A. VITAL STATUS

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

2. Final Status: (Circle one below)
   Contected and alive C
   Contacted & Refused F
   Reported alive R
   Reported Deceased D
   Unknown U

3. Information obtained from: (Circle one corresponding choice below)
   Phone A
   Personal Interview B
   Letter C
   Relative, spouse, acquaintance D
   Employer information E
   Other F
   Relative, spouse, acquaintance G
   Surveillance H
   Other (National Death Index) I

Go to Item 6, Screen 2
Go to Item 30, Screen 7
Go to Item 41, Screen 11
Continue to Item 4
Go to Item 41, Screen 11
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 30, Screen 7

C. GENERAL HEALTH

6. Now I will ask you some questions about your health since we last spoke with you; that is, since we last contacted you on [mm/dd/yy] 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

D. CHEST PAIN ON EFFORT

7. Since we last contacted you, 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?

    [Record "Stop or slow down" if subject carries on after taking nitroglycerin]

    Stop or slow down S

    Carry on C

    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
ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUD screen 4 of 13)

12. How soon?...... 10 minutes or less L
   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.)
   a. Sternum (upper or middle) ............ Y N
   b. Sternum (lower) .... Y N
   c. Left anterior chest Y N
   d. Left arm ............. Y N
   e. Other ................. Y N

13.f. Specify:

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
   Go to Item 17, Screen 5
   No N

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

ANNUAL FOLLOW-UP QUESTIONNAIRE (AFUD screen 5 of 13)

E. 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
   No N
   Go to Item 20

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 we last contacted you, have you had pain in either leg on walking? Yes Y
   No N
   Go to Item 29, Screen 7

21. Does this pain ever begin when you are standing still or sitting? ....... Yes Y
   No N
   Go to Item 29, Screen 7
22. 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

   Go to Item 29, Screen 7
   No  N

   Never hurries or walks uphill  H

24. Do you get it if you walk at an ordinary pace on the level? .... Yes  Y

   Go to Item 29, Screen 7
   No  N

25. Does the pain ever disappear while you are walking? ...... Yes  Y

   Go to Item 29, Screen 7
   No  N

26. What do you do if you get it when you are walking?

   Stop or slow down  S

   Go to Item 29, Screen 7
   Carry on  C

27. What happens to it if you stand still?  Relieved  R

   Go to Item 29  Not relieved  N

28. How soon?

   10 minutes or less  L
   More than 10 minutes  M

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

G. STROKE/TIA

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

H. HOSPITALIZATIONS

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

   No  N
   Unknown  U

If "Yes", complete "HOSPITALIZATIONS" section.
31. 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. For DECEASED participants, go to Item 41, screen 11.

I. FUNCTIONAL STATUS

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

32. 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

33. Are you able to walk up and down stairs to the second floor without help? ... Yes Y
No N

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

35a. Are you able to go to work?

Go to Item 36a, Screen 9

Go to Item 37a, Screen 9

b. Is a heart problem the main cause of your not being able to work?

Yes Y
No N
Unknown U

36a. 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 37a

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

37a. Are you able to do your usual activities, such as work around the house or recreation?

Yes Y
No N

Go to Item 38a

37b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?

Yes Y
No N
Unknown U

38a. 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 39a, Screen, 10

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

38b. Is a heart problem the main cause of your being unable to do this (these) activity(ies)?

Yes Y
No N
Unknown U

39a. 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 39a, Screen, 10

b. On how many days has this happened? (maximum 28)
39. a. Over the past year, have you lost more than 10 pounds?

   Yes  Y
   No   N
   Unknown  U

b. About how much lower is your weight now than a year ago?

   [ ] [ ] [ ] pounds

c. Were you trying to lose this weight?  ...

   Yes  Y
   No   N
   Unknown  U

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

   {READ ALL CHOICES}

   Go to Item 40c, Screen 11
   Married  M
   Widowed  W
   Divorced  D
   Separated  S

   Go to Item 40c, Screen 11
   Never Married  N

b. When did you become (widowed/divorced/separated)?

   During the last month  A
   More than 1 month ago, but during the last 6 months  B
   More than 6 months ago, but during the last year  C
   More than one year ago  D
   Don't know  E

40. c. Did someone [else] you were close to die in the past year?  ...

   Yes  Y
   No   N
   Don't Know  U

d. When did this person die?

   During the last month  A
   More than 1 month ago, but during the last 6 months  B
   More than 6 months ago, but during the last year  C
   Don't know  D

40. e. What was this person's relationship to you?

   Mother  M
   Father  F
   Sister  S
   Brother  B
   Child  C
   Other relative  R
   Friend  D
   Pet  P
   Other  O

J. ADMINISTRATIVE INFORMATION

41. Code number of person completing this form:

   [ ] [ ] [ ]
K. 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/yy 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.]

42.a. Hospitalization Reason:

43.a. Hospital Name, City, and State:

44.a. Month and Year: [ ] / [ ] 45.a. Linkage Status: [ ] (H) or (N)

42.b. Hospitalization Reason:

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

44.b. Month and Year: [ ] / [ ] 45.b. Linkage Status: [ ] (H) or (N)

42.c. Hospitalization Reason:

43.c. Hospital Name, City, and State:

44.c. Month and Year: [ ] / [ ] 45.c. Linkage Status: [ ] (H) or (N)
42.d. Hospitalization Reason: 

43.d. Hospital Name, City, and State: 

44.d. Month and Year: [ ] / [ ]  
    M M Y Y  

45.d. Linkage Status: [ ]  
    (H) or (N)  

42.e. Hospitalization Reason: 

43.e. Hospital Name, City, and State: 

44.e. Month and Year: [ ] / [ ]  
    M M Y Y  

45.e. Linkage Status: [ ]  
    (H) or (N)  

42.f. Hospitalization Reason: 

43.f. Hospital Name, City, and State: 

44.f. Month and Year: [ ] / [ ]  
    M M Y Y  

45.f. Linkage Status: [ ]  
    (H) or (N)