

# CHS Year 18 6-Month Surveillance Call

Interview Date: intdat

- Visit Type:  1 All Stars Limited Phone Visit  
**vistype**
- 2 CHS Year 18, 6 Months call
- 3 CHS Year 18 Annual call

**Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.**

*Hello, may I please speak with (participant)?*

*Hello, this is (interviewer name) from the Cardiovascular Health Study. Do you have a few minutes to speak on the phone now? **spkphn***

1 Yes

0 No

*Now I'd like to ask you our questions about your health.*

*Is there a better time I can call to ask you about your health?*

If interview is not completed (e.g. participant refuses), do not complete this form; record result on Contact Log.

Interview completed by:

1 Participant     2 Proxy    **datacl**

If by proxy, reason:

- 1 Hearing
- 2 Cognitive
- 3 Hospitalized
- 4 Other Illness
- 5 Other (specify)

**proxoth**

**proxrsn**

# CHS Year 18 6-Month Surveillance Call

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**1** What is your marital status? Are you...? **marital**

- <sub>1</sub> Married  
 <sub>2</sub> Widowed  
 <sub>3</sub> Divorced  
 <sub>4</sub> Separated  
 <sub>5</sub> Never Married  
 <sub>6</sub> Other  
 <sub>8</sub> Don't Know  
 <sub>9</sub> Refused

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*I would like to ask you some questions that we also asked you 6 months ago. The reason for asking them again is to find out how you've been over the last six months.*

**2** Would you say, in general, your health is: **hlth1**

- <sub>1</sub> Excellent  
 <sub>2</sub> Very Good  
 <sub>3</sub> Good  
 <sub>4</sub> Fair  
 <sub>5</sub> Poor  
 <sub>8</sub> Don't Know  
 <sub>9</sub> Refused

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**3** During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.) **bed**

Days       <sub>8</sub> Don't Know       <sub>9</sub> Refused      **beddays2**

*Answer "0" if you haven't spent any days in bed in the last two weeks.*

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**4** Did you have a procedure in or out of the hospital to open up the arteries in your heart such as angioplasty, PTCA, coronary artery bypass graft or CABG, since we spoke with you last time?

- <sub>1</sub> Yes       <sub>0</sub> No       <sub>8</sub> Don't Know       <sub>9</sub> Refused **arthrt**



## CHS Year 18 6-Month Surveillance Call

- 8 Has a doctor told you that you had a new incident of angina pectoris or chest pain due to heart disease since we spoke with you last time? **newang**

1 Yes

0 No

8 Don't know

If NO or DON'T KNOW, skip to Question 9.

A. Date of event or diagnosis: **angmo / angda / angyr**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

- B. Were you in the hospital at least one night for this condition **since we last spoke to you?** **anhosp**

1 Yes

0 No

8 Don't Know

If NO or DON'T KNOW, Skip to Question 9.

- C. Please record the admission date of each hospitalization and the name and location of the hospital. **an1mo – an5mo, an1da – an5da, an1yr – an5yr**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Name: \_\_\_\_ **an1name – an5name** \_\_\_\_\_

Address: \_\_\_\_ **an1addr – an5addr** \_\_\_\_\_

City: **an1city – an5city** State: **an1stat – an5stat** Zip: **an1zip – an5zip**

## CHS Year 18 6-Month Surveillance Call

- 9 Has a doctor told you that you had a new incident of heart failure or congestive heart failure since we spoke with you last time? **newchf**

1 Yes

0 No

8 Don't know

If NO or DON'T KNOW, skip to Question 10.

A. Date of event or diagnosis: **chfmo / chfda / chfyr**  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

- B. Were you in the hospital at least one night for this condition **since we last spoke to you?** **chhosp**

1 Yes

0 No

8 Don't Know

If NO or DON'T KNOW, Skip to Question 10.

- C. Please record the admission date of each hospitalization and the name and location of the hospital.

**ch1mo – ch5mo, ch1da – ch5da, ch1yr – ch5yr**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Month Day Year

Name: **ch1name – ch5name**

Address: **ch1addr – ch5addr**

City: **ch1city – ch5city** State: **ch1stat – ch5stat** Zip: **ch1zip – ch5zip**

## CHS Year 18 6-Month Surveillance Call

- 10** Has a doctor told you that you had a new incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? **newcld**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't know

If NO or DON'T KNOW, skip to Question 11.

