrop down list:
8b. Approximate date of hospitalization: Month	Year
Second hospitalization, if applicable	
9a. Hospital Name, City, State:	▼
9a1. Specify hospital name, city, and state if not in d	rop down list:
9b. Approximate date of hospitalization Month	Year
10. Did [<u>name</u>] stay overnight as a patient in a hosp Yes□ No□ GO TO QUESTIC	
11a. Hospitalization Reason:	
11b. Hospital Name, City, State:	▼

11b1. Specify hospital name, city, and state if not in drop down list:
11c. Approximate date of hospitalization Month Year
Second hospitalization, if applicable
12a. Hospitalization Reason:
12b. Hospital Name, City, State: ▼
12b1. Specify hospital name, city, and state if not in drop down list:
12c. Approximate date of hospitalization Month Year
Third hospitalization, if applicable
13a. Hospitalization Reason:
13b. Hospital Name, City, State: ▼
13b1. Specify hospital name, city, and state if not in drop down list:
13c. Approximate date of hospitalization Month Year
OUTPATIENT TREATMENT (for deceased participants)
14. Was [name] admitted to an emergency room or a medical facility for outpatient treatment since our last contact?
Yes
15. Was this related to a heart problem or difficulty breathing?
Yes
16a. Hospital/Medical Facility Name, City, State: ▼
16a1. Specify hospital/medical facility name, city, and state if not in drop down list:
16b. Approximate date of admission:

C. GENERAL HEALTH
17. Now I will ask you [name] some questions about your health. Over the past year, compared to other people your [name's] age, would you say that your [name's] health has been excellent, good, fair or poor?
Excellent
18. Since we last contacted you [name], has a doctor said you [name] had high blood pressure?
Yes
19. Since we last contacted you [name], has a doctor said you [name has] have diabetes or sugar in the blood?
Yes
20. Since we last contacted you [name], has a doctor told you [name] that you [name] had chronic lung disease, such as bronchitis, or emphysema?
Yes
21a. Are there times when you [name] wake up at night because of difficulty breathing?
Yes
21b. Do you (Does [name]) have trouble breathing or shortness of breath when hurrying on the level?
Yes
21c. Do you (Does [name]) have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?
Yes
21d. Do you (Does [name]) stop for breath when walking at your own pace?
Yes
21e. Do you (Does [name]) stop for breath after walking 100 yards on the level?
Yes

22. Do you (Does [name]) have difficulty breathing when you are not walking or active?
Yes
23. Do you (Does [name]) usually have some cough or wheezing?
Yes
24. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said (that [name]) had asthma?
Yes
25. Since we last contacted you [name] has a doctor said that you ([name] has) have peripheral vascula disease or intermittent claudication?
Yes
26. Do you (Does [name]) have pain in your [name's] legs caused by a blockage of the arteries?
Yes
27. Do you (Does [name])often have swelling in your [name's] feet or ankles at the end of the day?
Yes No
27a. Is the swelling in your [name's] feet or ankles gone in the morning? Yes
28. Since we last contacted you [name], has a doctor said you [name] had cancer?
Yes
28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?
28b. What is the approximate date the cancer was diagnosed?
Month Year → GO TO QUESTION 30

D. CARDIOVASCULAR EVENTS
29. May I ask you some questions about [name's] health?
Yes ☐ → GO TO QUESTION 30 No
29a. Is there someone else we can ask?
Yes, person located
30. Previously diagnosed with heart failure?
Yes
RECENT HEART FAILURE DIAGNOSIS
31. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said that you [name] had heart failure or congestive heart failure?
Yes□→ GO TO QUESTION 33a No□
32. Since we last contacted you [name] has a doctor said that your [name's] heart is weak, or does not pump as strongly as it should, or that you had fluid on the lungs? Yes
No ☐→ GO TO QUESTION 37
DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART
33. Name and address of the doctor you [name] saw:
33a. Name
33b. Address
33c. City: 33d. State:
33e. Approximate date: Month Year
HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART
34. Were you (Was [name]) hospitalized at that time?
Yes□ No□→ GO TO QUESTION 36
NU フ はひ 10 は05 110N 30

35a. Hospital/Medical Facility Name, City, State:▼
35a1. Specify hospital/medical facility name, city, and state if not in drop down list:
35b. Approximate date of admission: Month Year
"The Jackson Heart 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 Jackson Heart 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."
36. May I send you this release form and an addressed envelope for you to mail it back?
Yes
If the participant agrees to receiving and signing the release form, remember to update the PHF form when the release form is sent to the participant, and then again when the release form is received back.
37. Since we last contacted you [name] on [mm/dd/yyyy] has a doctor said you [name] had a heart attack?
Yes
38. Were you (Was [name]) hospitalized at that time?
Yes
HOSPITAL INFORMATION FOR HEART ATTACK
39a. Hospital Name, City, State: ▼
39a1. Specify hospital name, city, and state if not in drop down list:
39b. Approximate date of hospitalization Month Year
Second hospitalization, if applicable
40a. Hospital Name, City, State: ▼
40a1. Specify hospital name, city, and state if not in drop down list:
40b. Approximate date of hospitalization Month Year

41. Since we last contacted you [name] has a doctor said you [name] had angina, angina pectoris or Annual Follow-Up Form (AFU) Version D Page 7 of 13

chest pain due to heart disease?
Yes
42. Since we last contacted you [name] has a doctor said you [name] had an irregular heart beat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?
Yes
43. Since we last contacted you [name] has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?
Yes
44. Were you [was 'name'] hospitalized for a blood clot in a leg or deep vein thrombosis at that time?
Yes
HOSPITALIZATION FOR BLOOD CLOT IN LEG
45a. Hospital Name, City, State: ▼
45a1. Specify hospital name, city, and state if not in drop down list:
45b. Approximate date of hospitalization Month Year
46. Since we last contacted you [name], has a doctor said that you [name], had a blood clot in your lungs or a pulmonary embolus?
Yes
47. Were you [was 'name'] hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?
Yes
HOSPITALIZATION FOR BLOOD CLOT IN LUNGS
48a. Hospital Name, City, State: ▼
48a1. Specify hospital name, city, and state if not in drop down list:
48b. Approximate date of hospitalization Month Year

49. Since we last contacted you [name], has a doctor said that you [name] had a stroke, slight stroke, transient ischemic attack, or TIA?
Yes No
50. Were you [was 'name'] hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?
Yes
<u> </u>
HOSPITALIZATION FOR STROKE OR TIA
51a. Hospital Name, City, State: ▼
51a1. Specify hospital name, city, and state if not in drop down list:
51b. Approximate date of hospitalization Month Year
E. ADMISSIONS
52. Have you stayed (Did [name] stay) overnight as a patient in a hospital for any other reason since our last contact?
Yes
HOSPITALIZATION FOR OTHER REASON
53a. Hospitalization Reason:
53b. Hospital Name, City, State: ▼
53b1. Specify hospital name, city, and state if not in drop down list:
53c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
54a. Hospitalization Reason:
54b. Hospital Name, City, State: ▼
54b1. Specify hospital name, city, and state if not in drop down list:
54c. Approximate date of hospitalization Month Year

HOSPITALIZATION FOR OTHER REASON

55a. Hospitalization Reason:
55b. Hospital Name, City, State: ▼
55b1. Specify hospital name, city, and state if not in drop down list:
55c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
56a. Hospitalization Reason:
56b. Hospital Name, City, State: ▼
56b1. Specify hospital name, city, and state if not in drop down list:
56c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
57a. Hospitalization Reason:
57b. Hospital Name, City, State: ▼
57b1. Specify hospital name, city, and state if not in drop down list:
57c. Approximate date of hospitalization Month Year
58. Were you (Was [name]) admitted to an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]?
Yes
59. Was this related to a heart problem or difficulty breathing?
Yes
EMERGENCY ROOM/MEDICAL FACILITY INFORMATION
60a. ER/Facility Name, City, State: ▼
60a1. Specify ER/Facility name, city, and state if not in drop down list:

