Cardiovascular Health Study

YEAR 17 ANNUAL CONTACT

Name:

ID # : | | | | IDNO | | | |

INTRODUCTION

Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If participant's marital status is known, you may fill in Question 1.

Hello, may I please speak with *participant?*

Hello, this is *interviewer name* from the Cardiovascular Health Study. Did you receive the letter we sent you?

If the participant received the letter:

Good. Do you have a few minutes to speak on the phone now?

If the participant did NOT receive the letter:

I'm sorry that you didn't receive our letter since it told about this telephone call. We told you that we would be calling you in about 6 months. Six months have now passed and we are calling to say hello and to find out how you have been since we last saw you. Do you have a few minutes to speak on the phone now?

If interview is not completed (e.g. participant refuses) do not complete this form; record result on Contact Log.

Interview completed by: participant ○ 1 proxy ○ 2

If by proxy, reason: WHO32 ↓

hearing	○ 1
cognitive	○ 2
hospitalized	○ 3 PROXY32
other illness	○ 4
other (specify)	○ 5

PRXSPC32

INTERVIEW

Go to the Participant Tracking Information sheet to verify the participant's name and address.

Has the participant moved during the last six months?

yes ○ 1 no ○ 0 don't know ○ 9

MOVE6M32

If Yes then → **Did you move during the last month?** ○ 1 yes ○ 0 no ○ 9 don't know

MOVE1M32

Skip this question if completed from records.

1. **What is your current marital status? Are you:**

married	○ 1	divorced	○ 3
widowed	○ 2	separated	○ 4
	MARIT32	never married	○ 5
MARSPC32		other (specify)	○ 8

I would like to ask you some questions that we also asked you 6 months ago. The reason for asking them again is to find out how you've been over the last six months.

2. **Would you say, in general, your health is:** *read responses*

excellent?	○ 1	fair?	○ 4
very good?	○ 2 GNHLTH32	poor?	○ 5
good?	○ 3	refused/don't know?	○ 9

3. **How would you say your health compares to other persons of your age? Would you say your health is:**

read responses

better than others your age?	○ 1	worse than others your age?	○ 3
about the same as others your age?	○ 2	don't know	○ 9

CMHTLTH32

4. **How does your health compare to when we spoke to you in *month* ? Would you say your health is:**

better ○ 1 worse ○ 3

CHHLTH32

about the same ○ 2 don't know ○ 9

5. **During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? Do not include days in a hospital or nursing home.**

number of days (00 to 14 only) **DAYBED32**

If 00, skip to Question 7

6. **What illness caused you to stay in bed?**

Do not read responses

heart attack, heart failure ○ 1 mental illness ○ 5

diabetes ○ 2 cold or flu ○ 6

arthritis ○ 3 cancer ○ 7

WHYBED32

stroke ○ 4 injury ○ 8

general fatigue or weakness (incl. old age) ○ 9

lung disease or emphysema, bronchitis ○ 10

recovering from surgery ○ 11

OTHBED32 other (specify) ○ 12

don't know ○ 99

7. **Have you had coronary bypass surgery (CABG) since we spoke to you about six months ago?**

yes ○ 1 no ○ 0 unknown ○ 9

CABG32

8. **Have you had a cardiac catheterization or coronary angiography since we spoke to you about six months ago?**

yes ○ 1 no ○ 0 unknown ○ 9

CCATH32

9a. **Has a doctor told you that you had a new myocardial infarction or heart attack since we spoke you about six months ago?**

yes ○ 1 no ○ 0 → go to Question 10

NEWMI32

9b. **Date of event or diagnosis:**

month / day / year

MIDTTXT32

9c. **Were you in the hospital at least one night for this condition over the last six months?**

yes ○ 1 no ○ 0 → go to Question 10

MIHOSP32

9d. **How many different times were you in the hospital for this condition ?**

times

MITIME32

9e. **Please tell me the admission dates of the hospitalizations and where you were hospitalized?**

month	day	year	name/city
/	/	**MI1DTTXT32**	
/	/	**MI2DTTXT32**	
/	/	**MI3DTTXT32**	
/	/	**MI4DTTXT32**	

