

**CARDIA
1 YEAR FOLLOW-UP FORM**

Please fill out the following only if your name, address, or telephone number has changed since we last contacted you.

Name: _____

New Address:

New Telephone Number: _____

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Please answer the following questions:

1. On the average, how many cigarettes do you usually smoke per day?
- FY012SMK
2. Do you regularly engage in hard physical labor or strenuous exercise? No Yes
- 1 2
- FY012EXC
3. What is your present weight? lbs.
- FY012WT

Since you became a part of the CARDIA study and had your CARDIA examination, did any of these things happen to you?

In the past year, did you:

- | | No | Yes |
|--|----------------------------|----------------------------|
| 4. Move out of your parents' home? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012MOV | | |
| 5. Graduate from high school, college, or vocational training program? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012GRD | | |
| 6. Find work you would like to stay in for a couple of years? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012JOB | | |
| 7. Become discouraged because of difficulties getting a job? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012DIF | | |
| 8. Enter a marriage-like living arrangement? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012LIV | | |
| 9. Get married? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012MRG | | |
| 10. Leave a marriage-like relationship? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012LEA | | |
| 11. Get divorced? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012DIV | | |
| 12. Become a parent? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012PRT | | |
| 13. Have a close family member die? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| FY012DIE | | |

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14. In the past year, have you had a major physical illness or injury? No Yes
 1 2
 FY012INJ
 If yes, specify the nature of the illness or cause of injury and the part of the body affected.

FY012IRA

15. Have you been a patient in a hospital over night? No Yes
 1 2
 FY012PT

15a. date: ___/___/___
 FY012PMA/FY012PDA/FY012PYA
 reason for stay: _____ FY012RA

15b. date: ___/___/___
 FY012PMB/FY012PDB/FY012PYB
 reason for stay: _____ FY012RB

15c. date: ___/___/___
 FY012PMC/FY012PDC/FY012PYC
 reason for stay: _____ FY012RC

DATA ENTRY ID: FY012DID

Thank you for being a part of the CARDIA study. We will be contacting you in about six months to be certain we have your current address. In approximately one year, we will invite you to participate in a follow-up 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.