60b. Approximate date of hospitalization Month Year
61. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home? Yes
62. Are you (Is [name]) currently a resident of a nursing home or long-term care facility? Yes
F. INVASIVE PROCEDURES
Next I am going to ask about various types of surgery and medical procedures. We are interested in those that occurred in the hospital, or in an emergency department, or as an outpatient.
63. Since we last contacted you [name], on [mm/dd/yyyy] have you [did name] had any surgery on your [name's] heart, or the arteries of your neck or legs, not counting surgery for varicose veins?
Yes
64. Did you [name] have:
a. Coronary bypass?
Yes
b. Other heart procedure?
Yes → Specify: No
c. Carotid endarterectomy?
Yes
d. Site:
Right
e. Other arterial revascularization?
Yes → Specify: No

f. Any other type of surgery on your heart or the arteries of your [name's] neck or legs?

	Yes
65.	Since we last contacted you [name] on [mm/dd/yyyy] have you [did name have] had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?
	Yes
	Did you [name] have:
	a. Angioplasty or stent of the coronary arteries of your [name's] heart:
	Yes
	b. Angioplasty or stent in the arteries of your [name's] neck:
	Yes
	c. Angioplasty or stent of the lower extremity arteries:
	Yes
G.	INTERVIEW
No	w I would like to ask about medication use during the past two weeks.
66.	Did you [name] take any medications during the past two weeks for:
	a. High blood pressure?
	Yes
	b. High blood cholesterol?
	Yes
	c. Diabetes or high blood sugar?
	Yes
	d. Heart failure?
	Yes
	No

67. Are you [Is name] NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol or Advil.

Yes
68. Does the participant have medications to report?
Yes□ No□→ Go to Question 70
69. Record names of medications.
Next, I have a few miscellaneous questions.
70. Do you (Does [name])now smoke cigarettes?
Yes
71. Please tell me which of the following describes your [name's] current marital status:
Married
CLOSURE SCRIPT:
Talking to participant: "Thank you very much for answering these questions. You have previously provided us with information on how to contact you. To help us contact you next year, please tell me if the information I have is still correct."
If participant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"
Otherwise: "Thank you very much for answering these questions. We will call in about a year."
H. ADMINISTRATIVE INFORMATION
72. AFU Completion Status:
a. Complete



Annual Follow-Up Other Form

ID NUMBER:										C	ONTA	CT \	/EAR:					_	RM CODE RSION D	_	2006
LAST NAME:														INIT	IALS:						
INSTRUCTION must be enterightmost bo incorrect ent questions, ci an "X" and ci	red ab x. Ent ry with rcle the	ove. \ er lead an "X' e lette	When ding : ". Co r cori	ever zeroe de tl respo	numes where co	erical ere n rrect	respo ecess entry	onses ary to clear	are in a fill a fill a	requir all bo ove th	red, e xes. ne inc	nter If a r orre	the nu numbe ct entr	mbei r is e y. Fo	r so tl ntere or "mu	nat th d inco ultiple	e last orrect choi	: digit ly, ma ce" ar	appears ark thround "yes/i	s in the ugh the no" type	<u>.</u>
would like t	o ask	you a	abou	ıt so	me	healt	:h ca	re ex	cperi	ence	s yo	u m	ay ha	ve h	ad in	the	past	year			
l. In the	past y	year h	iave	you	had	any	of th	ne fo	llow	ing t <u>Yes</u>		or p lo	roceo <u>Don'</u> <u>Kno</u>	t Re		<u>d</u> <u>l</u>	<u>Missi</u>	ng_	lal-l (see	c1. <u>Re</u> codes	
la. E	Choc	ardio	gran	1						1		2	7		8		9				
1b. I	ECG .									1		2	7		8		9				
1c. E	xerci	se str	ess	test						1		2	7		8		9				
IF YES T [IF USIN DESIGN	ig pai Ated	PER F	ORM OW F	I EN OR I	TER EACH	NUM H ITE	BER M. IF	IN TI	ext i NG E	BOX DMS,	THA	ТС	ORRES	PON	IDS T						/]
Routine	phys	sical								01			Hea	rt fa	ilure	/ flu	ıid oı	n lun	ıgs	02	
Follow	up of	heart	pro	bler	n (sı	ırger	y/st	ent).		03	3		Hea	rt m	urmı	ır				04	
Chest p	ain /	disco	mfo	rt						05	•		Hea	rt rh	ythn	n dis	turba	ance.		06	
Other (Specif	fy)								07	7		Dor	't kr	iow.					7	7
Refused	k									88	3		Mis	sing						9	9
1a2-1c	2.	Speci	ify:																		

AFO_D_F 1 of 18

				<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Missing</u>	Refused	<u>l</u>
1d. CT/ M	IRI head			1	2	7	8	9	
IF YES TO ITEM [IF USING PAPE DESIGNATED B	R FORM EN	TER NUMBE	R IN TEXT	г вох т	HAT CC	RRESPONE	OS TO ONE		
1d1. Select fro	m one of th	ne following	j codes:						
Forgetfulness ,	trouble th	inking		1		Stroke			2
TIA or "little" s	trokes			3		Other (sp	ecify)		4
Don't know				7		Refused .			8
Missing				9					
1d2. Specify:									
1e. Catheteri	zation or a	ngiogram .		1	2	7 8	3 !	9	
IF 1 e. is	YES, ASK: V	Vas that art	eriogram	to look	at the l	olood vess	els in your:		d1. Reason? odes below)
1e-1	. neck (Carotid arto	eriogram)	1	2	7 8	3 9	9	
1e-2	. heart	(Coronary	arteriogra	am).1	2	7 8	3 9	9	
1e-3	. kidne	ys (Renal a	rteriogran	n)1	2	7 8	3 9	9	
1e-4	. legs (¡	oeripheral v	ascular) .	1	2	7 8	3 9	9	
IF YES TO ITEM [IF USING PAPE DESIGNATED B	R FORM EN ELOW FOR	TER NUMBE EACH ITEM	R IN TEXT	T BOX T DMS, S	HAT CC	RRESPONE	OS TO ONE		
2a-d. Select fr									
Emergency for						_	cy for a stro		
Follow up after							suspected di		_
Chest pain / di	scomfort			5		Leg pain	with walking	g	6

AFO_D_F 2 of 18

	Other (Specify)					7			Don't know									77	7			
	Refused								88			Missing									99	9
	21.6.16														1							
	2d. Specify:																	<u> </u>				
3.	In the past year	(that	is, s	ince	your	· last	JHS	cont	act),	hav	e you	u had	d an	y ch	nan	ge ir	ı yc	ur f	ami	ly his	story?	That
	is, have your nat																					
														Yes	;			1				
														No				2 –	_			
														Doi	n't l	Kno	w	7 —	_	C	Item 5	
														Ref	use	d		8 –	_	G0 t0	item 5	
														Mis	sin	g		9 –				
4.	For each pers	on w	ho d	ied,	dete	rmin	e:															
	4-a1. Relatio	onsh	ip?				4-a	ι2.	Cau	se of	dea	th?						4-	a3.	Age	at de	ath?
	Mother	1					Ca	ncer					1									
	Father	2					He	art A	Attac	k			2								I	ı
	Sibling	3					Stı	roke					3									
	Child	4					Ot	her (Spec	ify)			4									
							Ur	ıkno	wn				7									
	4.a4 Specify	/: <u> </u>															T					
																	 -					
	4-b1. Relatio	onch	in?				1	h2 (Caus	o of	doat	h2						1	h2	Λαc	at de	ath?
	Mother	1	ıþ:					ncer		e 01	ueat	11:	1					4-	υ3. Γ	Aye	atue	
	Father	2							Attac	k			2									
	Sibling	3						roke	illac	K			3									
	Child	4							Snec	·ifv)			4									
								ıkno	, , , , , , , , , , , , , , , , , , , ,													
	4-b4. Specify	: Г			\top							T	Ť			Τ						
							<u></u>	<u></u>		L	L_	L_	<u>_</u>			<u> </u>	$\frac{\perp}{\perp}$					

