CARDIA 252 MONTH FOLLOW-UP QUESTIONNAIRE

Date FY252DAT

1. In the past 12 months, have you been a patient in a hospital overnight? FY252PT

1 □ No

2 □ Yes

GO TO QUESTION 2.

Date Admitted Hospital Name and Location Reason for Stay

1. ____/____/____ FYNAMLOC ________ __FYREASON ________

____/____/____ FYHZNNUM=1

____/____/______ __________

____/____/____

2. ____/____/____ FYNAMLOC ________ __FYREASON ________

____/____/____ FYHZNNUM=2

____/____/____

3. ____/____/____ FYNAMLOC ________ __FYREASON ________

____/____/____ FYHZNNUM=3

□ Check here if more than three hospitalizations are reported; record additional hospitalizations on a separate page. FY252PT3M

1A. Were any of your hospitalizations related to a referral from your CARDIA Y20 or CARDIA Fitness Study exam? FY252PTF

1 □ No

Skip to item 2.

2 □ Yes

IB. Which hospitalization(s)? _FY252PTFN________

(number 1, 2, 3, etc.)

2. Since your last CARDIA related contact or exam, have you had a coronary angiogram or heart catheterization as an outpatient? (A coronary angiogram is a procedure in which a catheter is inserted through the groin or arm in order to inject dye into and to take pictures of the heart arteries. FY252AHC

1 □ No

Skip to item 3.

2 □ Yes

Date of procedure: ____/____/____ FY252AHCD

Name and address of facility: _FY252AHCN ____________

____________________________

____________________________
2A. Was this procedure related to a referral from your CARDIA Y20 or CARDIA Fitness Study exam?  
   1  No  2  Yes  FY252AHCF

3. Since your last CARDIA related contact or exam, have you had an outpatient procedure to open a blocked artery or arteries, such as an artery in your heart (coronary artery) or your leg? FY252OBA
   1  No  2  Yes

   Date of procedure:  ___/___/___  FY252OBAD
   Name and address of facility:  FY252OBAN___________
   __________________________________________________
   ____________________________

3A. Was this procedure related to a referral from your CARDIA Y20 or CARDIA Fitness Study exam?
   1  No  2  Yes  FY252OBAF

4. May we have your permission to obtain and review your medical records from the above hospitalization(s) or outpatient procedure(s)?  FY252OK
   1  No  2  Yes

   Complete Medical Records Release form

5. In the past year, have you visited a doctor or clinic?  FY252DOC
   1  No  2  Yes

   5A. How many times?  ___FY252OTX___

   5B. Were any visits due to a referral from your CARDIA Y20 or CARDIA Fitness Study exam?  FY252FREF
      1  No  2  Yes  How many?  FY252FOTX

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

   No Yes
   A.  1  2  High blood pressure or hypertension?  FY252HBP
   B.  1  2  High blood cholesterol?  FY252HCH
   C.  1  2  Diabetes?  FY252DBT
   D.  1  2  Stroke or TIA (transient ischemic attack)?  FY252TIA
E. □ □ Peripheral vascular disease (blocked arteries in your arms or legs)? FY252PVDF

F. □ □ Heart problems? FY252HRT

- If Yes
  - No □ Yes □
    - a. □ □ Was this angina or chest pain? FY252AGA
    - b. □ □ Was this a heart attack? FY252HAK
    - c. □ □ Was this heart failure? FY252HFL

G. □ □ Lung disease? FY252LD

- If Yes
  - No □ Yes □
    - a. □ □ Was this emphysema? FY252EMP
    - b1 □ □ Was this COPD (chronic obstructive pulmonary disease) FY252COPD
    - c. □ □ Was this chronic bronchitis? FY252BRC
    - d. □ □ Was this asthma? FY252AST

H. □ □ Kidney problems? FY252KID

- If Yes
  - No □ Yes □
    - a. □ □ Have you had a kidney transplant? FY252TPT
    - b. □ □ Have you ever had kidney dialysis treatments? FY252DIS
    - c. □ □ Are you on dialysis now? FY252DION

I. □ □ A blood clot? FY252BLC

- If Yes
  - No □ Yes □
    - a. □ □ Was this in your lung? FY252BLP
      (pulmonary embolus)
    - b. □ □ Was this in your legs? FY252BLV
      (deep vein thrombosis)

7. **On the average**, how many cigarettes do you usually smoke per day? ______
(If participant does not smoke, please record 0.) FY252SMK
CARDIA 252 Follow-up Questionnaire
May 1, 2006

We would like to know about medications you are currently taking:

8. Do you currently take medication prescribed by a physician to lower your blood pressure?

   No  Yes  Don’t know  
   □  □  □

   FY252MHN

9. Do you currently take medication prescribed by a physician to lower your blood cholesterol?

   No  Yes  Don’t know  
   □  □  □

   FY252MCL

10. Do you currently take medication prescribed by a physician for treatment of diabetes or high blood sugar?

    No  Yes  Don’t know  
    □  □  □

    FY252MDM

11. Do you take aspirin regularly (daily or every other day), either because your doctor recommended it or on your own?

    No  Yes  Don’t know  
    □  □  □

    FY252MOT

   9a. What do you take aspirin for?

   No  Yes  
   □  □

   a. Heart attack or stroke prevention  FY252ASHT
   b. Arthritis  FY252ASAR
   c. Other  □

FOR STAFF USE ONLY:  FY252IVD  ___  ___  ___  INTERVIEWER ID