



Eligibility Form

FORM CODE: ELG
VERSION A10/11/2000

ID NUMBER:

CONTACT YEAR:

LAST NAME:

INITIALS:

INSTRUCTIONS: This form is to be completed for each eligible person living in the household of the sample person. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

"We appreciate your cooperation in this important study. This will involve an interview today. At the end of today's interview, we will schedule an appointment for a physical examination and other tests to be conducted at a later date at the Jackson Heart Study clinic located in the Jackson Medical Mall. Do you have any questions before we begin?"

"Let me record the date and time and we will begin the interview."

1. Date of Interview: / /
m m d d y y y y

2a. Time Interview Began: : 2b. AM A
h h m m PM P

3. Interviewer ID #:

4. Record Participant's gender: Male M
Female F

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 35 through 84 years old are eligible for our study. The assistance of many people is important to ensure the success of the study. We would like to place you on our mailing list to receive notification of free community events and educational offerings if you would like. You can help assure the success of the study in a variety of ways such as spreading the word about the study, or volunteering a few hours of time. Additional details about how you might help, as well as a contact number, will be included in the mailing." [TERMINATE INTERVIEW. ENTER CODE "S" IN HOME INDUCTION RECORD OF CONTACT.]

5a. Birthdate: / /
m m d d y y y y

5b. Is respondent eligible?	Yes	Y —	Go to Item 6
	No	N	

5c. May I send you this information on educational offerings and volunteering in the Jackson Heart Study?	Yes	Y
	No	N

IF "YES" CONCLUDE WITH: "Thank you for your time today. We look forward to having you join the Jackson Heart Study family as a supporter. You may call the Jackson Heart Study number on the brochure to discuss how you would like to help."

IF "NO" CONCLUDE WITH: "Thank you for your time today. We will send you information on free Jackson Heart Study community events. Should you decide to volunteer at a later time, feel free to call the Jackson Heart Study number on the brochure for additional information."

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

6. Do you have definite plans to move outside of Hinds, Madison, or Rankin county in the next year?	Yes	Y —	Read script and terminate interview
	No	N	

IF "YES" SAY: "Since the Jackson Heart Study is a long term study, and because you will be unable to participate in the follow-up due to your moving plans, we will not be able to include you in the study. Thank you for your help. If your plans change and you remain in the Jackson area, will you call the Jackson Heart Study staff to discuss your participation in the study?" **[GIVE RESPONDENT JACKSON HEART STUDY BROCHURE WITH TELEPHONE NUMBER CIRCLED, WITH JACKSON HEART STUDY INTERVIEWER BUSINESS CARD ATTACHED, AND TERMINATE INTERVIEW.]**

[ENTER CODE "N" IN HOUSEHOLD INDUCTION RECORD OF CONTACT (IRC)]

7. Are you currently or have you ever been a participant of the ARIC study?	Yes	Y
	No	N
	Don't know	D

8. Are you currently or have you ever been a participant of the GENOA study? Yes Y
 No N
 Don't know D

9a. Are you currently or have you ever been a participant in any other heart or blood pressure study? Yes Y
 No N
 Go to Item 10a

Which studies?

9b.

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9c.

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9d.

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"Since heart disease often runs in families, the Jackson Heart Study includes studying families, as well as individuals. We would like to include other members of your family in this study if they are eligible. We are looking for families with 11 or more blood relatives living in Hinds, Madison, or Rankin counties. I have a few questions about relatives you might have living nearby."

10a. Do you have any grandparents living in Hinds, Madison, or Rankin County now? Yes Y
 No N
 Go to Item 11a

10b. How many?

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 (# Live in tri-county)

11a. Is your father alive? Yes Y
 No N
 Go to Item 12a

11b. Does he live in Hinds, Madison, or Rankin counties? Yes Y
 No N

12.a Is your mother alive? Yes Y

Go to Item 13 — No N

12b. Does she live in Hinds, Madison, or Rankin counties? Yes Y

No N

	Aunts (a)	Uncles (b)	# Live in tri-county (c)	# \geq 21 years (d)
13. How many aunts and uncles do you have living who are related to you by blood?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	Brothers (a)	Sisters (b)	# Live in tri-county (c)	# \geq 21 years (d)
14. How many living, biological brothers and sisters do you have, that is with the same mother and father?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	Half Brothers (a)	Half Sisters (b)	# Live in tri-county (c)	# \geq 21 years (d)
15. How many living, half brothers and sisters do you have, that is with the same mother OR the same father?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	Sons (a)	Daughters (b)	# Live in tri-county (c)	# \geq 21 years (d)
16. How many living, biological sons and daughters do you have?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

17a. [ASK ONLY IF ITEM 16d IS "01" OR MORE. IF ITEM 16d IS "00," GO TO ITEM 18.] Does the (mother/father) of your children aged 21 years or older live in Hinds, Madison, or Rankin County? Yes Y

Go to Item 18 — No N

17b. Does (she/he) live at this address? Yes Y

No N

17c. Has (she/he) ever been a participant in the ARIC study or Jackson Heart Study? Yes Y

No N

17d. Does most of (her/his) family live in Hinds, Madison, or Rankin county? Yes Y

No N

	Nieces (a)	Nephews (b)	# Live in tri-county (c)	# \geq 21 years (d)
18. How many nieces and nephews related by blood are alive?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

	Number (a)	# Live in tri-county (b)	# \geq 21 years (c)
19. How many grandchildren do you have living, who are related to you by blood?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

20a. If your family is selected for the study, do we have your permission to contact your family members? Yes Y

Go to Item 21 — No N

20b. Are there any family members that we should not contact? Yes Y

Go to Item 21 — No N

20c. How many family members shouldn't be contacted?