AFO_D_F

4-6	1. Relationsh	ip?	4-c2. Cause of de	ath?	4-c3. Age at death?
Мо	ther 1		Cancer	1	
Fat	her 2		Heart Attack	2	
Sib	ling 3		Stroke	3	
Ch	ild 4		Other (Specify)	4	
			Unknown	7	
4-0	c4. Specify:				
4-0	d1. Relations	hip?	4-d2. Cause of dea	ath ?	4-d3. Age at death?
Мо	ther 1		Cancer	1	
Fat	her 2		Heart Attack	2	
Sib	ling 3		Stroke	3	
Ch	ild 4		Other (Specify)	4	
			Unknown	7	
4-0	d4. Specify:				
siblin	gs, natural chi	ldren) been newl	y diagnosed (that is, ha	ave they been to	our family (natural parents, full old by a health care provider
that t		-			ugar in the blood) or cancer?
				Yes No	1 Go to Item 7
				INO	۷ ۱
				Don't	Know 7
				Don't Refus	7 ————————————————————————————————————

AFO_D_F 4 of 18

For each person wh	o has a new o	liagnosis (b	een told b	/ health (care profess	ional), determine:
6-a1. Relationsh	ip?	6-a2	. Told ha	s ?		6-a3. Age at diagnosis
Mother	1	High	blood pre	ssure	1	
Father	2	Strol	ке		2	
Sibling	3	Hear	t Disease		3	
Child	4	Diab	etes		4	
		Cano	er		5	
		Othe	er (Specify)		7	
6-a4. Specify:						
6-b1. Relationsh	nip?	6-b2	2. Told has	?		6-b3. Age at diagnosis
Mother	1	High	blood pre	ssure	1	
Father	2	Strol	ке		2	
Sibling	3	Hear	t Disease		3	
Child	4	Diab	etes		4	
		Cano	er		5	
		Othe	er (Specify)		7	
6-b4. Specify:						
C al Balatianal	 -: 2		T-1-1			
6-c1. Relations			. Told has		1	6-c3. Age at diagnosis
Mother	1		blood pre	ssure	1	
Father	2	Strol			2	
Sibling	3		t Disease		3	
Child	4	Diab			4	
		Cano			5	
		Othe	er (Specify)		7	
6-c4. Specify:						

6.

6-d1. Relations	hip?	6-d2. Told has?		6-d3. Age at diagnosis ?
Mother Father	1	High blood pressure Stroke	1 2	
Sibling	3	Heart Disease	3	
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	
,				
6-d4. Specify:				

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

7. How much stress have you experienced over the

past year? Have you experienced none, very little,

mild stress, moderate stress, a lot of stress, or extreme stress?......None 1 2 Very little Mild stress 3 Moderate stress 5 A lot of stress Extreme stress 6 Don't Know 7 Refused 8

9

Missing

AFO_D_F 6 of 18

8. How often have you felt sad or depressed over the past year: almost never, seldom, sometimes, often, very often, or constantly? Almost never 1 Seldom 2 3 Sometimes Often 4 Very often 5 Constantly 6 Don't Know 7 Refused 8 Missing 9 How often have you felt nervous or tense over the <u>past year</u>? Almost never 1 Seldom 2 Sometimes 3 Often Very often 5 6 Constantly Don't Know 7 Refused 8 Missing 9 10. How often have you felt you were treated unfairly or discriminated against over the past year?..... Almost never 1 Seldom 2 3 Sometimes 4 Often 5 Very often Constantly 6 7 Don't Know Refused 8

AFO_D_F 7 of 18

Missing

9

11.	Hov	v well have you handled or coped with											
	stressors you experienced over the <u>past year</u> ? Would												
	you	say <u>very poorly, poorly, fair, pretty well, w</u>											
	<u>ver</u> y	y well?	Very p	oorly	1								
				Poorly		2							
				Fair		3							
				Pretty	well	4							
				Well		5							
				Very w	ell	6							
				Don't	Know	7							
				Refuse	ed	8							
				Missin	g	9							
12.	Hov	v satisfied are you with the help or support	t that you'v	e receive	ed from ot	hers over the <u>r</u>	oast year?						
	Are	you very dissatisfied, somewhat dissatisfied	ed, a little o	<u>dissatisfi</u>	ed, <u>a little</u>	satisfied, som	ewhat satisfied,						
	or <u>v</u>	very satisfied?		Very d	issatisfied	1							
				Somew	/hat dissat	isfied 2							
				A little	dissatisfie	ed 3							
				A little	satisfied	4							
				Somew	/hat satisfi	ed 5							
				Very sa	atisfied	6							
				Don't	Know	7							
				Refus	ed	8							
				Missin	ıg	9							
13.	In th	e past year, have you seen:	<u>Yes</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing						
	a.	a dentist	1	2	7	8	9						
	b.	a doctor or health professional for routing physical exam or general check-up, that is when you are not sick		2	7	8	9						
	c.	a chiropractor	1	2	7	8	9						
	d.	a person who uses acupuncture	1	2	7	8	9						

AFO_D_F 8 of 18

		<u>Yes</u>	<u>i</u>	<u>No</u>	Don't <u>Know</u>	<u>Refused</u>	Missing
6	e.	a faith healer1		2	7	8	9
f	·.	a person who heals with roots or herbs1		2	7	8	9
Ć	g.	a person who practices astrology or reads zodiac signs		2	7	8	9
ł	า.	a person who reads tea leaves, roots or palms1		2	7	8	9
14.		e you currently covered by one or more health urance programs that pays most or all of					
	you	ur health care expenses?	Ye	S		1	
			No)		2	
			Do	n't Kn	ow	7 ——	Skip 16
			Re	fused		8	
			Mi	ssing		9 ——	
15.		w long has it been since you had health insurand verage?		s than	1 year	1 —	
			1 to	2 yeai	rs	2 ——	
			Mor	e than	3 years	3 ——	Skip 20
			Don	't Knov	W	7	
			Refu	ısed		8 ——	
			Miss	sing		9 ——	

16. Are you currently covered by any of the following program (Answer each item)

	<u>Yes</u>	<u>No</u>	<u>Don't</u> Know	<u>Refused</u>	<u>Missing</u>
a. Private health insurance such as Blue Cross/Blue Shield?	1	2	7	8	9
b. Medicaid or public aid?	1	2	7	8	8

