First Year Questionnaire

FORM CODE: AF1
VERSION B 7-28-2004

ID NUMBER: | | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

INSTRUCTIONS: This form should be completed during the first year annual follow-up call. 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.

"Now I'm going to read a list of events. After each one, please tell me if it has happened to you in the last 12 months."

		Yes	No	Don't Know	Refused
1.	First, have you had a serious illness or injury that started or got worse in the last year?	Y	N	K	R
2.	Have you been the victim of a serious physical attack, mugging, sexual assault or other assault?	Y	N	K	R
3.	Have you been robbed or was your home burglarized?	Y	N	K	R
4.	Have you lost a loved one due to violence?	Y	N	K	R
5.	Has your house been shot at, or has there been gunfire in your neighborhood?	Y	N	K	R
6.	Has anyone close to you died?	Y	N	K	R
7.	Has a family member or close friend had a major illness or injury?	Y	N	K	R

In the last 12 months . . .

		Yes	No	Don't Know	Refused
8.	Have you moved to a worse residence or neighborhood?	Y	N	K	R
9.	Have you or anyone in your household lost a job?	Y	N	K	R
10.	Have you retired from a job when you did not want to?	Y	N	K	R
11.	Have you had a divorce or separation from your (husband/wife)?	Y	N	K	R

[FOR JHS/ARIC ONLY, SAY:] "Now I have a series of questions that are similar to ones you have just answered about your childhood experiences. Those earlier questions were for your ARIC annual follow up, while these are for JHS. Where questions are nearly identical, I will do my best to first make sure your earlier response applies without asking you the full question. Thank you for your patience."

12. Were you raised up to age 16 by anyone other than your natural parents? ..... Yes Y

Go to Item 14a

No N

Don't Know D

Refused R

13a. Was that because one of your parents died, because they divorced or separated, or from some other reason? ..... Parents died A

Parents divorced or separated B

Go to Item 14a

Other reason C

Don't Know D

Refused R

13b. Specify:

[IF YES TO ITEM 12 SAY:] "The following questions refer to the persons whom you consider to be the most important in raising you up to age 16." [THIS CAN BE PARENTS OR ANY OTHER 2 PERSONS/CARETAKERS WHOM RESPONDENT THINKS WERE MOST IMPORTANT].

14a. Did your father (or other important male caretaker) ever work for pay while you were growing up? .....

Yes	Y	
No	N	Go to Item 15a
There was no father/ male caretaker in household	T	Go to Item 16a
Does not know	D	Go to Item 15a
Refused	R	Go to Item 15a

14b. When you were growing up, what was your father's (or other important male caretaker's) main job (the most important one)? [PROBE FOR WHAT FATHER DID, NOT WHERE HE WORKED].

14c. What were his most important activities or duties? For example selling cars, hearing legal cases, keeping books or office work, teaching school, etc.

14d. What kind of business or industry was that? [IF UNSURE, ASK:] "What did they make or do where he worked?" [PROBE FOR NAME OF BUSINESS OR INDUSTRY].

15a. What is the highest degree or years of school your father (or important male caretaker) completed, including trade or vocational school or college?

[RECORD NUMBER OF YEARS FOR GRADES 1-12:] ..... ☐☐

Some vocational or trade school, but no certificates	14
Vocational or trade certificate	15
Some college, but no degree	16
Associate degree, (junior college) (AA or AS)	17
Bachelor's degree (BA, BS, AB)	18
Graduate or professional schools (MA, MS, Master's, Doctorate, MD, JD, DDS, DVM, etc.)	19
Don't Know	D
Refused	R

15b. [IF LESS THAN 12, ASK:] Did he complete a GED? ..... Yes Y

No N

Don't know D

Refused R

16a. Did your mother (or other important female caretaker) ever work for pay while you were growing up? .....Yes Y

No N — Go to Item 17a

There was no mother/ female caretaker in household T — Go to Item 18

Does not know D — Go to Item 17a

Refused R — Go to Item 17a

16b. What was her main occupation or job while you were growing up? [PROBE FOR WHAT MOTHER DID, NOT WHERE SHE WORKED].

16c. What were her most important activities or duties?
For example selling cars, hearing legal cases, keeping books or office work, teaching school, etc.

16d. What kind of business or industry was that? [IF UNSURE, ASK:] "What did they make or do where she worked?" [PROBE FOR NAME OF BUSINESS OR INDUSTRY].

17a. What is the highest degree or years of school your mother (or important female caretaker) completed, including trade or vocational school or college?

[RECORD NUMBER OF YEARS FOR GRADES 1-12:] .....

Some vocational or trade school, but no certificates	14
Vocational or trade certificate	15
Some college, but no degree	16
Associate degree, (junior college) (AA or AS)	17
Bachelor's degree (BA, BS, AB)	18
Graduate or professional schools (MA, MS, Master's, Doctorate, MD, JD, DDS, DVM, etc.)	19
Don't Know	D
Refused	R

17b. [IF LESS THAN 12, ASK:] Did she complete a GED? ..... Yes Y

No N

Don't Know D

Refused R

18. When you were growing up, did your parents (persons who raised you) own or were buying their home, pay rent, or had some other living arrangement, such as living with relatives, etc,?..... Own or buying B

Pay rent R

Some other living Arrangement O

Unsure U

Refused R

19. Thinking about the place you lived until you were age 10, did it:

	Yes	No	Don't Know	Refused
a. have indoor plumbing?	Y	N	K	R
b. have electricity?	Y	N	K	R
c. and how many rooms did it have?				

20. When you were growing up, that is up until you were 10 years old or so, did your family own or have:

	Yes	No	Don't Know	Refused
a. a refrigerator?.....	Y	N	K	R
b. a car?	Y	N	K	R
c. a telephone?.....	Y	N	K	R
d. a television?.....	Y	N	K	R
e. air conditioning?.....	Y	N	K	R

21. That is all the questions I have. Do you have any other comments or questions?

ADMINISTRATIVE INFORMATION

22. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

23. Method of data collection: ..... Computer C

Paper form P

24. Code number of person completing this form: ..... | | | |

Second Year Questionnaire

FORM CODE: AF2
VERSION B 7/28/2004

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

INSTRUCTIONS: This form should be completed during the second year annual follow-up call. 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.

"Now I'm going to read a series of statements. For each one, tell me how much it is like you. For example, tell me whether the statement is a lot like you, somewhat like you, a little like you, or not at all like you."

		A lot like me	Somew hat like me	A little like me	Not at all like me	Don't known	Refused
1.	In uncertain times I expect the best	A	B	C	D	K	R
2.	If something can go wrong for me, it will	A	B	C	D	K	R
3.	I'm always optimistic about my future	A	B	C	D	K	R
4.	I hardly ever expect things to go my way	A	B	C	D	K	R
5.	I rarely count on good things happening to me.....	A	B	C	D	K	R
6.	Overall, I expect more good things to happen than bad	A	B	C	D	K	R

"Now I have some questions about your work or job situation."

7. [DO NOT ASK; RECORD FROM AFU ITEM #32A:
"PLEASE TELL ME WHICH OF THE FOLLOWING BEST
DESCRIBES YOUR EMPLOYMENT STATUS?"] .....

Homemaking	A
Employed	B
Unemployed	C
Retired	D
Don't Know	K
Refused	R

Go to Item 9

8. Have you worked for pay in the past? .....

Yes	Y
No	N
Don't Know	K
Refused	R

Go to Item 24

9. [IF "EMPLOYED" OR "RETIRED" SAY]: "If you are not currently working, please answer these questions in relation to your main job over your lifetime."

[OR, IF "HOMEMAKING" OR "UNEMPLOYED" SAY]: "Please answer these questions in relation to your main job over your lifetime."

How satisfied (are/were) you with your job?
(Are/Were) you satisfied, dissatisfied, or
neither? .....

Satisfied	A
Dissatisfied	B
Neither	C
Don't Know	D
Refused	R

10. During the past year, how often were you in a situation where you faced job loss or layoff? Were you actually laid off, constantly faced with job loss or lay off, faced this possibility more than once, faced this possibility once, or never faced with job loss or lay off? .....

Actually laid off	A
Constantly faced with job loss or lay off	B
Faced this possibility more than once	C
Faced this possibility once	D
Never faced with job loss or lay off	E
Don't Know	K
Refused	R

11. When thinking about your job (now/when you were working), how likely (is it/was it) that during the (next couple of years/last couple of years you worked) you (will/would) keep your current job? Would you say very likely, somewhat likely, not too likely, not at all likely, you don't care to keep your job? .....

Very likely	A
Somewhat likely	B
Not too likely	C
Not at all likely	D
You don't care to keep your job	E
Don't Know	K
Refused	R

12. If you were to lose your main job, what do you think your chances (would be/would have been) of finding another job that paid about the same? Would you say very good, good, fair, or poor? .....

Very good	A
Good	B
Fair	C
Poor	D
Don't Know	K
Refused	R

"I would like to read you a few things that may be true about your work. Please tell me how strongly you agree or disagree with each of these statements; that is, whether you strongly agree, somewhat agree, somewhat disagree, or strongly disagree."

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Don't Know	Refused
13. I (have/had) very little chance to decide how I do my work	A	B	C	D	K	R
14. My work (requires/required) working very fast	A	B	C	D	K	R
15. My work (requires/required) a lot of physical effort	A	B	C	D	K	R
16. I (have/had) enough time to get my work done	A	B	C	D	K	R
17. I (get/got) to do a variety of different things	A	B	C	D	K	R

18. At your workplace, (do/did) you participate in making decisions about such things as the products or services offered, the total number of people employed, budgets, and so forth? ..... Yes Y

No N

Don't Know K

Refused R

19a. As an official part of your job, (do/did) you supervise work of other employees, have responsibility for or tell other employees what work to do? ..... Yes Y

Go to Item 20 — No N

Don't Know K

Refused R

19b. (Do/Did) you hold a managerial position at your place of employment? ..... Yes Y

Go to Item 20 — No N

Don't Know K

Refused R

19c. Would that (be/have been) a <u>top</u>, <u>upper</u>, <u>middle</u> or <u>lower</u> managerial position? ..... Top A

Upper B

Middle C

Lower D

Don't Know K

Refused R

20. (Does/Did) someone else supervise your work? ..... Yes Y

Go to Item 24 — No N

Don't Know D

Refused R

21. (Is/Was) your immediate supervisor <u>Black</u>, <u>White</u>, or of <u>another ethnicity or race</u>? ..... Black B

White W

Another ethnicity or race O

Don't Know D

Refused R

22. Do you think your job (is/was) one that Black people tend to get more than people of other ethnic groups?..... Yes Y

No N

Don't Know D

Refused R

23. (Is/Was) your work group all Black, mostly Black, about half Black and half White, mostly White, or all White? ..... All Black A

Mostly Black B

About half Black and half White C

Mostly White D

All White E

Other F

Don't Know K

Refused R

ADMINISTRATIVE INFORMATION

24. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

25. Method of data collection:..... Computer C

Paper form P

26. Code number of person completing this form: ..... | | | |

Third Year Questionnaire

FORM CODE: AF3
VERSION B 7-28-2004

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

INSTRUCTIONS: This form should be completed during the third year annual follow-up call. 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.

"The next questions concern how you see yourself, today, as a person living and doing things in the real world. Listen carefully to each question and tell me the response which describes how you feel. Each person is different, so there are no right or wrong answers. We would like an honest appraisal of how you generally see yourself. For each item, tell me if it is completely true, somewhat true, somewhat false, or completely false."

	Completely True	Somewhat True	Somewhat False	Completely False	Don't Know	Refused
1. I've always felt that I could make of my life pretty much what I wanted to make of it	A	B	C	D	K	R
2. Once I make up my mind to do something, I stay with it until the job is completely done	A	B	C	D	K	R
3. I like doing things that other people thought could not be done	A	B	C	D	K	R
4. When things don't go the way I want them to, that just makes me work even harder	A	B	C	D	K	R

	Completely True	Somewhat True	Somewhat False	Completely False	Don't Know	Refused
5. Sometimes I feel that if anything is going to be done right, I have to do it myself	A	B	C	D	K	R
6. It's not always easy, but I manage to find a way to do things I really need to get done	A	B	C	D	K	R
7. Very seldom have I been disappointed by the results of my hard work	A	B	C	D	K	R
8. I feel that I am the kind of individual who stands up for what he believes in, <u>regardless</u> of the consequences	A	B	C	D	K	R
9. In the past, even when things got really tough, I never lost sight of my goals	A	B	C	D	K	R
10. It's important for me to be able to do things the way I want to do them rather than the way other people want me to do them	A	B	C	D	K	R
11. I don't let my personal feelings get in the way of doing a job	A	B	C	D	K	R
12. Hard work has really helped me get ahead in life	A	B	C	D	K	R

"Now I would like to ask you some questions about what it is like to live in your neighborhood. Things about people's neighborhoods may be important to their health. By neighborhood, I mean the area around where you live. It may include places you shop, religious or public institutions, or a local business district. It is the general area around your house where you might perform routine tasks, such as shopping, going to the park, or visiting with neighbors.

For each of the following statements, please tell me whether you strongly agree, agree, disagree, or strongly disagree."

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Refused
13 This is a close knit neighborhood	A	B	C	D	K	R
14. People around here are willing to help their neighbors	A	B	C	D	K	R
15. People in this neighborhood generally don't get along with each other	A	B	C	D	K	R
16. People in this neighborhood can be trusted	A	B	C	D	K	R
17. People in this neighborhood do not share the same values	A	B	C	D	K	R
18. This neighborhood is safe from crime	A	B	C	D	K	R

"Now I am going to describe some events that may or may not have happened in your neighborhood. For each phrase, please tell me whether it has happened in this neighborhood during the past six months <u>often</u>, <u>sometimes</u>, <u>rarely</u>, or <u>never</u>."

During the past six months…

	Often	Some-times	Rarely	Never	Don't Know	Refused
19. How often was there a fight in this neighborhood in which a weapon was used?	O	S	R	N	K	R
20. How often was there a violent argument between neighbors?.....	O	S	R	N	K	R
21. How often were there gang fights?	O	S	R	N	K	R
22. How often was there a sexual assault or rape?.....	O	S	R	N	K	R
23. How often was there a robbery or mugging?.....	O	S	R	N	K	R

"Thinking about your neighborhood as a whole, please tell me how much each of the following is a problem in your neighborhood. Please respond by indicating whether the following is a very serious problem, somewhat serious problem, minor problem, or not really a problem in your neighborhood."

	Very Serious Problem	Somewhat Serious Problem	Minor Problem	Not Really a Problem	Don't Know	Refused
24. Excessive noise	V	S	M	N	K	R
25. Heavy traffic or speeding cars	V	S	M	N	K	R
26. Lack of access to adequate food and/or shopping	V	S	M	N	K	R
27. Lack of parks or playgrounds	V	S	M	N	K	R
28. Trash and litter	V	S	M	N	K	R
29. No sidewalks or poorly maintained sidewalks	V	S	M	N	K	R

ADMINISTRATIVE INFORMATION

30. Date of data collection: | | | / | | | / | | | | |
m m d d y y y y

31. Method of data collection: Computer C
Paper form P

32. Code number of person completing this form: | | | |

Annual Follow-Up Extra

FORM CODE: AFE
VERSION: A 11/3/2014

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

1. When you first enrolled in the Jackson Heart Study, if you were smoking cigarettes at that time, was your preferred brand of cigarettes menthol flavored?

Yes	Y
No	N
Not sure	U
Not smoking at that time	S
Don't know	D
Refused	R

2. IF NOT A CURRENT SMOKER [ANSWERED "NO" TO ITEM 30, AFU] RECORD "S" FOR THIS ITEM

Is your current preferred brand of cigarettes menthol flavored?

