A. AFU CHEST PAIN CONFIRMATION

1. Did the participant report positive
   Rose angina in the Annual Follow-up
   call preceding this visit?.............. Yes Y
   Go to Item 4, Screen 2.
   No N

2. In the ARIC telephone call you mentioned
   having some pain or discomfort in
   your chest in the past year. Could
   you tell me where it was?
   Yes Y
   Go to Item 4, Screen 2.
   No-pain not recalled P
   Go to Item 3
   No-location not recalled L

3. In the past two months has your
   chest discomfort either occurred
   more often, lasted longer when
   it occurs, or come on at rest?.............. Yes Y
   No N
8. INVASIVE PROCEDURES

4. Since your last ARIC visit, have you had surgery on your heart, or the arteries of your neck or legs, excluding surgery for varicose veins? Yes Y

   Go to Item 6,
   Screen 3.  No N

5. [PROBE FOR TYPE OF INVASIVE PROCEDURE]

   a. Coronary bypass: Yes Y
      No N

   b. Other heart procedure: Yes Y
      Go to Item 5.c.  No N

   Specify: _____________________________________________

   c. Carotid endarterectomy: Yes Y
      Go to Item 5.e.  No N

5.d. Site: Right R

   Left L

   Both B

   e. Other arterial revascularization: Yes Y
      Go to Item 5.f.  No N

   Specify: _____________________________________________

   f. Other: Yes Y
      No N

HEALTH HISTORY FORM (HHXC screen 3 of 5)

6. Since your last visit to the ARIC clinic, have you had a balloon angioplasty on the arteries of your heart, neck, or legs? Yes Y

   Go to Item 8  No N

7. [PROBE FOR TYPE OF PROCEDURE]

   a. Angioplasty of the coronary arteries: Yes Y
      No N

   b. Angioplasty in the arteries of your neck: Yes Y
      No N

   c. Angioplasty of lower extremity arteries: Yes Y
      No N

8. Since your last visit to the ARIC clinic, have you had:

   a. Heart catheterization: Yes Y
      No N

   b. Carotid artery catheterization: Yes Y
      No N

   c. Other arterial catheterization: Yes Y
      Go to Item 9, Screen 4.  No N

   Specify: _____________________________________________
C. DIAGNOSTIC PROCEDURES

9. Since your last visit to the ARIC clinic, have you had any of the following procedures performed? Yes No

   a. Echocardiogram: .................  Y  N
   b. Electrocardiogram: ...............  Y  N
   c. Treadmill or cardiac stress test: .............  Y  N
   d. Carotid ultrasound studies: ..........  Y  N
   e. MRI exam of the brain: ..............  Y  N
   f. CAT scan of the brain: .............  Y  N

D. WALKING/STANDING

10. Does the participant use a wheelchair, crutches or walker? ............ Yes Y

     No N

     Go to Item 12, Screen 5.

11. Does the participant walk with a cane? ............ Yes Y

     No N

E. ADMINISTRATIVE INFORMATION

12. Date of data collection: ........

       | | |
       | | |
       month day year


     Paper form P

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

       | | |
       | | |