AFO_D_F

	<u>Yes</u>	<u>No</u>	<u>Don't</u> Know	<u>Refused</u>	<u>Missing</u>
 Medicare, a government plan that pays health care bills for people aged 					
65 and over?	1	2	7	8	9
d. Veterans Administration, CHAMPUS, or					
TRICARE?	1	2	7	8	9
e. Other	1	2	7	8	9
17. (Answer all items) Have you experienced any o		_	hanges in healt	h insurance b	enefits in the
past year, or since your last JHS annual follow up to	Yes	No No	<u>Don't</u> <u>Know</u>	<u>Refused</u>	<u>Missing</u>
a. An increase in the price of the premiums	1	2	7	8	9
b. A cut in benefits	1	2	7	8	9
c. An increase in your share of the medical costs	1	2	7	8	9
18. Has there been a time in the past year when you have health insurance coverage?			Yes		1
			No		2
			Don't Kı	now	7
			Refused		8
			Missing		9
19. On average, how much do you pay each mon	th for yo	our			
medication?		Les	s then \$20	1	
		\$20	- \$40	2	
		\$41	- \$75	3	
		\$76	5 - 100	4	
		\$10	1 - \$250	5	
		Mor	e than \$250	6	
		Dor	ı't know	7	
		Ref	used	8	
		Mis	sing	9	

20.		you have health insurance that helps you pay for edications?	•		Yes	1	
					No	2	Go to Item 23
					D 1. 1/	_	do to item 25
					Don't Know	7	•
					Refused	8	
					Missing	9	
21.	Do	you pay a co-payment when you fill your medica	tion?				
				Yes		1	
				No		2	
				Don't Kn	ow	7	
				Refused		8	
				Missing		9	
22.	me iter a. b.	My plan has no limits on my medication coverage	Yes . 1				
	d.	My plan limits the number of medications it will pay for per month (or quarter if using 3 month prescriptions).	. 1	2	7	8	9
	e.	IF YES to 22d, ask: How many medications can you obtain?					
	f.	My plan limits how often I can fill my prescriptions	. 1	2	7	8	9
	g.	IF YES to item 22f, ask: What is the time limit for filling your prescriptions?					
	h.	Any other limits?	. 1	2	7	8	9

Lict
 LIJ(

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

23.	How many times in the past year did you go to a doctor's	or nurse		
	practitioner's office to get care for yourself?	None	01 —	Go to Item 29
		1	02	
		2	03	
		3	04	
		4	05	
		5 to 9	06	
		10 or more	07	
		Don't Know	77	
		Refused	88	
		Missing	99	
24.	How often did your doctor or other health care providers			
	listen carefully to you?	Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't know	7	
		Refused	8	
		Missing	9	
25.	How often did your doctor or other health providers explathings in a way you could understand?		1	
	<i>3</i> , , ,	Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missina	9	

AFO_D_F 12 of 18

26.	How often did your doctor or other health care providers	show		
	respect for what you had to say?	Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missing	9	
27.	How often did your doctor or other health care providers	spend		
	enough time with you?	Never	1	
		Sometimes	2	
		Usually	3	
		Always	4	
		Don't Know	7	
		Refused	8	
		Missing	9	
28.	Overall, how satisfied have you been with the quality of			
	health care you have received in the past year?	Very satisfied		1
		Somewhat satisf	ied	2
		Somewhat dissat	tisfied	3
		Very dissatisfied		4
		Not sure		5
		Don't Know		7
		Refused		8
		Missing		9

Now I will ask you questions regarding any problems that you have had when you have tried to get health care.

AFO_D_F 13 of 18

29.		the past year, how much of a problem has it been to bu or your doctor or nurse practitioner believed nec	essary?A			, or treatment
			Not a	problem	3	
			Don't	Know	7	
			Refus	ed	8	
			Missir	ng	9	
30.	Ha	as there been a time in the past year when you went	t without			
	ne	eeded health care because of costs?	Yes		1	
			No		2 —	Skip to 32
			Don't	Know	7	
			Refus	ed	8	
			Missir	ng	9	
31.	W	hat type of health care did you do without because <u>Yes</u>	of costs? (A <u>No</u>	Answer each i Don't <u>Know</u>	item) <u>Refused</u>	<u>Missing</u>
	a.	Did not fill a prescription1	2	7	8	9
	b.	Did not see a specialist when needed1	2	7	8	9
	c.	Skipped a medical test, treatment of follow-up1	2	7	8	9
	d.	Had medical problems, but did not see a doctor or nurse practitioner1	2	7	8	9
	Otl	her				
32.		w confident are you that you can get high quality he		6 . 1	_	
	are	when you need it?	_		1	
				what confide		
				oo confident	3	
			Not at	t all confiden	t 4	
			Don't	Know	7	
			Refus	ed	8	
			Missir	ng	9	
33.	[D	OO NOT ASK] Is the participant male or female?		Male	1 —	Go to Item 39
				Female	2	

AFO_D_F 14 of 18

34.				or "E													. Yes			1					
												Go	to It	em 3!	5b		- No			2					
35 a.	yοι	ı tak	en o	r use	d an	y fer	nale	horr	none	e pill	s, sk	in					V			7	Γ	Go	to Iter	 n 35c	:]
	pat	cnes	s, sn	ots o	r ımp	olant	s?									•••••				I—					
																	No			2—		Go	to Ite	m 39)
35 b	hav	e yo	u ta	HS vi ken d s, sh	or us	ed ai	ny fe	male	e hoi								. Yes			1					
												G	o to l	tem 3	39		-No			2					
																ı									
Pleas start	se gi ing v	ve m with	ne th any	e na you	mes may	of th be ta	e fer ıking	nale ı cur	hor rent	mon ly or	es yo with	ou ha the	ive u mos	sed t rec	since ent o	e our one.	last Pleas	con se ex	tact cluc	(sin de h	ce tl orm	nat e one	xam) crear	, ns.	
35 c.	. N	lame	1:																						
36.	Cod	de 1	:										[]					
37.				so us ed yo													. Yes			1					
												G	o to It	em 3	9		- No			2					
37a.	N	lame	2:																						
																				7					
		· 			· 															_]					
		1									1														
38.	Cod	de 2	:										[

AFO_D_F 15 of 18

I. FUNCTIONAL STATUS:

"Now I would like to find out whether you can do some physical activity without help. By 'without help' I mean without the assistance of another <u>person</u>. These questions refer to the last 4 weeks."

39.	Are you able to do heavy work around the hous shoveling snow or washing windows, walls or fl without help?	oors	Yes	1	
			No	2	
		Do	n't Know	7	
			Refused	8	
			Missing	9	
40.	Are you able to walk up and down stairs withou	t help?	Yes	1	
			No	2	
		D	on't Know	7	
			Refused	8	
			Missing	9	
41.	Are you able to walk half a mile without help? T about 8 ordinary blocks.	hat's	Yes	1	
			No	2	
		D	on't Know	7	
			Refused	8	
			Missing	9	
42a.	Are you ABLE to go to work?	Ye	S	1	Go to Item 43a
		No)	2	
		No	ot Applicable	9 —	Go to Item 44a
42b.	Is a heart problem the main cause of your not be able to work?		.Yes	1 —	
			No	2 —	Go to Item 44a
			Don't Know	7	
			Refused	8	
			Missing	9	
43a.	During the past 4 weeks, have you missed work at least half a day because of your health?	for	Yes	1	
		Go to Item 44a	No	2	

43b.	On how many days has this happened? (maximum 28)		days	
44a.	Are you able to do your usual activities, such as work around the house or recreation?	Yes No	1—————————————————————————————————————	Go to Item 45a
44b.	Is a heart problem the main cause of your being unable to do this (these) activity(ies)?	Yes No Don't Know Refused Missing	1—————————————————————————————————————	Go to item 46a
respo	you add the refused and missing codes to this one, make sur onses During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health?		go to box to 1 2	include all
45b.	On how many days has this happened? (maximum 28)		days	
L. EM	PLOYMENT STATUS			
46a.	Please tell me which of the following best describes your employment status:	Homemaking Employed Unemployed Retired	1 —— 2 3 —— 4 ——	Go to Item 46c Go to Item 46d

