



ANNUAL FOLLOW-UP FORM

ID NUMBER:

FORM CODE: A F U

DATE: 04/20/11
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / / 0b. Staff ID: 0c. CY:
Month Day Year

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 ARIC Study. May I please speak with [name of contact]?"

"Hello [name of respondent]. My name is [your name] and I am from the ARIC 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 71**
 - 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.....
- No → **GO TO QUESTION 29**

B. DEATH INFORMATION

3. Death reported by: (select one)
- Relative/Spouse/Acquaintance
 - Surveillance.....
 - Other (e.g., Obituary, Social Security Administration)

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.....

Yes - reschedule remainder of interview..... → **GO TO QUESTION 71**

No → **GO TO QUESTION 71**

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.....
No → **GO TO QUESTION 71**

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

Yes.....
No → **GO TO QUESTION 71**

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: / → **GO TO QUESTION 71**
Month Year

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.....
- Good.....
- Fair.....
- Poor.....

18. Since we last contacted you, has a doctor said you had high blood pressure?

- Yes.....
- No.....

19. Since we last contacted you, has a doctor said you have diabetes or sugar in the blood?

- Yes.....
- No.....

20. Since we last contacted you, has a doctor told you that you had chronic lung disease, such as bronchitis, or emphysema?

- Yes..... → **GO TO QUESTION 24**
- No.....

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 the level?

- Yes.....
- No..... → **GO TO QUESTION 22**
- Unable to Walk..... → **GO TO QUESTION 23**

21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?

- Yes.....
- No..... → **GO TO QUESTION 23**

21d. Do you stop for breath when walking at your own pace?

- Yes.....
- No..... → **GO TO QUESTION 23**

21e. Do you stop for breath after walking 100 yards on the level?

- Yes.....
- No..... → **GO TO QUESTION 23**

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

Yes.....

No

23. Do you usually have some cough or wheezing?

Yes.....

No

24. Since we last contacted you on [mm/dd/yyyy], has a doctor said had asthma?

Yes.....

No

25. Since we last contacted you has a doctor said that you have peripheral vascular disease or intermittent claudication?

Yes.....

No

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

Yes.....

No

27. Do you often have swelling in your feet or ankles at the end of the day?

Yes.....

No → **GO TO QUESTION 28**

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.....

No → **GO TO QUESTION 30**

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?

/ → **GO TO QUESTION 30**
Month Year

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..... → **GO TO QUESTION 30**
Yes, reschedule remainder of interview → **GO TO QUESTION 71**
No → **GO TO QUESTION 71**

RECENT HEART FAILURE DIAGNOSIS

30. 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 32a**
No

31. 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 36**

DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART

32. Name and address of the doctor you [name] saw:

32a. Name _____

32b. Address _____

32c. City: _____ 32d. State:

32e. Approximate date: /
Month Year

HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART

33. Were you (Was [name]) hospitalized at that time?

Yes
No → **GO TO QUESTION 35**

34a. Hospital/Medical Facility Name, City, State: ▼

34a1. Specify hospital/medical facility name, city, and state if not in drop down list: _____

34b. Approximate date of admission: /
Month Year

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

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

Yes.....
No

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.

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.....
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.....
No

41. 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.....
No

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.....
No → **GO TO QUESTION 45**

43. Were you [was 'name'] hospitalized for a blood clot in a leg or deep vein thrombosis at that time?

Yes.....
No → **GO TO QUESTION 45**

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 → **GO TO QUESTION 48**

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

Yes.....
No → **GO TO QUESTION 48**

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.....
No → **GO TO QUESTION 51**

49. Were you [was 'name'] hospitalized for this stroke, slight stroke, transient ischemic attack, or TIA?

Yes.....

No → **GO TO QUESTION 51**

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

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

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

57. 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.....
No → **GO TO QUESTION 60**

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

Yes.....
No → **GO TO QUESTION 60**

EMERGENCY ROOM/MEDICAL FACILITY INFORMATION

59a. ER/Facility Name, City, State: ▼

59a1. Specify ER/Facility name, city, and state if not in drop down list: _____

59b. Approximate date of hospitalization /
Month Year

60. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home?

Yes.....
No

61. Are you (Is [name]) currently a resident of a nursing home or long-term care facility?

Yes.....
No

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.

62. 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.....
No → **GO TO QUESTION 64**

63. Did you [name] have:

a. Coronary bypass?

Yes.....
No

b. Other heart procedure?

Yes..... → Specify: _____
No

c. Carotid endarterectomy?

Yes.....
No → **GO TO QUESTION 63e**

d. Site:

Right.....
Left.....
Both.....

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.....
No

64. 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.....

No → **Go to Question 65a**

Did you [name] have:

a. Angioplasty or stent of the coronary arteries of your [name's] heart:

Yes.....

No

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

G. INTERVIEW

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

65. Did you [name] take any medications during the past two weeks for:

a. High blood pressure?

Yes.....

No

b. High blood cholesterol?

Yes.....

No

c. Diabetes or high blood sugar?

Yes.....

No

d. Heart failure?

Yes.....

No

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

Yes.....

No

67. Does the participant have medications to report?

Yes.....

No → **Go to Question 69**

68. Record names of medications.

Next, I have a few miscellaneous questions.

69. Do you (Does [name]) now smoke cigarettes?

Yes.....

No

70. Please tell me which of the following describes your [name's] current marital status:

Married

Widowed

Divorced

Separated.....

Never 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

71. AFU Completion Status:

a. Complete

b. Partially complete; contact again within window (interruptions) ...

c. Partially complete; unable to complete within window (done).....