

4. Since your last CARDIA exam, have you visited a doctor or clinic?

No Yes
 1 2
 FY096DOC

Was any visit due to a referral from your CARDIA exam?
 1 No 2 Yes
 FY096REF

Was this a referral for:

FY096BPR 1 No 2 Yes Blood pressure
 FY096LPR 1 No 2 Yes Lipids
 FY096TMR 1 No 2 Yes Treadmill
 FY096RER 1 No 2 Yes Resting ECG
 FY096RO 1 No 2 Yes Other

Specify _____

5. Since your last CARDIA exam, has a doctor or nurse said that you have:

No Yes
 1 2
 FY096HBP

High blood pressure or hypertension?

If yes:
 Age first told?
 Age ? FY096BPA

1 2
 FY096HCH

High blood cholesterol?

Age ? FY096CHA

1 2
 FY096DBT

Diabetes?

Age ? FY096DBA

1 2
 FY096TIA

Stroke or TIA?
 (Transient Ischemic Attack)

Age ? FY096TAA

1 2
 FY096HRT

Heart problems?

Age ? FY096HTA

1 No 2 Yes **FY096AGA**
 Was this angina or chest pain?
 1 No 2 Yes **FY096HAK**
 Was this a heart attack?

6. Since your last CARDIA exam, have you had any of the following procedures:

- | | | | |
|----------------------------|----------------------------|-----------------------------|-----------------|
| No | Yes | | |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Heart catheterization? | FY096CTH |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Angiogram? | FY096AGO |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Doppler? | FY096DPL |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Carotid artery ultra-sound? | FY096CAU |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | CAT scan of the head? | FY096CAT |

Thank you for continuing to be a part of the CARDIA Study. We will be contacting you again in approximately six months just to be certain that we have your current address. In approximately two years, we will invite you to participate in another examination. This is an important study and your continuing participation is very helpful. If additional information is needed regarding your hospital stay, we will send you a permission form to allow us to request information from the hospital. **THE INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED BY THE CARDIA STAFF.**

For Office Use Only:		
Hospitalization 1	Hospitalization 2	Hospitalization 3
FY0961C1	FY0962C1	FY0963C1
Codes: _____	Codes: _____	Codes: _____
FY0961C2	FY0962C2	FY0963C2
FY0961C3	FY0962C3	FY0963C3
_____	_____	_____