AFO_D_F 17 of 18

46b.	Which of these two categories best describes your "employed" status:	Employed at a job for pay, either full or part-time	1	
		Employed, but temporarily away from regular work	2	STOP
46c.	Which of these two categories best describes your "unemployed" status:	Unemployed, looking for work	1 —	STOP
		Unemployed, not looking for work	2 —	
46d.	Which of these two categories best	Potired from my usual occupation		
	describes your "retired" status:	and not working	1	
		Retired from my usual occupation, but working for pay	2	

Administrative Information

47.	Date of data collection:			/			/				
		m	m		d	d		У	У	У	У
48.	Method of data collection:						Co	mput	er		1
							Pap	er F	orm		2
49.	Data Collection						. In	Clini	c		1
							Of	f Site	<u> </u>		2
50.	Code number of person completing this	fori	m:					[

AFO_D_F 18 of 18



Annual Follow-Up Form

FORM CODE: AFU

VERSION: E updated 7/25/2014

ID NUMBER: CONTACT YEAR:
LAST NAME: INITIALS:
ADMINISTRATIVE INFORMATION
0a. Completion Date: Month Day Year 0b. Staff ID:
Instructions: This form should be completed during the interview portion of the participant's follow-up. The Date is the day the contact was made or is the date the status determination was made. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.
 INTRODUCTION SCRIPT: "Hello, this is [your name] from the JHS Study. May I please speak with [name of contact]?" "Hello [name of respondent]. My name is [your name] and I am from the JHS Study. May I have a few minutes of your time to ask about your recent health?" A. STATUS
1. Result of contact for the interview (select one) a. Participant contacted, agreed to be interviewed → GO TO QUESTION 17 b. Participant contacted, refused to be interviewed → GO TO QUESTION 71 c. Proxy/Informant contacted
2. Is the participant deceased?
Yes
No
B. DEATH INFORMATION
3. Death reported by: (select one)
Relative/Spouse/Acquaintance

4. Date of death: Month Day Year
5. Location of death: a. City: c. State: b. County:
6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?
Yes ☐→ GO TO QUESTION 7 No
6a. Is there someone else who could answer these questions?
Yes - person located
HOSPITALIZATIONS FOR HEART ATTACK / CONDITION / STROKE (for deceased participants)
 7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]? Yes□ No□→ GO TO QUESTION 10
8a. Hospital Name, City, State: ▼
8a1. Specify hospital name, city, and state if not in drop down list:
8b. Approximate date of hospitalization: Month Year
Second hospitalization, if applicable
9a. Hospital Name, City, State: ▼
9a1. Specify hospital name, city, and state if not in drop down list:
9b. Approximate date of hospitalization Month Year

OTHER HOSPITALIZATIONS (for deceased participants)

10. Did [name] stay overnight as a patient in a hospital for any other reason since our last contact?
Yes
No ☐→ GO TO QUESTION 14
11a. Hospitalization Reason:
11b. Hospital Name, City, State: ▼
11b1. Specify hospital name, city, and state if not in drop down list:
11c. Approximate date of hospitalization Month Year
Second hospitalization, if applicable
12a. Hospitalization Reason:
12b. Hospital Name, City, State: ▼
12b1. Specify hospital name, city, and state if not in drop down list:
12c. Approximate date of hospitalization Month Year
Third hospitalization. if applicable
13a. Hospitalization Reason:
13b. Hospital Name, City, State: ▼
13b1. Specify hospital name, city, and state if not in drop down list:
13c. Approximate date of hospitalization Month Year
OUTPATIENT TREATMENT (for deceased participants)
14. Was [name] admitted to an emergency room or a medical facility for outpatient treatment since our last contact?
Yes
15. Was this related to a heart problem or difficulty breathing?
Yes
No

16a. Hospital/Medical Facility Name, City, State: ▼
16a1. Specify hospital/medical facility name, city, and state if not in drop down list:
16b. Approximate date of admission:
C. GENERAL HEALTH
17. 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
[QUESTIONS 18-20 MOVED TO MCU FORM]
21a. Are there times when you wake up at night because of difficulty breathing?
Yes
21b. Do you have trouble breathing or shortness of breath when hurrying on a level surface? Yes
21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?
Yes
21d.Do you stop for breath when walking at your own pace?
Yes
21e.Do you stop for breath after walking 100 yards on a level surface?
Yes
21f. Do you have to walk slower than people of your own age on a level surface because of shortness of breath?
Yes
22. Do you have difficulty breathing when you are not walking or active?
Yes

23. Do you usually have some cough or wheezing?
Yes
[QUESTIONS 24-25 MOVED TO MCU FORM]
26. Do you have pain in your legs caused by a blockage of the arteries?
Yes
27. Do you often have swelling in your feet or ankles at the end of the day?
Yes
27a. Is the swelling in your feet or ankles gone in the morning? Yes
No
28. Since we last contacted you, has a doctor said you had cancer?
Yes
28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?
28b. What is the approximate date the cancer was diagnosed?
DOCTOR INFORMATION FOR CANCER
"Please provide the contact information of the doctor you most recently visited for your cancer."
28c. Contact information of the doctor you last saw for your cancer:
28c1. Doctor Name:
28c2. Clinic or Institution Name:
28c3. Address:
28c4. City: 28c5. State:
28c6. Approximate date: Month Year

"The JHS study would like to ask your health care providers to tell us more about your cancer diagnosis and treatment. If you agree to do this, I will send you a form that tells your providers that you authorize the JHS study to get this information from them. Once you sign that form and mail it back to me, I will contact your health care providers."
28d. May I send you this release form and an addressed envelope for you to mail it back?
Yes
D. CARDIOVASCULAR EVENTS
29. May I ask you some questions about [name's] health?
Yes
29a. Is there someone else we can ask?
Yes, person located
RECENT HEART FAILURE DIAGNOSIS
[QUESTIONS 30-35 MOVED TO MCU FORM]
36. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said you [name] had a heart attack?
Yes No → GO TO QUESTION 40
37. Were you (Was [name]) hospitalized at that time?
Yes
HOSPITAL INFORMATION FOR HEART ATTACK
38a. Hospital Name, City, State: ▼
38a1. Specify hospital name, city, and state if not in drop down list:
38b. Approximate date of hospitalization Month Year
Second hospitalization. if applicable
39a. Hospital Name, City, State: ▼
39a1. Specify hospital name, city, and state if not in drop down list:

39b. Approximate date of hospitalization Month Year
40. Since we last contacted you [name], has a doctor said you [name] had angina, angina pectoris or chest pain due to heart disease? Yes
[QUESTION 41 MOVED TO MCU FORM]
42. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?
Yes
43. At that time, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for a blood clot in a leg or deep vein thrombosis?
Yes
HOSPITALIZATION FOR BLOOD CLOT IN LEG
44a. Hospital Name, City, State: ▼
44a1. Specify hospital name, city, and state if not in drop down list:
44b. Approximate date of hospitalization Month Year
45. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in your lungs or a pulmonary embolus?
Yes No
46. Were you (was [name]) hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?
Yes
HOSPITALIZATION FOR BLOOD CLOT IN LUNGS
47a. Hospital Name, City, State: ▼
47a1. Specify hospital name, city, and state if not in drop down list:
47b. Approximate date of hospitalization Month Year

