



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:
- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| a. a dentist..... | Y | N |
| b. a doctor or health professional for routine physical exam or general check-up,
that is when you are <u>not</u> 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 | <u>A</u> |
| Very little | <u>B</u> |
| Mild stress | <u>C</u> |
| Moderate stress | <u>D</u> |
| A lot of stress | <u>E</u> |
| Extreme stress | <u>F</u> |

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:.....

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m	m		d	d		y	y	y	y
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11. Method of data collection: Computer C
 Paper Form P

12. Code number of person completing this form:

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