CARDIA 264 MONTH FOLLOW-UP QUESTIONNAIRE

___ / ___ / ______  
| Date FY264DAT | FY264LDT1 |

1. Since your last CARDIA related contact or exam on ___/___/_____, have you been a patient in a hospital overnight? FY264PT

1 □ No  2 □ Yes  
GO TO QUESTION 2.

<table>
<thead>
<tr>
<th>Date Admitted</th>
<th>Hospital Name and Location</th>
<th>Reason for Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em><strong>/</strong></em>/____</td>
<td>FYNAMLOC ___________________</td>
<td>FYREASON________</td>
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<tr>
<td>FYHZNNUM=1</td>
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<td>2. <em><strong>/</strong></em>/____</td>
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<td>3. <em><strong>/</strong></em>/____</td>
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<td>FYREASON________</td>
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<td>FYHZNNUM=3</td>
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☐ Check here if more than three hospitalizations are reported; record additional hospitalizations on page 6. FY264PT3M

1A. Were any of your hospitalizations related to a referral from your CARDIA Year 20 (Y20) exam? FY264PTF

1 □ No  2 □ Yes  

1B. Which hospitalization(s)? FY264PTFN

1__  2__  3__

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 dye is injected into an artery, usually in the upper thigh, to take pictures of the heart.) FY264AHC

1 □ No (Go to question 3)

2 □ Yes  
Date of procedure:  ____/____/____  
Name and address of facility:  
_________________________  
_________________________  
_________________________  

☐ Check here if more than one procedure is reported; please list on page 7. FY264AH1M
2A. Was this procedure related to a referral from your CARDIA Y20 exam?

1 □ No  2 □ Yes FY264AHCF

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), neck (carotid) or your leg? FY264OBA

1 □ No (Go to question 4)  
2 □ Yes Date of procedure: _______  
Name and address of facility: ____________________________

☐ Check here if more than one procedure is reported; please list on page 264c. FY264OB1M

3A. Was this procedure related to a referral from your CARDIA Y20 exam? FY264OBAF

1 □ No  2 □ Yes

4. May we have your permission to obtain and review your medical records from the above hospitalization(s) or outpatient procedure(s)? FY264OK

1 □ No  2 □ Yes  3 □ NA  
Complete Medical Records Release form

Had no hospitalizations or procedures

5. Since your last CARDIA related contact or exam, have you visited a doctor or clinic? FY264DOC

1 □ No  2 □ Yes  

5A. How many times? __ FY264OTX ______

5B. Were any visits due to a referral from your CARDIA Y20 exam? FY264FREF

1 □ No  2 □ Yes  
How many? FY264FOTX

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

A. □  2 □ High blood pressure or hypertension? FY264HBP
B. □  2 □ High blood cholesterol? FY264HCH
C. □  2 □ Diabetes? FY264DBT
D. □  2 □ Stroke or TIA (transient ischemic attack)? FY264TIA
E. □  2 □ Peripheral vascular disease (blocked arteries in your arms or legs)? FY264PVD
No | Yes
---|---
F. | Heart problems? FY264HRT
   | No | Yes
   | a. | Was this angina or chest pain? FY264AGA
   | b. | Was this a heart attack? FY264HAK
   | c. | Was this heart failure? FY264HFL
   | d. | Other: (list) FY252HOT

G. | Lung disease? FY264LD
   | No | Yes
   | a. | Was this emphysema? FY264EMP
   | b. | Was this COPD (chronic obstructive pulmonary disease) FY264COPD
   | c. | Was this chronic bronchitis? FY264BRO
   | d. | Was this asthma? FY264AST

H. | Kidney problems? FY264KID
   | No | Yes
   | a. | Have you had a kidney transplant? FY264TPT
   | b. | Have you ever had kidney dialysis treatments? FY264DIS
   | c. | Are you on dialysis now? FY264DION

I. | A blood clot? FY264BLC
   | No | Yes
   | a. | Was this in your lung? FY264BLP (pulmonary embolus)
   | b. | Was this in your legs? FY264BLV (deep vein thrombosis)

J. | Cancer? FY264CACR
   | No | Yes
   | What type?
   | a. | Lung FY264CLNG
   | b. | Breast FY264CBRST
   | c. | Blood/lymph glands FY264CBLD
   | d. | Melanoma FY264CMEN
   | e. | Skin (not melanoma) FY264CSKN
   | f. | Colon FY264COLN
   | g. | Prostate FY264CPRS
   | h. | Other (list) FY264COTH
7. Have you ever been told by a doctor or a nurse that you have sleep apnea (a condition where breathing stops during sleep)? FY264SLAP

Yes ☐ No ☐

What treatment was recommended?

a. ☐ CPAP or other pressure device FY264CPAP
b. ☐ Dental device FY264APDD
c. ☐ Surgery FY264APSG
d. ☐ No treatment was recommended FY264APNO

e. ☐ Other (list) __ FY264APOT __________

8. Have you ever been told by a doctor or a nurse that you have liver disease? FY264LVER

Yes ☐ No ☐

What type?

a. ☐ Hepatitis FY264LVHT
b. ☐ Cirrhosis FY264LVCR
c. ☐ Fatty liver FY264LVFL
d. ☐ Other (list) __ FY264LVOT __________

9. On the average, how many cigarettes do you usually smoke per day? __ FY264SKPD __
(If you do not smoke, please record 0.)

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

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

Yes ☐ No ☐ Don’t know FY264MHN

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

Yes ☐ No ☐ Don’t know FY264MCL

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

Yes ☐ No ☐ Don’t know FY264MDM
13. **If** you have diabetes, have you **ever** been told by a doctor or nurse that your diabetes has affected the back of your eye, the retina? 

No    Yes
1  2  3  Do not have diabetes

If Yes

13a. Have you ever had laser photocoagulation for this problem?  
(Do not include treatment for glaucoma or cataracts)

No    Yes
1  2  FY264RELP

14. 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
1  2  8

If Yes

14a. What do you take aspirin for?

No    Yes

a.  1  2  Heart attack or stroke prevention FY264ASHT

b.  1  2  Arthritis FY264ASAR

c.  1  2  Other __ FY264ASOT _______________(Specify)
### Additional reported hospitalizations

<table>
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<th>Reason for Stay</th>
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</table>

Were any of your hospitalizations related to a referral from your CARDIA Year 20 (Y20) exam? FY264PTF2

| 1 No | 2 Yes |

1B. Which hospitalization(s)? FY264PTFN2

4, __5__, 6__, 7__, 8__, 9__

May we have your permission to obtain and review your medical records from the above hospitalizations(s) or outpatient procedure(s)?

**FY264OK2**

| 1 No | 2 Yes |

Complete Medical Records Release form
Additional coronary angiogram or heart catheterization as an outpatient:

2.1a1. Date of procedure **FY264PRDAT3**
2.1b1. Name and address of facility **FY264FAC3**

2.1a2. Date of procedure **FY264PRDAT4**
2.1b2. Name and address of facility **FY264FAC4**

Additional outpatient procedure to open a blocked artery or arteries:

3.1a1. Date of procedure **FY264PRDAT5**
3.1b1. Name and address of facility **FY264FAC5**

3.1a2. Date of procedure **FY264PRDAT6**
3.1b2. Name and address of facility **FY264FAC6**

May we have your permission to obtain and review your medical records from the above hospitalizations(s) or outpatient procedure(s)?

**FY264OK3**

1 [ ] No
2 [ ] Yes

Complete Medical Records Release form

FOR STAFF USE ONLY: **FY264IVD** ___ ___ ___ INTERVIEWER ID