10-A OMB No. 1925-0191 Approval Expires: 17-11-89

Coordinating	Center	Participant	ID	Label
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HOME INTERVIEW



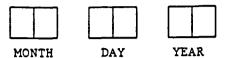
ASSIGNMENT INFORMATION

1.

RECORD OF CALLS									
Day of	£ We	ek			MO/DA Date		Time	Notes Code*	FI ID
у м т	W	R	F	s	1	1	A P		
тмт	W	R	F	s	1	1	A P		
тмт	W	R	F	s	1.	1	A P		
<u>т</u> м т	W	R	F	s	,	<u> </u>	A P		
<u>ч</u> мт	W	R	F	S	1	1	A P		
тмт	w	R	F	s	1	1	A P		
YMT	W	R	F	s	,	1	A P		
YMT	W	R	F	\$,	1	A P		
Y M T	W	R	F	s	/	1	A P		
YMT	W	R	F	S	1	1	A P		
Y M T	W	R	F	s	1	1	A P		
CLINIC A	APPO	INT	MEN	T SEI	I? Y	N		OFFICE USE	
*RESULT CODES (CIRCLE THE FINAL FIELD RESULT CODE.) 01 Interview complete 06 Physically/mentally incompetent 11 Home Interview appointment set 02 No one home 07 Vacant 18 Home interview appointment broken 03 No eligible respondent home 08 Partial interview 20 Other (SPECIFY IN NOTES ABOVE) 04 Refusal 09 Vacation/second home 26 Age ineligible 05 Language barrier 10 Temporarily away 27 Moving from area									
INTRODUC	TIO	N F	OR	FIRS	I CONTAG	T WIT	H ELIGIBLE RESP	ONDENT	
Hello, I'm (NAME) with (NAME OF INSTITUTION). We are doing medical research for the National Institutes of Health to study factors related to heart disease in this county. As part of this important study, we are conducting a brief interview now and physical examination at a clinic later with people in (NAME OF COMMUNITY). (NAME OF COMMUNITY) is one of only four com- munities being studied. You are eligible for our study and we would appreciate your cooperation in this important effort. Would you like a brochure that explains the study and assures that everything you say will be kept private? I will be pleased to answer any questions you may have.									
Let me record the date and time and we will begin this brief interview.									
. Date c MONTH	, r I	DA					2.	Time Interview Began: 3. Interviewer ID# Image: I	3

01-21-87

4. I have the month and year of your birth. Please give me your complete date of birth. VERIFY ELIGIBILITY. IF INELIGIBLE, SAY: Thank you very much for your help but only people who are 45 through 64 years old are eligible for our study. TERMINATE INTERVIEW AND ENTER CODE 26 IN RECORD OF CALLS.

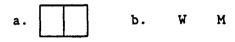


Since ARIC is a long-term study which will include a brief telephone interview with you each year and a second clinic examination three years from now, I would like to ask you about your future plans.

5. Do you have definite plans to move out of the area in the near future?

Yes.....Y No......N ->>> GO TO BOX BELOW QUESTION 8

6. When do you plan to move? RECORD NUMBER OF UNITS IN "a" and CIRCLE CODES FOR WEEK OR MONTH IN "b."



7. Where do you plan to move?

CITY

COUNTY

STATE

8. What arrangements have you made for moving?

,

REVIEW Qs. 6, 7, and 8

IF	6.	Respondent	plans	to	move	within	the next	three	months.	
	-		-					•		

- AND 7. Respondent plans to move outside ARIC study area.
- AND 8. Moving arrangements are definite (movers hired, notice given on job, hired for job in new location, new/old residence rented, sold, etc.).

SAY: Since the ARIC study is a long term study and you will be unable to participate in the follow-up because of your moving plans, we will not be able to include you in the study. Thank you for your help. If your plans should change and you should stay in (NAME OF STUDY COMMUN-ITY) will you call the ARIC study staff and we will discuss your participation in the study? GIVE RESPONDENT BROCHURE WITH ARIC TELEPHONE NUMBER CIRCLED AND TERMINATE INTERVIEW.

ENTER CODE 27 IN RECORD OF CALLS.

IDN

I would like to ask you a few questions about your health and that of your parents.