Yes	Y
No	N
Not a current smoker	S
Not sure	U
Refused	R

Administrative Information:

3. Date of data collection: | | | / | | | / | | | | |

4. Method of data collection:……Computer C

Paper Form P

5. Code number of person completing this form: …… | | | |

Annual Follow-Up Other Form

ID NUMBER: | | | | | | | | CONTACT YEAR: | | | FORM CODE: AFO
VERSION A 5-29-2001

LAST NAME: | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS: This form should be completed each year during the annual follow-up call. 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.

First, I would like to ask you about medication use during the past two weeks.

1. Did you take any medications during the past two weeks for:

	Yes	No
a. Chest pain or angina	Y	N
b. Other heart condition	Y	N

Now, I would like to ask you about some experiences you may have had in the past year.

2. In the past year have you had any of the following tests or procedures?

	Yes	No
a. Echocardiogram	Y	N
b. ECG	Y	N
c. Exercise stress test	Y	N
d. CT/MRI head	Y	N

3. In the past year, have you seen:

	Yes	No
a. a dentist	Y	N
b. a doctor or health professional for routine physical exam or general check-up, that is when you are not sick	Y	N
c. a chiropractor	Y	N
d. a person who uses acupuncture	Y	N
e. a faith healer	Y	N
f. a person who heals with roots or herbs	Y	N
g. a person who practices astrology or reads zodiac signs	Y	N
h. a person who reads tea leaves, roots or palms	Y	N

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

4. How much stress have you experienced over the past year? Have you experienced none, very little, mild stress, moderate stress, a lot of stress, or extreme stress?

None	A
Very little	B
Mild stress	C
Moderate stress	D
A lot of stress	E
Extreme stress	F

5. How often have you felt sad or depressed over the past year: almost never, seldom, sometimes, often, very often, or constantly? ..... Almost never A

Seldom B

Sometimes C

Often D

Very often E

Constantly F

6. How often have you felt nervous or tense over the past year? ..... Almost never A

Seldom B

Sometimes C

Often D

Very often E

Constantly F

7. How often have you felt you were treated unfairly or discriminated against over the past year?..... Almost never A

Seldom B

Sometimes C

Often D

Very often E

Constantly F

8. How well have you handled or coped with stressors you experienced over the past year? Would you say very poorly, poorly, fair, pretty well, well, or very well?..... Very poorly A

Poorly B

Fair C

Pretty well D

Well E

Very well F

9. How satisfied are you with the help or support that you've received from others over the past year? Are you very dissatisfied, somewhat dissatisfied, a little dissatisfied, a little satisfied, somewhat satisfied, or very satisfied?..... Very dissatisfied A

Somewhat dissatisfied B

A little dissatisfied C

A little satisfied D

Somewhat satisfied E

Very satisfied F

Administrative Information

10. Date of data collection:..... | | | / | | | / | | | | |
m m d d y y y y

11. Method of data collection:..... Computer C

Paper Form P

12. Code number of person completing this form:..... | | | |

Annual Follow-Up Other Form

ID NUMBER: | | | | | | | | CONTACT YEAR: | | | FORM CODE: AFO
VERSION B 7 -28-2004

LAST NAME: | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS: This form should be completed each year during the annual follow-up call. 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.

First, I would like to ask you about medication use during the past two weeks.

1. Did you take any medications during the past two weeks.

	Yes	No	Don't Know	Refused
a. Chest pain or angina	Y	N	K	R
b. Other heart condition, such as congestive heart failure	Y	N	K	R

If 1b is Yes:

c. What medication did you take for your heart condition?

List: _____

_____

Now, I would like to ask you about some experiences you may have had in the past year.

2. Now I have some questions about some symptoms that you may or may not experience. Could you please tell me if you have any of these symptoms within the past two weeks.

	Yes	No	Don't Know	Refused
a. Do you have difficulty breathing when you are not walking or active?	Y	N	K	R
b. Do you frequently cough at night (in the absence of a cold or "flu")?	Y	N	K	R
c. Do you sleep on 2 or more pillows to improve your breathing?.....	Y	N	K	R

	Yes	No	Don't Know	Refused
d. Do you wake up at night because of trouble breathing?	Y	N	K	R
e. Do you have swelling in your feet or ankles (except during pregnancy)?	Y	N	K	R

If yes to any item a-e, ASK:

f. Have you seen a doctor or health care professional for any of these symptoms in the past year, that is since your last JHS telephone interviews?	Y	N	K	R

3. In the past year have you had any of the following tests or procedures?

	Yes	No	Don't Know	Refused
a. Echocardiogram	Y	N	K	R
b. ECG	Y	N	K	R
c. Exercise stress test	Y	N	K	R
d. CT/ MRI head	Y	N	K	R

4. In the past year, have you seen:

	Yes	No	Don't Know	Refused
a. a dentist.....	Y	N	K	R
b. a doctor or health professional for routine physical exam or general check-up, that is when you are not sick	Y	N	K	R
c. a chiropractor	Y	N	K	R
d. a person who uses acupuncture	Y	N	K	R
e. a faith healer	Y	N	K	R
f. a person who heals with roots or herbs	Y	N	K	R
g. a person who practices astrology or reads zodiac signs	Y	N	K	R
h. a person who reads tea leaves, roots or palms	Y	N	K	R

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

5. How much stress have you experienced over the past year? Have you experienced none, very little, mild stress, moderate stress, a lot of stress, or extreme stress? ..... None A

Very little B

Mild stress C

Moderate stress D

A lot of stress E

Extreme stress F

Don't Know K

Refused R

6. How often have you felt sad or depressed over the past year: almost never, seldom, sometimes, often, very often, or constantly? ..... Almost never A

Seldom B

Sometimes C

Often D

Very often E

Constantly F

Don't Know K

Refused R

7. How often have you felt nervous or tense over the past year? ..... Almost never A

Seldom B

Sometimes C

Often D

	Very often	E
	Constantly	F
	Don't Know	K
	Refused	R

7. How often have you felt you were treated unfairly or discriminated against over the past year?..... Almost never A

	Seldom	B
	Sometimes	C
	Often	D
	Very often	E
	Constantly	F
	Don't Know	K
	Refused	R

9. How well have you handled or coped with stressors you experienced over the past year? Would you say very poorly, poorly, fair, pretty well, well, or very well?..... Very poorly A

	Poorly	B
	Fair	C
	Pretty well	D
	Well	E
	Very well	F
	Don't Know	K
	Refused	R

10. How satisfied are you with the help or support that you've received from others over the past year? Are you very dissatisfied, somewhat dissatisfied, a little dissatisfied, a little satisfied, somewhat satisfied, or very satisfied? .....

Very dissatisfied	A
Somewhat dissatisfied	B
A little dissatisfied	C
A little satisfied	D
Somewhat satisfied	E
Very satisfied	F
Don't Know	K
Refused	R

11. Are you currently covered by one or more health insurance programs that pays most or all of your health care expenses? .....

Yes	Y	Go to Item 13
No	N	
Don't Know	K	
Refused	R	

12. How long has it been since you had health insurance coverage? .....

Less than 1 year	A	Go to Item 16
1 to 2 years	B	
More than 3 years	C	
Don't Know	K	
Refused	R	

13. Are you currently covered by any of the following program (check all that apply)

	Yes	No	Don't Know	Refused
a. Private health insurance such as Blue Cross/Blue Shield?	Y	N	K	R
b. Medicaid or public aid?	Y	N	K	R
c. Medicare, a government plan that pay health care bills for people aged 65 and over?	Y	N	K	R
d. Veterans Administration, CHAMPUS, or TRICARE?	Y	N	K	R
e. Other				

14. (Check all that apply) Have you experienced any of the following changes in health insurance benefits in the past year, or since your last JHS annual follow up telephone call?

	Yes	No	Don't Know	Refused
a. An increase in the price of the premiums	Y	N	K	R
b. A cut in benefits	Y	N	K	R
c. An increase in your share of the medical costs	Y	N	K	R

15. Has there been a time in the past year when you did not have health insurance coverage? ..... Yes Y
No N
Don't Know K
Refused R

16. Do you have health insurance that helps you pay for your medications? ..... Yes Y
No N — Go to Item 20

17. If you have coverage for your medication, is your coverage limited for any of the following reasons?

	Yes	No	Don't Know	Refused
a. I have no limits on my coverage	Y	N	K	R
b. I have a dollar limit per month	Y	N	K	R
c. (How much _____)	Y	N	K	R
d. I have a limit on the number of medications per month.	Y	N	K	R
e. How many?)	Y	N	K	R
f. I am only allowed to fill my prescriptions every				
g. How many?) _____ months?	Y	N	K	R
h. Any other limits?	Y	N	K	R
i. List…				

18. On average, how much do you pay each month for your medication?

Less then $20	A
$20 – $40	B
$42 – $75	C
$76 – 100	D
$101 – $250	E
More than $250	F
Don't know	K
Refused	R

19. Do you pay a co-payment when you fill your medication?

Yes	Y
No	N
Don't Know	K
Refused	R

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

20. How many times in the past year did you go to a doctor's or nurse practitioner's office to get care for yourself? .....

None	A → Go to Item 22
1	B
2	C
3	D
4	E
5 to 9	F
10 or more	G
Don't Know	K
Refused	R

21. How often did you doctor or other health care providers listen carefully to you? .....

Never	N
Sometimes	S
Usually	U
Always	A
Don't know	K
Refused	R

22. How often did you doctor or other health providers explain things in a way you could understand? .....

Never	N
SometimesS	
Usually	U
Always	A
Don't Know	K
Refused	R

23 How often did your doctor or other health providers show respect for what you had to say? .....

Never	N
Sometimes	S
Usually	U
Always	A
Don't Know	K
Refused	R

24. How often did your doctor or other health providers spend enough time with you? .....

Never	N
Sometimes	S
Usually	U
Always	A
Don't Know	K
Refused	R

25. Overall, how satisfied have you been with the quality of health care you have received in the past year? .....

Very Satisfied	A
Somewhat satisfied	B
Somewhat dissatisfied	C
Very dissatisfied	D
Not sure	E
Don't Know	K
Refused	R

Now I will ask you questions regarding any problems that you have had when you have tried to get health care.

26. In the past year, how much of a problem has it been to get the care, tests, or treatment you or your doctor or nurse practitioner believed necessary? .....

A big problem	A
A small problem	B
Not a problem	C
Don't Know	K
Refused	R

27. Has there been a time in the past year when you went without needed care because of costs? .....Yes Y

No N → Go to Item 29

Don't Know K

Refused R

28. What type of care did you forego? (check all that apply)

	Yes	No	Don't Know	Refused
a. Did not fill a prescription.....	Y	N	K	R
b. Did not see a specialist when needed.....	Y	N	K	R
c. Skipped a medical test, treatment of follow-up.....	Y	N	K	R
d. Had medical problems, but did not see a doctor or nurse practitioner.....	Y	N	K	R

e. Other _____

29. How confident are you that you can get high quality health care when you need it? .....Very confident A

Somewhat confident B

Not too confident C

Not at all confident D

Don't Know K

Refused R

Administrative Information

30. Date of data collection:..... | | | / | | | / | | | | |

m m d d y y y y

31. Method of data collection:..... Computer C

Paper Form P

32. Code number of person completing this form:..... | | | |

Annual Follow-Up Other Form

ID NUMBER: | | | | | | | | CONTACT YEAR: | | | FORM CODE: AFO
VERSION C 8/19/2005

LAST NAME: | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS: This form should be completed each year during the annual follow-up call. 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.

First, I would like to ask you about medication use during the past two weeks.

1. Did you take any medications during the past two weeks.

		Yes	No	Don't Know	Refused	Missing
a.	Chest pain or angina	1	2	7	8	9
b.	Other heart condition, such as congestive heart failure	1	2	7	8	9

If 1b is Yes:

c. What medication did you take for your heart condition?
List: _____

_____

2. Now I have some questions about some symptoms that you may or may not experience. Could you please tell me if you have any of these symptoms within the past two weeks.

		Yes	No	Don't Know	Refused	Missing
a.	Do you have difficulty breathing when you are not walking or active?.....	1	2	7	8	9
b.	Do you frequently cough at night (in the absence of a cold or "flu")?.....	1	2	7	8	9
c.	Do you sleep on 2 or more pillows to **improve your breathing**?	1	2	7	8	9

	Yes	No	Don't Know	Refused	Missing
d. Do you wake up at night because of trouble breathing?	1	2	7	8	9
d. Do you have swelling in your feet or ankles (except during pregnancy)?	1	2	7	8	9

If yes to any item a-e, ASK:

f. Have you seen a doctor or health care professional for any of these symptoms in the past year, that is since your last JHS telephone interview?	1	2	7	8	9

Now, I would like to ask you about some health care experiences you may have had in the past year.

3. In the past year have you had any of the following tests or procedures?

	Yes	No	Don't Know	Refused	Missing	3a1-3c1. Reason? (see codes below)
3a. Echocardiogram	1	2	7	8	9	
3b. ECG	1	2	7	8	9	
3c. Exercise stress test	1	2	7	8	9	

IF YES TO ITEMS 3a-c, ASK: What was the reason for the test / procedure?
[IF USING PAPER FORM ENTER NUMBER IN TEXT BOX THAT CORRESPONDS TO ONE OF THE CODES DESIGNATED BELOW FOR EACH ITEM. IF USING DMS, SELECT FROM DROP DOWN MENU FOR EACH ITEM]

3a1 – 3c1. Select from one of the following codes:

Routine physical 01	Heart failure / fluid on lungs 02
Follow up of heart problem (surgery / stent) 03	Heart murmur 04
Chest pain / discomfort 05	Heart rhythm disturbance 06
Other (Specify) 07	Don't know 77
Refused 88	Missing 99

3a2-3c2. Specify:

	Yes	No	Don't Know	Missing	Refused	
3d. CT/ MRI head	1	2	7	8	9	☐☐

IF YES TO ITEMS 3d, ASK: What was the reason for the test / procedure?
[IF USING PAPER FORM ENTER NUMBER IN TEXT BOX THAT CORRESPONDS TO ONE OF THE CODES DESIGNATED BELOW FOR EACH ITEM. IF USING DMS, SELECT FROM DROP DOWN MENU FOR EACH ITEM]

3d1. Select from one of the following codes: ..... ☐

Forgetfulness / trouble thinking 1
Stroke 2
TIA or "little" strokes 3
Other (specify) 4
Don't know 7
Refused 8
Missing 9

3d2. Specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

3e. Catheterization or angiogram	1	2	7	8	9	

IF 3 e. is YES, ASK: Was that arteriogram to look at the blood vessels in your:

							4a1-4d1. Reason? (see codes below)
3 e-1.	neck (Carotid arteriogram).....	1	2	7	8	9	☐☐
3e-2.	heart (Coronary arteriogram) .	1	2	7	8	9	☐☐
3e-3.	kidneys (Renal arteriogram) ..	1	2	7	8	9	☐☐
Or 3e-4.	legs (peripheral vascular)	1	2	7	8	9	☐☐

IF YES TO ITEMS 3e1-3e4. ASK: What was the reason for the test / procedure?
[IF USING PAPER FORM ENTER NUMBER IN TEXT BOX THAT CORRESPONDS TO ONE OF THE CODES DESIGNATED BELOW FOR EACH ITEM. IF USING DMS, SELECT FROM DROP DOWN MENU FOR EACH ITEM]

4a-d. Select from one of the following codes:

Emergency for a heart attack 1
Emergency for a stroke..... 2
Follow up after heart attack or surgery / stent..... 3
Doctors suspected disease/blockage .4
Chest pain / discomfort 5
Leg pain with walking..... 6

Other (Specify) ..... 7 Don't know..... 77

Refused..... 88 Missing.....99

4d. Specify:

5. In the past year (that is, since your last JHS contact), have you had any change in your family history? That is, have your natural parents, any of your full brothers or sisters, or your natural children died?

