A. VITAL STATUS

1. Date of status determination: ........
   Month  -  Day  -  Year

2. Final Status: .......... 
   {Circle one below}

   Contacted and alive  C
   Contacted & Refused  F
   Reported alive       R
   Reported Deceased   D
   Unknown              U

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

   Phone
   Personal Interview
   Letter
   Relative, spouse, acquaintance
   Employer information
   Other
   Surveillance
   Other (National Death Index)

Go to Item 6, Screen 2
Go to Item 30, Screen 8
Go to Item 32, Screen 8
Go to Item 30, Screen 8
Continue to Item 4
Go to Item 32, Screen 8
DEATH INFORMATION

4. Date of death: ... [ payroll - payroll - payroll ]
   Month       Day        Year

5. Location of death (city/county, state):
   [ payroll payroll payroll payroll payroll payroll payroll]
   [ payroll payroll payroll payroll payroll payroll payroll]

   After Item 5, skip to Item 30, Screen 8

C. GENERAL HEALTH

6. Now I will ask you some questions about your health since we last spoke with you; that is, from (mm/dd/yy of last contact) until today. During that time, 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
7. Since our last contact on (mm/dd/yy of last contact), have you had any pain or discomfort in your chest? ............... Yes Y No N

Go to Item 20, Screen 5

8. Do you get it when you walk uphill or hurry? ........ Yes Y No N

Go to Item 17, Screen 5

Never hurries or walks uphill H

9. Do you get it when you walk at an ordinary pace on the level? ........ Yes Y No N

10. What do you do if you get it while you are walking? ... Stop or slow down S Carry on C

(Record "Stop or slow down" if subject carries on after taking nitroglycerin)

Go to Item 17, Screen 5

11. If you stand still, what happens to it? ............... Relieved R Not relieved N

Go to Item 17, Screen 5
12. How soon? .......................... 10 minutes or less  L
               More than 10 minutes  M

               Go to Item 17, Screen 5

13. Will you tell me where it was?
   {Record answer verbatim in space below.
   Then, circle Y or N for all areas.}

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Sternum (upper or middle) ........... Y N</td>
<td></td>
</tr>
<tr>
<td>b. Sternum (lower) ..................... Y N</td>
<td></td>
</tr>
<tr>
<td>c. Left anterior chest ................. Y N</td>
<td></td>
</tr>
<tr>
<td>d. Left arm .......................... Y N</td>
<td></td>
</tr>
<tr>
<td>e. Other ........................... Y N</td>
<td></td>
</tr>
<tr>
<td>f. Specify: [ ] [ ] [ ] [ ] [ ] [ ]</td>
<td></td>
</tr>
</tbody>
</table>

14. Do you feel it anywhere else? ............ Yes  Y
    {If "Yes", record above}         No  N

15. Did you see a doctor because
    of this pain or discomfort? .......... Yes  Y
    No  N

               Go to Item 17, Screen 5

16. What did he say it was? ... Angina  A
    Heart Attack  H
    Other Heart Disease  D
    Other  O
3. POSSIBLE INFARCTION

17. Since our last contact have you had a severe pain across the front of your chest lasting for half an hour or more? .............. Yes Y

Go to Item 20  No N

18. Did you see a doctor because of this pain? .............. Yes Y

Go to Item 20  No N

19. What did he say it was? ......... Heart Attack H

Other Disorder O

F. INTERMITTENT CLAUDICATION

20. Since our last contact on (mm/dd/yy of last contact), have you had pain in either leg on walking? ....... Yes Y

Go to Item 29, Screen 7  No N

21. Does this pain ever begin when you are standing still or sitting? ....... Yes Y

Go to Item 29, Screen 7  No N
3. In what part of your leg do you feel it? .......
   (If calves not mentioned, ask: Anywhere else?)
   Pain includes calf/calves C
   Pain does not include calf/calves N
   Go to Item 29, Screen 7

23. Do you get it if you walk uphill or hurry? ....... Yes Y
    No N
   Never hurries or walks uphill H
   Go to Item 29, Screen 7

24. Do you get it if you walk at an ordinary pace on the level? ......... Yes Y
    No N

25. Does the pain ever disappear while you are walking? ............... Yes Y
    No N
   Go to Item 29, Screen 7

26. What do you do if you get it when you are walking? ... Stop or slow down S
    Carry on C
   Go to Item 29, Screen 7
27. What happens to it if you stand still? Relieved R
Not relieved N

Go to Item 29

28. How soon? 10 minutes or less L
More than 10 minutes M

G. STROKE/TIA

29. Since our last contact 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.
30. Were you (was) hospitalized for a heart attack since our last contact on (mm/dd/yy of last contact)?
   ... Yes Y
   ... No N
   ... Unknown U

   If "Yes", complete "HOSPITALIZATIONS" section.

31. Have you stayed (did) overnight as a patient in a hospital for any other reason since our last contact?
   ... Yes Y
   ... No N

   If "Yes", add to "HOSPITALIZATIONS" section.

INTERVIEWER CODE NUMBER

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