

10a. Has a doctor told you that you had a new episode of angina pectoris or chest pain due to heart disease since we spoke to you about six months ago?

yes no
○ 1 ○ 0 → go to
Question 11

10b. Date of event or diagnosis:

month day year
□□ / □□ / □□□□

10c. How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?

□□ times

10d. What is the doctor's name and address?

_____ name _____ address

10e. Were you in the hospital at least one night for this condition over the last six months?

yes no
○ 1 ○ 0 → go to
Question 11

10f. How many different times were you in the hospital for this condition ?

□□ times

10g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

month	day	year	name/city
□□	/	□□	/ □□□□ □□
□□	/	□□	/ □□□□ □□
□□	/	□□	/ □□□□ □□
□□	/	□□	/ □□□□ □□

10h. How many days altogether were you hospitalized for this condition?

□□ days

11a. Has a doctor told you that you had a new episode of heart failure or congestive heart failure since we spoke to you about six months ago?

yes no
○ 1 ○ 0 → go to
Question 12

11b. Date of event or diagnosis:

month day year
□□ / □□ / □□□□

11c. How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?

□□ times

11d. What is the doctor's name and address?

_____ name _____ address

11e. Were you in the hospital at least one night for this condition over the last six months?

yes no
○ 1 ○ 0 → go to
Question 12

11f. How many different times were you in the hospital for this condition ?

□□ times

11g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

month	day	year	name/city
□□	/	□□	/ □□□□ □□
□□	/	□□	/ □□□□ □□
□□	/	□□	/ □□□□ □□
□□	/	□□	/ □□□□ □□

11h. How many days altogether were you hospitalized for this condition?

□□ days

12a. Has a doctor told you that you had a new episode of intermittent claudication or leg pain from artery blockage since we spoke you about six months ago?

yes no
 1 0 → go to
Question 13

12b. Date of event or diagnosis:

month day year
□□ / □□ / □□□□

12c. How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?

□□ times

12d. What is the doctor's name and address?

name address

12e. Were you in the hospital at least one night for this condition over the last six months?

yes no
 1 0 → go to
Question 13

12f. How many different times were you in the hospital for this condition ?

□□ times

12g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

month	day	year	name/city		
□□	/	□□	/	□□□□	_____
□□	/	□□	/	□□□□	_____
□□	/	□□	/	□□□□	_____
□□	/	□□	/	□□□□	_____

12h. How many days altogether were you hospitalized for this condition?

□□ days

13a. Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke you about six months ago?

yes no
 1 0 → go to
Question 14

13b. Date of event or diagnosis:

month day year
□□ / □□ / □□□□

13c. How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?

□□ times

13d. What is the doctor's name and address?

name address

13e. Were you in the hospital at least one night for this condition over the last six months?

yes no
 1 0 → go to
Question 14

13f. How many different times were you in the hospital for this condition ?

□□ times

13g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

month	day	year	name/city		
□□	/	□□	/	□□□□	_____
□□	/	□□	/	□□□□	_____
□□	/	□□	/	□□□□	_____
□□	/	□□	/	□□□□	_____

13h. How many days altogether were you hospitalized for this condition?

□□ days

14a. Has a doctor told you that you had a new transient ischemic attack or TIA or silent stroke since we spoke you about six months ago?

yes no
 1 0 → go to
Question 15

14b. Date of event or diagnosis:

month day year
□□ / □□ / □□□□

14c. How many times altogether did you see a doctor for this condition over the last six months, that is, since *month* ?

□□ times

14d. What is the doctor's name and address?

_____ _____
name address

14e. Were you in the hospital at least one night for this condition over the last six months?

yes no
 1 0 → go to
Question 15

14f. How many different times were you in the hospital for this condition ?

□□ times

14g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

month	day	year	name/city
□□	/ □□	/ □□□□	_____
□□	/ □□	/ □□□□	_____
□□	/ □□	/ □□□□	_____
□□	/ □□	/ □□□□	_____

14h. How many days altogether were you hospitalized for this condition?