....	Yes	1
	No	2
	Don't Know	7
	Refused	8
	Missing	9

Go to Item 7

6. For each person who died, determine:

6-1a. Relationship?		6-1b. Cause of death?		6-1c. Age at death?
Mother	1	Cancer	1	
Father	2	Heart Attack	2	
Sibling	3	Stroke	3	
Child	4	Other (Specify)	4	
		Unknown	7	

6d. Specify:

6-2a. Relationship?		6-2b. Cause of death?		6-2c. Age at death?
Mother	1	Cancer	1	
Father	2	Heart Attack	2	
Sibling	3	Stroke	3	
Child	4	Other (Specify)	4	
		Unknown	7	

6-2d. Specify:

6-3a. Relationship?		6-3b. Cause of death ?		6-3c. Age at death?
Mother	1	Cancer	1	
Father	2	Heart Attack	2	
Sibling	3	Stroke	3	
Child	4	Other (Specify)	4	
		Unknown	7	

6-3d. Specify:

6-4a. Relationship?		6-4b. Cause of death ?		6-4c. Age at death?
Mother	1	Cancer	1	
Father	2	Heart Attack	2	
Sibling	3	Stroke	3	
Child	4	Other (Specify)	4	
		Unknown	7	

6-4e. Specify:

7. In the past year (that is, since you last JHS contact), have any members of your family (natural parents, full siblings, natural children) been newly diagnosed (that is, have they been told by a health care provider that they have) with high blood pressure, heart disease, stroke, diabetes (sugar in the blood) or cancer?

..... Yes 1 → Go to Item 9

No 2

Don't Know 7

Refused 8

Missing 9

8. For each person who has a new diagnosis (been told by health care professional), determine:

8-1b. Relationship?		8-1c. Told has: ?		8-1d. Age at diagnosis
Mother	1	High blood pressure	1	☐☐☐
Father	2	Stroke	2	☐☐☐
Sibling	3	Heart Disease	3	☐☐☐
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

8-1d. Specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

8-2b. Relationship?		8-2c. Told has:?		8-2d. Age at diagnosis
Mother	1	High blood pressure	1	☐☐☐
Father	2	Stroke	2	☐☐☐
Sibling	3	Heart Disease	3	☐☐☐
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

8-2d. Specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

8-3a. Relationship?		8-3b. Told has: ?		8-3c. Age at diagnosis
Mother	1	High blood pressure	1	☐☐☐
Father	2	Stroke	2	☐☐☐
Sibling	3	Heart Disease	3	☐☐☐
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

8-3d. Specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

8-4a. Relationship?		8-4b. Told has: ?		8-4c. Age at diagnosis
Mother	1	High blood pressure	1	
Father	2	Stroke	2	
Sibling	3	Heart Disease	3	
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

8-4d. Specify:

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

9. How much stress have you experienced over the past year? Have you experienced none, very little, mild stress, moderate stress, a lot of stress, or extreme stress?

None	1
Very little	2
Mild stress	3
Moderate stress	4
A lot of stress	5
Extreme stress	6
Don't Know	7
Refused	8
Missing	9

10. How often have you felt sad or depressed over the past year: almost never, seldom, sometimes, often, very often, or constantly? ..... Almost never 1

Seldom	2
Sometimes	3
Often	4
Very often	5
Constantly	6
Don't Know	7
Refused	8
Missing	9

11. How often have you felt nervous or tense over the past year? ..... Almost never 1

Seldom	2
Sometimes	3
Often	4
Very often	5
Constantly	6
Don't Know	7
Refused	8
Missing	9

12. How often have you felt you were treated unfairly or discriminated against over the past year?..... Almost never 1

Seldom	2
Sometimes	3
Often	4
Very often	5
Constantly	6
Don't Know	7
Refused	8
Missing	9

13. How well have you handled or coped with stressors you experienced over the past year? Would you say very poorly, poorly, fair, pretty well, well, or very well?

Very poorly	1
Poorly	2
Fair	3
Pretty well	4
Well	5
Very well	6
Don't Know	7
Refused	8
Missing	9

14. How satisfied are you with the help or support that you've received from others over the past year? Are you very dissatisfied, somewhat dissatisfied, a little dissatisfied, a little satisfied, somewhat satisfied, or very satisfied?

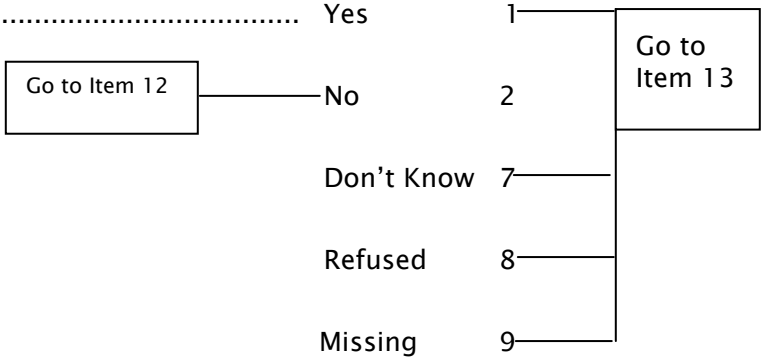
Very dissatisfied	1
Somewhat dissatisfied	2
A little dissatisfied	3
A little satisfied	4
Somewhat satisfied	5
Very satisfied	6
Don't Know	7
Refused	8
Missing	9

15. In the past year, have you seen:

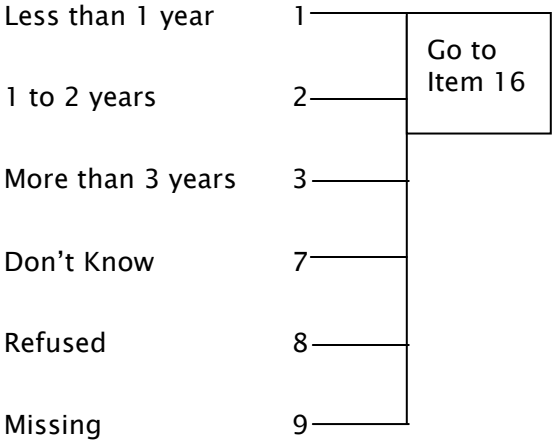
	Yes	No	Don't Know	Refused	Missing
a. a dentist	1	2	7	8	9
b. a doctor or health professional for routine physical exam or general check-up, that is when you are not sick	1	2	7	8	9
c. a chiropractor	1	2	7	8	9
d. a person who uses acupuncture	1	2	7	8	9

		Yes	No	Don't Know	Refused	Missing
e.	a faith healer	1	2	7	8	9
f.	a person who heals with roots or herbs	1	2	7	8	9
g.	a person who practices astrology or reads zodiac signs	1	2	7	8	9
h.	a person who reads tea leaves, roots or palms	1	2	7	8	9

16. Are you currently covered by one or more health insurance programs that pays most or all of your health care expenses? .....



17. How long has it been since you had health insurance coverage? .....



18. Are you currently covered by any of the following program (**Answer each item**)

		Yes	No	Don't Know	Refused	Missing
a.	Private health insurance such as Blue Cross/Blue Shield?	1	2	7	8	9
b.	Medicaid or public aid?	1	2	7	8	8

	Yes	No	Don't Know	Refused	Missing
c. Medicare, a government plan that pays health care bills for people aged 65 and over?	1	2	7	8	9
e. Veterans Administration, CHAMPUS, or TRICARE?	1	2	7	8	9
f. Other	1	2	7	8	9

19. (**Answer all items)** Have you experienced any of the following changes in health insurance benefits in the past year, or since your last JHS annual follow up telephone call?

	Yes	No	Don't Know	Refused	Missing
a. An increase in the price of the premiums.....	1	2	7	8	9
b. A cut in benefits	1	2	7	8	9
c. An increase in your share of the medical costs	1	2	7	8	9

20. Has there been a time in the past year when you did not have health insurance coverage? ....

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

21. On average, how much do you pay each month for your medication?.....

Less then $20	1
$20 – $40	2
$42 – $75	3
$76 – 100	4
$101 – $250	5
More than $250	6
Don't know	7
Refused	8
Missing	9

22. Do you have health insurance that helps you pay for your medications? ..... Yes 1

No 2 — Go to Item 20

Don't Know 7

Refused 8

Missing 9

23. Do you pay a co-payment when you fill your medication?

Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

24. Some medication insurance plans have various "limits" on what they will cover when paying for medications. I am going to read a list of possible limitations that your insurance plan may have. For each item, please tell me if your plan this limit.

	Yes	No	Don't Know	Refused	Missing
a. My plan has no limits on my medication coverage	1	2	7	8	9
b. My plan has a dollar limit per month.....	1	2	7	8	9
c. IF YES to 17b, ask: How much is the dollar limit?	☐☐☐				
d. My plan limits the number of medications it will pay for per month (or quarter if using 3 month prescriptions).	1	2	7	8	9
e. IF YES to 17d, ask: How many medications can you obtain?	☐☐				
f. My plan limits how often I can fill my prescriptions.....	1	2	7	8	9
g. IF YES to item 17f, ask: What is the time limit for filling your prescriptions?	☐☐				
h. Any other limits?.....	1	2	7	8	9

i. List.....

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

25. How many times in the past year did you go to a doctor's or nurse practitioner's office to get care for yourself? .....

None	01 → Go to Item 26
1	02
2	03
3	04
4	05
5 to 9	06
10 or more	07
Don't Know	77
Refused	88
Missing	99

26. How often did your doctor or other health care providers listen carefully to you? .....

Never	1
Sometimes	2
Usually	3
Always	4
Don't know	7
Refused	8
Missing	9

27. How often did your doctor or other health providers explain things in a way you could understand? .....

Never	1
Sometimes	2
Usually	3
Always	4
Don't Know	7
Refused	8
Missing	9

28. How often did your doctor or other health care providers show respect for what you had to say? .....

Never	1
Sometimes	2
Usually	3
Always	4
Don't Know	7
Refused	8
Missing	9

29. How often did your doctor or other health care providers spend enough time with you? .....

Never	1
Sometimes	2
Usually	3
Always	4
Don't Know	7
Refused	8
Missing	9

30. Overall, how satisfied have you been with the quality of health care you have received in the past year? .....

Very satisfied	1
Somewhat satisfied	2
Somewhat dissatisfied	3
Very dissatisfied	4
Not sure	5
Don't Know	7
Refused	8
Missing	9

Now I will ask you questions regarding any problems that you have had when you have tried to get health care.

31. In the past year, how much of a problem has it been to get the health care, medical tests, or treatment you or your doctor or nurse practitioner believed necessary? ..

A big problem	1
A small problem	2
Not a problem	3
Don't Know	7
Refused	8
Missing	9

32. Has there been a time in the past year when you went without needed health care because of costs?.....Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

33. What type of health care did you do without because of costs? (**Answer each item)**

	Yes	No	Don't Know	Refused	Missing
a. Did not fill a prescription	1	2	7	8	
b. Did not see a specialist when needed	1	2	7	8	9
c. Skipped a medical test, treatment of follow-up	1	2	7	8	9
d. Had medical problems, but did not see a doctor or nurse practitioner	1	2	7	8	9

Other _____

34. How confident are you that you can get high quality health are when you need it?..... Very confident 1

Somewhat confident 2

Not too confident 3

Not at all confident 4

Don't Know 7

Refused 8

Missing 9

Administrative Information

35. Date of data collection: ..... | | | / | | | / | | | | |

m m d d y y y y

36. Method of data collection:..... Computer 1

Paper Form 2

37. Data Collection..... In Clinic 1

Off Site 2

38. Code number of person completing this form: ..... | | | |

Annual Follow-Up Other Form

ID NUMBER: | | | | | | | | CONTACT YEAR: | | | FORM CODE: AFO
VERSION D 10/15/2006

LAST NAME: | | | | | | | | | | | | | INITIALS: | |

INSTRUCTIONS: This form should be completed each year during the annual follow-up call. 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.

I would like to ask you about some health care experiences you may have had in the past year.

1. In the past year have you had any of the following tests or procedures?

	Yes	No	Don't Know	Refused	Missing	1a1-1c1. Reason? (see codes below)
1a. Echocardiogram	1	2	7	8	9		
1b. ECG	1	2	7	8	9		
1c. Exercise stress test	1	2	7	8	9		

IF YES TO ITEMS 1a-c, ASK: What was the reason for the test / procedure?
[IF USING PAPER FORM ENTER NUMBER IN TEXT BOX THAT CORRESPONDS TO ONE OF THE CODES DESIGNATED BELOW FOR EACH ITEM. IF USING DMS, SELECT FROM DROP DOWN MENU FOR EACH ITEM]

1a1 -1c1. Select from one of the following codes:

Routine physical 01	Heart failure / fluid on lungs 02
Follow up of heart problem (surgery/stent) 03	Heart murmur 04
Chest pain / discomfort 05	Heart rhythm disturbance 06
Other (Specify) 07	Don't know 77
Refused 88	Missing 99

1a2-1c2. Specify: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

	Yes	No	Don't Know	Missing	Refused	
1d. CT/ MRI head	1	2	7	8	9	☐☐

IF YES TO ITEMS 1d, ASK: What was the reason for the test / procedure?
[IF USING PAPER FORM ENTER NUMBER IN TEXT BOX THAT CORRESPONDS TO ONE OF THE CODES DESIGNATED BELOW FOR EACH ITEM. IF USING DMS, SELECT FROM DROP DOWN MENU FOR EACH ITEM]

1d1. Select from one of the following codes: ..... ☐

Forgetfulness / trouble thinking 1
Stroke 2
TIA or "little" strokes 3
Other (specify) 4
Don't know 7
Refused 8
Missing 9

1d2. Specify: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

1e. Catheterization or angiogram	1	2	7	8	9	

IF 1 e. is YES, ASK: Was that arteriogram to look at the blood vessels in your:

							2a1-2d1. Reason? (see codes below)
1e-1.	neck (Carotid arteriogram).....	1	2	7	8	9	☐☐
1e-2.	heart (Coronary arteriogram) .	1	2	7	8	9	☐☐
1e-3.	kidneys (Renal arteriogram) ..	1	2	7	8	9	☐☐
1e-4.	legs (peripheral vascular)	1	2	7	8	9	☐☐

IF YES TO ITEMS 1e1-1e4. ASK: What was the reason for the test / procedure?
[IF USING PAPER FORM ENTER NUMBER IN TEXT BOX THAT CORRESPONDS TO ONE OF THE CODES DESIGNATED BELOW FOR EACH ITEM. IF USING DMS, SELECT FROM DROP DOWN MENU FOR EACH ITEM]

2a-d. Select from one of the following codes:

Emergency for a heart attack 1
Emergency for a stroke 2
Follow up after heart attack or surgery / stent 3
Doctors suspected disease/blockage . 4
Chest pain / discomfort 5
Leg pain with walking 6

Other (Specify) ..... 7 Don't know..... 77

Refused..... 88 Missing.....99

2d. Specify:

3. In the past year (that is, since your last JHS contact), have you had any change in your family history? That is, have your natural parents, any of your full brothers or sisters, or your natural children died?

