

Section M4 — HEART VALVE (HV) PAGE

CHECK ITEM 9	Enter name and person number from Table MDI.	Name _____	3-4 5-6
		Person No. _____	
These next questions are about your artificial heart valve.			7
1a. How many artificial heart valves do you NOW have?		_____ Number	
There are four different heart valves — the mitral valve, the aortic valve, the tricuspid valve, and the pulmonic valve.		1 <input type="checkbox"/> Mitral	8
		2 <input type="checkbox"/> Aortic	9
		3 <input type="checkbox"/> Tricuspid	10
		4 <input type="checkbox"/> Pulmonic	11
		9 <input type="checkbox"/> DK	12
b. Which of these did you have replaced with (an) artificial valve(s)? <i>Mark all that apply.</i>			13
CHECK ITEM 10	Enter each heart valve in a separate column, as well as name and person number in CHECK ITEM 9.	_____ Valve	
2a. Is the artificial (entry in CHECK ITEM 10) heart valve you have now a replacement for a previous artificial valve?		1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (3)	14
b. How many times has this artificial valve been replaced?		_____ Times	15-16
c. Why did you have the artificial (entry in CHECK ITEM 10) heart valve replaced (the last time)? <i>Mark first three mentioned</i>		00 <input type="checkbox"/> Normal growth	17-18
		01 <input type="checkbox"/> Blood clots	19-20
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	21
		02 <input type="checkbox"/> Infection	22-23
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	24
		03 <input type="checkbox"/> Bleeding	25-28
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	27
		04 <input type="checkbox"/> Defect or malfunction	28-29
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	30
		88 <input type="checkbox"/> Some other reason — <i>Specify</i> _____	31-32
		1 <input type="checkbox"/> Less than 30 days	
		2 <input type="checkbox"/> 30-90 days	
		3 <input type="checkbox"/> More than 90 days	33
e. How long did you have the artificial (entry in CHECK ITEM 10) heart valve before it was replaced with the one you have NOW?		97 <input type="checkbox"/> Less than 6 months 98 <input type="checkbox"/> 6-11 months	34-35
f. In what month and year did you get it?		_____ / 19 _____ Month Year 0000 <input type="checkbox"/> Before 1968 9898 <input type="checkbox"/> 1968 or later	36-38
3a. How long have you had the artificial (entry in CHECK ITEM 10) heart valve you have NOW?		97 <input type="checkbox"/> Less than 6 months 98 <input type="checkbox"/> 6-11 months	40-41
b. In what month and year did you get this one?		_____ / 19 _____ Month Year 0000 <input type="checkbox"/> Before 1968 9898 <input type="checkbox"/> 1968 or later	42-45

Section M4 — HEART VALVE (HV) PAGE — Continued

<p>4. {Some artificial heart valves are made from substances such as metal or plastic. Others are made from animal or human tissue.} What is your artificial <u>(entry in CHECK ITEM 10)</u> heart valve made from?</p>	<p>1 <input type="checkbox"/> Manmade substance 2 <input type="checkbox"/> Animal tissue 3 <input type="checkbox"/> Human tissue 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">46</p>
<p>5a. Did you get a registration card for this artificial heart valve?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p style="text-align: right;">47</p>
<p>b. Do you know the name of the manufacturer?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">48</p>
<p>c. Who is the manufacturer?</p>	<p style="text-align: center;">_____ Manufacturer</p> <p style="text-align: right;">49-50</p>
<p>Please tell me if you have had any of the following problems or complications with or as a result of the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW?</p>	
<p>6a. Have you had blood clots?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6c) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">51</p>
<p>b. How long had you had the artificial valve when the blood clots were first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">52</p>
<p>c. Have you had an infection or endocarditis (as a result of the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6e) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">53</p>
<p>d. How long had you had the artificial valve when the infection or endocarditis was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">54</p>
<p>e. Did you have any bleeding problems related to the surgery (for the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6g) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">55</p>
<p>f. How long had you had the artificial valve when the problem with bleeding was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">56</p>
<p>g. Have you had any defects with the artificial valve or any reason to believe it is not working properly?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (6i) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">57</p>
<p>h. How long had you had the artificial valve when this defect or problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">58</p>
<p>i. Have you had any other problems or complications with or as a result of the artificial <u>(entry in CHECK ITEM 10)</u> heart valve you have NOW?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (7) 9 <input type="checkbox"/> DK }</p> <p style="text-align: right;">59</p>
<p>j. What were they? Record first three mentioned. Ask for each entry in 6j:</p>	<p>01 _____ 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">60-61</p>
<p>k. How long had you had the artificial heart valve when the <u>(entry in 6j)</u> was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?</p>	<p>02 _____ 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">62</p>
	<p>03 _____ 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30-90 days 3 <input type="checkbox"/> More than 90 days</p> <p style="text-align: right;">63-64</p> <p style="text-align: right;">65</p> <p style="text-align: right;">66-67</p> <p style="text-align: right;">68</p>

Section M4 — HEART VALVE (HV) PAGE — Continued

Mark 7a—c or ask:

7a. Anticoagulants are medications that help prevent blood clots. Do you take anticoagulants?

- 1 Yes (7c)
- 2 No
- 9 DK

89

b. Do you take aspirin or any other medicine to help prevent blood clots?

- 1 Yes
- 2 No } (8)
- 9 DK

70

c. How many days a week do you take them?

- 7 Everyday
 - 0 Less than once a week
- _____ Days per week

71

8. Why did you need to get the artificial (entry in CHECK ITEM 10) heart valve in the first place?

Mark all mentioned

- 1 Congenital defect
- 2 Rheumatic heart disease
- 3 Heart attack or myocardial infarction
- 4 Calcification
- 5 Endocarditis
- 8 Other — Specify _____

72

73

74

75

76

77

CHECK ITEM 11

Mark appropriate respondent box and enter relationship to MDI person if proxy.

- 1 Self—personal
 - 2 Self—telephone
 - 3 Proxy — personal
 - 4 Proxy — telephone
- _____ Relationship

78

Go to next column or next device

79—80

Notes