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

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

3. Information obtained from:
   (Circle one corresponding choice below)

   - A. Phone: Go to Item 6, Screen 2
   - B. Contacted and alive: Go to Item 30, Screen 7
   - C. Personal Interview: Go to Item 30, Screen 7
   - D. Relative, spouse, acquaintance: Go to Item 41, Screen 11
   - E. Employer information: Continue to Item 4
   - F. Other: Go to Item 41, Screen 11
   - G. Relative, spouse, acquaintance: Go to Item 41, Screen 11
   - H. Surveillance: Go to Item 41, Screen 11
   - I. Other (National Death Index): Go to Item 41, Screen 11
   - J. Miscellaneous: Continue to Item 4
B. DEATH INFORMATION

4. Date of death:

<table>
<thead>
<tr>
<th>Month</th>
<th>Day</th>
<th>Year</th>
</tr>
</thead>
</table>

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? 

    - Stop or slow down S
    - Carry on C

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

    Go 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
   Go to Item 17, Screen 5
   More than 10 minutes M

13. Will you tell me where it was?
   (Record answer verbatim in space below. Then, circle Y or N for all areas.)
   __________________________________________________________
   __________________________________________________________
   Yes  No
   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
   No N

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

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
   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
   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

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, if appropriate.

H. HOSPITALIZATIONS
30. Were you (Was [name]) hospitalized for a heart attack since our last contact on (mm/dd/yy)? ....... 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 AND REPORTED ALIVE participants, go to Item 41, Screen 11.

I. FUNCTIONALSTATUS

"Now, 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 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

35.a. Are you ABLE to go to work?

Go to Item 36.a, Screen 9

Yes Y No N

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

Go to Item 37.a, Screen 9.

Yes Y No N

36.a. 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 37.a.

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

37.a. Are you able to do your usual activities, such as work around the house or recreation? ..... Yes Y No N

Go to Item 38.a.

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

Go to Item 39.a, Screen 10.

Yes Y No N

Unknown U

38.a. 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 39.a, Screen 10.

b. On how many days has this
<table>
<thead>
<tr>
<th>happened? (maximum 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 5 days</td>
</tr>
</tbody>
</table>
39.a. Over the past year, have you lost more than 10 pounds?
Yes \( Y \)
No \( N \)
Unknown \( U \)

Go to Item 40a

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

pounds

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

{READ ALL CHOICES}

Go to Item 40c,
Married \( M \)
Widowed \( W \)
Divorced \( D \)
Separated \( S \)

Screen 11

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 past year? 
Yes \( Y \)
No \( N \)
Unknown \( U \)

Go to Item 41

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 \( F \)
Pet \( P \)
Other \( O \)

J. ADMINISTRATIVE INFORMATION

41. code number of person completing this form: 

Go to Item 41
F. 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/yyyy 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:  
                                      M M Y Y Y Y
                                      (H) or (N)

42.b. Hospitalization Reason:  
_______________________________________________________________________________________

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

44.b. Month and Year:            45.b. Linkage Status:  
                                      M M Y Y Y Y
                                      (H) or (N)

42.c. Hospitalization Reason:  
_______________________________________________________________________________________

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

44.c. Month and Year:            45.c. Linkage Status:  
                                      M M Y Y Y Y
                                      (H) or (N)
42.d. Hospitalization Reason:

_______________________________________________________________________________________

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

_______________________________________________________________________________________

44.d. Month and Year: M M / Y Y 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 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 Y Y 45.f. Linkage Status: (H) or (N)