48. Since we last contacted you [name], has a doctor said that you [name] had a stroke, slight stroke, transient ischemic attack, or TIA?
Yes
49. Were you (was [name]) hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?
Yes
HOSPITALIZATION FOR STROKE OR TIA
50a. Hospital Name, City, State: ▼
50a1. Specify hospital name, city, and state if not in drop down list:
50b. Approximate date of hospitalization Month Year
E. ADMISSIONS
51. Since our last contact, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for any reason that you have not yet mentioned? Yes□ No□→ GO TO QUESTION 57
HOSPITALIZATION FOR OTHER REASON
52a. Hospitalization Reason:
52b. Hospital Name, City, State: ▼
52b1. Specify hospital name, city, and state if not in drop down list:
52c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
53a. Hospitalization Reason:
53b. Hospital Name, City, State: ▼
53b1. Specify hospital name, city, and state if not in drop down list:
53c. Approximate date of hospitalization Month Year

54a. Hospitalization Reason: 54b. Hospital Name, City, State: 54b1. Specify hospital name, city, and state if not in drop down list: 54c. Approximate date of hospitalization **HOSPITALIZATION FOR OTHER REASON** 55a. Hospitalization Reason: 55b. Hospital Name, City, State: 55b1. Specify hospital name, city, and state if not in drop down list: 55c. Approximate date of hospitalization **HOSPITALIZATION FOR OTHER REASON** 56a. Hospitalization Reason: 56b. Hospital Name, City, State: 56b1. Specify hospital name, city, and state if not in drop down list: 56c. Approximate date of hospitalization **EMERGENCY ROOM/MEDICAL FACILITY INFORMATION** 57. Were you (Was [name]) seen at an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/vyvy]? Yes..... No ☐→ **GO TO QUESTION 60** 58. Was this related to a heart problem or difficulty breathing? Yes..... 59a. ER/Facility Name, City, State: 59a1. Specify ER/Facility name, city, and state if not in drop down list:

HOSPITALIZATION FOR OTHER REASON

59b. Approximate date Month Year
60. Since our last contact, have you (has [name]) stayed overnight as a patient in a nursing home? Yes
61. Are you (Is [name]) currently a resident of a nursing home or long-term care facility? Yes
F. INVASIVE PROCEDURES
Next I am going to ask about various types of surgery and medical procedures. We are interested in those that occurred in the hospital, or as an outpatient.
62. Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had any surgery on your [name's] heart, or the arteries of your [name's] neck or legs, not counting surgery for vJHSose veins?
Yes□ No□→ GO TO QUESTION 64
63. Did you [name] have:
a. Coronary bypass?
Yes
b. Other heart procedure?
Yes
c. Carotid endarterectomy?
Yes
d. Site:
Right
e. Other arterial revascularization?
Yes → Specify: No
f. Any other type of surgery on your heart or the arteries of your [name's] neck or legs?
Yes

64. Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?
Yes
No
Did you [name] have:
a. Angioplasty or stent of the coronary arteries of your [name's] heart:
Yes
b. Angioplasty or stent in the arteries of your [name's] neck:
Yes
No
c. Angioplasty or stent of the lower extremity arteries:
Yes
No
Angioplasty or stent facility information
d. Facility Name, City, State: ▼
e. Specify Facility name, city, and state if not in drop down list:
f. Approximate date Month Year
G. INTERVIEW
Now I would like to ask about medication use during the past four weeks.
65. Did you [name] take any medications prescribed by a health professional during the past four weeks?
Yes
Did you [name] take any prescribed medications for:
a. High blood pressure or hypertension?
a
b. High blood cholesterol?
aYes 🗌
bNo

c.	Diabetes or high blood suga	r?
	aYes bNo	
d.	Heart failure?	
	aYes bNo	
e.	Asthma?	
	aYes bNo	
f.	Chronic bronchitis or emphy	sema?
	aYes bNo	
g.	Chest pain or angina?	
	aYes bNo	
h.	Abnormal heart rhythm?	
	aYes bNo	
i.	Blood thinning?	
	aYes bNo	
j.	Stroke?	
	aYes bNo	
k.	Mini-stroke or TIA?	
	aYes bNo	
I.	Leg pain while walking or cla	audication?
	aYes bNo	
m.	Depression?	
	aYes bNo	

Next I would like to ask you about your regular use of aspirin. This includes aspirin alone or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months.
66. Do you (Does [name]) regularly take any aspirin or aspirin-containing products including Alka-Seltzer, cold and allergy medication or headache powder? This does not include acetaminophen (for example, Tylenol), ibuprofen (for example, Advil, Motrin or Nuprin), and naproxen (for example, Aleve).
Yes
66a. Do you (Does [name]) regularly take medicine for pain or inflammation that does NOT contain aspirin? This would include Tylenol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.
Yes
[Questions 67-68 deleted]
Next, I have a few miscellaneous questions.
69. Do you (Does [name]) now smoke cigarettes?
Yes
70. Please tell me which of the following describes your [name's] current marital status:
Married
H. ADMINISTRATIVE INFORMATION
71. AFU Completion Status: a. Complete
CLOSURE SCRIPT:
If parti cipant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"



Annual Follow-Up Form

FORM CODE: AFU

Man Andrews States	CONTROL OF THE PART OF THE PAR	VERSION: F 01/05/2015
ID N	UMBER:	CONTACT YEAR:
LAST	Γ NAME:	INITIALS:
ADMINI	ISTRATIVE INFORMATION	
0a. Com	npletion Date:///	0b. Staff ID:
is the da	ay the contact was made or is the date the statu	e interview portion of the participant's follow-up. The Date s determination was made. Special missing values are efused", "Unknown", or "N/A" is not listed as an option.
	DUCTION SCRIPT: "Hello, this is [your r with [name of contact]?"	name] from the JHS Study. May I please speak
	few minutes of your time to ask about you	r name] and I am from the JHS Study. May I have a pur recent health?"
	few minutes of your time to ask about you	
A. ST /1. Res	few minutes of your time to ask about you	viewed GO TO QUESTION 17 viewed GO TO QUESTION 71 SOURCE SAVE AND CLOSE FORM
A. STA1. Res2. Is th	ATUS Sult of contact for the interview (select one) a. Participant contacted, agreed to be interest. b. Participant contacted, refused to be interest. c. Proxy/Informant contacted	viewed GO TO QUESTION 17 viewed GO TO QUESTION 71 Contact SAVE AND CLOSE FORM
A. STA1. Res2. Is th	ATUS Sult of contact for the interview (select one) a. Participant contacted, agreed to be interest. b. Participant contacted, refused to be interest. c. Proxy/Informant contacted	viewed GO TO QUESTION 17 viewed GO TO QUESTION 71 SAVE AND CLOSE FORM SAVE AND CLOSE FORM
A. STA 1. Res 2. Is th	ATUS Sult of contact for the interview (select one) a. Participant contacted, agreed to be interest. b. Participant contacted, refused to be interest. c. Proxy/Informant contacted	viewed GO TO QUESTION 17 viewed GO TO QUESTION 71 SAVE AND CLOSE FORM SAVE AND CLOSE FORM
 A. STA 1. Res 2. Is th B. DEA 3. Dea 	ATUS Sult of contact for the interview (select one) a. Participant contacted, agreed to be interest. Proxy/Informant contacted d. Other person contacted e. Contact pending; continue to attempt to f. Window closed; unable to contact The participant deceased? Yes	viewed GO TO QUESTION 17 viewed GO TO QUESTION 71 SAVE AND CLOSE FORM SAVE AND CLOSE FORM FION 28

4. Date of death: Month Day Year
5. Location of death: a. City: c. State: b. County:
6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?
Yes ☐ ➡ GO TO QUESTION 7 No
6a. Is there someone else who could answer these questions?
Yes - person located
HOSPITALIZATIONS FOR HEART ATTACK / CONDITION / STROKE (for deceased participants)
7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]? Yes
8a. Hospital Name, City, State: ▼
8a1. Specify hospital name, city, and state if not in drop down list:
8b. Approximate date of hospitalization: Month Year
Second hospitalization, if applicable
9a. Hospital Name, City, State: ▼
9a1. Specify hospital name, city, and state if not in drop down list:
9b. Approximate date of hospitalization Month Year

