



## SEMI-ANNUAL FOLLOW-UP CORE QUESTIONS

ID NUMBER:

FORM CODE:

DATE: 12/15/2011  
Version 1.0

### ADMINISTRATIVE INFORMATION

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

Month                  Day                                  Year

**Instructions:** This form is completed during the six-month follow up to the participant's annual follow-up interview. The Date is the day the contact is made, or is the date the status determination is 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 last six months? "

### A. STATUS

1. Result of contact for the interview (select one)

- a. Participant contacted, agreed to be interviewed...  → **GO TO QUESTION 4**
- b. Contacted, refused to be interviewed.....  → **GO TO QUESTION 33**
- 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.....  → **GO TO QUESTION 33, COMPLETE THE DEC FORM**
- No .....

### B. CARDIOVASCULAR EVENTS

3. May I ask you some questions about [name's] health?

Yes .....  → **GO TO QUESTION 4**  
No .....

3a. Is there someone else we can ask?

Yes, person located.....  → **GO TO QUESTION 4**  
Yes, reschedule remainder of interview.....  → **GO TO QUESTION 33**  
No .....  → **GO TO QUESTION 33**

**RECENT HEART FAILURE DIAGNOSIS**

4. **[DO NOT ASK; FOR THE INTERVIEWER]** Does the tracing sheet indicate that a doctor previously said that the participant had heart failure or congestive heart failure?

Yes.....  → **GO TO QUESTION 10**  
No .....

4a. 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 6a**  
No .....

5. **[DO NOT ASK; FOR THE INTERVIEWER]** Does the tracing sheet indicate that a doctor previously said that the participant's heart was weak, or did not pump as strongly as it should, or that the participant had fluid on the lungs?

Yes.....  → **GO TO QUESTION 10**  
No .....

5a. 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 [name] had fluid on the lungs?

Yes.....   
No .....  → **GO TO QUESTION 10**

**Doctor information for heart failure/weak heart**

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

6a. Name \_\_\_\_\_

6b. Address \_\_\_\_\_

6c. City: \_\_\_\_\_ 6d. State:

6e. Approximate date:  /   
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.”**

7. 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**

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

Yes.....  
No ..... → **GO TO QUESTION 10**

9a. Hospital/Medical Facility Name, City, State:  ▼

9a1. Specify hospital/medical facility name, city, and state if not in drop down list: \_\_\_\_\_

9b. Approximate date of admission: /  
Month Year

**RECENT HEART ATTACK**

10. 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 14**

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

Yes.....  
No ..... → **GO TO QUESTION 14**

**Hospital information for heart attack**

12a. Hospital Name, City, State:  ▼

12a1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

12b. Approximate date of hospitalization /  
Month Year

**Second hospitalization, if applicable**

13a. Hospital Name, City, State:  ▼

13a1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

13b. Approximate date of hospitalization /   
Month Year

**RECENT HEART SYMPTOMS OR STROKE**

14. 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 .....

15. 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 .....

16. 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 19**

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

Yes.....  
No ..... → **GO TO QUESTION 19**

**Hospitalization for stroke or TIA**

18a. Hospital Name, City, State:  ▼

18a1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

18b. Approximate date of hospitalization /   
Month Year

**C. OTHER ADMISSIONS**

19. 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 25**

**HOSPITALIZATION FOR OTHER REASON**

20a. Hospitalization Reason: \_\_\_\_\_

20b. Hospital Name, City, State:  ▼

20b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

20c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

21a. Hospitalization Reason: \_\_\_\_\_

21b. Hospital Name, City, State:  ▼

21b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

21c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

22a. Hospitalization Reason: \_\_\_\_\_

22b. Hospital Name, City, State:  ▼

22b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

22c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

23a. Hospitalization Reason: \_\_\_\_\_

23b. Hospital Name, City, State:  ▼

23b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

23c. Approximate date of hospitalization /   
Month Year

**HOSPITALIZATION FOR OTHER REASON**

24a. Hospitalization Reason: \_\_\_\_\_

24b. Hospital Name, City, State:  ▼

24b1. Specify hospital name, city, and state if not in drop down list: \_\_\_\_\_

24c. Approximate date of hospitalization /   
Month Year

**EMERGENCY ROOM OR OUTPATIENT CARE**

25. 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 28**

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

Yes.....  
No ..... → **GO TO QUESTION 28**

**Emergency room/medical facility information**

27a. ER/Facility Name, City, State:  ▼

27a1. Specify ER/Facility name, city, and state if not in drop down list: \_\_\_\_\_

27b. Approximate date of hospitalization /   
Month Year

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

Yes.....  
No .....

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

Yes.....  
No .....

**D. 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.**

30. 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 [name's] neck or legs, not counting surgery for varicose veins?

Yes.....  
No ..... → **GO TO QUESTION 32**

31. Did you [name] have:

a. Coronary bypass?

Yes.....  
No .....

b. Other heart procedure?

Yes..... → Specify: \_\_\_\_\_  
No .....

c. Carotid endarterectomy?

Yes.....

No ..... → **GO TO QUESTION 31e**

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 .....

32. 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 ..... →

**IF QUESTION 1 is 'a. Participant contacted, agreed to be interviewed', GO TO QUESTION 33, COMPLETE THE GENERAL INTERVIEW FORM; IF QUESTION 1 is 'c. Proxy/Informant contacted', or 'd. Other person contacted', GO TO QUESTION 33**

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 ..... →

**IF QUESTION 1 is 'a. Participant contacted, agreed to be interviewed', GO TO QUESTION 33, COMPLETE THE GENERAL INTERVIEW FORM; IF QUESTION 1 is 'c. Proxy/Informant contacted' or 'd. Other person contacted', GO TO QUESTION 33**

**CLOSURE SCRIPT:**

**If Proxy/Informant/Other person contacted: "Thank you very much for answering these questions. We will call \_\_\_\_\_ in about six months."**

**E. ADMINISTRATIVE INFORMATION**

33. sAFU Core Questions Completion Status:

- a. Complete .....
- b. Partially complete; contact again within window (interruptions) ...
- c. Partially complete; unable to complete within window (done) .....