9. Compared to other people your age, would you say that your health is excellent, good, fair, or poor?

Excellent.....E Good.....G Fair....F Poor....P

10. Has a doctor ever said you had any of the following: READ EACH DISEASE NAME AND CODE "N" IF "NO" OR "NEVER TESTED".

a.	High blood pressure or hypertension	
	(high blood)U	(Unsure)
ь.	High blood cholesterolU	(Unsure)
c.	Heart attackU	(Unsure)
d.	StrokeYNU	(Unsure)
e.	Diabetes (sugar in the blood)	(Unsure)
f.	Cancer	(Unsure)
g٠	Chronic lung disease, such as chronic	
	bronchitis, or emphysemaU	(Unsure)
h.	AsthmaYU	(Unsure)

11. Have you stayed overnight as a patient in a hospital during the past year?

Yes.....Y No.....N

- 12. Is your natural mother living?
 - Yes.....Y→ GO TO QUESTION 17 No.....N Unknown.....U→ GO TO QUESTION 20
- 13. Approximately how old was she when she died? ENTER "99" FOR AGES 99 OR OLDER.

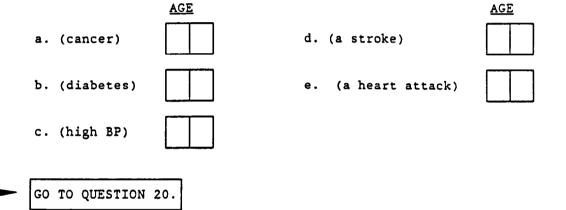
AGE

14. What was the cause of your natural mother's death?

CancerC	
Heart attackA	
StrokeS	•
Other (Specify)0	·
UnknownU	

15.	-	your natural mother ever have any of the following diseases? ASE NAME.	READ EACH
	a.	Cancer	(Unsure)
	ъ.	Diabetes (sugar in the blood)	(Unsure)
	с.	High blood pressure or hypertension	
		(high blood)U	(Unsure)
	d.	StrokeY	(Unsure)
	e.	Heart Attack	(Unsure)
		Ý Ý	
		IF ALL "NO" OR GO TO QUESTION	

16. IF YES TO ANY DISEASE IN QUESTION 15, ASK FOR EACH DISEASE WITH A Y CODE: How old was she when she was first told she had (NAME OF DISEASE)? ENTER "99" FOR AGES 99 OR OLDER.



17. How old is she? ENTER "99" FOR AGES 99 AND OLDER.



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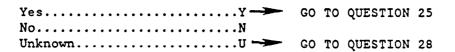
18. Did your natural mother ever have or does she now have any of the following diseases? READ EACH DISEASE NAME.

а. Ъ. с.	Cancer Diabetes (sugar in the blood) High blood pressure or hypertension				
	(high blood)	.Y.	 N	u	(Unsure)
d.	Stroke				
e.	Heart attack	Y.	 Ŋ	Ų	(Unsure
			 Ý	¥.	
			"NO" QUEST		"UNSURE", 20.

19. IF YES TO ANY DISEASE IN QUESTION 18, ASK FOR EACH DISEASE WITH A Y CODE: How old was she when she was first told she had (NAME OF DISEASE)? ENTER "99" FOR AGES 99 OR OLDER.

		<u>AGE</u>		<u>AGE</u>
а.	(cancer)		d. (a stroke)	
Ъ.	(diabetes)		e. (a heart attack)	
c.	(high BP)			

20. Is your natural father living?



21. Approximately how old was he when he died? ENTER "99" FOR AGES 99 OR OLDER.

A	GE	

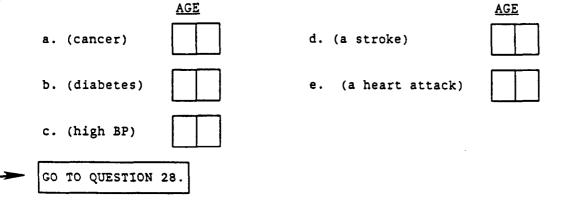
22. What was the cause of your natural father's death?

