

COHORT STUDY ANNUAL FOLLOW-UP QUESTIONNAIRE

Log Number:	EBCT Date:
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This questionnaire is designed for the yearly follow-up for the Prospective Army Coronary Calcium (PACC) Project in which you have been enrolled. We appreciate your taking 5-10 minutes to answer a few questions about your health over the past twelve months.

Please complete the entire questionnaire. Please download this form to your computer, complete the questionnaire and save it, then return it as an attachment to allen.taylor@na.amedd.army.mil . Upon completion of the questionnaire, please return to us by regular mail, email or fax as soon as possible. Our contact information is:

**Prospective Army Coronary Calcium Project
Walter Reed Army Medical Center
Building 2, BOX 75
Washington, DC 20307-5001**

**PACC Office: (202) 782-0066
Toll Free: 1 (866) 862-PACC (7222)
Fax: (202) 782-4922**

Visit our project web site at: www.wramc.amedd.army.mil/research/pacc. Thank you very much for your continued participation.

Name: _____ Date: _____

1. Compared to twelve months ago, how would you rate your overall heart health in general now? Would you say:

- ____ Much better now than twelve months ago
- ____ Somewhat better now than twelve months ago
- ____ About the same
- ____ Somewhat worse now than twelve months ago
- ____ Much worse now than twelve months ago

PACC PROJECT: FORM18B 2

2. During the last twelve months, have you ever had any pain or discomfort in the center of your chest, left side of your chest, or your left arm?

No Yes

If Yes:

(a) Chest pain/discomfort location:

center of chest left chest
 jaw left arm
 neck other _____

(b) Please describe the pain/discomfort (**Check ALL that apply**):

pressure aching twinge
 burning stabbing dull
 tightening sharp other _____

(c) Numerically indicate the intensity of pain/discomfort: _____
(Use pain scale 1-10, where 10= Worst pain)

(d) When did the pain/discomfort occur?

with exertion non exertion/ at rest both

Describe what you were doing when this pain occurred.

(e) Duration of pain/discomfort:

very brief (seconds) brief (minutes)
 very long (hours) other _____

How many times over the past 12 months have you felt this way?

3. Please respond to the following possible symptoms associated with heart problems that you may or may not have had during the past twelve months.

(a) Shortness of breath (Please describe): _____ Yes No

(b) Loss of stamina (Please describe): _____ Yes No

PACC PROJECT: FORM18B 3

(c) Other (Please describe): _____ Yes No

4 (a) Have you had **ANY** emergency room visits, **ANY** "hospitalizations," or **ANY** visits to the doctor in the past twelve months?

	Yes, Heart or Possibly Heart-related	Yes, Non-heart Related	No (Go to Q. 7)
(1) Emergency Room Visit(s)	_____	_____	_____
(2) Hospitalization	_____	_____	_____
(3) Visits to the Doctor	_____	_____	_____

(b) If YES, what were the reasons for your emergency room visits, hospitalizations, or doctor's visits?

<u>Reasons</u>	<u>Yes</u>	<u>No</u>	<u>Month/Day/Year</u>
(1) Chest Pain	__	__	___ / ___ / ___
(2) Acute Myocardial Infarction	__	__	___ / ___ / ___
(3) Unstable Angina	__	__	___ / ___ / ___
(4) Stable Angina	__	__	___ / ___ / ___
(5) Congestive Heart Failure	__	__	___ / ___ / ___
(6) Angioplasty (PTCA)	__	__	___ / ___ / ___
(7) Coronary Bypass Surgery	__	__	___ / ___ / ___
(8) Other Reason (Please describe): _____	__	__	___ / ___ / ___
(9) Other Reason (Please describe): _____	__	__	___ / ___ / ___

NOTE: If you answered "YES" to any item from (1) to (7) above, please forward a copy of these records to the PACC Project office.

PACC PROJECT: FORM18B 4

5. If you had hospitalizations or emergency room visits for heart or possibly heart-related reasons, please provide information regarding the dates, locations, addresses and phone numbers:

(a) Date from: ___ / ___ / ___ Date to: ___ / ___ / ___
Hospital: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ - _____ - _____

(b) Date from: ___ / ___ / ___ Date to: ___ / ___ / ___
Hospital: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____ - _____ - _____

6. How would you describe your cigarette smoking habits?

___ never smoked ___ current smoker ___ ex-smoker<6mos ___ ex-smoker>6mos

7. Have you had any test(s) conducted to evaluate heart disease or heart-related problems in the last twelve months?

___ No ___ Yes

(a) **If "YES",** What type of test(s)?

___ EKG ___ Exercise Stress Test (treadmill) ___ Thallium/Nuclear
___ Echocardiogram ___ Catheterization ___ Other _____

(b). Why was the test done? _____

(c) What is your understanding of the test results? _____

8. Are there any other new symptom(s) that you believe may be related to your heart which have developed during the last twelve months?

No Yes

If "YES", please describe the new symptom(s): _____

9. Please list all medications taken daily/regularly/or occasionally. (Include prescriptions, over-the-counter medications, vitamins, and supplements in your listing.)

(a) _____ (b) _____ (c) _____
(d) _____ (e) _____ (f) _____

10. Do you have any questions about which you would like us to contact you? Yes No

If "YES", Please describe your question(s): _____

11. Please fill out the following contact information:

(a) Address: _____

How long do you expect to remain in this address? _____

If less than 12 months, where can we reach you next year? _____

(b) E-mail addresses (Home): _____
(Work): _____

(c) Telephone number (Home): ____-____/____-____

Telephone number (Work): ____-____/____-____

Telephone number (Cell): ____-____/____-____

(d) Points of contact who do not reside with you:

1. Name: _____

Address: _____

Telephone: _____ - _____ - _____

2. Name: _____

Address: _____

Telephone: _____ - _____ - _____

NOTE: When you anticipate a move or change of contact information, please contact our project office at (202) 782-0066 or through our web-site at: www.wramc.amedd.army.mil/research/pacc. Under certain circumstance, we may contact you for further clarification.

Thank you very much for taking time to fill out this questionnaire. We look forward to communicating with you again in about one year.