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?

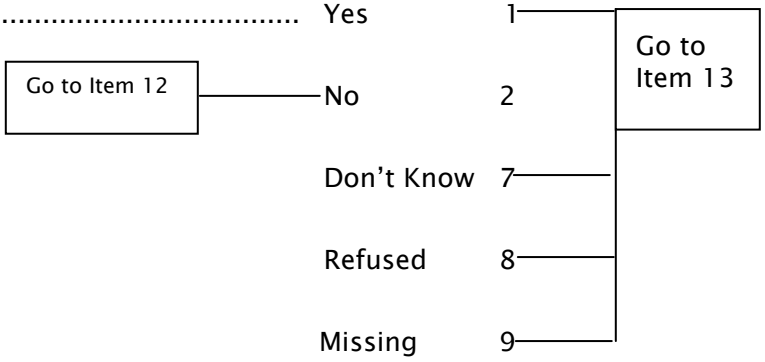
Very dissatisfied	1
Somewhat dissatisfied	2
A little dissatisfied	3
A little satisfied	4
Somewhat satisfied	5
Very satisfied	6
Don't Know	7
Refused	8
Missing	9

15. In the past year, have you seen:

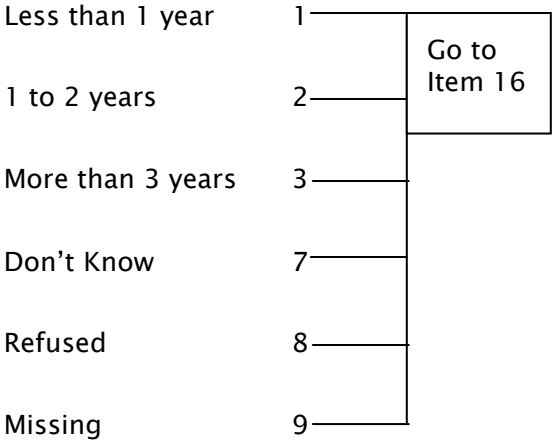
	Yes	No	Don't Know	Refused	Missing
a. a dentist	1	2	7	8	9
b. a doctor or health professional for routine physical exam or general check-up, that is when you are not sick	1	2	7	8	9
c. a chiropractor	1	2	7	8	9
d. a person who uses acupuncture	1	2	7	8	9

		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: ..... | | | |