Adventist Health Study 2

better health for everyone!

LOMA LINDA UNIVERSITY
School of Public Health

Biennial Hospitalization Form V

Please read the following before filling out the questionnaire:

The goal of the AHS-2 research is to match diet and lifestyle to physical health (especially cancer and heart disease). For this we need to know about ALL your hospital admissions that occurred AFTER you last filled in a form like this on _____.

We would greatly appreciate your taking a few minutes to complete the following questions. Please then return the form in the enclosed postage-paid envelope.

If you have had at least one such hospital stay, even if only overnight, please fill in the second circle below in Question 1, and then continue to Question 2 and so on.

Please fill in circles completely. **Please shade bubbles like this → ● Not like this → ✓ ✗**

1

○ I have had NO hospitalizations since _____. **If none, you may skip to question 6.**

○ I have been admitted to the hospital at least once, even if just overnight, since _____.

Please answer the questions below about these hospitalizations, but first **read the following statement**:

There is a small chance that we may need to view some hospital records that you list below. Should that become necessary, we will ask your permission before looking at the record, and of course, guarantee absolute confidentiality.

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2 **First Hospital Stay** since _____

a) Name of Hospital _____

b) Address of Hospital _____ (Street)

_____ (City) _____ (State/Province) _____ (Zip/Postal code)

c) Approximate date you were admitted _____ (Month) _____ (Year)

d) What was the main medical condition that caused this admission?

(Print) _____

PLEASE DO NOT WRITE IN THIS AREA

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3 **Second Hospital Stay** since the date printed on the previous page in the pink box.

a) Name of Hospital _____

b) Address of Hospital _____

_____

c) Approximate date that you were admitted _____

d) What was the main medical condition that caused this admission? _____

If you had three or more hospital stays during this time, use an extra sheet of paper to describe them. Use question 3 above to guide you in giving the necessary information.

4 Did you have any cancers or tumors diagnosed or treated during any of the hospitalizations that you listed above?

◯ No

◯ Yes → During which of the hospitalizations that you listed above?

◯ The first ◯ The second ◯ Another hospitalization

5 Regarding the hospitalizations that you listed previously, did you have a heart attack, coronary artery bypass surgery or have treatments to stop a heart attack such as clot-busting medicines, or the balloon or a stent?

◯ No

◯ Yes → Which of the hospitalizations that you listed above?

◯ The first ◯ The second ◯ Another hospitalization

6 Did you have any cancer or tumor diagnosed since the date printed on the previous page in the pink box that did **not** require a hospital stay?

◯ No → (You may go to Question 7)

◯ Yes → Which part of your body was affected? (Please print) _____

Name and Address of the doctor who cared for you then.

Name: _____

Address: _____

_____

_____

If you have more than one cancer or tumor that did **NOT** require a hospital stay, please use an extra sheet of paper to describe these additional instances. Use the format of question 6 above to give the necessary information.

7 How often ...

Number of times →	0	1	2	3	4	5 or more
a. did you visit a Primary care doctor in the last 2 years?	◯	◯	◯	◯	◯	◯
b. did you visit a Specialist (e.g. Cardiologist, Rheumatologist, etc.) in the last 2 years?	◯	◯	◯	◯	◯	◯
c. did you visit a Dentist in the last 2 years?	◯	◯	◯	◯	◯	◯
d. did you visit an Alternative medicine provider in the last 2 years?	◯	◯	◯	◯	◯	◯
e. have you had a Surgical procedure (excluding cosmetic surgeries) in the last 2 years?						
How many were: Outpatient? Please fill in the number →	◯	◯	◯	◯	◯	◯
In hospital? Please fill in the number →	◯	◯	◯	◯	◯	◯
f. have you had treatment in an Emergency Room or at Urgent Care in the last 2 years?	◯	◯	◯	◯	◯	◯
g. have you had an X-ray (excluding dental X-rays), CAT Scan or MRI in the last 2 years?	◯	◯	◯	◯	◯	◯

8 My religious beliefs are what really lie behind my whole approach to life.

Not True — Somewhat true — Very True

○ ○ ○ ○ ○ ○ ○ ○ ○

9 How often do you attend church or other religious meetings?

- ○ Never
- ○ More than once a month
- ○ Once a year
- ○ Once a week
- ○ More than once a year
- ○ Two or more times a week

10 What was true about your health insurance during the past year? (Select all that apply):

- ○ Uninsured during any part of the year
- ○ Covered by employment-based insurance
- ○ Covered by Medicare
- ○ Covered by Medicaid
- ○ Covered by privately-purchased health insurance
- ○ Also covered by Supplemental insurance (such as Medi-gap)
- ○ Main health insurance offered through an HMO (such as Blue Cross/Blue Shield, Aetna, Kaiser)?
- ○ Other coverage? Specify _____.

