

Section M6 — PACEMAKER PAGE

CHECK ITEM 15

Enter name and person number from Table MDI.

Name _____

3-4
5-6

Person No. _____

These next questions are about your pacemaker.

1 a. Is the pacemaker you have NOW a replacement for a previous pacemaker?

- 1 Yes
- 2 No (2)

7

b. How many times has your pacemaker been replaced?

_____ Times

8-9

c. Why did you have the pacemaker replaced (the LAST time)?

Mark first three mentioned.

If "Mechanical failure/problem" probe: What kind of mechanical [failure/problem]?

Ask for each entry in 1c, except "Normal growth"

d. How long after that pacemaker was implanted was this (entry in 1c) first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

00 Normal growth

10-11

01 Battery failure

12-13

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

02 Lead failure (Lead)

14
15-16

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

03 Other mechanical failure

17
18-19

- Less than 30 days
- 30-90 days
- More than 90 days

04 Infection

20
21-22

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

05 Healing problem

23
24-25

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

06 Pain

26
27-28

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

88 Some other reason — Specify

29
30-31

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

32

e. How was that pacemaker monitored — by telephone, at a doctor's office, at the hospital, or in some other way?

Mark all mentioned.

01 Not monitored

33-34

02 Telephone

35-36

03 Doctor's office

37-38

04 Hospital

39-40

88 Other — Specify

41-42

f. How long did you have that pacemaker before it was replaced with the one you have NOW?

- 97 Less than 6 months
- 98 6-11 months

43-44

_____ Years

g. In what month and year did you get it?

45-48

_____/19_____
Month Year

0000 Before 1968

9999 1968 or later

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2a. How long have you had the pacemaker you have NOW?	97 <input type="checkbox"/> Less than 6 months 98 <input type="checkbox"/> 6—11 months _____ Years	49—50
b. In what month and year did you get this one?	_____ / 19____ Month Year 0000 <input type="checkbox"/> Before 1968 9999 <input type="checkbox"/> 1968 or later	51—54
3. How is this pacemaker monitored — by telephone, at a doctor's office, at the hospital, or in some other way? <i>Mark all mentioned.</i>	01 <input type="checkbox"/> Not monitored 02 <input type="checkbox"/> Telephone 03 <input type="checkbox"/> Doctor's office 04 <input type="checkbox"/> Hospital 88 <input type="checkbox"/> Other — <i>Specify</i> _____	55—56 57—58 59—60 61—62 63—64
4. Can the pacemaker you have NOW be programmed or adjusted without surgery?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	65
Please tell me if you have had any of the following problems or complications with or as a result of the pacemaker you have NOW.		
5a. Have you had an Infection?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5c) 9 <input type="checkbox"/> DK }	66
b. How long had you had your pacemaker when the infection was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	67
c. Have you had any healing problems (with the pacemaker you have NOW)?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5e) 9 <input type="checkbox"/> DK }	68
d. How long had you had your pacemaker when the healing problem was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	69
e. Other than discomfort generally associated with surgery and healing, have you had any other pain with the pacemaker you have NOW?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5g) 9 <input type="checkbox"/> DK }	70
f. How long had you had your pacemaker when pain was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	71
g. Have you had any irregular heart beat with your pacemaker?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5i) 9 <input type="checkbox"/> DK }	72
h. How long had you had your pacemaker when the irregular heart beat was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?	1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	73
i. Have you had any mechanical problems (with the pacemaker you have NOW), such as battery failure or lead (lead) failure?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } (5j) 9 <input type="checkbox"/> DK }	74
j. What kind of mechanical problem did it have? <i>Mark all mentioned.</i> <i>Ask for each entry in 5j</i>	01 <input type="checkbox"/> Battery failure 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	75—76 77
k. How long had you had your pacemaker when the (entry in 5j) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?	02 <input type="checkbox"/> Lead failure 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days 88 <input type="checkbox"/> Other mechanical problem — <i>Specify</i> _____ 1 <input type="checkbox"/> Less than 30 days 2 <input type="checkbox"/> 30—90 days 3 <input type="checkbox"/> More than 90 days	78—79 80 81—82 83

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51. Have you had any other problems or complications (with or as a result of the pacemaker you have NOW)?

- 1 Yes
- 2 No
- 3 DK } (Check Item 16)

84

m. What were they?

Record first three mentioned.

01 _____

85-86

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

87

Ask for each entry in 5m

02 _____

88-89

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

90

91-92

n. How long had you had the pacemaker when the (entry in 5m) was first noticed? Was it less than 30 days, 30 to 90 days, or more than 90 days?

03 _____

- 1 Less than 30 days
- 2 30-90 days
- 3 More than 90 days

93

94

CHECK ITEM 16

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

Go to next device in Table MDI.

95-98

Notes