.... Yes 1

No 2

Don't Know 7 — Go to Item 5

Refused 8

Missing 9

4. For each person who died, determine:

4-a1. Relationship?		4-a2. Cause of death?		4-a3. Age at death?
Mother	1	Cancer	1	
Father	2	Heart Attack	2	
Sibling	3	Stroke	3	
Child	4	Other (Specify)	4	
		Unknown	7	

4.a4 Specify:

4-b1. Relationship?		4-b2. Cause of death?		4-b3. Age at death?
Mother	1	Cancer	1	
Father	2	Heart Attack	2	
Sibling	3	Stroke	3	
Child	4	Other (Specify)	4	
		Unknown	7	

4-b4. Specify:

4-c1. Relationship?

Mother	1
Father	2
Sibling	3
Child	4

4-c2. Cause of death?

Cancer	1
Heart Attack	2
Stroke	3
Other (Specify)	4
Unknown	7

4-c3. Age at death? [ ][ ][ ]

4-c4. Specify: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

4-d1. Relationship ?

Mother	1
Father	2
Sibling	3
Child	4

4-d2. Cause of death ?

Cancer	1
Heart Attack	2
Stroke	3
Other (Specify)	4
Unknown	7

4-d3. Age at death? [ ][ ][ ]

4-d4. Specify: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]
[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

5. In the past year (that is, since you last JHS contact), have any members of your family (natural parents, full siblings, natural children) been newly diagnosed (that is, have they been told by a health care provider that they have) with high blood pressure, heart disease, stroke, diabetes (sugar in the blood) or cancer?

.... Yes	1	
No	2	Go to Item 7
Don't Know	7	Go to Item 7
Refused	8	Go to Item 7
Missing	9	Go to Item 7

6. For each person who has a new diagnosis (been told by health care professional), determine:

6-a1. Relationship ?		6-a2. Told has ?		6-a3. Age at diagnosis
Mother	1	High blood pressure	1	
Father	2	Stroke	2	
Sibling	3	Heart Disease	3	
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

6-a4. Specify:

6-b1. Relationship ?		6-b2. Told has ?		6-b3. Age at diagnosis
Mother	1	High blood pressure	1	
Father	2	Stroke	2	
Sibling	3	Heart Disease	3	
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

6-b4. Specify:

6-c1. Relationship ?		6-c2. Told has ?		6-c3. Age at diagnosis
Mother	1	High blood pressure	1	
Father	2	Stroke	2	
Sibling	3	Heart Disease	3	
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

6-c4. Specify:

6-d1. Relationship ?		6-d2. Told has ?		6-d3. Age at diagnosis ?
Mother	1	High blood pressure	1	
Father	2	Stroke	2	
Sibling	3	Heart Disease	3	
Child	4	Diabetes	4	
		Cancer	5	
		Other (Specify)	7	

6-d4. Specify:

People often go through difficult or stressful times (e.g., illness, problems at work, death of a close relative).

7. How much stress have you experienced over the past year? Have you experienced none, very little, mild stress, moderate stress, a lot of stress, or extreme stress?

None	1
Very little	2
Mild stress	3
Moderate stress	4
A lot of stress	5
Extreme stress	6
Don't Know	7
Refused	8
Missing	9

8. How often have you felt sad or depressed over the past year: almost never, seldom, sometimes, often, very often, or constantly? ..... Almost never 1

Seldom	2
Sometimes	3
Often	4
Very often	5
Constantly	6
Don't Know	7
Refused	8
Missing	9

9. How often have you felt nervous or tense over the past year? ..... Almost never 1

Seldom	2
Sometimes	3
Often	4
Very often	5
Constantly	6
Don't Know	7
Refused	8
Missing	9

10. How often have you felt you were treated unfairly or discriminated against over the past year?..... Almost never 1

Seldom	2
Sometimes	3
Often	4
Very often	5
Constantly	6
Don't Know	7
Refused	8
Missing	9

11. How well have you handled or coped with stressors you experienced over the past year? Would you say very poorly, poorly, fair, pretty well, well, or very well?.....

Very poorly	1
Poorly	2
Fair	3
Pretty well	4
Well	5
Very well	6
Don't Know	7
Refused	8
Missing	9

12. How satisfied are you with the help or support that you've received from others over the past year? Are you very dissatisfied, somewhat dissatisfied, a little dissatisfied, a little satisfied, somewhat satisfied, or very satisfied?.....

Very dissatisfied	1
Somewhat dissatisfied	2
A little dissatisfied	3
A little satisfied	4
Somewhat satisfied	5
Very satisfied	6
Don't Know	7
Refused	8
Missing	9

13. In the past year, have you seen:

	Yes	No	Don't Know	Refused	Missing
a. a dentist.....	1	2	7	8	9
b. a doctor or health professional for routine physical exam or general check-up, that is when you are not sick	1	2	7	8	9
c. a chiropractor	1	2	7	8	9
d. a person who uses acupuncture	1	2	7	8	9

		Yes	No	Don't Know	Refused	Missing
e.	a faith healer	1	2	7	8	9
f.	a person who heals with roots or herbs	1	2	7	8	9
g.	a person who practices astrology or reads zodiac signs	1	2	7	8	9
h.	a person who reads tea leaves, roots or palms	1	2	7	8	9

14. Are you currently covered by one or more health insurance programs that pays most or all of your health care expenses? .....

Yes	1	Skip 16
No	2	
Don't Know	7	
Refused	8	
Missing	9	

15. How long has it been since you had health insurance coverage? .....

Less than 1 year	1	Skip 20
1 to 2 years	2	
More than 3 years	3	
Don't Know	7	
Refused	8	
Missing	9	

16. Are you currently covered by any of the following program (**Answer each item**)

		Yes	No	Don't Know	Refused	Missing
a.	Private health insurance such as Blue Cross/Blue Shield?	1	2	7	8	9
b.	Medicaid or public aid?	1	2	7	8	8

	Yes	No	Don't Know	Refused	Missing
c. Medicare, a government plan that pays health care bills for people aged 65 and over?	1	2	7	8	9
d. Veterans Administration, CHAMPUS, or TRICARE?	1	2	7	8	9
e. Other	1	2	7	8	9

17. (**Answer all items**) Have you experienced any of the following changes in health insurance benefits in the past year, or since your last JHS annual follow up telephone call?

	Yes	No	Don't Know	Refused	Missing
a. An increase in the price of the premiums	1	2	7	8	9
b. A cut in benefits	1	2	7	8	9
c. An increase in your share of the medical costs	1	2	7	8	9

18. Has there been a time in the past year when you did not have health insurance coverage?

Yes	1
No	2
Don't Know	7
Refused	8
Missing	9

19. On average, how much do you pay each month for your medication?

Less then $20	1
$20 – $40	2
$41 – $75	3
$76 – 100	4
$101 – $250	5
More than $250	6
Don't know	7
Refused	8
Missing	9

20. Do you have health insurance that helps you pay for your medications? ..... Yes 1

No 2 — Go to Item 23

Don't Know 7

Refused 8

Missing 9

21. Do you pay a co-payment when you fill your medication?

Yes 1

No 2

Don't Know 7

Refused 8

Missing 9

22. Some medication insurance plans have various "limits" on what they will cover when paying for medications. I am going to read a list of possible limitations that your insurance plan may have. For each item, please tell me if your plan this limit.

	Yes	No	Don't Know	Refused	Missing
a. My plan has no limits on my medication coverage	1	2	7	8	9
b. My plan has a dollar limit per month	1	2	7	8	9
c. IF YES to 22b, ask: How much is the dollar limit?	☐☐☐				
d. My plan limits the number of medications it will pay for per month (or quarter if using 3 month prescriptions).	1	2	7	8	9
e. IF YES to 22d, ask: How many medications can you obtain?	☐☐				
f. My plan limits how often I can fill my prescriptions	1	2	7	8	9
g. IF YES to item 22f, ask: What is the time limit for filling your prescriptions?	☐☐				
h. Any other limits?	1	2	7	8	9

i. List……

Next I will ask you some questions regarding the care that you have received in your doctor's or nurse practitioner's office or in some health care clinic.

23. How many times in the past year did you go to a doctor's or nurse practitioner's office to get care for yourself? .....

None	01
1	02
2	03
3	04
4	05
5 to 9	06
10 or more	07
Don't Know	77
Refused	88
Missing	99

24. How often did your doctor or other health care providers listen carefully to you? .....

Never	1
Sometimes	2
Usually	3
Always	4
Don't know	7
Refused	8
Missing	9

25. How often did your doctor or other health providers explain things in a way you could understand? .....

Never	1
Sometimes	2
Usually	3
Always	4
Don't Know	7
Refused	8
Missing	9

26. How often did your doctor or other health care providers show respect for what you had to say? ..... Never 1

Sometimes 2

Usually 3

Always 4

Don't Know 7

Refused 8

Missing 9

27. How often did your doctor or other health care providers spend enough time with you? ..... Never 1

Sometimes 2

Usually 3

Always 4

Don't Know 7

Refused 8

Missing 9

28. Overall, how satisfied have you been with the quality of health care you have received in the past year? ..... Very satisfied 1

Somewhat satisfied 2

Somewhat dissatisfied 3

Very dissatisfied 4

Not sure 5

Don't Know 7

Refused 8

Missing 9

Now I will ask you questions regarding any problems that you have had when you have tried to get health care.

29. In the past year, how much of a problem has it been to get the health care, medical tests, or treatment you or your doctor or nurse practitioner believed necessary? ..A big problem 1

A small problem 2

Not a problem 3

Don't Know 7

Refused 8

Missing 9

30. Has there been a time in the past year when you went without needed health care because of costs?.....Yes 1

No 2 — Skip to 32

Don't Know 7

Refused 8

Missing 9

31. What type of health care did you do without because of costs? (**Answer each item**)

	Yes	No	Don't Know	Refused	Missing
a. Did not fill a prescription	1	2	7	8	9
b. Did not see a specialist when needed	1	2	7	8	9
c. Skipped a medical test, treatment of follow-up	1	2	7	8	9
d. Had medical problems, but did not see a doctor or nurse practitioner	1	2	7	8	9

Other _____

32. How confident are you that you can get high quality health are when you need it?..... Very confident 1

Somewhat confident 2

Not too confident 3

Not at all confident 4

Don't Know 7

Refused 8

Missing 9

33. [DO NOT ASK] Is the participant male or female? ..... Male 1 — Go to Item 39

Female 2

34. [DO NOT ASK] Has the participant completed a previous version "A" or "B" of Annual Follow-up?..... Yes 1

Go to Item 35b — No 2

35 a. Since we last contacted you on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? ..... Yes 1 — Go to Item 35c

No 2 — Go to Item 39

35 b. Since your JHS visit on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? ..... Yes 1

Go to Item 39 — No 2

Please give me the names of the female hormones you have used since our last contact (since that exam), starting with any you may be taking currently or with the most recent one. Please exclude hormone creams.

35 c. Name 1:

36. Code 1: .....

37. Have you also used a second female hormone since we last contacted you?..... Yes 1

Go to Item 39 — No 2

37a. Name 2:

38. Code 2: .....

I. FUNCTIONAL STATUS:

"Now I would like to find out whether you can do some physical activity without help. By 'without help' I mean without the assistance of another person. These questions refer to the last 4 weeks."

39. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors without help? ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

40. Are you able to walk up and down stairs without help? ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

41. Are you able to walk half a mile without help? That's about 8 ordinary blocks. ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9

42a. Are you ABLE to go to work? ..... Yes 1 → Go to Item 43a
No 2
Not Applicable 9 → Go to Item 44a

42b. Is a heart problem the main cause of your not being able to work? ..... Yes 1
No 2 → Go to Item 44a
Don't Know 7
Refused 8
Missing 9

43a. During the past 4 weeks, have you missed work for at least half a day because of your health? ..... Yes 1
No 2 → Go to Item 44a

43b. On how many days has this happened? (maximum 28) ..... ☐☐ days

44a. Are you able to do your usual activities, such as work around the house or recreation? ..... Yes 1 → Go to Item 45a
No 2

44b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)? ..... Yes 1
No 2
Don't Know 7
Refused 8
Missing 9
→ Go to item 46a

When you add the refused and missing codes to this one, make sure to extend the go to box to include all responses

45a. During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health? ..... Yes 1
No 2

45b. On how many days has this happened? (maximum 28) ..... ☐☐ days

L. EMPLOYMENT STATUS

46a. Please tell me which of the following best describes your employment status: ..... Homemaking 1 → STOP
Employed 2
Unemployed 3 → Go to Item 46c
Retired 4 → Go to Item 46d

46b. Which of these two categories best describes your "employed" status:..... Employed at a job for pay, either full or part-time 1

Employed, but temporarily away from regular work 2

STOP

46c. Which of these two categories best describes your "unemployed" status:..... Unemployed, looking for work 1

Unemployed, not looking for work 2

STOP

46d. Which of these two categories best describes your "retired" status: ..... Retired from my usual occupation and not working 1

Retired from my usual occupation, but working for pay 2

Administrative Information

47. Date of data collection: ..... | | | / | | | / | | | | |
m m d d y y y y

48. Method of data collection:..... Computer 1

Paper Form 2

49. Data Collection..... In Clinic 1

Off Site 2

50. Code number of person completing this form: ..... | | | |

Annual Follow-Up Questionnaire Form

FORM CODE: AFU
VERSION A 8-23-2001
Content identical to ARIC AFU Version I (04/11/2001) except item #36 result codes

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

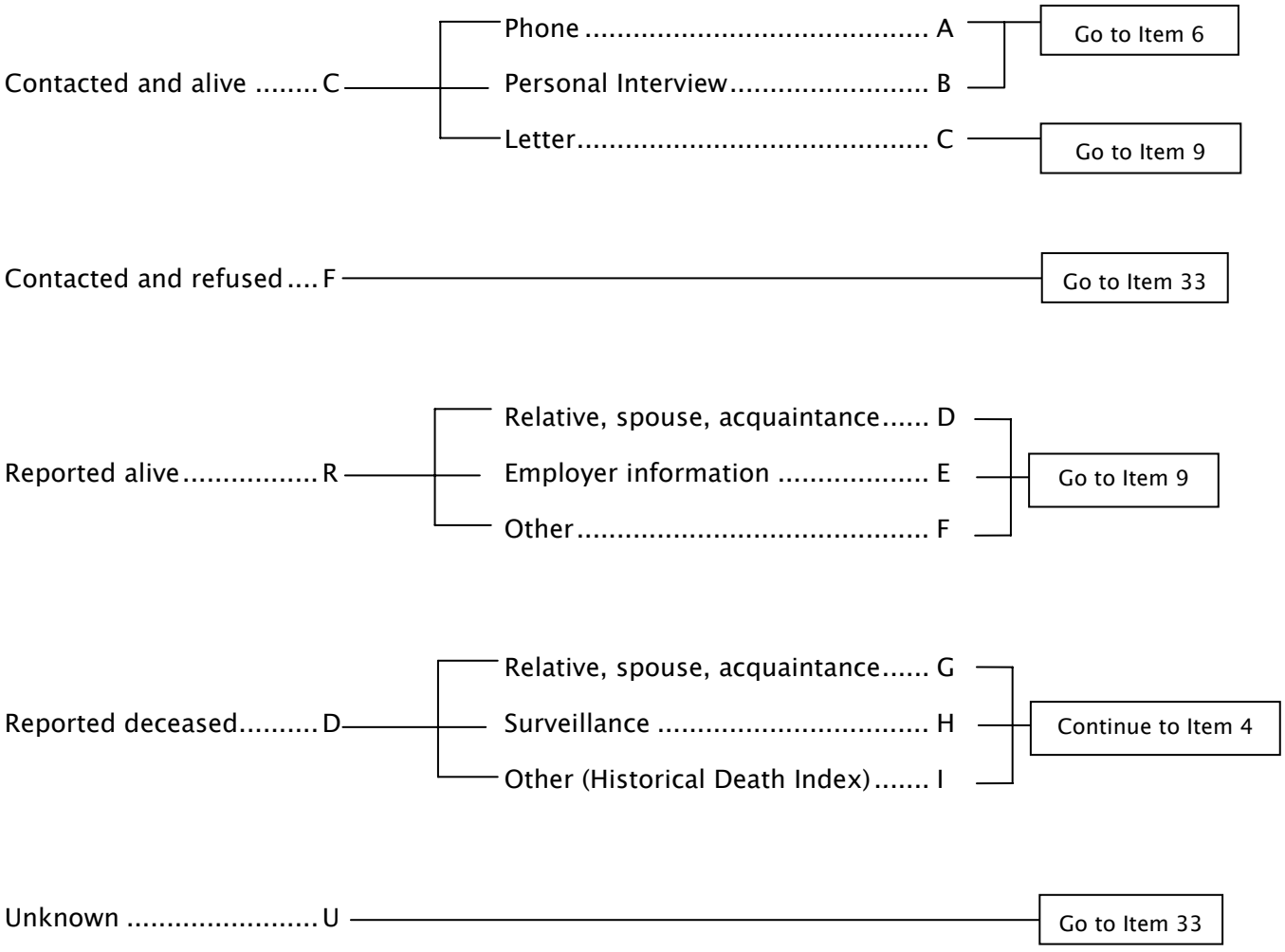
INSTRUCTIONS: This form should be completed during the annual follow-up telephone contact. ID Number, Contact Year, and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to 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.

