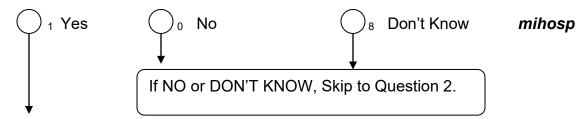# *EVENTS SURVEILLANCE*

The next set of questions will have to do with diseases or procedures you may have had <u>in the past six months</u>. We are looking for changes in your health since we last contacted you.

1 Has a doctor told you that you had a <u>new</u> myocardial infarction or heart attack since we spoke with you on the phone about six months ago?   ***newmi***

○₁ Yes   ○₀ No   ○₈ Don't know

If NO or DON'T KNOW, skip to Question 2.

mimo / mida / miyr

A. Date of event or diagnosis: ___ ___/ ___ ___/ ___ ___ ___ ___
    Month   Day   Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**

○₁ Yes   ○₀ No   ○₈ Don't Know   ***mihosp***

If NO or DON'T KNOW, Skip to Question 2.

C. Please record the admission date of each hospitalization and the name and location of the hospital.

Date ___ ___/ ___ ___/ ___ ___ ___ ___   ***mi1mo – mi5mo***
     Month   Day   Year   ***mi1da – mi5da***
                                   mi1yr – mi5yr
Name:_____ ***mi1name – mi5name***

Address:_____ ***mi1addr – mi5addr***

City:_____ ***mi1city – mi5city*** State: ***mi1stat – mi5stat*** Zip: ***mi1zip – mi5zip***

EVENTS SURVEILLANCE

2 Has a doctor told you that you had a <u>new</u> incident of angina pectoris or chest pain due to heart disease since we spoke with you on the phone about six months ago? *newang*
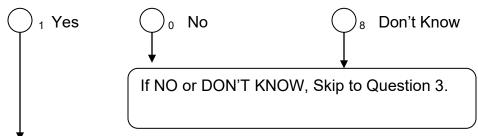
  ◯ ₁ Yes   ◯ ₀ No   ◯ ₈ Don't know

> If NO or DON'T KNOW, skip to Question 3.

angmo / angda / angyr

A. Date of event or diagnosis: ___ ___/ ___ ___/ ___ ___ ___ ___
   Month   Day   Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**
   anhosp

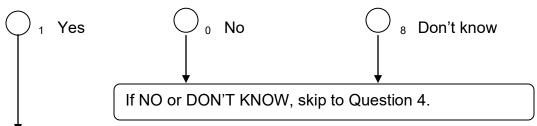 ◯ ₁ Yes   ◯ ₀ No   ◯ ₈ Don't Know

> If NO or DON'T KNOW, Skip to Question 3.

C. Please record the admission date of each hospitalization and the name and location of the hospital.

   Date ___ ___/ ___ ___/ ___ ___ ___ __
   Month   Day   Year

   an1mo – an5mo
   an1da – an5da
   an1yr – an5yr

   Name: *an1name – an5name*

   Address: *an1addr – an5addr*

   City: *an1city – an5city* State: *an1stat – an5stat* Zip: *an1zip – an5zip*

EVENTS SURVEILLANCE

3 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you on the phone about six months ago?   *newchf*

○ ₁ Yes   ○ ₀ No   ○ ₈ Don't know

If NO or DON'T KNOW, skip to Question 4.

chfmo / chfda / chfyr

A.   Date of event or diagnosis: ___ ___/ ___ ___/ ___ ___ ___ ___
                                      Month   Day   Year

B.   Were you in the hospital at least one night for this condition **since we last spoke to you?**
chhosp

○ ₁ Yes   ○ ₀ No   ○ ₈ Don't Know

If NO or DON'T KNOW, Skip to Question 4.

C.   Please record the admission date of each hospitalization and the name and location of the hospital.   *ch1mo – ch5mo, ch1da – ch5da, ch1yr – ch5yr*
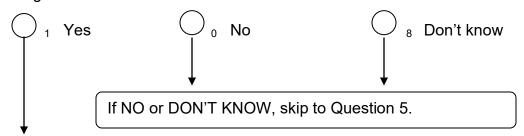
Date   ___ ___/ ___ ___/ ___ ___ ___ ___
          Month   Day   Year

Name: *ch1name – ch5name*

Address: *ch1addr – ch5addr*

City: *ch1city – ch5city* State: *ch1stat – ch5stat* Zip: *ch1zip – ch5zip*

EVENTS SURVEILLANCE

4 Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you on the phone about six months ago? *newcld*

◯ 1 Yes   ◯ 0 No   ◯ 8 Don't know

If NO or DON'T KNOW, skip to Question 5.

cldmo / cldda / cldyr

A. Date of event or diagnosis: ___ ___/ ___ ___/ ___ ___ ___ ___
                                      Month   Day   Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**
clhosp

◯ 1 Yes   ◯ 0 No   ◯ 8 Don't Know

If NO or DON'T KNOW, Skip to Question 5.