11 Has your doctor ever told you that you have any of the following conditions? Please fill in the circle for "never" if you have never been diagnosed with this condition or fill in the appropriate circle for time at first diagnosis and write in any prescription medications you were/are taking for this condition.

	When was it first diagnosed?								**Prescription** medications that you have taken for this. Please list them below in the same row as the condition that the medication was taken for. (Please do not write in medications for conditions that are not listed below.) Use an extra sheet if more than 3 drugs are used for this condition.		
Year →	Never	Before 2002	2002 - 2003	2004 - 2005	2006 - 2007	2008 - 2009	2010 - 2011	2012 - 2013			
Atrial fibrillation	○	○	○	○	○	○	○	○	1	2	3
Diabetes	○	○	○	○	○	○	○	○	1	2	3
Acid reflux	○	○	○	○	○	○	○	○	1	2	3
Peptic ulcer	○	○	○	○	○	○	○	○	1	2	3
Crohn's disease or Ulcerative Colitis	○	○	○	○	○	○	○	○	1	2	3
Macular degeneration	○	○	○	○	○	○	○	○	1	2	3
Osteoporosis	○	○	○	○	○	○	○	○	1	2	3
Parkinson's disease	○	○	○	○	○	○	○	○	1	2	3
Glaucoma	○	○	○	○	○	○	○	○	1	2	3
Hyperthyroidism (overactive)	○	○	○	○	○	○	○	○	1	2	3
Hypothyroidism (underactive)	○	○	○	○	○	○	○	○	1	2	3
Congestive heart failure (CHF)	○	○	○	○	○	○	○	○	1	2	3
Rheumatoid arthritis	○	○	○	○	○	○	○	○	1	2	3
Hip fracture	○	○	○	○	○	○	○	○			
Wrist fracture	○	○	○	○	○	○	○	○			

12 Your Present Body Weight in lbs.

(in light clothing) Write in the numbers here.

Fill in the corresponding circles here.

⓪ ① ② ③ ④ ⑤	⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨	⓪ ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

13 Dietary Patterns

Please tell us how you would describe your diet.	At enrollment into AHS-2	Now (2012-2013)
Vegan (no dairy, eggs, fish, or meat)	○	○
Lacto-ovo-vegetarian (no meat or fish)	○	○
Pesco-vegetarian (fish but no meat)	○	○
Semi-vegetarian (meat or fish 1—3 times per month)	○	○
Non-vegetarian (eat meat and/or fish at least 1 time per week)	○	○

14 Have you tried to lose weight in the last 2 years? ○ Yes ○ No

15 Treatment Preferences

Suppose you were newly diagnosed with cancer, and your doctors said your chances of survival with recommended medical treatments were good, what type of treatments would you choose? Fill in the one bubble that best describes your likely choice.

- ○ a) **All** recommended medical treatments (surgery, radiation, chemo, etc.), but **no** alternative treatments (herbs, juicing, "cleanses" etc.)
- ○ b) **All** recommended medical treatments **plus** alternative treatments.
- ○ c) **Some** recommended medical treatments, (**avoid** those I believe to be unnatural or harmful), **plus** alternative treatments.
- ○ d) **Only** alternative treatments, and no recommended medical treatments.
- ○ e) **Decline** all treatments.

16 In the past month, how often did you discuss personal matters or concerns with someone you know?

- ○ Very often
- ○ Often
- ○ Occasionally
- ○ Seldom
- ○ Once a month
- ○ Never

Please check your contact details below. Make corrections or update as necessary. It is important that we can keep in contact with you. We again promise that your details are kept absolutely confidential.

↥Please make any corrections here.↧

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Thank you again for your continued and most valuable support of AHS-2.

Please mail this form in the enclosed postage paid envelope to us at:
Adventist Health Study, Loma Linda University, 24951 North Circle Dr., NH 2029, Loma Linda, CA 92350

☎(800) 247-1699 adventisthealthstudy.org ahs2@llu.edu

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