9f. **How many days altogether were you hospitalized for this condition?**

days

MIDAYS32

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 ○ 1 no ○ 0 → go to Question 11

NEWANG32

10b. **Date of event or diagnosis:**

month / day / year

ANGDTTXT32

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

yes ○ 1 no ○ 0 → go to Question 11

ANHOSP32

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

ANTIME32 times

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

month	day	year	name/city
/	/	AN1DTTXT32	
/	/	AN2DTTXT32	
/	/	AN3DTTXT32	
/	/	AN4DTTXT32	

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

ANDAYS32 days

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

yes ○ 1 no ○ 0 → go to Question 12

NEWCHF32

11b. **Date of event or diagnosis:**

month / day / year

CHFDTTXT32

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

yes ○ 1 no ○ 0 → go to Question 12

CHHOSP32

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

CHTIME32 times

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

month	day	year	name/city
/	/	CH1DTTXT32	
/	/	CH2DTTXT32	
/	/	CH3DTTXT32	
/	/	CH4DTTXT32	

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

CHDAYS32 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 ○ 1 no ○ 0 → go to Question 13

NEWCLD32

12b. **Date of event or diagnosis:**

month / day / year

CLDDTTXT32

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

yes ○ 1 no ○ 0 → go to Question 13

CLHOSP32

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

CLTIME32 times

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

month	day	year	name/city
/	/	CL1DTTXT32	
/	/	CL2DTTXT32	
/	/	CL3DTTXT32	
/	/	CL4DTTXT32	

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

CLDAYS32 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 ○ 1 no ○ 0 → go to Question 14

NEWSTK32

13b. **Date of event or diagnosis:**

month / day / year

STKDTTXT32

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

yes ○ 1 no ○ 0 → go to Question 14

STHOSP32

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

STTIME32 times

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

month	day	year	name/city
/	/	ST1DTTXT32	
/	/	ST2DTTXT32	
/	/	ST3DTTXT32	
/	/	ST4DTTXT32	

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

STDAYS32 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 ○ 1 no ○ 0 → go to Question 15

NEWTIA32

14b. **Date of event or diagnosis:**

month / day / year

TIADTTXT32

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

yes ○ 1 no ○ 0 → go to Question 15

TIHOSP32

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

TITIME32 ____ times

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

month / day / year name/city

__ / __ / __ TI1DTTXT32

__ / __ / __ TI2DTTXT32

__ / __ / __ TI3DTTXT32

__ / __ / __ TI4DTTXT32

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

TIDAYS32 ____ 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 MD32

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?**

HSTIME32 ____ 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.

RSHOS132 __ / __ / __ HOS1DTTXT32

b.

RSHOS232 __ / __ / __ HOS2DTTXT32

c.

RSHOS332 __ / __ / __ HOS3DTTXT32

d.

RSHOS432 __ / __ / __ HOS4DTTXT32

e.

RSHOS532 __ / __ / __ HOS5DTTXT32

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

yes ○ 1 no ○ 0

OVNHOS32

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

NURSHM32

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.

RSNUR132 ☐☐ / ☐☐ / ☐☐☐☐

NUR1DTTXT32

b.

RSNUR232 ☐☐ / ☐☐ / ☐☐☐☐

NUR2DTTXT32

c.

RSNUR332 ☐☐ / ☐☐ / ☐☐☐☐

NUR3DTTXT32

d.

RSNUR432 ☐☐ / ☐☐ / ☐☐☐☐

NUR4DTTXT32

e.