A. VITAL STATUS

1. Date of status determination..... | | | / | | | / | | | | |
m m d d y y y y

2. Final Status:
(circle one below)

3. Information obtained from:
(Circle one choice below)



B. DEATH INFORMATION

4. Date of Death: ..... | | | / | | | / | | | | |
m m d d y y y y

5. Location of death:

a. City/County: ..... | | | | | | | | | |

b. State: ..... | | |

[FOR PARTICIPANTS "REPORTED DECEASED", GO TO ITEM #9]

C. GENERAL HEALTH

6. Now I will ask you some questions about your health. Over the past year, compared to other people your age would you say your health has been excellent, good, fair or poor? ..... Excellent E

Good G

Fair F

Poor P

7. Has a doctor ever said you had any of the following?

		Yes	No	Unknown
a.	Heart attack	Y	N	U
b.	Heart failure or congestive heart failure	Y	N	U
c.	High blood pressure	Y	N	U
d.	Diabetes or sugar in the blood	Y	N	U
e.	Blood clot in a leg or deep vein thrombosis	Y	N	U
f.	Blood clot in your lungs or pulmonary embolus	Y	N	U
g.	Chronic lung disease such as bronchitis, or emphysema	Y	N	U
h.	Asthma	Y	N	U
i.	Cancer	Y	N	U

→ Go to Item 8

j. Can you tell me in what part of the body the most recently diagnosed cancer was located? ... | | | | | | | | | | |

k. And the date it was diagnosed: ..... | | | / | | | | | | | |
m m y y y y

l. Have you had another cancer? ..... Yes Y

No N → Go to Item 8

Unknown U

m. Can you tell me in what part of the body the cancer was located?..... | | | | | | | | | | |

n. And the date it was diagnosed:..... | | | / | | | | | (m m / y y y y)

D. STROKE/TIA

8. Since our last contact on (mm/dd/yyyy), have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack, or TIA?..... Yes Y
No N

If "Yes" ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.

E. OVERNIGHT ADMISSIONS

9. Were you (was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yyyy)?..... Yes Y
No N
Unknown U

If "Yes" complete "HOSPITALIZATIONS" section.

10. Have you stayed (Did [name] stay) overnight as a patient in a hospital for any other reason since our last contact?..... Yes Y
No N
Unknown U

If "Yes" add to "HOSPITALIZATIONS" section.

[IF BOTH ITEMS #9 AND #10 = "N" OR "U", SKIP TO ITEM #11A (BELOW THE "HOSPITALIZATIONS" SECTION)].

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

BIRTHDAY: | | | / | | | / | | | | | (m m / d d / y y y y) VI. Date: | | | / | | | / | | | | | (m m / d d / y y y y)

SOCIAL SECURITY: | | | – | | | – | | | | |

F. HOSPITALIZATIONS

"For each time you were (he/she was) a patient over night in a hospital, I would like to obtain the reason you were (he/she was) admitted, the name of the hospital and the date. When was the first time you were (he/she was) hospitalized since our last contact with you (him/her) on (mm/dd/yyyy of last contact)?"

[FILL IN, PROBING AS NECESSARY. ABBREVIATIONS CAN BE USED FOR LOCAL HOSPITALS. PROBE FOR ADDITIONAL HOSPITALIZATIONS. FOR LINKAGE, H INDICATES THAT THE HOSPITALIZATION WAS REPORTED; N INDICATES THAT THE HOSPITALIZATION WAS FULLY SOUGHT BY SURVEILLANCE, AND NOT FOUND.]

37 a. Hospitalization Reason:

38 a. Hospital Name, City and State:

39 a. Month and Year: ..... | | | / | | | | | (m m / y y y y)

40 a. Linkage status:..... Hospitalization reported H

Hospitalization fully sought by Surveillance and not found N

---

37 b. Hospitalization Reason:

38 b. Hospital Name, City and State:

39 b. Month and Year: .....

		/				
m	m		y	y	y	y

40 b. Linkage status:..... Hospitalization reported H

Hospitalization fully sought by Surveillance and not found N

---

37 c. Hospitalization Reason:

38 c. Hospital Name, City and State:

39 c. Month and Year: .....

		/				
m	m		y	y	y	y

40 c. Linkage status:..... Hospitalization reported H

Hospitalization fully sought by Surveillance and not found N

---

37 d. Hospitalization Reason:

38 d. Hospital Name, City and State:

39 d. Month and Year: .....

		/				
m	m		y	y	y	y

40 d. Linkage status:..... Hospitalization reported H

Hospitalization fully sought
by Surveillance and not found N

---

37 e. Hospitalization Reason:

38 e. Hospital Name, City and State:

39 e. Month and Year: .....

		/				
m	m		y	y	y	y

40 e. Linkage status:..... Hospitalization reported H

Hospitalization fully sought
by Surveillance and not found N

---

37 f. Hospitalization Reason:

38 f. Hospital Name, City and State:

39 f. Month and Year: .....

		/				
m	m		y	y	y	y

40 f. Linkage status:..... Hospitalization reported H

Hospitalization fully sought
by Surveillance and not found N

E. OVERNIGHT ADMISSIONS (Continued)

[FOR "DECEASED", "REPORTED ALIVE", OR "CONTACTED BY LETTER" STATUSES, GO TO ITEM 33].

11 a. [SEE INSTRUCTIONS ABOVE] Since our last contact, have you stayed overnight as a patient in a nursing home?.....Yes Y

Go to Item 12 — No N

11 b. Are you currently staying in a nursing home? .....Yes Y

No N

G. INVASIVE PROCEDURES

"The following questions ask about various types of surgery and procedures. We are interested in both those that occurred in the hospital or as an outpatient."

12. [DO NOT ASK] Has participant completed a previous version "A" or "B" of Annual Follow-up?.....Yes Y

Go to Item 12b — No N

12 a. Since we last contacted you on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs excluding surgery for varicose veins?.....Yes Y — Go to Item 13a

No N — Go to Item 14a

12 b. Since your last JHS visit on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?.....Yes Y

Go to Item 14b — No N

13. Did you have:

a. Coronary bypass.....Yes Y

No N

b. Other heart procedures.....Yes Y

Go to Item 13c — No N

Specify: _____

_____

_____

c. Carotid endarterectomy ..... Yes Y

Go to Item 13e — No N

d. Site ..... Right R

Left L

Both B

e. Other arterial revascularization ..... Yes Y

Go to Item 13f — No N

Specify: _____

_____

_____

f. Any other type of surgery on your heart or the arteries of your neck or legs? ..... Yes Y

No N

14. [DO NOT ASK] Has participant completed a previous version "A" or "B" of Annual Follow-up? ..... Yes Y

Go to Item 14b — No N

14 a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs? ..... Yes Y — Go to Item 15a

No N — Go to Item 16

14 b. Since your last visit to the JHS clinic on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs? ..... Yes Y

Go to Item 16 — No N

15. Did you have:

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

H. INTERVIEW

"Next, I would like to ask about medication use during the past two weeks."

16. Did you take any medications during the past two weeks for:

	Yes	No	Unknown
a. High blood pressure	Y	N	U
b. High blood cholesterol	Y	N	U
c. Diabetes or high blood sugar	Y	N	U

"Now I would like to ask you about your regular use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months."

17. Are you NOW taking aspirin or a medicine containing aspirin on a regular basis? This does not include Tylenol nor Advil. ..... Yes Y
No N
Unknown U

18. [DO NOT ASK] Is the participant male or female? ..... Male M — Go to Item 23
Female F

19. [DO NOT ASK] Has the participant completed a previous version "A" or "B" of Annual Follow-up? ..... Yes Y

Go to Item 19b — No N

19 a. Since we last contacted you on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? ..... Yes Y — Go to Item 19c

No N — Go to Item 23

19 b. Since your JHS visit on (mm/dd/yyyy), have you taken or used any female hormone pills, skin patches, shots or implants? ..... Yes Y

Go to Item 23 — No N

Please give me the names of the female hormones you have used since our last contact (since that exam), starting with any you may be taking currently or with the most recent one. Please exclude hormone creams.

19 c. Name 1:

20. Code 1: .....

21. Have you also used a second female hormone since we last contacted you? ..... Yes Y

Go to Item 23 — No N

21 a. Name 2:

22. Code 2: .....

I. FUNCTIONAL STATUS:

"Now I would like to find out whether you can do some physical activity without help. By 'without help' I mean without the assistance of another person. These questions refer to the last 4 weeks."

23. Are you able to do heavy work around the house, like shoveling snow or washing windows, walls or floors without help? ..... Yes Y
No N

24. Are you able to walk up and down stairs without help? ..... Yes Y
No N

25. Are you able to walk half a mile without help? That's about 8 ordinary blocks. ..... Yes Y
No N

26 a. Are you ABLE to go to work? ..... Yes Y → Go to Item 27a
No N
Not Applicable A → Go to Item 28a

26 b. Is a heart problem the main cause of your not being able to work? ..... Yes Y
No N → Go to Item 28a
Unknown U

27 a. During the past 4 weeks, have you missed work for at least half a day because of your health? ..... Yes Y
No N → Go to Item 28a

27 b. On how many days has this happened? (maximum 28) ..... ☐☐ days

28 a. Are you able to do your usual activities, such as work around the house or recreation? ..... Yes Y → Go to Item 29a
No N

28 b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)? ..... Yes Y

No N → Go to Item 30

Unknown U

29 a. During the past 4 weeks, have you had to cut down on your usual activities, (such as work around the house or recreation), for half a day or more because of your health? ..... Yes Y

No N → Go to Item 30

29 b. On how many days has this happened? (maximum 28) ..... ☐☐ days

J. OTHER ITEMS

"Next, I have a few miscellaneous questions."

30. Do you now smoke cigarettes? ..... Yes Y

No N

31. Please tell me which of the following describes your current marital status [READ EACH CATEGORY]: ..... Married M

Widowed W

Divorced D

Separated S

Never married N

K. ADMINISTRATIVE INFORMATION

33. Code number of person completing this form: ..... ☐☐☐

34. Does participant (still) live within official JHS study boundaries? ..... Yes Y

No N

Unknown U

35. Will JHS (still) be able to get his/her records via community surveillance? ..... Yes Y

No N

36. Result code [RECORD NUMBER FROM CODE LIST, BELOW]: ..... ☐☐

No action taken	01
Tracing (not yet contacted any source)	02
Contacted, interview partially complete or rescheduled	04
Contacted, interview refused	05
Reported alive, will continue to attempt contact this year	06
Reported alive, contact not possible this year	07
Reported deceased	08
Unknown	09
Contacted, interview complete - complete next section	10
Does not want any further AFU contact	98

L. EMPLOYMENT STATUS

32 a. Please tell me which of the following best describes your employment status:.....

Homemaking	A	→ STOP
Employed	B	
Unemployed	C	→ Go to Item 32c
Retired	D	→ Go to Item 32d

32 b. Which of these two categories best describes your "employed" status: .....

Employed at a job for pay, either full or part-time	A
Employed, but temporarily away from regular work	B

→ STOP

32 c. Which of these two categories best describes your "unemployed" status: .....

Unemployed, looking for work	A
Unemployed, not looking for work	B

→ STOP

32 d. Which of these two categories best describes your "retired" status:..... Retired from my usual occupation and not working A

Retired from my usual occupation, but working for pay B

END OF FORM - STOP

Annual Follow-Up Questionnaire Form

FORM CODE: AFU
VERSION B 08/05/2005
Content identical to ARIC AFU Version I (04/11/2001) except item #36 result codes

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

INSTRUCTIONS: This form should be completed during the annual follow-up telephone contact. 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.

A. VITAL STATUS

1. Date of status determination..... | | | / | | | / | | | | |
m m d d y y y y

2. Final Status: (circle one below)

3. Information obtained from: (Circle one choice below)

Contacted and alive..... C
- Phone ..... A → Go to Item 6
- Personal Interview..... B → Go to Item 6
- Letter ..... C → Go to Item 9

Contacted and refused.... F → Go to Item 33

Reported alive ..... R
- Relative, spouse, acquaintance ..... D
- Employer information ..... E
- Other ..... F

→ Go to Item 9

Reported deceased..... D
- Relative, spouse, acquaintance ..... G
- Surveillance ..... H
- Other (Historical Death Index) I

→ Continue to Item 4

Unknown..... U → Go to Item 33

B. DEATH INFORMATION

4. Date of Death: ..... | | | / | | | / | | | | | (m m d d y y y y)

5. Location of death:

   a. City/County: ..... | | | | | | | | | |

   | | | | | | | | | |

   b. State: ..... | | |

[FOR PARTICIPANTS "REPORTED DECEASED", GO TO ITEM #9]

C. GENERAL HEALTH

6. Now I will ask you some questions about your health. Over the past year, compared to other people your age would you say your health has been excellent, good, fair or poor? .....

Excellent	E
Good	G
Fair	F
Poor	P

7. Has a doctor ever said you had any of the following?

	Yes	No	Unknown
a. Heart attack.....	Y	N	U
b. Heart failure or congestive heart failure.....	Y	N	U
c. High blood pressure	Y	N	U
d. Diabetes or sugar in the blood	Y	N	U
e. Blood clot in a leg or deep vein thrombosis	Y	N	U
f. Blood clot in your lungs or pulmonary embolus	Y	N	U
g. Chronic lung disease such as bronchitis, or emphysema.....	Y	N	U
h. Asthma	Y	N	U
i. Cancer	Y	N	U

Go to Item 8

j. Can you tell me in what part of the body the most recently diagnosed cancer was located?... | | | | | | | | | | |

k. And the date it was diagnosed:..... | | | / | | | | | (m m / y y y y)

l. Have you had another cancer? .....Yes Y

No N → Go to Item 8

Unknown U

m. Can you tell me in what part of the body the cancer was located? ..... | | | | | | | | | | |

n. And the date it was diagnosed:..... | | | / | | | | | (m m / y y y y)

D. STROKE/TIA

8. Since our last contact on (mm/dd/yyyy), have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack, or TIA? .....Yes Y

No N

If "Yes" ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.

8b. Were you hospitalized for this stroke, slight stroke, transient ischemic attack or TIA? ..... Yes Y

No N

If "Yes" ensure that this event is included in the "HOSPITALIZATIONS" section, if appropriate.