CancerC	
Heart attackA	
StrokeS	
Other (Specify)0	
UnknownU	•

23. Did your natural father ever have any of the following diseases? READ EACH DISEASE NAME.

a. b. c.	CancerYYYU Diabetes (sugar in the blood)YYNU High blood pressure or hypertension	
	(high blood)U	
d.	StrokeYNU	• •
e.	Heart attack	(Unsure)
	IF ALL "NO" OR GO TO QUESTION	

24. IF YES TO ANY DISEASE IN QUESTION 23, ASK FOR EACH DISEASE WITH A Y CODE: How old was he when he was first told he had (NAME OF DISEASE)? ENTER "99" FOR AGES 99 OR OLDER.



25. How old is he? ENTER "99" FOR AGES 99 AND OLDER.



26. Did your natural father ever have or does he now have any of the following diseases READ EACH DISEASE NAME.

a. b.	Cancer Diabetes (sugar in the blood)			
с.	High blood pressure or hypertension (high blood)	Y.	N U	(Unsure)
đ.	Stroke	.Y.	U	(Unsure)
e.	Heart attack	.Y.		(Unsure)
			ALL "NO" OR TO QUESTION	

27. IF YES TO ANY DISEASE IN QUESTION 26, ASK FOR EACH DISEASE WITH A Y CODE: How old was he when he was first told he had (NAME OF DISEASE)? ENTER "99" FOR AGES 99 OR OLDER.

		AGE		<u>AGE</u>
a.	(cancer)		d. (a stroke)	
Ъ.	(diabetes)		e. (a heart attack)	
c.	(high BP)			

28. Now I have a few questions about you. Have you ever smoked cigarettes? (CODE "NO" IF LESS THAN 400 CIGARETTES IN A LIFETIME.)

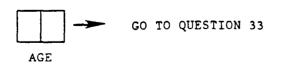
29. How old were you when you first started regular cigarette smoking? ENTER "00" IF NEVER SMOKED REGULARLY.



30. Do you now smoke cigarettes?

Yes.....Y — GO TO QUESTION 32 No.....N

31. How old were you when you stopped?



32. How many cigarettes do you smoke per day now? (CODE "00" IF LESS THAN ONE PER DAY.)

Т	

CIGARETTES

33. During the years that you have smoked, was there ever a period of one year or more that you did <u>not</u> smoke cigarettes?

34. For how many years did you not smoke cigarettes?



35. On the average of the entire time you smoked, how many cigarettes did you usually smoke per day? (CODE "00" IF LESS THAN ONE PER DAY.)



CIGARETTES

36. (Do/did) you inhale the cigarette smoke? READ RESPONSE CATEGORIES.

Not at all.....N Slightly.....S Moderately.....M Deeply....D

37. Have you ever smoked a pipe regularly? (CODE "NO" IF LESS THAN 12 OZ IN A LIFETIME.)

Yes.....Y No.....N → GO TO QUESTION 44

38. How old were you when you started to smoke a pipe regularly?

		_	
	_	-	

AGE

39. Do you now smoke a pipe?

Yes.....Y -->> GO TO QUESTION 41 No.....N

- 40. How old were you when you stopped?
 - GO TO QUESTION 42

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41. How much pipe tobacco are you smoking now? (RECORD OZ PER WEEK: A STANDARD POUCH OF TOBACCO CONTAINS 1 1/2 OZ. CODE "00" IF LESS THAN ONE OZ. PER WEEK.)



42. On the average over the entire time you smoked a pipe, how much pipe tobacco did you smoke per week? (RECORD OZ PER WEEK: A STANDARD POUCH OF TOBACCO CONTAINS 1 1/2 OZ. CODE "00" IF LESS THAN ONE OZ. PER WEEK.)



43. (Do/Did) you ever inhale the pipe smoke? READ RESPONSE CATEGORIES.

Not at all	1
Slightly	5
Moderately	1
DeeplyI)

44. Have you ever smoked cigars or cigarillos regularly? (CODE "NO" IF LESS THAN 1 CIGAR/ CIGARILLO A WEEK FOR A YEAR).

> Yes.....Y No.....N → GO TO QUESTION 51

45. How old were you when you started smoking (cigars/cigarillos) regularly?

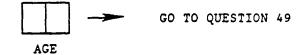
AGE	

AGE

46. Do you now smoke (cigars/cigarillos)?

Yes.....Y → GO TO QUESTION 48 No.....N

47. How old were you when you stopped?



48. How many (cigars/cigarillos) do you smoke per week now? (CODE "00" IF LESS THAN ONE PER WEEK.)



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49. On the average, over the entire time you smoked (cigars/cigarillos), how many (cigars/ cigarillos) did you smoke per week? (CODE "00" IF LESS THAN ONE PER WEEK.)