RSNUR532 ☐☐ / ☐☐ / ☐☐☐☐

NUR5DTTXT32

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

OVNNH32

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

ARTLEG32

a. **Date of procedure:** month ☐☐ / day ☐☐ / year ☐☐☐☐

ARTDTTXT32

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 answeres no, check '1-Never told'; if participant answeres 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	HIGHBP32	○ 2	○ 3
Asthma	ASTHMA32	○ 2	○ 3
Atrial Fibrillation	AFIB32	○ 2	○ 3
Deep vein thrombosis (blood clots in legs)	DVT32	○ 2	○ 3
Rheumatic fever or heart valve problems	RHEU32	○ 2	○ 3
Emphysema	EMPHYS32	○ 2	○ 3
Diabetes	DIABET32	○ 2	○ 3

What month and year were you first told that you had diabetes? month DIABMO32 ☐☐ year DIABYR32 ☐☐☐☐

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

	yes	no	Don't Know
Foot ulcers/sores on feet	FOOTUL32	○ 0	○ 9
High blood sugar	HIBSUG32	○ 0	○ 9
Low blood sugar	LOBSUG32	○ 0	○ 9
Fainting or passing out	FAINT32	○ 0	○ 9
Eye problems	EYEPRB32	○ 0	○ 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	MEDHBP32	○ 0	○ 9
Atrial Fibrillation	MEDAFB32	○ 0	○ 9
Deep vein thrombosis (blood clots in legs)	MEDDVT32	○ 0	○ 9
Diabetes	MEDDIA32	○ 0	○ 9

How are you treated for diabetes?

○ 1 Insulin ○ 2 Oral Hypoglycemic Agent
○ 3 Other

DIABTR32

DIABSP32

7396460500

24. **Do you have any difficulty walking half a mile, about 5 or 6 blocks?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFWKHML

How much difficulty do you have? some | a lot | unable to do | don't know

MCHWKHML

25. **Do you have any difficulty walking around your home?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFWKHOM

How much difficulty do you have? some | a lot | unable to do | don't know

MCHWKHOM

26. **Do you have any difficulty getting out of bed or a chair?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFBEDCH

How much difficulty do you have? some | a lot | unable to do | don't know

MCHBEDCH

27. **Do you have any difficulty walking up 10 steps?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIF10STP

How much difficulty do you have? some | a lot | unable to do | don't know

MCH10STP

Because of health or physical problems, do you have any difficulty or are you unable to:

28. **... do heavy housework, like scrubbing floors or washing windows; or yard work, like raking leaves or mowing?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFHHWK

How much difficulty do you have? some | a lot | unable to do | don't know

MCHHHWK

29. **... do light housework?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFLHWK

How much difficulty do you have? some | a lot | unable to do | don't know

MCHLHWK

30 **... shop for personal items?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFSHOP

How much difficulty do you have? some | a lot | unable to do | don't know

MCHSHOP

Because of health or physical problems, do you have any difficulty or are you unable to:

31. **... prepare your own meals?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFPRPML

How much difficulty do you have? some | a lot | unable to do | don't know

MCHPRPML

32 **... manage your money, such as paying bills?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFPAYBL

How much difficulty do you have? some | a lot | unable to do | don't know

MCHPAYBL

33. **... use the telephone?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFPHONE

How much difficulty do you have? some | a lot | unable to do | don't know

MCHPHONE

34 **... eat, including feeding yourself?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFEAT

How much difficulty do you have? some | a lot | unable to do | don't know

MCHEAT

35. **... dress yourself?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFDRESS

How much difficulty do you have? some | a lot | unable to do | don't know

MCHDRESS

36 **... bathe or shower?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFBATHE

How much difficulty do you have? some | a lot | unable to do | don't know

MCHBATHE

37. **... use the toilet, including getting to the toilet?**

yes | no | could do it, but don't for other reason | don't know or refuse

DIFTOILT

How much difficulty do you have? some | a lot | unable to do | don't know

MCHTOILT

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

yes ○ no ○ → Skip to #39

↓ **OUTAR32**

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

○ permanently

OUTPRM32

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

○ yes

KNADDR32

STREET32

street

CITY32 **STATE32**

city state

zip **ZIP32**

( ) -

AREACD32 telephone number **PHONE32**

○ no

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

GENAR32

area

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

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

When will you return?

month **RETMO32** year **RETYR32**

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 **INTID32**

InterviewDate **INTDT32**

/ /

First Edit **Second Edit**

hour:min month/ day hour: min

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