“Now, in an effort to make sure that we do everything WITHIN OUR MEANS to make your participation in the Jackson Heart Study possible, I would like to ask you a couple of questions about your decision to take part (or not) in the study. I would also like to know about any expectations that you have as a participant so that we can attempt to better meet your needs.”

21. Before your household received the letter from the Jackson Heart Study, had you heard about the study? Yes Y

Go to Item 25

No

N

22. How did you hear about the Jackson Heart Study? Please tell me all the ways that apply.
[READ ALL CATEGORIES TO PARTICIPANT]

	Yes	No
a. A friend or relative told you about it	Y	N
b. A doctor or nurse told you about it	Y	N
c. Saw a billboard	Y	N
d. Saw a poster or flyer	Y	N
e. Received a brochure	Y	N
f. Heard a presentation	Y	N
g. Heard about it at church	Y	N
h. Heard about it at work	Y	N
i. From an information booth at Metro Mall	Y	N
j. From a health fair or other community event	Y	N
k. Someone came to your door or called to tell you about it	Y	N
l. Heard about it on radio or TV	Y	N
m. Read about it in the newspaper	Y	N
n. Other (Specify)	Y	N

Go to Item

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o.

If zero or one "YES" response to Item 22, Go to Item 25

23. Of all the ways that you heard about the study, which would you say was the MOST important in your decision to (take part/not to take part)? [RECORD LETTER FROM ITEM 22 FOR MOST IMPORTANT]

24. Which was the LEAST important? [RECORD LETTER FROM ITEM 22 FOR LEAST IMPORTANT]

25. There are many reasons that people decide to (take part/not to take part) in studies such as the Jackson Heart Study. Using the response card, please tell me for each of these if it was very important, moderately important, or not important in your decision about taking part. [READ EACH RESPONSE TO PARTICIPANT] [RC #1]

	<u>Very Important</u>	<u>Moderately Important</u>	<u>Not Important</u>
a. Getting free medical tests and examinations..... V	M	N	
b. Getting information about your health..... V	M	N	
c. Curiosity about medical research..... V	M	N	
d. Thinking it can't hurt to give it a try..... V	M	N	
e. Concerns about being a "guinea pig"..... V	M	N	
f. Finding out things you don't want to know..... V	M	N	
g. Having a regular doctor..... V	M	N	
h. Taking part will improve your health..... V	M	N	
i. Taking part will help people in general..... V	M	N	
j. Not having enough time..... V	M	N	
k. Seeing nothing in it for you..... V	M	N	
l. Taking part will help Black people..... V	M	N	
m. Taking part will help your family in particular..... V	M	N	
n. Taking part will help the scientists more than your people..... V	M	N	
o. Are there any other reasons involved with your decision to (take part/not take part) in studies such as the Jackson Heart Study?	Yes	Y	
<div>Go to Item 26</div> — No	No	N	

p. Please specify the reason:

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- q. Is this reason very important, moderately important, or not important in your decision about taking part?

[RC #1]

Very important	V
Moderately important	M
Not important	N

26. What expectations do you have as a participant in the Jackson Heart Study?

[INTERVIEWER ONLY:
WERE EXPECTATIONS EXPRESSED?]

Yes Y

No N

27. What concerns do you have about the study or coming to the clinic examination?

[INTERVIEWER ONLY:
WERE CONCERNS EXPRESSED?]

Yes Y

No N

28. Some people have indicated that it would help to talk with others who have already taken part in research like the Jackson Heart Study. Would you like to have a volunteer who has taken part in another research study similar to the Jackson Heart Study call you to talk about what it is really like to be in a study?..... Yes

Y

Go to Item 30

No N

29. Is there a particular day or time that would be best for you?

Yes No

29a. Weekday morning? Y N

29b. Weekday afternoon? Y N

29c. Weekday evening? Y N

29d. Week-end morning? Y N

29e. Week-end afternoon? Y N

29f. Week-end evening? Y N

29g. Specific day..... Sunday S

Monday M

Tuesday T

Wednesday W

Thursday H

Friday F

Saturday A

Not indicated N

30. Do you have any recommendations for us on how to better recruit people like you to take part in the Jackson Heart Study?

[INTERVIEWER ONLY:
WERE RECOMMENDATIONS EXPRESSED?]

Yes	Y
No	N

31. [COMPUTED FIELD. FAMILY STUDY ELIGIBILITY SCORE.]

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