	 _	_
		- I

CIGARS/CIGARILLOS

50. (Do/Did) you inhale the (cigar/cigarillo) smoke? READ RESPONSE CATEGORIES.

Not at all.....N Slightly.....S Moderately.....M Deeply....D

51. Please tell me if you are currently using or have ever used chewing tobacco, snuff, or nicotine gum prescribed by a doctor; for example, Nicorette. IF "YES," PROBE FOR CURRENT OR PAST USE.

a.	Chewing tobacco	.Currently	c	.Never	.N	Past	UseP
ь.	Snuff	.Currently	C	.Never	.N	Past	UseP
c.	Nicotine gum	.Currently	c	.Never	.N	Past	UseP

52. ASK NON-SMOKERS ONLY: During the past year, about how many hours per week, on the average, were you in close contact with people when they were smoking? For example, in your home, in a car, at work or other close quarters.



HOURS

Now I have a few last general questions about you.

53. How long have you lived in (NAME OF COMMUNITY)?



YEARS

54. What is the highest grade or year of school you have ever completed, including trade or vocational school or college? RECORD NUMBER OF YEARS FOR GRADES 1-12 _____ OR:

CIRCLE RESPONSE FOR HIGHEST NUMBER BELOW:

GED13	COLLEGE
VOCATIONAL	l Year17
	2 Years18
1 Year14	3 Years19
2 Years15	4 Years 20
3 Years16	Graduate School or
	Professional School21
	Don't know

55. I would like you to look at this card while I read it all to you. Please tell me the letter of the one which <u>best</u> describes your current occupation. HAND CARD TO RESPONDENT AND READ EACH RESPONSE CATEGORY.

Homemaking, not working outside				
the homeA		то	QUESTION	62
Employed at a job for pay, either				
full or part-timeB	1			
Employed, but temporarily away	1			
	> GO	TO	QUESTION	57
Unemployed, looking for workD	1			
Unemployed, not looking for workE	J.			
Retired from my usual occupation				
and not workingF				
Retired from my usual occupation				
but working for payG				

56. Did you retire because of health reasons?

Yes.....Y No.....N Partially....P

57. What (is/was) your (current/most recent) occupation? IF MORE THAN ONE JOB, RECORD OCCUPATION FOR JOB FOR MOST HOURS WORKED PER WEEK.

ENTER "N"

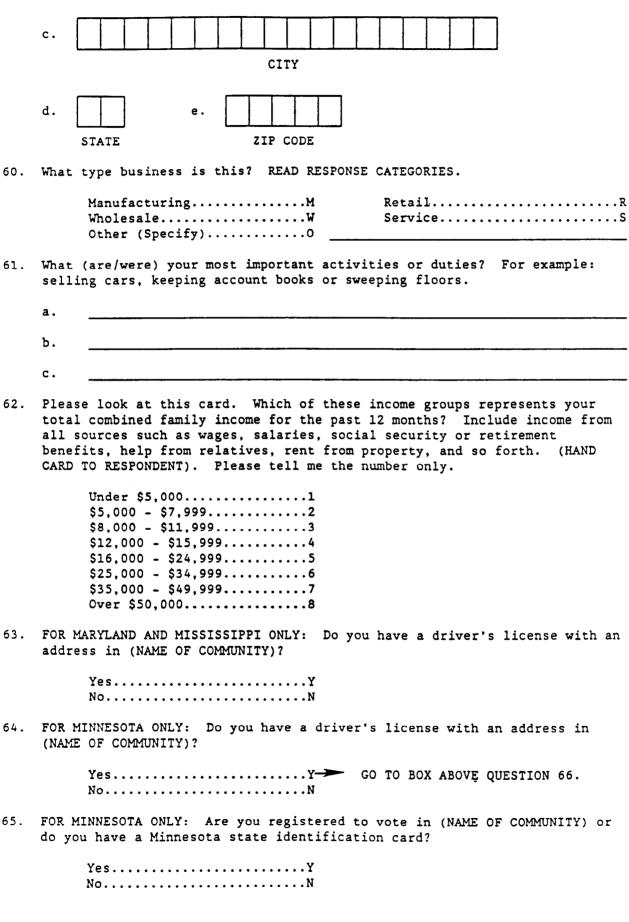
IF "NEVER WORKED", AND GO TO QUESTION 62

58. - (Are/Were) you self employed for this occupation?