A. Date of event or diagnosis: **cldmo / cldda / cldyr**  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

- B. Were you in the hospital at least one night for this condition **since we last spoke to you?** **clhosp**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't Know

If NO or DON'T KNOW, Skip to Question 11.

- C. Please record the admission date of each hospitalization and the name and location of the hospital.

**cl1mo – cl5mo, cl1da – cl5da, cl1yr – cl5yr**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Name: **cl1name – cl5name**

Address: **cl1addr – cl5addr**

City: **cl1city – cl5city** State: **cl1stat – cl5stat** Zip: **cl1zip – cl5zip**

# CHS Year 18 6-Month Surveillance Call

**11** Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke with you last time? **newstk**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't know

If NO or DON'T KNOW, skip to Question 12.

**stkmo / stkda / stkyr**

A. Date of event or diagnosis:     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
   Month     Day     Year

B. Were you in the hospital at least one night for this condition **since we last spoke to you?**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't Know

**sthosp**

If NO or DON'T KNOW, Skip to Question 12.

C. Please record the admission date of each hospitalization and the name and location of the hospital.

**st1mo – st5mo, st1da – st5da, st1yr – st5yr**

Date     \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_  
   Month     Day     Year

Name: **st1name – st5name**

Address: **st1addr – st5addr**

City: **st1city – st5city**   State: **st1stat – st5stat**   Zip: **st1zip – st5zip**

## CHS Year 18 6-Month Surveillance Call

- 12** Has a doctor told you that you had a new transient ischemic attack or TIA or mini stroke since we spoke with you last time? **newtia**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't know

If NO or DON'T KNOW, skip to Question 13.

**tiamo / tiada / tiayr**

- A. Date of event or diagnosis:

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

- B. Were you in the hospital at least one night for this condition **since we last spoke to you?**

<sub>1</sub> Yes

<sub>0</sub> No

<sub>8</sub> Don't Know **tihosp**

If NO or DON'T KNOW, Skip to Question 13.

- C. Please record the admission date of each hospitalization and the name and location of the hospital. **ti1mo – ti5mo, ti1da – ti5da, ti1yr – ti5yr**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

Name: **ti1name – ti5name**

Address: **ti1addr – ti5addr**

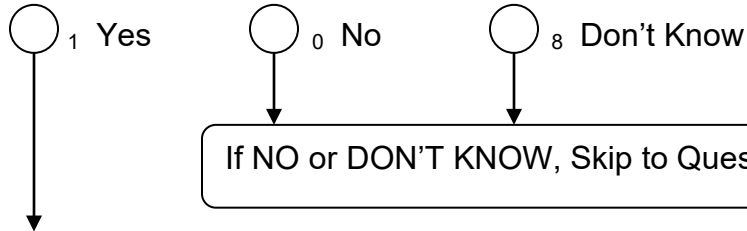
City: **ti1city – ti5city** State: **ti1stat – ti5stat** Zip: **ti1zip – ti5zip**



## CHS Year 18 6-Month Surveillance Call

- 13** Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 7 through 12 since we spoke with you last time?

**hospothr**



Now, I would like to ask you for more information about each of your overnight stays at a hospital.

- 1) Reason for admission **rshos1 – rshos5**

Hospital Name **hosname1 – hosname5**

Address **hosaddr1 – hosaddr5** City/State **hoscit1 – hoscit5**

**hosstat1 – hosstat5**

**mohos1 – mohos5/ dahos1 – dahos5/ yrhos1 – yrhos5    lenhos1 – lenhos5**  
Date of hospitalization: \_\_\_/\_\_\_/\_\_\_ Length of stay: \_\_\_ days  
Month Day Year

- 2) Reason for admission \_\_\_\_\_

Hospital Name \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Date of hospitalization: \_\_\_/\_\_\_/\_\_\_ Length of stay: \_\_\_ days  
Month Day Year

***As explained at your original clinic visit, records of these hospitalizations will be reviewed for medical information that may apply to the CHS study.***

***So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a hospital for any reason.***

## CHS Year 18 6-Month Surveillance Call

**14** Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke with you last time?

<sub>1</sub> Yes      <sub>0</sub> No      <sub>8</sub> Don't Know     *nurshm*

If NO or DON'T KNOW, Skip to Question 15.

Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.