E. OVERNIGHT ADMISSIONS

9. Were you (was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yyyy)?.....Yes Y

No N

Unknown U

If "Yes" complete "HOSPITALIZATIONS" section.

10. Have you stayed (Did [name] stay) overnight as a patient in a hospital for any other reason since our last contact?.....Yes Y

No N

Unknown U

If "Yes" add to "HOSPITALIZATIONS" section.

[IF BOTH ITEMS #9 AND #10 = "N" OR "U", SKIP TO ITEM #11A (BELOW THE "HOSPITALIZATIONS" SECTION)].

ID NUMBER: | | | | | | | | CONTACT YEAR: | | |

LAST NAME: | | | | | | | | | | | | | INITIALS: | | |

BIRTHDAY: | | | / | | | / | | | | | VI. Date: | | | / | | | / | | | | |
m m d d y y y y m m d d y y y y

SOCIAL SECURITY: | | | | – | | | – | | | | |

F. HOSPITALIZATIONS

"For each time you were (he/she was) a patient over night in a hospital, I would like to obtain the reason you were (he/she was) admitted, the name of the hospital and the date. When was the first time you were (he/she was) hospitalized since our last contact with you (him/her) on (mm/dd/yyyy of last contact)?"

[FILL IN, PROBING AS NECESSARY. ABBREVIATIONS CAN BE USED FOR LOCAL HOSPITALS. PROBE FOR ADDITIONAL HOSPITALIZATIONS. FOR LINKAGE, H INDICATES THAT THE HOSPITALIZATION WAS REPORTED; N INDICATES THAT THE HOSPITALIZATION WAS FULLY SOUGHT BY SURVEILLANCE, AND NOT FOUND.]

37 a. Hospitalization Reason:

38 a. Hospital Name, City and State:

39 a. Month and Year:..... | | | / | | | | |
m m y y y y

40 a. Linkage status:.....Hospitalization reported H

Hospitalization fully sought by Surveillance and not found N

---

37 b. Hospitalization Reason:

38 b. Hospital Name, City and State:

39 b. Month and Year:..... | | | / | | | | |
m m y y y y

40 b. Linkage status:.....Hospitalization reported H

Hospitalization fully sought by Surveillance and not found N

---

37 c. Hospitalization Reason:

38 c. Hospital Name, City and State:

39 c. Month and Year:..... | | | / | | | | |
m m y y y y

40 c. Linkage status:.....Hospitalization reported H

Hospitalization fully sought by Surveillance and not found N

---

37 d. Hospitalization Reason:

38 d. Hospital Name, City and State:

39 d. Month and Year:..... | | | / | | | | |
m m y y y y

40 d. Linkage status:.....Hospitalization reported H

Hospitalization fully sought
by Surveillance and not found N

---

37 e. Hospitalization Reason:

38 e. Hospital Name, City and State:

39 e. Month and Year:.....

		/				
m	m		y	y	y	y

40 e. Linkage status:.....Hospitalization reported H

Hospitalization fully sought
by Surveillance and not found N

---

37 f. Hospitalization Reason:

38 f. Hospital Name, City and State:

39 f. Month and Year:.....

		/				
m	m		y	y	y	y

40 f. Linkage status:.....Hospitalization reported H

Hospitalization fully sought
by Surveillance and not found N

E. OVERNIGHT ADMISSIONS (Continued) Add all the 7, 8, 9 codes to these items below

[FOR "DECEASED", "REPORTED ALIVE", OR "CONTACTED BY LETTER" STATUSES, GO TO ITEM 33].

11 a. [SEE INSTRUCTIONS ABOVE] Since our last contact, have you stayed overnight as a patient in a nursing home? ..... Yes Y

Go to Item 12 — No N

11 b. Are you currently staying in a nursing home? ..... Yes Y

No N

G. INVASIVE PROCEDURES

"The following questions ask about various types of surgery and procedures. We are interested in both those that occurred in the hospital or as an outpatient."

12. [DO NOT ASK] Has participant completed a previous version "A" or "B" of Annual Follow-up? ..... Yes Y

Go to Item 12b — No N

12 a. Since we last contacted you on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs excluding surgery for varicose veins? ..... Yes Y — Go to Item 13a

No N — Go to Item 14a

12 b. Since your last JHS visit on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? ..... Yes Y

Go to Item 14b — No N

13. Did you have:

a. Coronary bypass ..... Yes Y

No N

b. Other heart procedures ..... Yes Y

Go to Item 13c — No N

Specify: _____

_____

_____

c. Carotid endarterectomy ..... Yes Y

Go to Item 13e — No N

d. Site ..... Right R

Left L

Both B

e. Other arterial revascularization ..... Yes Y

Go to Item 13f — No N

Specify: _____

_____

_____

f. Any other type of surgery on your heart or the arteries of your neck or legs? ..... Yes Y

No N

14. [DO NOT ASK] Has participant completed a previous version "A" or "B" of Annual Follow-up? ..... Yes Y

Go to Item 14b — No N

14 a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs? ..... Yes Y — Go to Item 15a

No N — Go to Item 16

14 b. Since your last visit to the JHS clinic on (mm/dd/yyyy) have you had a balloon angioplasty on the arteries of your heart, neck or legs? ..... Yes Y

Go to Item 16 — No N

15. Did you have:

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

H. INTERVIEW

"Next, I would like to ask about medication use during the past two weeks."

16. Did you take any medications during the past two weeks for:

	Yes	No	Unknown
a. High blood pressure	Y	N	U
b. High blood cholesterol	Y	N	U
c. Diabetes or high blood sugar	Y	N	U

"Now I would like to ask you about your regular use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months."

17. Are you NOW taking aspirin or a medicine containing aspirin on a regular basis? This does not include Tylenol nor Advil. .....Yes Y
No N
Unknown U

J. OTHER ITEMS

"Next, I have a few miscellaneous questions."

30. Do you now smoke cigarettes? ..... Yes Y
No N

31. Please tell me which of the following describes your current marital status [READ EACH CATEGORY]:..... Married M

Widowed W

Divorced D

Separated S

Never married N

K. ADMINISTRATIVE INFORMATION

33. Code number of person completing this form:..... ☐☐☐

34. Does participant (still) live within official JHS study boundaries?..... Yes Y

No N

Unknown U

35. Will JHS (still) be able to get his/her records via community surveillance? ..... Yes Y

No N

36. Result code [RECORD NUMBER FROM CODE LIST, BELOW]: ..... ☐☐

No action taken	01
Tracing (not yet contacted any source)	02
Contacted, interview partially complete or rescheduled	04
Contacted, interview refused	05
Reported alive, will continue to attempt contact this year	06
Reported alive, contact not possible this year	07
Reported deceased	08
Unknown	09
Contacted, interview complete - complete next section	10
Does not want any further AFU contact	98

END OF FORM – STOP

ANNUAL FOLLOW-UP QUESTIONNAIRE FORM

FORM CODE: A F U

VERSION: C 10/14/2008

ID NUMBER: _____ CONTACT YEAR _____

LAST NAME: _____ INITIALS: _____

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.

INSTRUCTIONS: This form should be completed during the interview portion of the participant's annual follow-up. 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 zeros 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.

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFU)

A. VITAL STATUS

1. Date of status determination: ..... __ __ / __ __ / __ __ __ __
   Month Day Year

2. Final Status:
   {Circle one below}

3. Information obtained from:
   {Circle one corresponding choice below}

Final Status		Information obtained from		
Contacted and Alive	C	Phone	A	Go to Item 6
		Personal Interview	B	
		Letter	C	Go to Item 23
Contacted and Refused	F			Go to Item 52
Reported Alive	R	Relative, spouse, acquaintance	D	Go to Item 23
		Employer information	E	
		Other	F	
Reported Deceased	D	Relative, spouse, acquaintance	G	Continue to Item 4
		Surveillance	H	
		Other (National Death Index)	I	
Unknown	U			Go to Item 52

B. DEATH INFORMATION

4. Date of death:

		/			/				

Month Day Year

5. Location of death:

a. City/ County

b. State: | | |

After Item 5, skip to Item 23, **Screen X.**

C. GENERAL HEALTH

6. "Now I will ask you some questions about your health. Over the past year, compared to other people your age, would you say that your health has been excellent, good, fair or poor?"

Excellent ..... E

Good ..... G

Fair ..... F

Poor ..... P

7a. **[DO NOT ASK]** Has this participant previously completed version B of the AFU form?

If Yes, go to Q 9

Yes Y

No N

Unknown U

7b. **[DO NOT ASK]** Has participant ever reported a heart failure diagnosis in AFU without a documented HF hospitalization in the Jackson Heart Study database? **(to be done for 1 year only).** Y N

If NO, skip to Q9

8. In a previous JHS phone call in **[< year >]**, you indicated that you had been diagnosed with heart failure or congestive heart failure. Do you recall that you had such a diagnosis of heart failure?

Y N U

No or Unknown skip to Q9

What is the name and address of the doctor you last saw for heart failure?

8 a. Name: _____

8 b. Address: _____

8 c. What was the approximate date?

		/				
M	M		Y	Y	Y	Y

8 d. **[DO NOT ASK]** Was this within 3 yrs. of today's date? Y N U

8 e. Were you hospitalized for heart failure at that time?

Y N U

If Yes, go to "obtain hospital information and date" Section F Q 28a and then return to Q 8g

8 f. Were you hospitalized for heart failure or congestive heart failure at another time?

Y N U

If Yes, go to "obtain hospital information and date" Section F Q 28a and return to Q 10.

9. Since we last contacted you on mm /dd/ yyyy, has a doctor said that you had heart failure or congestive heart failure?

Y N U

No or Unknown skip to Q 10.

What is the name and address of the doctor who said you had heart failure?

9. a. Name: _____

9. b Address: _____

9. c. What was the approximate date? | | | / | | | | |

M M Y Y Y Y

9. d. **[DO NOT ASK]** Was this within 3 yrs. of today's date] Y N U

9. e. Were you hospitalized for heart failure at that time?

Y N U

If Yes, go to "obtain hospital information and date" Section F Q 28a and return to Q10

10. Has a doctor ever said that your heart is weak, or does not pump as strongly as it should, or that you had fluid on the lungs?

Y N U

No or Unknown skip to Q 11a.

What is the name and address of the doctor you saw?

10. a. Name: _____

10. b. Address: _____

10. c. What was the approximate date? | | | / | | | | |

M M Y Y Y Y

10. d. [**DO NOT ASK]** Was this within 3 yrs. of today's date?

Y N U

10. e. Were you hospitalized for the weak heart muscle at that time?

Y N U

11. a. Has a doctor ever said that you had a heart attack?

Y N U

11. b. Has a doctor ever said that you had angina, angina pectoris or chest pain due to heart disease?

Y N U

If No or Unknown: Go to Q 12.

11. c. Were you first told that you had angina since we last contacted you on mm /dd/ yyyy?

Y N U

12. Has a doctor ever said that you had an irregular heart beat called atrial fibrillation, or atrial fibrillation on a heart scan or electrocardiogram tracing?

Y N U

13. a. Do you often have swelling in your feet or ankles at the end of the day?

Y N U

No or Unknown skip to Q 14.

13. b. Is the swelling in your feet or ankles gone in the morning?

Y N U

14. Has a doctor ever said that you had high blood pressure?

Y N U

15. Has a doctor ever said that you have diabetes or sugar in the blood?

Y N U

16. Has a doctor ever said that you had a blood clot in a leg or deep vein thrombosis?

Y N U

No or Unknown skip to Q 17a.

What is the name and address of the doctor you saw? (If same physician as above, no need to records address)

16. a. Name: _____

16. b. Address: _____

16. c. What was the approximate date?

		/				
M	M		Y	Y	Y	y

16. d. Were you hospitalized for a blood clot in a leg or deep vein thrombosis at that time?

Y N U

If Yes: go to obtain hospital information and date Section F Q 28a and return to Q.17a, below.

17. a. Has a doctor ever said that you had a blood clot in your lungs or a pulmonary embolus?

Y N U

No or Unknown skip to Q 18.

17. b. Were you hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?

Y N U

If Yes: go to obtain hospital information and date Section F Q 28a and return to Q. 18.a.,below.

18. a. Has a doctor ever said that you had chronic lung disease, such as bronchitis, or emphysema?

Y N U

If No or U skip to Q 19a.

18. b. Were you told by the physician that you had chronic lung disease since we last contacted you on mm/dd /yyyy ?

Y N U

If Yes to either 18a or 18b: Go to Q 20.

19. a. Are there times when you wake up at night because of difficulty breathing?

Y N U

19. b. Do you have trouble breathing or shortness of breath when hurrying on the level?

Y N U Unable to walk ⟶ Go to Q 19 f

If No or U: Go to Q 19f.

19. c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?

Y N U

If No or U: Go to Q 19g.

19. d. Do you stop for breath when walking at your own pace?

Y N U

If No or U: Go to Q 19g.

19. e. Do you stop for breath after walking 100 yards on the level?

Y N U

If No or U: Go to Q 19g.

19. f. Do you have difficulty breathing when you are not walking or active?

Y N U

19.g. Do you usually have some coughing or wheezing?

Y N U

20. Has a doctor ever said that you had asthma?

Y N U

If No: Go to Q 20b.

20. a. Did the doctor say that you have asthma since we last contacted you on mm/dd/yyyy ?

Y N U

20. b. Do you have pain in your legs caused by a blockage of the arteries ?

Y N U

20. c. Has a doctor ever said that you have peripheral vascular disease or intermittent claudication ?

Y N U

21. a. Has a doctor ever said that you had cancer?

Y N U

Go to Item 22a

21. b. Can you tell me in what part of the body the most recently diagnosed cancer was located?

21. c. And the date it was diagnosed?

		/				

Month Year

D. STROKE/TIA

22. a. Since our last contact on mm/dd/yyyy), have you been told by a physician that you had a stroke, slight stroke, transient ischemic attack, or TIA? Yes Y

If "No", go to question 23 — No N

22. b. Were you hospitalized for this stroke, slight stroke, transient ischemic attack or TIA? ..... Yes Y

No N

If "Yes", ensure that this event is included in the "HOSPITALIZATIONS" section, Section F Q 28a, if appropriate.

E. ADMISSIONS

23. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/dd /yyyy)?

Y N U

24. Have you stayed (Did [name]stay) overnight as a patient in a hospital for any other reason since our last contact?

Y N U

If "Yes" to either 23 or 24, add to "HOSPITALIZATIONS" section F Q28a and return to Q. 25a.

25. a. Were you (Was [name]) admitted to an emergency room or a medical facility for outpatient treatment since our last contact on (mm/ dd/ yyyy)?

Y N U

If No or Unknown: Go to Q 27a

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

Y N U

If No or Unknown: Go to Q 27a

What is the name and address of this medical facility?

26. .a. Name: _____

26. .b. Address: _____

26. c. What was the approximate date?

		/				
M	M		Y	Y	Y	Y

27. a. Since our last contact, (Did [name] stay) have you stayed overnight as a patient in a nursing home? ..... Go to Item 40. Yes Y

No N

For DECEASED, REPORTED ALIVE, or CONTACTED BY LETTER statuses, go to Q.52

27. b. Are you currently staying in a nursing home? ..... Yes Y

No N

On the paper form, skip Section F and continue to Item 40. To skip in the DMS scroll down to item 40.

F. HOSPITALIZATIONS

For each time you were (he/she was) a patient in a hospital, I would like to obtain the reason you were (he/she was) admitted, the name of the hospital, and the date. When was the first time you were (he/she was) hospitalized since our last contact with you (him/her) on (mm/dd/ yyyy of last contact)? [Fill in, probing as necessary. Probe for additional hospitalizations. For linkage, H indicates that the hospitalization was reported; N indicates that the hospitalization was fully sought by Surveillance, and not found.]