□□ days

If Questions 9-14 are all negative, do not read phrase in italics for Questions 15, 16, and 17:

15. *In addition to the visits to the doctor you have already told me about, how many times altogether have you seen a doctor because of your health since we saw you six months ago?*

□□ times

16. *In addition to the hospitalizations you have already told me about, how many other times have you stayed overnight in a hospital since we saw you six months ago?*

□□ times → If 00, skip to Question 18

17. Please tell me the reason you were admitted, the name and location of the hospital, and the date you were admitted for each time you stayed overnight in a hospital *for problems you have not already told me about.*

Record "same as (a/b/c/d/e)" if the reason or the hospital are repeated. Record dates. If there are more than 5 non-cardiovascular admissions, record others on a separate sheet of paper and attach to this form.

For a through e, please complete the following:
line1: reason for hospitalization mo/day/year
line2: name, city, and state of hospital

a. _____ □□ / □□ / □□□□

b. _____ □□ / □□ / □□□□

c. _____ □□ / □□ / □□□□

d. _____ □□ / □□ / □□□□

e. _____ □□ / □□ / □□□□

Were you an overnight patient in a hospital at any other time during the past six months?

yes no
 1 0

As explained at your original clinic visit, records of these hospitalizations will be reviewed for medical information that may apply to the CHS study.

So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a hospital for any reason.

18. Have you stayed overnight as a patient in a nursing home or rehabilitation center since *month* ?

1 yes 0 no

If No, Go to Question 20

19. Please tell me the reason you were admitted, the name and location of the nursing home, and the date you were admitted for each time you stayed overnight in a nursing home or rehabilitation center.

Record "same as (a/b/c/d/e)" if the reason or the nursing home are repeated. Record dates. If there are more than 5 nursing home admissions, record others on a separate sheet of paper and attach to this form.

For a through e, please complete the following:

line1: reason for hospitalization mo/day/year

line2: name, city, and state of hospital

a. / /

b. / /

c. / /

d. / /

e. / /

Were you an overnight patient in a nursing home or rehabilitation center at any other time during the past six months?

1 yes 0 no

So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a nursing home or rehabilitation center for any reason.

20. Did you have a procedure in or out of the hospital to open up the arteries in either of your legs in the last six months?

1 yes 0 no

Go to
Question 21

a. Date of procedure: month day year
 / /

b. Where was the procedure done?

 Doctor's office or name and location of hospital

21. Please tell me if you have ever had any of the following conditions? *Read list below- if participant answers no, check 'I-Never told'; if participant answers yes, ask: Was that during the past year or more than one year ago? (check appropriate response below).*

	Never told	During the past year	More than 1 year ago
High blood pressure	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Asthma	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Atrial Fibrillation	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Deep vein thrombosis (blood clots in legs)	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Rheumatic fever or heart valve problems	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Emphysema	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Diabetes	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

What month and year were you first told that you had diabetes?
 / /

22. Have you ever had any of the following problems?

	yes	no	Don't Know
Foot ulcers/sores on feet	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
High blood sugar	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
Low blood sugar	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
Fainting or passing out	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
Eye problems	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9

23. Are you currently taking medication prescribed by a doctor for any of the following conditions?

	yes	no	Don't Know
High blood pressure	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
Atrial Fibrillation	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
Deep vein thrombosis (blood clots in legs)	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9
Diabetes	<input type="radio"/> 1	<input type="radio"/> 0	<input type="radio"/> 9

How are you treated for diabetes?

- 1 Insulin 2 Oral Hypoglycemic Agent
 3 Other

41. Do you plan to be out of the area 6 months from now?

Are you moving out of the area permanently or will you only be gone temporarily?

yes no

← 1 0

1 permanently



Do you know what your new address and telephone number will be?

1 yes



street

city state

zip

() -

telephone number

0 no



Do you know which general area you will be moving to?

area

Please call us to let us know your new address and phone number. You are welcome to call collect, if you wish.

0 temporarily out of the area (vacation, business, etc.)



When will you return?

month year

When you come back, please call us.

39. You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer yourself. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Proxy*, for the hard copy.

40. You previously provided us with information about friends or relatives who you are likely to keep in touch with, but who do not live with you, and who are not planning to move anytime soon. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Contact 1 and Contact 2*, for the hard copy.

Thank you very much for answering these questions. I enjoyed talking with you. Please call us if you move or if you should have to go to a hospital or nursing home, even if you have moved from the area. You are always welcome to call collect.

If another participant lives at this address, attempt to interview the next participant.

InterviewID

InterviewDate

/ /

First Edit

hour:min

Second Edit

month/ day hour: min