1) Reason for admission \_\_\_\_\_ *rsnur1 – rsnur5*

Nursing home name \_\_\_\_\_ *nurname1 – nurname5*

Address \_\_\_\_\_ *nuraddr1 – nuraddr5* City/State \_\_\_\_\_ *nurcity1 – nurcity5, nurstat1 – nurstat5*

Date of admission: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Length of stay: \_\_\_\_\_ days  
Month          Day          Year

*monur1 – monur5, danur1 – danur5, yrnur1 – yrnur5    lennur1 – lennur5*

2) Are you currently staying in a nursing home or rehabilitation center? *staynur*

<sub>1</sub> Yes      <sub>0</sub> No      <sub>8</sub> Don't Know

*So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a nursing home or rehabilitation center for any reason.*

## CHS Year 18 6-Month Surveillance Call

**15** "I'm going to read to you a list of conditions. Please respond 'yes' or 'no' if you have **EVER** been told by a doctor that you had this condition."

**Interviewer note:** Read each condition on the list. If participant responds "NEVER or NO", mark "Never told" and continue onto next item on the list. If participant responds "YES", ask if first told less than 1 year ago or more than one year ago, and mark appropriately before moving on to next condition.

	Never told	First told during the past year	First told more than one year ago	Don't Know	Refused
A High Blood Pressure <i>hbp</i>	0	1	2	8	9
B Atrial Fibrillation <i>afib</i>	0	1	2	8	9
C Deep Vein Thrombosis (or blood clots in legs) <i>dvt</i>	0	1	2	8	9
D Rheumatic Fever or Heart Valve Problems <i>rf</i>	0	1	2	8	9
E Asthma <i>asthma</i>	0	1	2	8	9
F Emphysema <i>emphysem</i>	0	1	2	8	9
G Diabetes <i>diabetes</i>	0	1	2	8	9

How are you treated for diabetes? *trtdiab*

<sub>1</sub> Insulin     
  <sub>2</sub> Oral Hypoglycemic Agent

<sub>3</sub> Other: \_\_\_\_\_ *othdiab* \_\_\_\_\_

*diabyear*

How many years have you had Diabetes?   Years

**Interviewer Note: If number of years with diabetes is unknown, enter "99"**

**16** Are you currently taking medication prescribed by a doctor for any of the following conditions?

	Yes	No	Don't Know	Refused
A High Blood Pressure <i>hbpmcd</i>	1	0	8	9
B Atrial Fibrillation <i>afibmed</i>	1	0	8	9
C Deep Vein Thrombosis (or blood clots in legs) <i>dvtmed</i>	1	0	8	9

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**17** Do you have any difficulty walking half a mile, about 5-6 blocks? *whmile*

<sub>1</sub> Yes

<sub>0</sub> No

<sub>2</sub> Could do it,  
but don't for  
other reason

<sub>9</sub> Don't Know  
/ Refused

**17a** How much  
difficulty do you  
have? *whmdif*

<sub>1</sub> Some

<sub>2</sub> A lot

<sub>3</sub> Unable to do

<sub>9</sub> Don't Know

**17b** How easy is it for you to walk half  
a mile, about 5-6 blocks? (**Examiner  
note: Read response options.**)

*howeasy*

<sub>1</sub> Very Easy

<sub>3</sub> Not that easy

<sub>2</sub> Somewhat  
Easy

<sub>9</sub> Don't Know  
/Refused  
/Don't do

**17c** Because of a health or physical  
problem, do you have any difficulty walking  
one mile, that is about 10-12 blocks? *diffwalk*

<sub>1</sub> Yes → Skip to Question 18.

<sub>0</sub> No → Skip to Question 17d.

<sub>9</sub> Don't Know  
/Refused → Skip to Question 17d.

**17d** How easy is it for you to walk one mile,  
that is about 10-12 blocks? (**Examiner note:  
Read response options.**)

*easywalk*

<sub>1</sub> Very Easy

<sub>3</sub> Not that easy

<sub>2</sub> Somewhat  
Easy

<sub>9</sub> Don't Know  
/Refused  
/Don't do

## CHS Year 18 6-Month Surveillance Call

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**18** Do you have any difficulty walking around your home? *whome*

<sub>1</sub> Yes    <sub>0</sub> No    <sub>2</sub> Could do it, but don't for other reason    <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 19.

**18a** How much difficulty do you have? *whodif*

<sub>1</sub> Some    <sub>2</sub> A lot    <sub>3</sub> Unable to do    <sub>9</sub> Don't Know/Refused

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**19** Do you have any difficulty getting out of bed or a chair? *bed*

<sub>1</sub> Yes    <sub>0</sub> No    <sub>2</sub> Could do it, but don't for other reason    <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 20.

