Adventist Health Study 2

better health for everyone!

BIENNIAL HOSPITALIZATION FORM IV

Dear

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 **not** been **admitted** to the hospital since joining AHS-2, you only need to **fill in the first circle** below, and then complete questions 6–14.

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 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) _____

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

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) _____

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 (Fill in circles to give your answers.)
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 During the hospitalizations that you listed previously, did you have a heart attack, or have treatments to stop a heart attack such as clot-busting medicines, or the balloon or a stent?

- ○ No
- ○ Yes → During which of the hospitalizations that you listed above?

○ The first ○ The second ○ Another hospitalization

6 (Fill in circles to give your answers.)
Did you have any cancer or tumor diagnosed since the date printed on the previous page in the blue 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: _____
(Street)

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

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 question 6 above as a guide to give the necessary information.

7 How often have you visited a medical doctor for any reason *in the last* **2 years**?

	0	1	2	3	4	5 time(s).
a. Primary care doctor	○	○	○	○	○	○
b. Specialist (e.g., Cardiologist, Rheumatologist, Urologist, etc.)	○	○	○	○	○	○

8

This question concerns the size and time of your meals and snacks on a routine day. Fill in a circle for each time you eat.

	Morning							Afternoon						Night					
	5 am	6 am	7 am	8 am	9 am	10 am	11 am	12 pm	1 pm	2 pm	3 pm	4 pm	5 pm	6 pm	7 pm	8 pm	9 pm	10 pm	11 pm-4 am
Step 1: **SMALLEST** Meal. Fill in only one circle.	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Step 2: **LARGEST** Meal. Fill in only one circle.	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Step 3: **OTHER** Meal(s). Fill in one or more circles if necessary.	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
Step 4: **SNACK(S)** Fill in one or more circles if necessary.	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○

9

Your Present Body Weight in lbs. (in light clothing)

Write in the numbers here. →

Fill in the corresponding circles here.

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

10

Home Sweet Home

	Yes	No
Do you live in a place that you own or rent?	○	○
If "No", do you		
live in assisted living?	○	○
live in a nursing home?	○	○
live with family or friends?	○	○

11

After 2001, **has your doctor told you**, for the **FIRST TIME**, that you have any of the following conditions? If so, fill the appropriate circle for time of **first diagnosis**, being sure to complete one of the circles in the two **right hand columns**, also. If you have **never** been diagnosed or treated for the condition, leave the row blank.

YEAR →	'02	'03	'04	'05	'06	'07	'08	'09	'10	'11	'12	Have you been treated for this in the last 12 months? No	Yes
Gall Stones	○	○	○	○	○	○	○	○	○	○	○	○	○
COPD/Chronic Bronchitis	○	○	○	○	○	○	○	○	○	○	○	○	○
Atrial Fibrillation	○	○	○	○	○	○	○	○	○	○	○	○	○
Emphysema	○	○	○	○	○	○	○	○	○	○	○	○	○
Asthma	○	○	○	○	○	○	○	○	○	○	○	○	○
Osteoporosis	○	○	○	○	○	○	○	○	○	○	○	○	○
Depression	○	○	○	○	○	○	○	○	○	○	○	○	○

12 Have you had coronary by-pass surgery since 2001?
If "Yes", what year?

No	Yes	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
○	○	○	○	○	○	○	○	○	○	○	○	○

13 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

14

_____ (Current church membership) _____ (City) _____ (State/Province)

○ Mark the circle if you no longer consider yourself a Seventh-day Adventist.
(Note: Even if you are now non-Adventist you are welcome to continue membership in AHS-2.)

You have now finished!

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

BAR CODE AREA

Please mail this form in the enclosed postage paid envelope to us at:
Adventist Health Study-2, 24785 Stewart St, Room #203, Loma Linda, CA 92350

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