28. a. Hospitalization Reason:

_____

28. b. Hospital Name, City, and State:

_____

28. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

28. d. Linkage Status: | | (H) or (N)

29. a. Hospitalization Reason:

_____

29. b. Hospital Name, City, and State:

_____

29. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

29. d. Linkage Status: | | (H) or (N)

30. a. Hospitalization Reason:

_____

30. b. Hospital Name, City, and State:

_____

30. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

30. d. Linkage Status: | | (H) or (N)

31. a. Hospitalization Reason:

_____

31. b. Hospital Name, City, and State:

_____

31. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

31. d. Linkage Status | | H) or (N)

32. a. Hospitalization Reason:

_____

32. b. Hospital Name, City, and State:

_____

32. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

32. d. Linkage Status: | | (H) or (N)

33. a. Hospitalization Reason: _____

33. b. Hospital Name, City, and State:

_____

33. c. Month and Year: | | | / | | | | |

33. d. Linkage Status: | | (H) or (N)

34. a. Hospitalization Reason:

_____

34. b. Hospital Name, City, and State:

_____

34. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

34. d. Linkage Status: | | (H) or (N)

35. a. Hospitalization Reason:

_____

35. b. Hospital Name, City, and State:

_____

35.c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

35. d. Linkage Status: | | (H) or (N)

36. a. Hospitalization Reason:

_____

36. b. Hospital Name, City, and State:

_____

36. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

36. d. Linkage Status: | | (H) or (N)

37. a. Hospitalization Reason:

_____

37. b. Hospital Name, City, and State:

_____

37. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

37. d. Linkage Status: | | (H) or (N)

38. a. Hospitalization Reason:

_____

38. b. Hospital Name, City, and State:

_____

38. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

38. d. Linkage Status: | | (H) or (N)

39. a. Hospitalization Reason: _____

39. b. Hospital Name, City, and State:

_____

39. c. Month and Year: | | | / | | | | | (M M / Y Y Y Y)

39. d. Linkage Status: | | (H) or (N)

G. INVASIVE PROCEDURES

"The following questions ask about various types of surgery and procedures.
We are interested in both those that occurred in the hospital or as an out-patient."

40. **[DO NOT ASK]**
Has participant completed a previous version 'A' or later of Annual Follow-up?

Yes 1
No 2 → Go to Item 41b.

41. a. Since we last contacted you on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?

Yes 1 → Go to Item 42.

No 2 → Go to Item 44a

41. b. Since your last Jackson Heart Study visit on (mm/dd/yyyy) have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins?

Yes 1

No 2 → Go to Item 44b.

42. Did you have

a. Coronary bypass: ..... Yes 1

No 2

b. Other heart procedure: ..... Yes 1

No 2

42.b1. Specify: _____

c. Carotid endarterectomy: Yes Y

Go to Item 42e. ← No N

d. Site:..... Right R

Left L

Both B

e. Other arterial revascularization: ..... Yes Y

No N

42. e1. Specify: _____

f. Any other type of surgery on your heart or the arteries of your neck or legs?

Yes Y

No N

43. **[DO NOT ASK]**

Has participant completed a previous version 'A' or later of Annual Follow-up?

Yes Y

Go to Item 44b. ← No N

44. a. Since we last contacted you on (mm/dd/yyyy) have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs?

Yes Y → Go to Item 45a.

No N → Go to Item 46.

44. b. Since your last visit to the Jackson Heart Study on (mm/dd/yyyy) have you had a balloon angioplasty or stent on the arteries of your heart, neck, or legs?

Yes Y

Go to Item 46. ——— No N

45. Did you have:

a. Angioplasty or stent of the coronary arteries:	Yes	Y
	No	N
b. Angioplasty or stent in the arteries of your neck:	Yes	Y
	No	N
c. Angioplasty or stent of the lower extremity arteries:	Yes	Y
	No	N

H. INTERVIEW

"Now I would like to ask about medication use during the past two weeks."

46. Did you take any medications during the past two weeks for:

		Yes	No	Unknown
a.	High Blood Pressure	Y	N	U
b.	High Blood Cholesterol	Y	N	U
c.	Diabetes or High Blood Sugar	Y	N	U
d.	Heart Failure	Y	N	U

"Now I would like to ask about the prescription medications you currently use [optional: as mentioned in the scheduling reminder we sent recently]. Can I ask you to bring all the prescription medications you are taking to the telephone?

47. **[DO NOT ASK}** Does the participant have medications to report?

Yes..... Y

No.....N

Participant refused to provide medication information ..... R

Unknown.....U

If the answer is NO, REFUSED, or UNKNOWN, skip to question 49

[Once participant has all medications or prescriptions] Please read the names of all the medications prescribed by a doctor. This includes pills, liquid medications, skin patches, inhalers, and injections. Please do not include over the counter medications.
[If asked: currently taking applies to medications taken in the past two weeks.

Medication Name

48.a. _____

48.b. _____

48.c. _____

48.d. _____

48.e. _____

48.f. _____

48.g. _____

48.h. _____

48.i. _____

48.j. _____

48.k. _____

48.l. _____

48.m. _____

48.n. _____

48.o. _____

48.p. _____

48.q. _____

48.r. _____

48.s. _____

48.t. _____

"Next I would like to ask you about your regular use of aspirin. This includes aspirin alone, or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months."

49. Are you NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol or Advil.

Yes	Y
No	N
Unknown	U

I. OTHER ITEMS

"Next, I have a few miscellaneous questions."

50. Do you now smoke cigarettes? .. Yes Y

No N

51. Please tell me which of the following describes your current marital status:

[READ EACH CATEGORY]

Married	M
Widowed	W

Divorced	D
Separated	S
Never Married	N

J. ADMINISTRATIVE INFORMATION

52. Code number of person completing this form:

53. Does participant (still) live within official the Jackson Heart Study boundaries? ..... Yes Y

No N

Unknown U

54. Will the JHS be able to get his/her records via community surveillance? ..... Yes Y

No N

55. Result code:

Result Codes

01 – No Action Taken
02 – Tracing (Not yet contacted any source)
03 – Contacted, Interview Complete
031 – By proxy / informant
04 – Contacted, Interview Partially Complete or Rescheduled
05 – Contacted, Interview Refused
06 – Reported Alive, Will Continue to Attempt Contact This Year
07 – Reported Alive, Contact Not Possible This Year
08 – Reported Deceased
09 – Unknown / Lost to AFU
98– Does Not Want Any Further AFU Contact

ANNUAL FOLLOW-UP FORM

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: A F U DATE: 8/29/2011 Version D

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. Staff ID: ☐☐☐ 0c. CY: ☐☐

Instructions: *This form should be completed during the interview portion of the participant's follow-up. The Date is the day the contact was made or is the date the status determination was 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 Jackson Heart Study. May I please speak with [name of contact]?"

"Hello [name of respondent]. My name is [your name] and I am from the Jackson Heart Study. May I have a few minutes of your time to ask about your health in the past year"?

A. STATUS

1. Result of contact for the interview *(select one)*
   - a. Participant contacted, agreed to be interviewed... ☐ → **GO TO QUESTION 17**
   - b. Contacted, refused to be interviewed..... ☐ → **GO TO QUESTION 72**
   - 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..... ☐
   No ..... ☐ → **GO TO QUESTION 29**

B. DEATH INFORMATION

3. Death reported by: (select one)

   Relative/Spouse/Acquaintance..... ☐
   Surveillance..... ☐
   Other (e.g., Obituary, Social Security Administration)..... ☐

4. Date of death: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year)

5. Location of death:

a. City: _____ c. State: ☐☐

b. County: _____

6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?

Yes..... ☐ → **GO TO QUESTION 7**
No ..... ☐

6a. Is there someone else who could answer these questions?

Yes - person located..... ☐
Yes - reschedule remainder of interview..... ☐ → **GO TO QUESTION 72**
No ..... ☐ → **GO TO QUESTION 72**

HOSPITALIZATIONS (for deceased participants)

7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]?

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

8a. Hospital Name, City, State: ☐▼

8a1. Specify hospital name, city, and state if not in drop down list: _____

8b. Approximate date of hospitalization: ☐☐/☐☐☐☐
Month Year

Second hospitalization, if applicable

9a. Hospital Name, City, State: ☐▼

9a1. Specify hospital name, city, and state if not in drop down list: _____

9b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

10. Did [name] stay overnight as a patient in a hospital for any other reason since our last contact?

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

11a. Hospitalization Reason: _____

11b. Hospital Name, City, State: ☐▼

11b1. Specify hospital name, city, and state if not in drop down list: _____

11c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

Second hospitalization, if applicable

12a. Hospitalization Reason: _____

12b. Hospital Name, City, State: ☐▼

12b1. Specify hospital name, city, and state if not in drop down list: _____

12c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

Third hospitalization, if applicable

13a. Hospitalization Reason: _____

13b. Hospital Name, City, State: ☐▼

13b1. Specify hospital name, city, and state if not in drop down list: _____

13c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

OUTPATIENT TREATMENT (for deceased participants)

14. Was [name] admitted to an emergency room or a medical facility for outpatient treatment since our last contact?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 72**

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

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 72**

16a. Hospital/Medical Facility Name, City, State: ☐▼

16a1. Specify hospital/medical facility name, city, and state if not in drop down list: _____

16b. Approximate date of admission: ☐☐/☐☐☐☐ → **GO TO QUESTION 72**
Month Year

C. GENERAL HEALTH

17. Now I will ask you [name] some questions about your health. Over the past year, compared to other people your [name's] age, would you say that your [name's] health has been excellent, good, fair or poor?

Excellent ..... ☐
Good ..... ☐
Fair ..... ☐
Poor ..... ☐

18. Since we last contacted you [name], has a doctor said you [name] had high blood pressure?

Yes ..... ☐
No ..... ☐

19. Since we last contacted you [name], has a doctor said you [name has] have diabetes or sugar in the blood?

Yes ..... ☐
No ..... ☐

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

Yes ..... ☐ → **GO TO QUESTION 24**
No ..... ☐

21a. Are there times when you [name] wake up at night because of difficulty breathing?

Yes ..... ☐
No ..... ☐

21b. Do you (Does [name]) have trouble breathing or shortness of breath when hurrying on the level?

Yes ..... ☐
No ..... ☐ → **GO TO QUESTION 22**
Unable to Walk ..... ☐ → **GO TO QUESTION 23**

21c. Do you (Does [name]) have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?

Yes ..... ☐
No ..... ☐ → **GO TO QUESTION 23**

21d. Do you (Does [name]) stop for breath when walking at your own pace?

Yes ..... ☐
No ..... ☐ → **GO TO QUESTION 23**

21e. Do you (Does [name]) stop for breath after walking 100 yards on the level?

Yes ..... ☐
No ..... ☐ → **GO TO QUESTION 23**

22. Do you (Does [name]) have difficulty breathing when you are not walking or active?

Yes.....☐
No .....☐

23. Do you (Does [name]) usually have some cough or wheezing?

Yes.....☐
No .....☐

24. Since we last contacted you [name] on [mm/dd/yyyy], has a doctor said (that [name]) had asthma?

Yes.....☐
No .....☐

25. Since we last contacted you [name] has a doctor said that you ([name] has) have peripheral vascular disease or intermittent claudication?

Yes.....☐
No .....☐

26. Do you (Does [name]) have pain in your [name's] legs caused by a blockage of the arteries?

Yes.....☐
No .....☐

27. Do you (Does [name])often have swelling in your [name's] feet or ankles at the end of the day?

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

27a. Is the swelling in your [name's] feet or ankles gone in the morning?

Yes.....☐
No .....☐

28. Since we last contacted you [name], has a doctor said you [name] had cancer?

Yes.....☐
No .....☐→ **GO TO QUESTION 30**

28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?

_____

28b. What is the approximate date the cancer was diagnosed?

☐☐/☐☐☐☐ → **GO TO QUESTION 30**
Month Year

D. CARDIOVASCULAR EVENTS

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

Yes ..... ☐ → **GO TO QUESTION 30**
No ..... ☐

29a. Is there someone else we can ask?

Yes, person located..... ☐→ **GO TO QUESTION 30**
Yes, reschedule remainder of interview..... ☐→ **GO TO QUESTION 72**
No ..... ☐→ **GO TO QUESTION 72**

PREVIOUS HEART FAILURE DIAGNOSIS

30. Previously diagnosed with heart failure?

Yes……☐→ **GO TO QUESTION 37**
No……...☐→ **GO TO QUESTION 31**

RECENT HEART FAILURE DIAGNOSIS

31. 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 33a**
No ..... ☐

32. 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 37**

DOCTOR INFORMATION FOR HEART FAILURE/WEAK HEART

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

33a. Name _____

33b. Address _____

33c. City: _____ 33d. State: ☐☐

33e. Approximate date: ☐☐/☐☐☐☐
Month Year

HOSPITAL INFORMATION FOR HEART FAILURE/WEAK HEART

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

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 36**

35a. Hospital/Medical Facility Name, City, State: ☐▼

35a1. Specify hospital/medical facility name, city, and state if not in drop down list: _____

35b. Approximate date of admission: ☐☐/☐☐☐☐
Month Year

"The Jackson Heart 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 Jackson Heart 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."

36. 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.

37. 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 41**

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

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 41**

HOSPITAL INFORMATION FOR HEART ATTACK

39a. Hospital Name, City, State: ☐▼

39a1. Specify hospital name, city, and state if not in drop down list: _____

39b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

Second hospitalization, if applicable

40a. Hospital Name, City, State: ☐▼

40a1. Specify hospital name, city, and state if not in drop down list: _____

40b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

41. 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 .....☐

42. 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 .....☐

43. Since we last contacted you [name] has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?

Yes.....☐
No .....☐→ **GO TO QUESTION 46**

44. Were you [was 'name'] hospitalized for a blood clot in a leg or deep vein thrombosis at that time?

Yes.....☐
No .....☐→ **GO TO QUESTION 46**

HOSPITALIZATION FOR BLOOD CLOT IN LEG

45a. Hospital Name, City, State: ▼

45a1. Specify hospital name, city, and state if not in drop down list: _____

45b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

46. Since we last contacted you [name], has a doctor said that you [name], had a blood clot in your lungs or a pulmonary embolus?

Yes.....☐
No .....☐→ **GO TO QUESTION 49**

47. Were you [was 'name'] hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?

Yes.....☐
No .....☐→ **GO TO QUESTION 49**

HOSPITALIZATION FOR BLOOD CLOT IN LUNGS

48a. Hospital Name, City, State: ▼

48a1. Specify hospital name, city, and state if not in drop down list: _____

48b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

49. 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 52**

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

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 52**

HOSPITALIZATION FOR STROKE OR TIA

51a. Hospital Name, City, State: ☐▼

51a1. Specify hospital name, city, and state if not in drop down list: _____

51b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

E. ADMISSIONS

52. 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 58**

HOSPITALIZATION FOR OTHER REASON

53a. Hospitalization Reason: _____

53b. Hospital Name, City, State: ☐▼

53b1. Specify hospital name, city, and state if not in drop down list: _____

53c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

54a. Hospitalization Reason: _____

54b. Hospital Name, City, State: ☐▼

54b1. Specify hospital name, city, and state if not in drop down list: _____

54c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

55a. Hospitalization Reason: _____

55b. Hospital Name, City, State: ☐▼

55b1. Specify hospital name, city, and state if not in drop down list: _____

55c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

56a. Hospitalization Reason: _____

56b. Hospital Name, City, State: ☐▼

56b1. Specify hospital name, city, and state if not in drop down list: _____

56c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

57a. Hospitalization Reason: _____

57b. Hospital Name, City, State: ☐▼

57b1. Specify hospital name, city, and state if not in drop down list: _____

57c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

58. 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 61**

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

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 61**

EMERGENCY ROOM/MEDICAL FACILITY INFORMATION

60a. ER/Facility Name, City, State: ☐▼

60a1. Specify ER/Facility name, city, and state if not in drop down list:_____

60b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

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

Yes.....☐
No .....☐

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

Yes.....☐
No .....☐

F. 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.

63. 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 neck or legs, not counting surgery for varicose veins?

