

12. How soon?..... 10 minutes or less L

Go to Item 17, Screen 5 — More than 10 minutes M

13. Will you tell me where it was?
{Record answer verbatim in space below. Then, circle Y or N for all areas.}

	<u>Yes</u>	<u>No</u>
a. Sternum (upper or middle)	Y	N
b. Sternum (lower)	Y	N
c. Left anterior chest	Y	N
d. Left arm	Y	N
e. Other	Y	N

13.f. Specify:

--	--	--	--	--	--	--	--	--	--

14. Do you feel it anywhere else?..... Yes Y
{If "Yes", record above} No N

15. Did you see a doctor because of this pain or discomfort? Yes Y

Go to Item 17, Screen 5 — No N

16. What did he say it was?

Angina	A
Heart Attack	H
Other Heart Disease	D
Other	O

E. 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

Go to Item 20 — No N

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

Go to Item 20 — No N

19. What did he say it was?

Heart Attack	H
Other Disorder	O

F. INTERMITTENT CLAUDICATION

20. Since we last contacted you, have you had pain in either leg on walking? Yes Y

Go to Item 29, Screen 7 — No N

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

Go to Item 29, Screen 7 — No N

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

No N

Go to Item 29, Screen 7

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

Go to Item 29 — Not relieved N

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, if appropriate.

H. HOSPITALIZATIONS

30. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yy)? Yes Y

No N

Unknown U

If "Yes", complete "HOSPITALIZATIONS" section.

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

If "Yes," add to "HOSPITALIZATIONS" section. For DECEASED participants, go to Item 41, screen 11.

I. FUNCTIONAL STATUS

"Next, I would like to find out whether you can do some physical activities without help. By 'without help,' I mean without the assistance of another person. These questions refer to the last 4 weeks."

32. 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

33. Are you able to walk up and down stairs to the second floor without help? ... Yes Y
 No N

34. Are you able to walk half a mile without help? That's about 8 ordinary blocks. Yes Y
 No N

35.a. Are you able to go to work?

Go to Item 36a, Screen 9 — Yes Y
 No N

Go to Item 37a, Screen 9 — Not Applicable A

b. Is a heart problem the main cause of your not being able to work?

Go to Item 37a, Screen 9 — Yes Y
 No N
 Unknown U

36.a. During the past 4 weeks, have you missed work for at least half a day because of your health? Yes Y
 No N

Go to Item 37a —

b. On how many days has this happened? {maximum 28}

days

37.a. Are you able to do your usual activities, such as work around the house or recreation?

Go to Item 38a — Yes Y
 No N

37.b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?

Go to Item 39a, Screen 10 — Yes Y
 No N
 Unknown U

38.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?

Go to Item 39a, Screen, 10 — Yes Y
 No N

b. On how many days has this happened? {maximum 28}

days

39.a. Over the past year, have you lost more than 10 pounds?

Yes Y

Go to Item 40a — No N

Go to Item 39c — Unknown U

b. About how much lower is your weight now than a year ago?

pounds

c. Were you trying to lose this weight?

Yes Y

No N

Unknown U

40.a. Please tell me which of the following describes your current marital status:

{READ ALL CHOICES}

Go to Item 40c, Screen 11 — Married M

Widowed W

Divorced D

Separated S

Go to Item 40c, Screen 11 — Never Married N

b. When did you become (widowed/divorced/separated)?

During the last month A

More than 1 month ago, but during the last 6 months B

More than 6 months ago, but during the last year C

More than one year ago D

Don't know E

40.c. Did someone [else] you were close to die in the past year?

Yes Y

Go to Item 41 — No N

Don't Know U

d. When did this person die?

During the last month A

More than 1 month ago, but during the last 6 months B

More than 6 months ago, but during the last year C

Don't know D

40.e. What was this person's relationship to you?

Mother M

Father F

Sister S

Brother B

Child C

Other relative R

Friend D

Pet P

Other O

J. ADMINISTRATIVE INFORMATION

41. Code number of person completing this form:

NAME: _____

ID NUMBER: _____

Contact Year: _____

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUD screen 12 of 13)

K. HOSPITALIZATIONS

For each time you were (he/she was) a patient over night 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/yy of last contact)? [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.]

42.a. Hospitalization Reason: _____

43.a. Hospital Name, City, and State: _____

44.a. Month and Year: _____

		/		
M	M		Y	Y

45.a. Linkage Status:

(H) or (N)

42.b. Hospitalization Reason: _____

43.b. Hospital Name, City, and State: _____

44.b. Month and Year: _____

		/		
M	M		Y	Y

45.b. Linkage Status:

(H) or (N)

42.c. Hospitalization Reason: _____

43.c. Hospital Name, City, and State: _____

44.c. Month and Year: _____

		/		
M	M		Y	Y

45.c. Linkage Status:

(H) or (N)

NAME: _____

ID NUMBER:

--	--	--	--	--	--	--	--

Contact Year:

--	--

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUD screen 13 of 13)

42.d. Hospitalization Reason:

43.d. Hospital Name, City, and State:

44.d. Month and Year:

		/		
--	--	---	--	--

M M Y Y

45.d. Linkage Status:
(H) or (N)

42.e. Hospitalization Reason:

43.e. Hospital Name, City, and State:

44.e. Month and Year:

		/		
--	--	---	--	--

M M Y Y

45.e. Linkage Status:
(H) or (N)

42.f. Hospitalization Reason:

43.f. Hospital Name, City, and State:

44.f. Month and Year:

		/		
--	--	---	--	--

M M Y Y

45.f. Linkage Status:
(H) or (N)