Yes.....Y No.....N

59. Please give me the name and address of your company. It will help us categorize (your/your former) occupation.

a.																		
								C01	1PA1	NY I	NAM	ε						
							 	 ST	REE	IA 1	DDRI	ESS					 	
Ъ.																		
					_												 	
	-																	
	Γ																	
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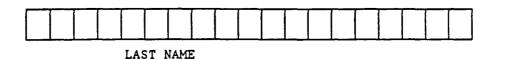
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Now I would like to obtain some information which will help us contact you later.

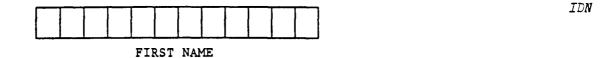
Please tell me what title you use before your name, for example: 66. a. Mr., Mrs., Ms., Doctor, Reverend, or something else.

TITLE

Would you please spell your last name for me? Ъ.



c. Please spell your first name for me.

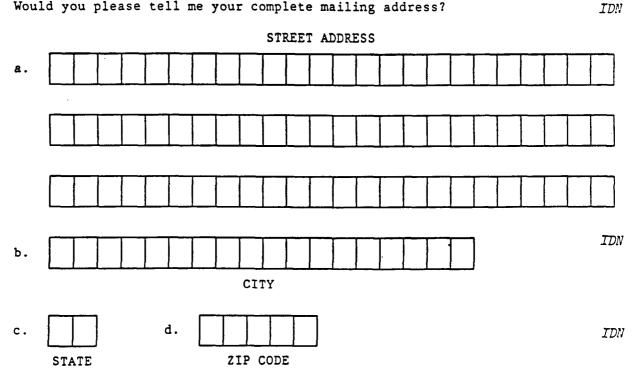


d. Please spell your middle name for me.

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67. Would you please tell me your complete mailing address?



A-93

RMS IDN

RMS IDN

RMS

	A	-94
68.	What is your home telephone number, starting with your area code?	RMS
		IDN
	CHECK (1) IF NO HOME TELEPHONE AND GO TO QUESTION 70.	
69.	What is the best time for us to contact you at home?	RMS
70.	Can you provide me with a telephone number other than your home where we can contact you?	RMS IDN
	SPECIFY:	-
71.	What is the best time for us to contact you at that telephone number?	RMS
	(IF RESPONDENT IS NOT PLANNING TO COME TO THE CLINIC, GO TO QUESTION 80.)
For ess giv	tier. your visit we ask that you fast, taking nothing by mouth but water and ential medication for 12 hours before your appointment. You will be ren a snack shortly after your arrival, after we have drawn your blood apple.	
72.	Some medicines, such as insulin for diabetes, cannot be taken while fasting. Do you take insulin for diabetes?	RMS
	YesY Continue to take insulin the way you normally do. You should not fast before you come to the clinic. GO QUESTION 77.	
	NoN	
73.		RMS
	Yes (SPECIFY)Y NoN —> GO TO QUESTION 75.	
74.	Is it possible for you to arrange with your doctor a way to fast before come to the clinic?	you <i>RMS</i>
	YesY Good. Please do so. NoN Then it will be o.k. for you to ea before the visit as you normally d	t

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75.	Some medications can be taken fasting or delayed until the snack at the clinic. Do you have a medicine you must take for which you must not fast for 12 hours?	RMS
	YesY NoN	
76.	Is it possible for you to arrange with your doctor a way to take this medicine without fasting or fasting for a shorter time before you come to the clinic?	RMS
	YesY Good. Please do so. NoN Then it will be o.k. for you to take it before the visit as you normally do.	
77.	Do you have any special diet we should consider for the clinic snack?	
	Yes (SPECIFY)Y NoN	RMS
78.	Will you need any assistance climbing steps or getting around the clinic?	
	Yes (SPECIFY)Y NoN	RMS
79.	Do you have any other special needs for the clinic visit that we should know about?	
	Yes (SPECIFY)Y NoN	RMS
80.	TIME INTERVIEW ENDED : A HOUR MINUTES	RMS