OTHER HOSPITALIZATIONS (for deceased participants)

10. Was [name] hospitalized or did [name] stay in a hospital observation unit for any other reason since our last contact?
Yes
No GO TO QUESTION 14
11a. Hospitalization Reason:
11b. Hospital Name, City, State: ▼
11b1. Specify hospital name, city, and state if not in drop down list:
11c. Approximate date of hospitalization Month Year
Second hospitalization, if applicable
12a. Hospitalization Reason:
12b. Hospital Name, City, State: ▼
12b1. Specify hospital name, city, and state if not in drop down list:
12c. Approximate date of hospitalization Month Year
Third hospitalization. if applicable
13a. Hospitalization Reason:
13b. Hospital Name, City, State: ▼
13b1. Specify hospital name, city, and state if not in drop down list:
13c. Approximate date of hospitalization Month Year
OUTPATIENT TREATMENT (for deceased participants)
14. Was [name] seen at an emergency room or a medical facility for outpatient treatment since our last contact?
Yes

15. Was this related to a heart problem or difficulty breathing?
Yes
No GO TO QUESTION 71
16a. ER/Facility Name, City, State: ▼
16a1. Specify ER/ facility name, city, and state if not in drop down list:
16b. Approximate date: ☐ / ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
C. GENERAL HEALTH
17. 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
[QUESTIONS 18-20 MOVED TO MCU FORM]
21a. Are there times when you wake up at night because of difficulty breathing?
Yes No
21b. Do you have trouble breathing or shortness of breath when hurrying on a level surface?
Yes
21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?
Yes
21d.Do you stop for breath when walking at your own pace?
Yes
21e.Do you stop for breath after walking 100 yards on a level surface?
Yes
21f. Do you have to walk slower than people of your own age on a level surface because of shortness of breath?
Yes No

22. Do you have difficulty breathing	when you are not walking or active?
Yes	
No	
23. Do you usually have some coug	h or wheezing?
Yes	
[QUESTIONS 24-25 MOVED TO M	CU FORM]
26. Do you have pain in your legs ca	aused by a blockage of the arteries?
Yes	
No	
27. Do you often have swelling in yo	our feet or ankles at the end of the day?
Yes□ No□	
No	GO TO QUESTION 28
27a. Is the swelling in your feet or a	nkles gone in the morning?
Yes	
-	
·	me], has a doctor said you [name] had cancer?
Yes	IF QUESTION 1 is 'a. Participant contacted, agreed to be interviewed', GO TO QUESTION 36;
	IF QUESTION 1 is 'c. Proxy/Informant contacted'
ě	or 'd. Other person contacted', GO TO QUESTION 29
28a. Can you tell me in what part of	the body the [name's] most recently diagnosed cancer was located?
28b. What is the approximate date t	he cancer was diagnosed?
Month	Year
DOCTOR INFORMATION FOR CA	NCER CONTRACTOR CONTRA
"Please provide the contact informations, [his/her] cancer."	mation of the doctor you [name] most recently visited for your
28c. Contact information of the doct	or you [name] last saw for your [his/her] cancer:
28c1. Doctor Name:	
28c2. Clinic or Institution Name:	
28c3. Address:	
28c4. City:	28c5. State:

28c6. Approximate date: Month	Year		
If speaking to the participant: "The JHS study would like to ask your health care providers to tell us more about your cancer diagnosis and treatment. If you agree to do this, I will send you a form that tells your providers that you authorize the JHS study to get this information from them. Once you sign that form and mail it back to me, I will contact your health care providers."			
If speaking to the proxy/informant/other: "The JHS study would like to ask [name's] health care providers to tell us more about his/her cancer diagnosis and treatment. If you agree to do this, I will send [name] a form that tells his/her providers that [name] authorizes the JHS study to get this information from them. Once [name] signs that form and mails it back to me, I will contact the office of the health care providers."			
28d. May I send you this release form	n and an addressed envelope for you to mail it back?		
Yes□ No	IF QUESTION 1 is 'a. Participants contacted, agreed to be interviewed' GO TO QUESTION 36; IF QUESTION 1 is 'c. Proxy/Informant contacted' or 'd. Other person contacted', GO TO QUESTION 29		
D. CARRIOVACCUI AR EVENTO			
D. CARDIOVASCULAR EVENTS			
29. May I ask you some more quest	ions about [name's] health?		
Yes ☐ GO TO QUESTION 36 No			
29a. Is there someone else we can ask?			
Yes, person located			
RECENT HEART FAILURE DIAGNOSIS			
[QUESTIONS 30-35 MOVED TO MCU FORM]			
36. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said you [name] had a heart attack?			
Yes			
37. Were you (Was [name]) hospitalized at that time?			
Yes□ No□➡	GO TO QUESTION 40		

HOSPITAL INFORMATION FOR HEART ATTACK
38a. Hospital Name, City, State: ▼
38a1. Specify hospital name, city, and state if not in drop down list:
38b. Approximate date of hospitalization Month Year
Second hospitalization. if applicable
39a. Hospital Name, City, State: ▼
39a1. Specify hospital name, city, and state if not in drop down list:
39b. Approximate date of hospitalization Month Year
40. Since we last contacted you [name], has a doctor said you [name] had angina, angina pectoris or chest pain due to heart disease?
Yes
[QUESTION 41 MOVED TO MCU FORM]
42. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?
Yes
43. At that time, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for a blood clot in a leg or deep vein thrombosis?
Yes
HOSPITALIZATION FOR BLOOD CLOT IN LEG
44a. Hospital Name, City, State: ▼
44a1. Specify hospital name, city, and state if not in drop down list:
44b. Approximate date of hospitalization Month Year
45. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in your lungs or a pulmonary embolus?
Yes

time?
Yes
HOSPITALIZATION FOR BLOOD CLOT IN LUNGS
47a. Hospital Name, City, State: ▼
47a1. Specify hospital name, city, and state if not in drop down list:
47b. Approximate date of hospitalization Month Year
48. Since we last contacted you [name], has a doctor said that you [name] had a stroke, slight stroke, transient ischemic attack, or TIA?
Yes
49. Were you (was [name]) hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?
Yes
HOSPITALIZATION FOR STROKE OR TIA
50a. Hospital Name, City, State: ▼
50a1. Specify hospital name, city, and state if not in drop down list:
50b. Approximate date of hospitalization Month Year
E. ADMISSIONS
51. Since our last contact, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for any reason that you have not yet mentioned?
Yes
HOSPITALIZATION FOR OTHER REASON
52a. Hospitalization Reason:
52b. Hospital Name, City, State: ▼
52b1. Specify hospital name, city, and state if not in drop down list:

46. Were you (was [name]) hospitalized for a blood clot in your lungs or a pulmonary embolus at that

52c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
53a. Hospitalization Reason:
53b. Hospital Name, City, State: ▼
53b1. Specify hospital name, city, and state if not in drop down list:
53c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
54a. Hospitalization Reason:
54b. Hospital Name, City, State: ▼
54b1. Specify hospital name, city, and state if not in drop down list:
54c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
55a. Hospitalization Reason:
55b. Hospital Name, City, State: ▼
55b1. Specify hospital name, city, and state if not in drop down list:
55c. Approximate date of hospitalization Month Year
HOSPITALIZATION FOR OTHER REASON
56a. Hospitalization Reason:
56b. Hospital Name, City, State: ▼
56b1. Specify hospital name, city, and state if not in drop down list:
56c. Approximate date of hospitalization Month Year

