

1. User should receive an email from redcap@uab.edu with a unique survey link customized for the participant. Email should also have an instructions link to help with the survey.
2. this survey has two parts- 6 months survey will have only demographics while annual survey will include demographics as well as annual questionnaire
 - a. Demographics- user should see their existing information with Cardia but if there is any change, user can update the information.
 - b. Annual Questionnaire- once the demographics is submitted, annual questionnaire will start.
3. Access: the survey link will present a login screen as below. User needs to enter their date of birth and their email ID they have submitted to Cardia.
 - a. Date of birth is in 'MMDDYYYY' format.
 - b. Email should be a valid email address and also the same which exists in Cardia records
 - c. If values are not matched with existing record, user cannot access the survey
 - d. Date of birth range is between years 1952-1967 but if you are in few outside this range, please still enter your actual birth date as submitted to Cardia. User may see a warning but should be able to enter the date.

The screenshot shows a web browser window titled "Survey Login" with a close button in the top right corner. Below the title bar, the survey title "Survey title: 'Fy372a'" is displayed. A paragraph of instructions follows: "Before beginning or continuing this survey, you must first log in by successfully entering the correct values below. **You must successfully enter a value for ALL the fields below.** Please note that the login is *not* case sensitive." Below this text are two input fields. The first is labeled "Date of Birth" and includes a date picker icon, the text "M-D-Y", and a range "Range- 1/1/1952 to 12/31/1967". Below the date field is a checkbox labeled "Show value". The second field is labeled "Email" and also has a "Show value" checkbox below it. At the bottom right of the form area is a "Log In" button.

Once login is successful, user should see the Demographics form as stating part of the survey.

Demographics + | - Survey Queue

Please complete the survey below.
Thank you!

Cardia ID	345435
Date of Information	10-17-2016 M-D-Y
Date of last contact	2016-10-17 Y-M-D
CARDIA 372 - Follow -up Contact	
<p>If the information provided below is complete and correct, please submit as it is. if there is any change, please update the relevant information and submit.</p>	
First Name	Shalini
Middle Name	
Last Name	

1. Cardia ID is filled and 'Read only'
2. Date of information is default to 'today', the date when you opened the link first time, and not editable. If you 'Save & Return later', this date is editable only if you need to and can be selected only with the calendar date, typing is disabled in the field.

Demographics + | - Survey Queue

Please complete the survey below.
Thank you!


Cardia ID	345435
Date of Information	10-18-2016 M-D-Y
Date of last contact	
CARDIA 372 - Follow -up Contact	
<p>If the information provided below is complete and correct, please submit as it is. if there is any change, please update the relevant information and submit.</p>	
First Name	Shalini

3. User can fill any new information or can update existing information, if nothing is changed, user can submit the form by clicking on 'Submit' at the bottom of the form.
4. Once, Demographics is submitted, annual questionnaire will appear.

Fy372a RESIZE TITLE
+ | -

IMPORTANT! - Please don't use browser back button to go back to previous page of the survey

Please use Survey feature to navigate between survey sections. **Previous and Next buttons are at the bottom of the each survey page**

Date Completed 09-23-2016  M-D-Y

This questionnaire refers to hospitalizations, procedures, or events that have occurred since your last CARDIA contact or exam on date

05-08-2014 M-D-Y

1. Since your last CARDIA-related contact or exam, have you been a patient in a hospital overnight?

No
 Yes

If 'Yes', record section 'HOSPITALIZATION' later in this survey. reset

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.)

No

5. Few questions have indication to fill out hospitalization or procedure section later, if you can make a note, it will be helpful to include all the relevant information.

1. Since your last CARDIA-related contact or exam, have you been a patient in a hospital overnight?

No
 Yes

If 'Yes', record section 'HOSPITALIZATION' later in this survey.

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.)

No
 Yes

If 'Yes', record section 'OUTPATIENT PROCEDURES' later in this survey.

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?