C. Please record the admission date of each hospitalization and the name and location of the hospital.   *cl1mo –cl5mo, cl1da – cl5da, cl1yr – cl5yr*
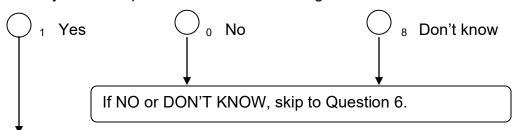
Date ___ ___/ ___ ___/ ___ ___ ___ ___
                       Month   Day   Year

Name: *cl1name – cl5name*

Address: *cl1addr – cl5addr*

City: *cl1city – cl5city*   State: *cl1stat – cl5stat*   Zip: *cl1zip – cl5zip*

EVENTS SURVEILLANCE

5 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you on the phone about six months ago?   *newstk*
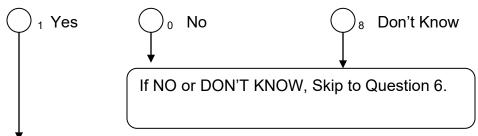
◯ 1 Yes   ◯ 0 No   ◯ 8 Don't know

| If NO or DON'T KNOW, skip to Question 6. |

stkmo / stkda / stkyr

A. Date of event or diagnosis: ___ ___/ ___ ___/ ___ ___ ___ ___
        Month   Day   Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**
        sthosp

◯ 1 Yes   ◯ 0 No   ◯ 8 Don't Know

| If NO or DON'T KNOW, Skip to Question 6. |

C. Please record the admission date of each hospitalization and the name and location of the hospital.   *st1mo – st5mo, st1da – st5da, st1yr – st5yr*
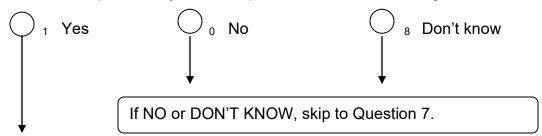
        Date   ___ ___/ ___ ___/ ___ ___ ___ ___
                Month   Day   Year

Name: *st1name – st5name*

Address: *st1addr – st5addr*

City: *st1city – st5city*   State: *st1stat – st5stat*   Zip: *st1zip – st5zip*
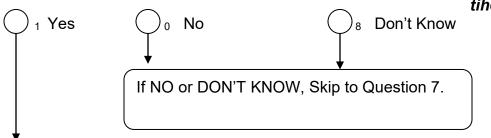
EVENTS SURVEILLANCE

6 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you on the phone about six months ago?   *newtia*

◯ ₁ Yes   ◯ ₀ No   ◯ ₈ Don't know

If NO or DON'T KNOW, skip to Question 7.

tiamo / tiada / tiayr

A. Date of event or diagnosis: ___ ___/ ___ ___/ ___ ___ ___ ___
                                         Month   Day   Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**
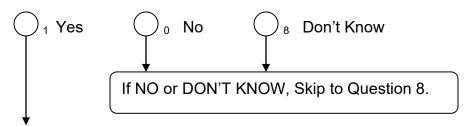   *tihosp*

◯ ₁ Yes   ◯ ₀ No   ◯ ₈ Don't Know

If NO or DON'T KNOW, Skip to Question 7.

C. Please record the admission date of each hospitalization and the name and location of the hospital.   *ti1mo – ti5mo, ti1da – ti5da, ti1yr – ti5yr*

    Date   ___ ___/ ___ ___/ ___ ___ ___ ___
                           Month   Day   Year

Name: *ti1name – ti5name*

Address: *ti1addr – ti5addr*

City: *ti1city – ti5city*   State: *ti1stat – ti5stat*   Zip: *ti1zip – ti5zip*

EVENTS SURVEILLANCE

7 Have you stayed overnight as a patient in a hospital for <u>any other reasons</u> not reported in Questions 1 through 6 since we spoke to you on the phone about six months ago?

hospothr

◯ ₁ Yes ◯ ₀ No ◯ ₈ Don't Know

If NO or DON'T KNOW, Skip to Question 8.

Now, I would like to ask you for more information about each of your overnight stays at a hospital.

1) Reason for admission____***rshos1 – rshos5***____

Hospital Name_____***hosname1 – hosname5***____

Address_____***hosaddr1 – hosaddr5*** City/State ***hoscity1 – hoscity5***

hosstat1 – hosstat5

Date of hospitalization:___ ___/___ ___/___ ___ ___ ___ Length of stay:_____days
               Month   Day   Year
mohos1 – mohos5, dahos1 – dahos5, yrhos1 – yrhos5   lenhos1 – lenhos5

2) Reason for admission_____

Hospital Name_____

Address_____City/State_____

Date of hospitalization:___ ___/___ ___/___ ___ ___ ___ Length of stay:_____days
               Month   Day   Year

EVENTS SURVEILLANCE

8 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you on the phone about six months ago? *nurshm*

◯ 1 Yes   ◯ 0 No   ◯ 8 Don't Know

If NO or DON'T KNOW, Skip to Question 9.

Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.

rsnur1 – rsnur5

1) Reason for admission_____

Nursing home name__*nurname1 – nurname5*_____

Address **nuraddr1 – nuraddr5** City/State **nurcity1 – nurcity5**, **nurstat1 – nurstat5**

monur1 – monur5, danur1 – danur5, yrnur1 – yrnur5 lennur1 – lennur5

Date of admission:___ ___/___ ___/___ ___ ___ ___ Length of stay:_____days
               Month   Day   Year

2) Are you currently staying in a nursing home or rehabilitation center? *staynur*

◯ 1 Yes   ◯ 0 No   ◯ 8 Don't Know

---

9 Have you received any home health care in the past six months? *homecare*

◯ 1 Yes   ◯ 0 No   ◯ 8 Don't Know   *homecare*

A. What type of care did you receive through home health care? (Check all that apply.)

Physical Therapy   ◯ 1 Yes ◯ 0 No ◯ 8 Don't Know *phyther*

Occupational Therapy   ◯ 1 Yes ◯ 0 No ◯ 8 Don't Know *occther*

Nursing Care   ◯ 1 Yes ◯ 0 No ◯ 8 Don't Know *nurscare*

Other Type of Care   ◯ 1 Yes ◯ 0 No ◯ 8 Don't Know *othcare*

If Other, please specify:_____*othspec*_____