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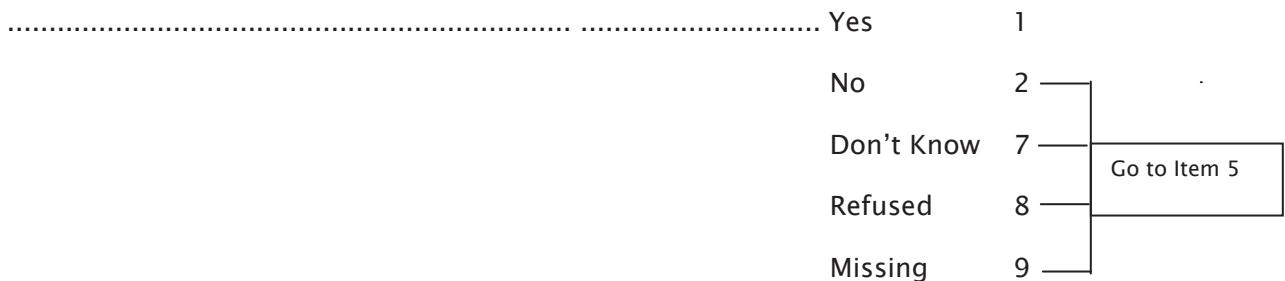
2a-d. Select from one of the following codes:

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

Refused   8   Go to Item 5

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   Go to Item 7

No   2

Don't Know   7

Refused   8

Missing   9

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

6-a1. Relationship ?

Mother	1
Father	2
Sibling	3
Child	4

6-a2. Told has ?

High blood pressure	1
Stroke	2
Heart Disease	3
Diabetes	4
Cancer	5
Other (Specify)	7

6-a3. Age at diagnosis

6-a4. Specify:

6-b1. Relationship ?

Mother	1
Father	2
Sibling	3
Child	4

6-b2. Told has ?

High blood pressure	1
Stroke	2
Heart Disease	3
Diabetes	4
Cancer	5
Other (Specify)	7

6-b3. Age at diagnosis

6-b4. Specify:

6-c1. Relationship ?

Mother	1
Father	2
Sibling	3
Child	4

6-c2. Told has ?

High blood pressure	1
Stroke	2
Heart Disease	3
Diabetes	4
Cancer	5
Other (Specify)	7

6-c3. Age at diagnosis

6-c4. Specify:

6-d1. Relationship ?

Mother	1
Father	2
Sibling	3
Child	4

6-d2. Told has ?

High blood pressure	1
Stroke	2
Heart Disease	3
Diabetes	4
Cancer	5
Other (Specify)	7

6-d3. Age at diagnosis ?

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

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

Less than 1 year	1	
1 to 2 years	2	
More than 3 years	3	Skip 20
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 <u>person</u>. 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

Go to Item 44a —— No   2

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 ——— [Go to item 46a]

Refused   8

Missing   9

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
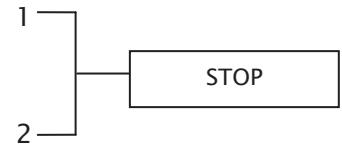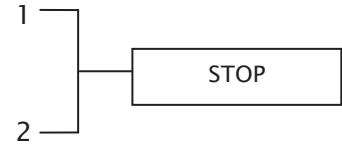
L. EMPLOYMENT STATUS

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 ─┐
                                                 ├─── STOP

Employed, but temporarily
away from regular work   2 ─┘

46c. Which of these two categories best
describes your "unemployed" status:.........Unemployed, looking for work   1 ─┐
                                                                                    ├─── STOP
Unemployed, not looking for work   2 ─┘

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: .... | | | |