

**CARDIA 48 MONTH FOLLOW-UP QUESTIONNAIRE**

<b>I.D. LABEL</b>
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**We would like to ask you a few questions about yourself.**

**1. On the average, how many cigarettes do you usually smoke per day?**

		FY048SMK
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**2. In the past year, have you had any major physical illnesses or injuries?**

<b>1</b>	<b>No</b>	<b>2</b>	<b>Yes</b>
	<input type="checkbox"/>		<input type="checkbox"/>
	FY048INJ		

**Please give us the details of your illness or injury.**

- A.** FY048RA (WHEN QNUM=2)
- B.** FY048RB (WHEN QNUM=2)
- C.** FY048RC (WHEN QNUM=2)
- D.** FY048RD (WHEN QNUM=2)

**3. In the past year have you visited a doctor or clinic?**

<b>1</b>	<b>No</b>	<b>2</b>	<b>Yes</b>
	<input type="checkbox"/>		<input type="checkbox"/>
	FY048DOC		

**Please tell us the reasons you visited a doctor or clinic.**

- A.** FY048RA (WHEN QNUM=3)
- B.** FY048RB (WHEN QNUM=3)
- C.** FY048RC (WHEN QNUM=3)
- D.** FY048RD (WHEN QNUM=3)

**4. In the past year, have you been a patient in a hospital overnight?**

<b>1</b>	<b>No</b>	<b>2</b>	<b>Yes</b>
	<input type="checkbox"/>		<input type="checkbox"/>
	FY048PT		

**Please give us the details regarding your hospital stay(s).**

	<u>Date</u>	<u>HOSPITAL NAME &amp; LOCATION</u>	<u>REASON FOR STAY</u>
<b>A.</b>	<u>___/___/___</u>	<u>FY048HA</u>	<u>FY048RA (WHEN QNUM=4)</u>
		<u>FY048PMA/FY048PDA/FY048PYA</u>	
<b>B.</b>	<u>___/___/___</u>	<u>FY048HB</u>	<u>FY048RB (WHEN QNUM=4)</u>
		<u>FY048PMB/FY048PDB/FY048PYB</u>	

**Thank you for being a part of the CARDIA Study. We will be contacting you again in about six months just to be certain that 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. THE INFORMATION IS CONFIDENTIAL AND WILL ONLY BE USED BY THE CARDIA STAFF.**