1. Since your last CARDIA related contact or exam on __/__/____, have you been a patient in a hospital overnight? FY288PT
   1  No
   2  Yes  How Many Times? _ FY288PTTX _________  Record on Page 5

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.) FY288AHC
   1  No
   2  Yes  Record on Page 7

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? FY288OBA
   1  No
   2  Yes  Record on Page 7

4. Since your last CARDIA related contact or exam, have you had an overnight sleep test where you were tested for sleep apnea or any other sleep related conditions? FY288SLP
   1  No
   2  Yes  Record on Page 7

5. Since your last CARDIA related contact or exam, have you had a surgery or any procedure for weight loss (e.g. gastric bypass, lap band, stomach stapling)? FY288WLS
   1  No
   2  Yes  Where was this procedure performed? FY288WLSP
      ☐ Admitted to the hospital for at least one night  Record on page 5  FY288WLSPH
      ☐ Done as an outpatient procedure  Record on page 7  FY288WLOS

6. Since your last CARDIA related contact or exam, have you visited a doctor or clinic? FY288DOC
   1  No
   2  Yes  How Many Times? ____________ FY288OTX

7. Since your last CARDIA related contact or exam, (date given in #1) has a doctor or nurse said that you have:
   1  No  Yes
   A.  1  2  High blood pressure or hypertension? FY288HBP
   B.  1  2  High blood cholesterol? FY288HCH
   C.  1  2  Diabetes? FY288DBT
   D.  1  2  Stroke or TIA (transient ischemic attack)? FY288TIA
E. 1 2 Peripheral vascular disease (blocked arteries in your arms or legs)? FY288PVD

Since your last CARDIA related contact or exam, (date given in question #1) has a doctor or nurse said that you have:

No Yes

F. 1 2 Heart problems? FY288HRT

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No Yes

G. 1 2 Lung disease? FY288LD

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No Yes

H. 1 2 Kidney problems? FY288KID

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No Yes

I. 1 2 A blood clot? FY288BLC

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</table>

If yes, Record on Page 7
Since your last CARDIA related contact or exam, (date given in question #1) has a doctor or nurse said that you have:

No  Yes

J.  1  2  Cancer? FY288CACR

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8. **Have you ever** been told by a doctor or a nurse that you have liver disease? FY288LVER

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9. **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? FY288RENA

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</table>
We would like to know about medications you are currently taking:

11. Do you currently take medication prescribed by a physician to lower your blood pressure?
   - No
   - Yes
   - Don’t know

12. Do you currently take medication prescribed by a physician to lower your blood cholesterol?
   - No
   - Yes
   - Don’t know

13. Do you currently take medication prescribed by a physician for treatment of diabetes or high blood sugar?
   - No
   - Yes
   - Don’t know

14. Do you take aspirin regularly (daily or every other day), either because your doctor recommended it or on your own?
   - No
   - Yes
   a. What do you take aspirin for?
      - Heart attack or stroke prevention
      - Arthritis
      - Other (specify)

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

16. Have you gone through menopause or the change of life?
   - No
   - Yes
   - Not sure

17. If your periods have stopped, did they stop:
   - Naturally
   - By surgery
   - Other reason (Please specify)
   - I am still having periods (GO TO QUESTION 19)

18. How old were you when this occurred? ______ years old

19. During the past 12 months, have your periods (select only one):
   - Become farther apart
   - Become closer together
   - Occurred at more variable intervals
   - Stayed the same
5. Stopped completely
6. No periods in more than 12 months
8. Not sure

If you have no hospitalizations or procedures to report, you may stop here. If you have any hospitalizations and/or procedures to report, please continue to page 5 and/or page 7.

PLEASE RETURN ALL PAGES OF THE FORM EVEN IF SOME ARE BLANK!
THANK YOU!

Thank you so much for being such an important part of CARDIA!

HOSPITALIZATIONS

May we have your permission to obtain and review your medical records from the hospitalization(s) listed below? FY288OK

1. No
2. Yes  

Complete Medical Records Release Form

Hospitalization 1

Illness or reason: FY288RSNSY1
Hospital Name: FY288NM1
Street Address: FY288LN1

City FY288AH1CT  State FY288AH1ST  Zip Code FY288AH1ZP

Date of admission: / / FY288HZNDT1

Number of nights hospitalized:  

After this hospitalization, were you? FY288HZNAH1

1. Discharged home
2. Transferred to a nursing home or rehabilitation hospital (inpatient facility)
3. Transferred to another acute care hospital

FOR CLINIC STAFF ONLY

CARIlA CODES: 1.  2.  3.  CASE#:  2 8 8 0 1 H

FY288AH1CC1 FY288AH1CC2 FY288AH1CC3 FY288AH1CN

• IF YOU DO NOT HAVE ANY MORE HOSPITALIZATIONS OR PROCEDURES TO REPORT
YOU MAY STOP HERE.

- IF YOU HAVE MORE HOSPITALIZATIONS CONTINUE TO PAGE 6
- IF YOU HAVE PROCEDURES/EVENTS TO REPORT CONTINUE TO PAGE 7.

### Hospitalization 2

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<tr>
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<tbody>
<tr>
<td>Hospital Name:</td>
<td>FY288NM2</td>
</tr>
<tr>
<td>Street Address:</td>
<td>FY288LN2</td>
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<tr>
<td>City</td>
<td>FY288AH2CT</td>
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<tr>
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<td>Date of admission:</td>
<td>12/31/2028</td>
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<tr>
<td>Number of nights hospitalized:</td>
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<tr>
<td>After this hospitalization, were you?</td>
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FOR CLINIC STAFF ONLY

CARDIA CODES: 1. FY288AH2CC1 2. FY288AH2CC2 3. FY288AH2CC3 4. FY288AH2CN

### Hospitalization 3

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<td>After this hospitalization, were you?</td>
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3. Transferred to another acute care hospital

### FOR CLINIC STAFF ONLY

<table>
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Check here if more than three hospitalizations are reported and use supplemental form

**OUTPATIENT PROCEDURES OR EVENTS**

- CORONARY ANGIOGRAM, HEART CATHETERIZATIONS
- OUTPATIENT PROCEDURES TO OPEN A BLOCKED ARTERY OR ARTERIES, KIDNEY DIALYSIS
- BLOOD CLOTS
- SLEEP STUDIES
- WEIGHT LOSS SURGERY

May we have your permission to obtain and review your medical records from the procedure(s) listed below? **FY288OK2**

- ☐ No
- ☑ Yes

Complete Medical Records Release Form

### Procedure/Event 1

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**FOR CLINIC STAFF ONLY**

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- IF YOU DO NOT HAVE ANY MORE PROCEDURES OR EVENTS TO REPORT YOU MAY STOP HERE.
- IF YOU HAVE MORE PROCEDURES OR EVENTS CONTINUE TO PAGE 8.
### Procedure/Event 2

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**FOR CLINIC STAFF ONLY**

| FY288AP2CN | 2 8 8 0 2 P |

### Procedure/Event 3

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**FOR CLINIC STAFF ONLY**

| FY288AP3CN | 2 8 8 0 3 P |

☐ Check here if more than three procedures/events are reported and use supplemental form FY288ASUPP1