



Johns Hopkins Sibling, Family Heart, and GeneSTAR Study

Health Update Research Study Survey

Thank you for participating in this research that contributes to understanding health in people with a family history of heart disease. It's time to update your health information. Some things for you to know about the Survey.

- The information is confidential and will go into a secure computer at Johns Hopkins after the data are hand entered by a research team member. Tis paper will then be shredded..
- Your data will be identified only by an ID number. You or your family cannot be identified. When you download this from the website, please put your name, data, and city on it. We will remove this immediately and replace it with your ID number.
- Complete the written Update and send it back to
- Dr. Diane M. Becker, The Johns Hopkins Research Program, 1830 East Monument Street, Suite 8028 Baltimore, Maryland 21287 (410-955-7781), genestar@jhmi.edu

You can log on to our website and see extensive details of the study and use the page marked for Participants. www.genestarstudy.com

Thank you so much. We look forward to hearing how you are doing. This is a research study and we are unable to provide care or advice, but your contribution is important to learning more about heart disease and stroke. With kind regards to each of you.

A handwritten signature in black ink that reads "Diane M. Becker".

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Your Name

Date:

Your City:

GeneSTAR Research Study Health Update

1. Over the past year, compared to other people your age, would you say that your health has been excellent, good, fair, or poor?

- Excellent Good Fair Poor Terrible

2. Have you had any of the following that are NEW: (check all that apply)

- Heart Stroke TIA or ministroke Circulation problems (legs or neck)
 Diabetes Kidney failure

3. Have you had any NEW serious chest pain or chest discomfort that was not part of a cold or an injury? (If no, skip the next question)

- Yes No

4. If you had NEW chest pain, please check all of the features that describe it? (Check all that apply)

- Squeezing, pressure, tightness Radiated to your arm, or jaw Occurred with exercise or stress, or cold air Caused you to go to emergency room/hospital
 Caused you to see a doctor and/or have heart testing done

5. Have you had the following heart tests done? (Check all that apply)

- Resting electrocardiogram Stress test Heart scan Heart catheterization

6. Have you had any of the heart and stroke problems listed below? (Check all that apply)

- A heart attack or myocardial infarction
 Angina (heart pain) admitted to the hospital, but not a heart attack,
 Coronary bypass surgery (CABG)
 Stroke of mini-stroke (TIA)

7. Have you had any of the following (Check all that apply)

- Heart failure diagnosed by a doctor Atrial fibrillation (afib)
 Pacemaker Defibrillator

8. Has a doctor told you that you had narrowing or blockages in your neck arteries?

- Yes No

9. Has a doctor told you that you had poor circulation in your legs?

- Yes No

10. Has a doctor told you that you have diabetes (high blood sugar)?

- Yes, Type 1 diabetes Yes, Type 2 diabetes Yes, during pregnancy No

11. If yes, how old were you when you were diagnosed with diabetes?

12. If you have had kidney failure, have you had any of the following treatments? (Check all that apply)

- Hemodialysis Peritoneal dialysis Kidney transplant No treatment

Do you have any other important health issues you believe we should know about.