

CARDIA ID
FY132DAT

date

CARDIA
132 MONTH FOLLOW-UP QUESTIONNAIRE

We would like to ask you a few questions about yourself.

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

FY132PT
No Yes
1 2

FY132LNUM
Please give us the details regarding your hospital stay(s). If you need more space, please attach additional information on a separate page.

DATE ADMITTED FYMONTH, FYDAY, FYYEAR, AND FYDATE	HOSPITAL NAME & LOCATION FYNAMELOC	REASON FOR STAY FYREASON
A. / / FYH2NNUM=1		
B. / / FYH2NNUM=2		
C. / / FYH2NNUM=3		

2. 1 No 2 Yes
FY132AHC

FY132ANUM
In the past year, have you had an angiogram or heart catheterization?

If this did NOT require an overnight hospital stay, please give us the details regarding your procedure(s). If you need more space, please attach additional information on a separate page.

FYMONTH, FYDAY, FYYEAR, AND FYDATE	FYOPLOC	FYOPRSN
A. / / FYOPNUM=1-MAX		

No Yes
1 2

May we have your permission to obtain and review your records from each of the above hospitalizations or outpatients procedures?

FY132OK
Yes, I give my permission for the above named medical facility(ies) to send to the CARDIA study a copy or summary of the record(s) of my hospitalization or hospital procedure as shown above. A photocopy of this signed permission is as valid as the original. This permission is valid as long as the CARDIA research continues.

Date of Birth ____/____/____

Signature _____

Date _____

SS# _____

Participant Name _____

(Please Print)

(GO TO NEXT PAGE)

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

No Yes
 1 2
FY132DOC

4A. How many times? <u>FY132DOX</u>	
No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2
4B. Was any visit due to a referral from your CARDIA exam? <u>FY132REF</u>	
No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2

4. In the past year, has a doctor or nurse said that you have:

- No Yes
- A. 1 2 High blood pressure or hypertension? FY132HBP
- B. 1 2 High blood cholesterol? FY132HCU
- C. 1 2 Diabetes? FY132DBT
- D. 1 2 Stroke or TIA (transient ischemic attack)? FY132TIA
- E. 1 2 Peripheral vascular disease (blocked arteries in your arms or legs)? FY132PVD

F. 1 2 Heart problems? FY132HRT

No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132AGA</u>	
Was this angina or chest pain?	
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132HAL</u>	
Was this a heart attack?	
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132HFL</u>	
Was this heart failure?	

G. 1 2 Lung disease? FY132LD

No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132EUP</u>	
Was this emphysema?	
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132BRD</u>	
Was this chronic bronchitis?	
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132AST</u>	
Was this asthma?	

H. 1 2 Kidney problems? FY132KID

No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132KFL</u>	
Was this kidney failure?	

I. 1 2 A blood clot? FY132BLC

No	Yes
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132BLP</u>	
Lung (pulmonary embolus)?	
<input type="checkbox"/> 1	<input type="checkbox"/> 2
<u>FY132BLV</u>	
Legs (deep venous thrombosis)?	

5. FY132SMK On the average, how many cigarettes do you usually smoke per day?

FY132ID INTERVIEWER ID

FY132CDT
FY132C1
FY132C2
FY132C3
FY132CID } Hospitalization Coding