No
 Yes

6. Each page after first one on annual questionnaire, has two buttons at bottom of the page to navigate between the pages

8. Since your last CARDIA-related contact or exam, has a doctor or nurse said that you have ...?

8a. High blood pressure or hypertension

No Yes

reset

8b High blood cholesterol

No Yes

reset

Diabetes

8c. Diabetes

No Yes

reset

Stroke

8d. Stroke or TIA (transient ischemic attack)

No Yes

reset

8d1. Have you ever had sudden painless weakness on one side of your body?

No Yes

reset

8d2. Have you ever had sudden numbness or a dead feeling on one side of your body?

No Yes

reset

8d3. Have you ever had sudden painless loss of vision in one or both eyes?

No Yes

reset

8d4. Have you ever suddenly lost one half of your vision?

No Yes

reset

8d5. Have you ever suddenly lost the ability to understand what people were saying?

No Yes

reset

8d6. Have you ever suddenly lost the ability to express yourself verbally or in writing?

No Yes

reset

Peripheral Vascular Disease

8e. Peripheral vascular disease (blocked arteries in your arms or legs)

No Yes

reset

<< Previous Page

Next Page >>

Save & Return Later

- If no field is indicated to have hospitalization in related questions, user will see an indication regarding 'No Hospitalization'- user also can go back and indicate related questions if any hospitalization occurred.

HOSPITALIZATION

No HOSPITALIZATION is indicated, if it's true, please go to next section, if you need to fill any hospitalization record, please go back and fill the relevant information on Q 1 - 8

<< Previous Page Next Page >>

Save & Return Later

8. If hospitalization is indicated, user will see the reason and question to fill in Hospitalization section.

HOSPITALIZATION

hospitalization details for atrial fibrillation/flutter, or irregular heartbeat [Q. 8f4]

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

Yes (Complete Medical Records Release Form)
 No reset

Hospitalization 1

Illness or reason:

Hospital name:

9. At first, user will see only one Hospitalization section but if more than one hospitalization records exist, please select 'yes' and two more sections will appear. There are multiple selections to have up to 15 hospitalization records to fill.

10. If no related questions answered to have any outpatient procedure, users will see the indication in section.

No Outpatient Procedures are indicated, if true, please go to next section to submit the survey, if not, please go back and indicate relevant fields marked and fill the procedure details

<< Previous Page Next Page >>

Save & Return Later

11. If any question answered to have outpatient procedure, user will see that detail in procedure section.

OUTPATIENT PROCEDURES:

CORONARY ANGIOGRAM, HEART CATHETERIZATIONS, OUTPATIENT PROCEDURES TO OPEN A BLOCKED ARTERY OR ARTERIES, WEIGHT LOSS SURGERY, BLOOD CLOTS , KIDNEY DIALYSIS, PROCEDURE TO TREAT ATRIAL FIBRILLATION OR OTHER HEART RHYTHM PROBLEM (ABLATION, ELECTRICAL SHOCK, CARIOVERSION, OR OTHER PROCEDURE)

21. May we have your permission to obtain and review your medical records from the procedure(s) listed below:

Yes (Complete Medical Records Release Form)
 No

[reset](#)

Procedure details for Blood Clot treatments [Q. 8i]

PROCEDURE 1

Procedure type:

Facility name:

12. For procedures, if any indication for procedure(s), survey will present three procedure sections at once and if you need more, you can fill up to 15 procedures by selecting 'yes' to supplemental form requirement questions.
13. If no hospitalization or procedure record to fill, survey will move to the end, and you can submit your survey.

Thank you for completing this survey. Please click **SUBMIT** to lock your entry.

14. If you are not done, you can go back now with 'Previous Page' or can return later by hitting 'Save & Return Later'
15. If 'Submit', Survey will be submitted and not available for any further edits.
16. If 'Save & Return later'

Your survey responses were saved!

You have chosen to stop the survey for now and return at a later time to complete it. To return to this survey, you will need the survey link to this survey.

Survey link for returning

You have just been sent an email containing a link for continuing the survey. If you do not receive the email soon, please check your Junk Email folder.

Or if you wish, you may continue with this survey again now.

[Continue Survey Now](#)

17. If submitted and tried to open again, user should receive the message

[Close survey](#)

Thank you for your interest, but you have already completed this survey.