

DEATH INFORMATION

4. Date of death: ... - -
 Month Day Year

5. Location of death (city/county, state):

| | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
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After Item 5, skip to Item 30, Screen 8

C. GENERAL HEALTH

6. Now I will ask you some questions about your health since we last spoke with you; that is, from (mm/dd/yy of last contact) until today. During that time, compared to other people your age, would you say that your health has been excellent, good, fair or poor?

| | |
|-----------|---|
| Excellent | E |
| Good | G |
| Fair | F |
| Poor | P |

CHEST PAIN ON EFFORT

7. Since our last contact on
(mm/dd/yy of last contact),
have you had any pain
or discomfort in your chest? Yes Y

No N
 Go to Item 20,
Screen 5

8. Do you get it when you
walk uphill or hurry? Yes Y

No N
 Go to Item 17,
Screen 5

Never hurries
or walks uphill H

9. Do you get it when you walk at
an ordinary pace on the level? Yes Y

No N

10. What do you do if you get it
it while you are walking? ... Stop or slow down S

Carry on C
 {Record "Stop or slow down"
if subject carries on after
taking nitroglycerin}

Go to Item 17,
Screen 5

11. If you stand still,
what happens to it? Relieved R

Not relieved N
 Go to Item 17,
Screen 5

G. POSSIBLE INFARCTION

17. Since our last contact have you had a severe pain across the front of your chest lasting for half an hour or more? Yes Y

..... No N
 Go to Item 20

18. Did you see a doctor because of this pain? Yes Y

..... No N
 Go to Item 20

19. What did he say it was? Heart Attack H
 Other Disorder O

F. INTERMITTENT CLAUDICATION

20. Since our last contact on (mm/dd/yy of last contact), have you had pain in either leg on walking? Yes Y

..... No N
 Go to Item 29, Screen 7

21. Does this pain ever begin when you are standing still or sitting? Yes Y

..... No N
 Go to Item 29, Screen 7

22. In what part of your leg do you feel it?
 {If calves not mentioned, ask: Anywhere else?}

Pain includes calf/calves C

Pain does not include calf/calves N

Go to Item 29,
 Screen 7

23. Do you get it if you walk uphill or hurry? Yes Y

Go to Item 29, Screen 7 — No N

Never hurries or walks uphill H !

24. Do you get it if you walk at an ordinary pace on the level? Yes Y
 No N

25. Does the pain ever disappear while you are walking? Yes Y

Go to Item 29, Screen 7 — No N

26. What do you do if you get it when you are walking? ... Stop or slow down S

Go to Item 29, Screen 7 — Carry on C

27. What happens to it
if you stand still? Relieved R

Not relieved N

Go to Item 29

28. How soon? 10 minutes or less L

More than 10 minutes M ;

G. STROKE/TIA

29. Since our last contact have
you been told by a physician that
you had a stroke, slight stroke,
transient ischemic attack, or TIA? Yes Y

No N

If "Yes", ensure that this event is included in the
"HOSPITALIZATIONS" section.

.. HOSPITALIZATIONS

30. Were you (Was _____)
hospitalized for a heart
attack since our last contact
on (mm/dd/yy of last contact)? Yes Y
No N
Unknown U

If "Yes", complete "HOSPITALIZATIONS" section.

31. Have you stayed (Did _____ stay)
overnight as a patient in a
hospital for any other reason
since our last contact? Yes Y
No N

If "Yes", add to "HOSPITALIZATIONS" section.

INTERVIEWER CODE NUMBER

32. Code number of person
completing this form: ...