Yes.....☐
No .....☐ → **GO TO QUESTION 65**

64. Did you [name] have:

a. Coronary bypass?

Yes.....☐
No .....☐

b. Other heart procedure?

Yes.....☐ → Specify: _____
No .....☐

c. Carotid endarterectomy?

Yes.....☐
No .....☐ → **GO TO QUESTION 64e**

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 .....☐

65. Since we last contacted you [name] on [mm/dd/yyyy] have you [did name have] had a balloon angioplasty or stent on the arteries of your [name's] heart, neck, or legs?

Yes.....☐
No .....☐→ **Go to Question 66**

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 .....☐

G. INTERVIEW

Now I would like to ask about medication use during the past two weeks.

66. Did you [name] take any medications during the past two weeks for:

a. High blood pressure?

Yes.....☐
No .....☐

b. High blood cholesterol?

Yes.....☐
No .....☐

c. Diabetes or high blood sugar?

Yes.....☐
No .....☐

d. Heart failure?

Yes.....☐
No .....☐

67. Are you [Is name] NOW taking aspirin, or a medicine containing aspirin, on a regular basis? This does not include Tylenol or Advil.

Yes.....☐
No .....☐

68. Does the participant have medications to report?

Yes.....☐
No .....☐ → **Go to Question 70**

69. Record names of medications.

Next, I have a few miscellaneous questions.

70. Do you (Does [name])now smoke cigarettes?

Yes.....☐
No .....☐

71. Please tell me which of the following describes your [name's] current marital status:

Married.....☐
Widowed .....☐
Divorced.....☐
Separated.....☐
Never Married.....☐

CLOSURE SCRIPT:

Talking to participant: "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 next year, please tell me if the information I have is still correct."

If participant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"

Otherwise: "Thank you very much for answering these questions. We will call _____ in about a year."

H. ADMINISTRATIVE INFORMATION

72. AFU Completion Status:

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

Annual Follow-Up Form

FORM CODE: AFU
VERSION: E updated 7/25/2014

ID NUMBER: ☐☐☐☐☐☐☐ CONTACT YEAR: ☐☐

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐ INITIALS: ☐☐

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. Staff ID: ☐☐☐

Instructions: *This form should be completed during the interview portion of the participant's follow-up. The Date is the day the contact was made or is the date the status determination was 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 JHS Study. May I please speak with [name of contact]?"

"Hello [name of respondent]. My name is [your name] and I am from the JHS Study. May I have a few minutes of your time to ask about your recent health?"

A. STATUS

1. Result of contact for the interview *(select one)*
   - a. Participant contacted, agreed to be interviewed.... ☐ → **GO TO QUESTION 17**
   - b. Participant contacted, refused to be interviewed... ☐ → **GO TO QUESTION 71**
   - 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..... ☐
   - No ..... ☐ → **GO TO QUESTION 29**

B. DEATH INFORMATION

3. Death reported by: (select one)
   - Relative/Spouse/Acquaintance ..... ☐
   - Surveillance..... ☐
   - Other (e.g., Obituary, Social Security Administration)..... ☐

4. Date of death: ☐☐/☐☐/☐☐☐☐
Month Day Year

5. Location of death:

a. City: _____ c. State: ☐☐

b. County: _____

6. Are you able to answer some questions about any hospitalizations that occurred since our last contact with [name] on [mm/dd/yyyy]?

Yes..... ☐→ **GO TO QUESTION 7**
No ..... ☐

6a. Is there someone else who could answer these questions?

Yes - person located..... ☐
Yes - reschedule remainder of interview..... ☐ → **GO TO QUESTION 71**
No ..... ☐ → **GO TO QUESTION 71**

HOSPITALIZATIONS FOR HEART ATTACK / CONDITION / STROKE (for deceased participants)

7. Was [name] hospitalized for a heart attack, or heart condition, or stroke since our last contact on [mm/dd/yyyy]?

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

8a. Hospital Name, City, State: ☐▼

8a1. Specify hospital name, city, and state if not in drop down list: _____

8b. Approximate date of hospitalization: ☐☐/☐☐☐☐
Month Year

Second hospitalization, if applicable

9a. Hospital Name, City, State: ☐▼

9a1. Specify hospital name, city, and state if not in drop down list: _____

9b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

OTHER HOSPITALIZATIONS (for deceased participants)

10. Did [name] stay overnight as a patient in a hospital for any other reason since our last contact?

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

11a. Hospitalization Reason: _____

11b. Hospital Name, City, State: ☐▼

11b1. Specify hospital name, city, and state if not in drop down list: _____

11c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

Second hospitalization, if applicable

12a. Hospitalization Reason: _____

12b. Hospital Name, City, State: ☐▼

12b1. Specify hospital name, city, and state if not in drop down list: _____

12c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

Third hospitalization, if applicable

13a. Hospitalization Reason: _____

13b. Hospital Name, City, State: ☐▼

13b1. Specify hospital name, city, and state if not in drop down list: _____

13c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

OUTPATIENT TREATMENT (for deceased participants)

14. Was [name] admitted to an emergency room or a medical facility for outpatient treatment since our last contact?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 71**

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

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 71**

16a. Hospital/Medical Facility Name, City, State: ☐▼

16a1. Specify hospital/medical facility name, city, and state if not in drop down list: _____

16b. Approximate date of admission: ☐☐/☐☐☐☐ → **GO TO QUESTION 71**
Month Year

C. GENERAL HEALTH

17. Now I will ask you some questions about your health. Over the past year, compared to other people your age, would you say that your health has been excellent, good, fair or poor?

Excellent ..... ☐
Good..... ☐
Fair ..... ☐
Poor..... ☐

[QUESTIONS 18-20 MOVED TO MCU FORM]

21a. Are there times when you wake up at night because of difficulty breathing?

Yes..... ☐
No ..... ☐

21b. Do you have trouble breathing or shortness of breath when hurrying on a level surface?

Yes..... ☐
No ..... ☐
Unable to Walk..... ☐→ **GO TO QUESTION 22**

21c. Do you have trouble breathing or shortness of breath when walking at ordinary pace on a level surface?

Yes..... ☐
No ..... ☐

21d.Do you stop for breath when walking at your own pace?

Yes..... ☐
No ..... ☐

21e.Do you stop for breath after walking 100 yards on a level surface?

Yes..... ☐
No ..... ☐

21f. Do you have to walk slower than people of your own age on a level surface because of shortness of breath?

Yes..... ☐
No ..... ☐

22. Do you have difficulty breathing when you are not walking or active?

Yes..... ☐
No ..... ☐

23. Do you usually have some cough or wheezing?

Yes..... ☐
No ..... ☐

[QUESTIONS 24-25 MOVED TO MCU FORM]

26. Do you have pain in your legs caused by a blockage of the arteries?

Yes..... ☐
No ..... ☐

27. Do you often have swelling in your feet or ankles at the end of the day?

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

27a. Is the swelling in your feet or ankles gone in the morning?

Yes..... ☐
No ..... ☐

28. Since we last contacted you, has a doctor said you had cancer?

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 36**

28a. Can you tell me in what part of the body the most recently diagnosed cancer was located?

_____

28b. What is the approximate date the cancer was diagnosed?

☐☐/☐☐☐☐
Month Year

DOCTOR INFORMATION FOR CANCER

"Please provide the contact information of the doctor you most recently visited for your cancer."

28c. Contact information of the doctor you last saw for your cancer:

28c1. Doctor Name: _____

28c2. Clinic or Institution Name: _____

28c3. Address: _____

28c4. City: _____ 28c5. State: ☐☐

28c6. Approximate date: ☐☐/☐☐☐☐
Month Year

"The JHS study would like to ask your health care providers to tell us more about your cancer diagnosis and treatment. If you agree to do this, I will send you a form that tells your providers that you authorize the JHS study to get this information from them. Once you sign that form and mail it back to me, I will contact your health care providers."

28d. May I send you this release form and an addressed envelope for you to mail it back?

Yes..... ☐ → **GO TO QUESTION 36**
No ..... ☐ → **GO TO QUESTION 36**

D. CARDIOVASCULAR EVENTS

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

Yes ..... ☐ →**GO TO QUESTION 36**
No..... ☐

29a. Is there someone else we can ask?

Yes, person located..... ☐→ **GO TO QUESTION 36**
Yes, reschedule remainder of interview..... ☐→ **GO TO QUESTION 71**
No ..... ☐→ **GO TO QUESTION 71**

RECENT HEART FAILURE DIAGNOSIS

[QUESTIONS 30-35 MOVED TO MCU FORM]

36. 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 40**

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

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 40**

HOSPITAL INFORMATION FOR HEART ATTACK

38a. Hospital Name, City, State: ☐▼

38a1. Specify hospital name, city, and state if not in drop down list: _____

38b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

Second hospitalization, if applicable

39a. Hospital Name, City, State: ☐▼

39a1. Specify hospital name, city, and state if not in drop down list: _____

39b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

40. 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 ..... ☐

[QUESTION 41 MOVED TO MCU FORM]

42. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in a leg or deep vein thrombosis?

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 45**

43. At that time, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for a blood clot in a leg or deep vein thrombosis?

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 45**

HOSPITALIZATION FOR BLOOD CLOT IN LEG

44a. Hospital Name, City, State: ☐▼

44a1. Specify hospital name, city, and state if not in drop down list: _____

44b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

45. Since we last contacted you [name], has a doctor said that you [name] had a blood clot in your lungs or a pulmonary embolus?

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 48**

46. Were you (was [name]) hospitalized for a blood clot in your lungs or a pulmonary embolus at that time?

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 48**

HOSPITALIZATION FOR BLOOD CLOT IN LUNGS

47a. Hospital Name, City, State: ☐▼

47a1. Specify hospital name, city, and state if not in drop down list: _____

47b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

48. 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 51**

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

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 51**

HOSPITALIZATION FOR STROKE OR TIA

50a. Hospital Name, City, State: ☐▼

50a1. Specify hospital name, city, and state if not in drop down list: _____

50b. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

E. ADMISSIONS

51. Since our last contact, were you (was [name]) hospitalized or did you [name] stay in a hospital observation unit for any reason that you have not yet mentioned?

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 57**

HOSPITALIZATION FOR OTHER REASON

52a. Hospitalization Reason: _____

52b. Hospital Name, City, State: ☐▼

52b1. Specify hospital name, city, and state if not in drop down list: _____

52c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

53a. Hospitalization Reason: _____

53b. Hospital Name, City, State: ☐▼

53b1. Specify hospital name, city, and state if not in drop down list: _____

53c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

54a. Hospitalization Reason: _____

54b. Hospital Name, City, State: ☐▼

54b1. Specify hospital name, city, and state if not in drop down list: _____

54c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

55a. Hospitalization Reason: _____

55b. Hospital Name, City, State: ☐▼

55b1. Specify hospital name, city, and state if not in drop down list: _____

55c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

HOSPITALIZATION FOR OTHER REASON

56a. Hospitalization Reason: _____

56b. Hospital Name, City, State: ☐▼

56b1. Specify hospital name, city, and state if not in drop down list: _____

56c. Approximate date of hospitalization ☐☐/☐☐☐☐
Month Year

EMERGENCY ROOM/MEDICAL FACILITY INFORMATION

57. Were you (Was [name]) seen at an emergency room or a medical facility for outpatient treatment since our last contact on [mm/dd/yyyy]?

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 60**

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

Yes..... ☐
No ..... ☐→ **GO TO QUESTION 60**

59a. ER/Facility Name, City, State: ☐▼

59a1. Specify ER/Facility name, city, and state if not in drop down list: _____

59b. Approximate date ☐☐/☐☐☐☐
Month Year

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

Yes..... ☐
No ..... ☐

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

Yes..... ☐
No ..... ☐

F. 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 as an outpatient.

62. Since we last contacted you [name] on [mm/dd/yyyy], have you (has [name]) had any surgery on your [name's] heart, or the arteries of your [name's] neck or legs, not counting surgery for vJHSose veins?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 64**

63. Did you [name] have:

a. Coronary bypass?

Yes..... ☐
No ..... ☐

b. Other heart procedure?

Yes..... ☐ → Specify: _____
No ..... ☐

c. Carotid endarterectomy?

Yes..... ☐
No ..... ☐ → **GO TO QUESTION 63e**

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 ..... ☐

64. 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 ..... ☐→ **Go to Question 65**

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 ..... ☐

Angioplasty or stent facility information

d. Facility Name, City, State: ☐▼

e. Specify Facility name, city, and state if not in drop down list:_____

f. Approximate date ☐☐/☐☐☐☐
Month Year

G. INTERVIEW

Now I would like to ask about medication use during the past four weeks.

65. Did you [name] take any medications prescribed by a health professional during the past four weeks?

Yes..... ☐
No ..... ☐→ **Go to Question 66**

Did you [name] take any prescribed medications for:

a. High blood pressure or hypertension?

a. .....Yes ☐
b. .....No ☐

b. High blood cholesterol?

a. .....Yes ☐
b. .....No ☐

c. Diabetes or high blood sugar?

a. .....Yes ☐
b. .....No ☐

d. Heart failure?

a. .....Yes ☐
b. .....No ☐

e. Asthma?

a. .....Yes ☐
b. .....No ☐

f. Chronic bronchitis or emphysema?

a. .....Yes ☐
b. .....No ☐

g. Chest pain or angina?

a. .....Yes ☐
b. .....No ☐

h. Abnormal heart rhythm?

a. .....Yes ☐
b. .....No ☐

i. Blood thinning?

a. .....Yes ☐
b. .....No ☐

j. Stroke?

a. .....Yes ☐
b. .....No ☐

k. Mini-stroke or TIA?

a. .....Yes ☐
b. .....No ☐

l. Leg pain while walking or claudication?

a. .....Yes ☐
b. .....No ☐

m. Depression?

a. .....Yes ☐
b. .....No ☐

Next I would like to ask you about your regular use of aspirin. This includes aspirin alone or in a combination with another drug, such as aspirin in a cold medicine. By regular use, I mean taking aspirin at least once a week for several months.

66. Do you (Does [name]) regularly take any aspirin or aspirin-containing products including Alka-Seltzer, cold and allergy medication or headache powder? This does not include acetaminophen (for example, Tylenol), ibuprofen (for example, Advil, Motrin or Nuprin), and naproxen (for example, Aleve).

Yes..... ☐
No ..... ☐

66a. Do you (Does [name]) regularly take medicine for pain or inflammation that does NOT contain aspirin? This would include Tylenol, Advil, Motrin, Nuprin, Midol, or Ibuprofen among others.

Yes..... ☐
No ..... ☐

[Questions 67-68 deleted]

Next, I have a few miscellaneous questions.

69. Do you (Does [name]) now smoke cigarettes?

Yes..... ☐
No ..... ☐

70. Please tell me which of the following describes your [name's] current marital status:

Married ..... ☐
Widowed ..... ☐
Divorced ..... ☐
Separated..... ☐
Never Married..... ☐

H. ADMINISTRATIVE INFORMATION

71. AFU Completion Status:

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

CLOSURE SCRIPT:

If participant deceased: "We may need to contact a family member later. When would be a good time to call in that case?"