

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.

OMB#: 0925-0281
Exp. 05/31/2017



MEDICAL CONDITIONS UPDATE FORM

ID NUMBER:

FORM CODE: M C U

DATE: 01/22/2014
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / / 0b. Staff ID:

Month Day Year

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. This form is not completed for deceased participants.

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.....
No → **GO TO QUESTION 3**

2a. Date: / /

Month Day Year

2b. CY:

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

Yes.....
No → **GO TO QUESTION 4**

3a. Date: //
Month Day Year

3b. CY:

4. Since we last contacted you, has a doctor said you had asthma?

Yes.....
No → **GO TO QUESTION 5**

4a. Date: //
Month Day Year

4b. CY:

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

Yes.....
No → **GO TO QUESTION 6**

5a. Date: //
Month Day Year

5b. CY:

SECTION II – This section is asked of the participant or the proxy/informant/other person

6. Since we last contacted you [name], has a doctor said that you [name] had heart failure or congestive heart failure?

Yes..... → **GO TO QUESTION 7a**
No

7. 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 12**

7a. Date: //
Month Day Year

7b. 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 ARIC 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 ARIC 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 ARIC 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 ARIC 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.....
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.

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 → **GO TO QUESTION 12**

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.....
No → **GO TO QUESTION 13a**

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 or health professional that you have:”**

If speaking to the proxy/informant/other: **“Since we last contacted [name], has [name] been told by a doctor or health professional that he/she has:”**

13a. Alzheimer’s Disease?

Yes.....
No → **GO TO QUESTION 13b**

13a1. Date: / /
Month Day Year

13a2. CY:

13b. Parkinson’s Disease?

Yes.....
No → **GO TO QUESTION 13c**

13b1. Date: / /
Month Day Year

13b2. CY:

13c. Memory loss or cognitive impairment?

Yes.....
No → **GO TO QUESTION 13d**

13c1. Date: / /
Month Day Year

13c2. CY:

13d. Dementia, vascular dementia, or hardening of the arteries of the brain?

Yes.....
No → **SAVE AND CLOSE FORM**

13d1. Date: //
Month Day Year

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 about six months."