A-95

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81. SCHEDULE APPOINTMENT. (GO TO f. IN BOX BELOW IF RESPONDENT IS NOT GOING TO COME TO THE CLINIC.) IF INTERVIEW SCHEDULED WITH ANOTHER HOUSEHOLD MEMBER, READ: Now I would like to interview (NAME OF RESPONDENT), then we will make the appointment for your clinic examinations together. IF INTERVIEWS COMPLETED FOR THIS VISIT, READ: Now I would like to set your appointment for the clinic examination. May I use your telephone to call for a good appointment time for you? CALL (TELEPHONE NUMBER) FOR APPOINTMENT INFORMATION AND RECORD BELOW. a. Ъ. с. Α MTWRFS RMS Ρ MONTH DAY YEAR HOUR MINUTES REVIEW APPOINTMENT SCHEDULE, PROCEDURES. IF RESPONDENT IS UNABLE TO SCHEDULE APPOINTMENT AT THIS TIME, SPECIFY: d. REASON: e. RECONTACT PROCEDURES ____ f. RECORD REASON RESPONDENT IS NOT COMING TO THE CLINIC: RMS Language barrier 01 Physically unable to attend clinic 02 Doesn't want blood drawn 03 Doesn't want to take time off work 04 Other refusal (specify) 05 Other (specify) ____ 06

NOW GO TO MEDICATIONS INSTRUCTIONS NEXT PAGE.

READ THE FOLLOWING MEDICATIONS INSTRUCTIONS:

"During your visit to the Clinic we would like to record any medicines you are taking, because they tell us about a person's health and may have effects on the tests which we will perform.

We are interested in ALL medicines that you take for ANY reason in the TWO WEEKS before your visit to the ARIC clinic, not just in heart medicines.

The best way to get this information is for you to bring in this carrying bag (HAND MEDICATIONS BAG TO PARTICIPANT) the containers of any medicines used in the two weeks before your visit, including:

- Prescription drugs from your physician or dentist;
- Prescription drugs you may have received from other people, such as friends or relatives:
- Over-the-counter medicines you may have bought at the drug store or a supermarket, such as medicines for colds, constipation, allergies, vitamins, minerals, and the like.

We ask that you bring the containers so that we can copy the information from the label. If you don't have the container, please bring the prescription or any other information that has the name of the drugs. Even if you only have loose pills or capsules, please bring them to the clinic so that we can identify them.

At the clinic we will handle all your medicines and containers very carefully and will return them in this same bag before you leave. Like all the other information we collect, your use of medicines will be kept in strict confidence."

DOES PARTICIPANT HAVE:	PARTICIPANT INFORMATION SHEET	\Box	YES
(CHECK ALL THAT APPLY FOR YOUR FIELD CENTER)	MEDICATION BAG		YES
	BROCHURE		YES
	MEDICATION INSTRUCTIONS		YES
	INTRODUCTORY LETTER		YES
	CONSENT FORM		YES
	CLINIC MAP		YES

INTERVIEWER REMARKS

82.	RESPONDENT'S COOPERATION WAS:	
	Very Good V Good G Fair F Poor P	RMS
83.	THE QUALITY OF THE INTERVIEW IS: (CIRCLE THE FOLLOWING CODE.)	RMS
	High QualityH Generally ReliableR QuestionableQ UnsatisfactoryU	1040
	IF CODE Q OR U, CODE REASON USING CODES BELOW.	RMS
	REASON CODES FOR QUESTIONABLE OR UNSATISFACTORY INFORMATION (ENTER CODE ABOVE):	
	THE MAIN REASON FOR UNSATISFACTORY OR QUESTIONABLE QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:	
	Did not want to be more specific01	
	Did not understand or speak English well02	
	Was bored or uninterested03	
	Was upset, depressed, or angry04	
	Had poor hearing or speech05	
	Was confused or distracted by frequent interruptions	
	Was inhibited by others around him/her07	
	Was embarrassed by the subject matter08	
	Was emotionally unstable09	
	Was physically ill10	
	Other (SPECIFY)11	

84. Is the respondent able to read and write?

Yes	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Y
No	•	•	•	•	•	•	•	•	•	•	٠	•	•	•	•	•	•	•	•	•	•	•	N
Unsure	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	٠	•	•	٠	•	U

COMMENTS:

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RMS