EMERGENCY ROOM/MEDICAL FACILITY INFORMATION

since our last contact on [mm/dd/yyyy]?
Yes
Yes
58. Was this related to a heart problem or difficulty breathing?
Yes
No GO TO QUESTION 60
59a. ER/Facility Name, City, State: ▼
59a1. Specify ER/Facility name, city, and state if not in drop down list:
59b. Approximate date Month Year
60. Since our last contact, have you (has [name]) stayed overnight as a patient in a nursing home?
Yes
61. Are you (Is [name]) currently a resident of a nursing home or long-term care facility?
Yes
F. INVASIVE PROCEDURES
Next I am going to ask about various types of surgery and medical procedures. We are interested in those that occurred in the hospital, or as an outpatient.
62. Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had any surgery on your [name's] heart, or the arteries of your [name's] neck or legs, not counting surgery for vJHSose veins?
Yes
63. Did you [name] have:
a. Coronary bypass?
Yes
b. Other heart procedure? Yes No

	c. Carotid endarterectomy?
	Yes
	d. Site:
	Right Left Both
	e. Other arterial revascularization? YesSpecify:
	f. Any other type of surgery on your heart or the arteries of your [name's] neck or legs?
	Yes
64	Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?
	Yes
	Did you [name] have:
	a. Angioplasty or stent of the coronary arteries of your [name's] heart:
	Yes
	b. Angioplasty or stent in the arteries of your [name's] neck:
	Yes
	c. Angioplasty or stent of the lower extremity arteries:
	Yes
Ar	ngioplasty or stent facility information
	d. Facility Name, City, State: ▼
	e. Specify Facility name, city, and state if not in drop down list:
	f. Approximate date Month Year

G. INTERVIEW

Now I would like to ask about medication use during the past four weeks.

65.	Di	d you [name] take any pres	scription medications in the past 4 weeks?
		Yes	
		No□➡	Go to Question 66
	Dic	d you [name] take any prescrib	ped medications for:
	a.	High blood pressure or hyper	tension?
		aYes bNo	
	b.	High blood cholesterol?	
		aYes bNo	
	c.	Diabetes or high blood sugar	?
		aYes bNo	
	d.	Heart failure?	
		aYes bNo	
	e.	Asthma?	
		aYes bNo	
	f.	Chronic bronchitis or emphys	sema?
		aYes bNo	
	g.	Chest pain or angina?	
		aYes bNo	
	h.	Abnormal heart rhythm?	
		aYes bNo	
	i.	Blood thinning?	
		aYes	

b.No

	j.	Stroke?	
		aYes bNo	
	k.	Mini-stroke or TIA?	
		aYes bNo	
	l.	Leg pain while walking or cla	udication?
		aYes bNo	
	m.	Depression?	
		aYes bNo	
COI	nbi		your regular use of aspirin. This includes aspirin alone or in a uch as aspirin in a cold medicine. By regular use, I mean taking everal months.
66.	Sel		take any aspirin or aspirin-containing products including Alkation or headache powder? This does not include Tylenol, Advil, en among others.
		No	
668			r take medicine for pain or inflammation that does NOT contain enol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.
		Yes	
[Qi	ıes	tions 67-68 deleted]	
Ne	xt, I	have a few miscellaneous of	questions.
69.	Do	you (Does [name]) now smo	ke cigarettes?
		Yes	
70.	Ple	ease tell me which of the follo	wing describes your [name's] current marital status:
		Married	

H. ADMINISTRATIVE INFORMATION	
71. AFU Completion Status: a. Complete	

CLOSURE SCRIPT:

If participant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"



Medical Conditions Update Form

FORM CODE: MCU VERSION: A 11/26/2013

D NUMBER: CONTACT YEAR:		
AST NAME: INITIALS:		
ADMINISTRATIVE INFORMATION		
0a. Completion Date: Month Day Year Ob. Staff ID: Ob. Staff ID:		
0c. Person being interviewed:		
Participant ☐ Proxy/informant/Other person ☐ → GO TO QUESTION 6		
Instructions: This form is updated during the interview portion of the participant's follow-up. Any medical condition question which has already been answered 'Yes' should not be asked. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.		
SECTION I – This section is asked of the participant only 1. Since we last contacted you, has a doctor said you had high blood pressure?		
Yes□ No□ → GO TO QUESTION 2		
1a. Date: Month Day Year		
1b. CY:		
2. Since we last contacted you, has a doctor said you have diabetes or sugar in the blood?		
Yes		
2a. Date: Month Day Year		
2b. CY:		

	nce we last contacted you, has a doctor told you that you had chronic lung disease, such as conchitis, or emphysema?
	Yes
3a	a. Date: Month Day Year
3k	o. CY:
4. Si	nce we last contacted you, has a doctor said you had asthma?
	Yes
48	a. Date: Month Day Year
4k	o. CY:
	nce we last contacted you, has a doctor said that you have peripheral vascular disease or termittent claudication?
	Yes
	No
58	a. Date: Month Day Year
5k	o. CY:
SEC	TION II – This section is asked of the participant or the proxy/informant/other person
	nce we last contacted you [name], has a doctor said that you [name] had heart failure or congestive eart failure?
	Yes
	nce we last contacted you [name], has a doctor said that your [name's] heart is weak, or does not ump as strongly as it should, or that you had fluid on the lungs?
	Yes
78	a. Date: Month Day Year
7k	o. CY:

DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART

8. Name and address of the doctor you [name] saw:
8a. Name
8b. Address
8c. City: 8d. State:
8e. Approximate date: Month Year
If speaking to the participant: "The JHS study would like to ask your doctor to tell us more about your health. If you agree to do this, I will send you a form that tells your doctor that you authorize the JHS study to get this information. Once you sign that form and mail it back to me, I will contact your doctor's office."
If speaking to the proxy/informant/other: "The JHS study would like to ask [name's] doctor to tell us more about his/her health. If you agree to do this, I will send [name] a form that tells the doctor that [name] authorizes the JHS study to get this information. Once [name] signs that form and mails it back to me, I will contact the doctor's office."
9. May I send you this release form and an addressed envelope for you to mail it back?
Yes
If the participant agrees to receiving and signing the release form, remember to update the PHF form when the release form is sent to the participant, and then again when the release form is received back.
HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART
10. At that time, were you (Was [name]) hospitalized or did you [name] stay in a hospital observation unit?
Yes No
11a. Hospital/Medical Facility Name, City, State: ▼
11a1. Specify hospital/medical facility name, city, and state if not in drop down list:
11b. Approximate date of admission: Month Year
12. Since we last contacted you [name], has a doctor said you [name] had an irregular heartbeat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?
Yes

12a. Date: Month Day Year
12b. CY:
PERSONAL NEUROLOGIC HISTORY
If speaking to the participant: "Since we last contacted you, have you been told by a doctor of health professional that you have:"
If speaking to the proxy/informant/other: "Since we last contacted you [name], has [name] bee told by a doctor or health professional that he/she has:"
13a. Alzheimer's Disease?
Yes
13a1. Date: Month Day Year
13a2. CY:
13b. Parkinson's Disease?
Yes
13b1. Date: Month Day Year
13b2. CY:
13c. Memory loss or cognitive impairment?
Yes
13c1. Date: Month Day Year
13c2. CY:
13d. Dementia, vascular dementia, or hardening of the arteries of the brain?
Yes

13d1. Date:	Manth /				
	Month	Day	Yea	ſ	
13d2. CY:					

CLOSURE SCRIPT:

"Thank you very much for answering these questions. You have previously provided us with information on how to contact you. To help us contact you in the future, please tell me if the information I have is still correct."

[Update the CIU form as necessary.]

"Thank you very much for answering these questions. We will call __in a few months."