

B. INVASIVE PROCEDURES

4. Since your last ARIC visit, have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? Yes Y
 No N

Go to Item 6, Screen 3.

5. [PROBE FOR TYPE OF INVASIVE PROCEDURE]

a. Coronary bypass: Yes Y
 No N

b. Other heart procedure: Yes Y
 No N

Go to Item 5.c.

Specify: _____

c. Carotid endarterectomy: Yes Y
 No N

Go to Item 5.e.

5.d. Site: Right R
 Left L
 Both B

e. Other arterial revascularization: Yes Y
 No N

Go to Item 5.f.

Specify: _____

f. Other: Yes Y
 No N

6. Since your last visit to the ARIC clinic, have you had a balloon angioplasty on the arteries of your heart, neck, or legs? Yes Y
 No N

Go to Item 8

7. [PROBE FOR TYPE OF PROCEDURE]

a. Angioplasty of the coronary arteries: Yes Y
 No N

b. Angioplasty in the arteries of your neck: Yes Y
 No N

c. Angioplasty of lower extremity arteries: Yes Y
 No N

8. Since your last visit to the ARIC clinic, have you had:

a. Heart catheterization: Yes Y
 No N

b. Carotid artery catheterization: Yes Y
 No N

c. Other arterial catheterization: Yes Y
 No N

Go to Item 9, Screen 4.

Specify: _____