**19a** How much difficulty do you have? *beddif*

<sub>1</sub> Some    <sub>2</sub> A lot    <sub>3</sub> Unable to do    <sub>9</sub> Don't Know/Refused

# CHS Year 18 6-Month Surveillance Call

**20** Do you have any difficulty walking up 10 steps? *steps*

<sub>1</sub> Yes  
↓

<sub>0</sub> No  
↓

<sub>2</sub> Could do it,  
but don't for  
other reason  
↓

<sub>9</sub> Don't Know  
/ Refused  
↓

**20a** How much  
difficulty do you  
have?  
*stpdif*

<sub>1</sub> Some

<sub>2</sub> A lot

<sub>3</sub> Unable to do

<sub>9</sub> Don't Know

**20b** How easy is it for you to walk up 10 steps  
without resting? (*Examiner note: Read  
response options.*)

*Step10*

<sub>1</sub> Very Easy

<sub>3</sub> Not that easy

<sub>2</sub> Somewhat  
Easy

<sub>9</sub> Don't Know  
/Refused  
/Don't do

**20c** Because of a health or physical  
problem, do you have any difficulty walking  
up 20 steps, that is about 2 flights, without  
resting?

*Step20*

<sub>1</sub> Yes →

Skip to Question 21.

<sub>0</sub> No →

Skip to Question 20d.

<sub>9</sub> Don't Know  
/Refused →

Skip to Question 20d.

**20d** How easy is it for you to walk up 20  
steps, that is about 2 flights, without resting?  
(*Examiner note: Read response options.*)

*Easy20*

<sub>1</sub> Very Easy

<sub>3</sub> Not that easy

<sub>2</sub> Somewhat  
Easy

<sub>9</sub> Don't Know  
/Refused  
/Don't do

## CHS Year 18 6-Month Surveillance Call

**21** Because of health or physical problems, do you have any difficulty or are you unable to do heavy housework, like scrubbing floors or washing windows; or yard work, like raking leaves or mowing? **hhwork**

<sub>1</sub> Yes   <sub>0</sub> No   <sub>2</sub> Could do it, but don't for other reason   <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 22.

**21a** How much difficulty do you have? **hhwdif**

<sub>1</sub> Some   <sub>2</sub> A lot   <sub>3</sub> Unable to do   <sub>9</sub> Don't Know/Refused

**22** Because of health or physical problems, do you have any difficulty or are you unable to do light housework? **lhwork**

<sub>1</sub> Yes   <sub>0</sub> No   <sub>2</sub> Could do it, but don't for other reason   <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 23.

**22a** How much difficulty do you have? **lhwdif**

<sub>1</sub> Some   <sub>2</sub> A lot   <sub>3</sub> Unable to do   <sub>9</sub> Don't Know/Refused

**23** Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items? **shop**

<sub>1</sub> Yes   <sub>0</sub> No   <sub>2</sub> Could do it, but don't for other reason   <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 24.

**23a** How much difficulty do you have? **shpdif**

<sub>1</sub> Some   <sub>2</sub> A lot   <sub>3</sub> Unable to do   <sub>9</sub> Don't Know/Refused

## CHS Year 18 6-Month Surveillance Call

**24** Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals? *prepar*

- <sub>1</sub> Yes     <sub>0</sub> No     <sub>2</sub> Could do it, but don't for other reason     <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 25.

**24a** How much difficulty do you have? *prpdif*

- <sub>1</sub> Some     <sub>2</sub> A lot     <sub>3</sub> Unable to do     <sub>9</sub> Don't Know/Refused

**25** Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills? *pay*

- <sub>1</sub> Yes     <sub>0</sub> No     <sub>2</sub> Could do it, but don't for other reason     <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 26.

**25a** How much difficulty do you have? *Paydif*

- <sub>1</sub> Some     <sub>2</sub> A lot     <sub>3</sub> Unable to do     <sub>9</sub> Don't Know/Refused

**26** Because of health or physical problems, do you have any difficulty or are you unable to use the telephone? *phone*

- <sub>1</sub> Yes     <sub>0</sub> No     <sub>2</sub> Could do it, but don't for other reason     <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 27.

**26a** How much difficulty do you have? *phndif*

- <sub>1</sub> Some     <sub>2</sub> A lot     <sub>3</sub> Unable to do     <sub>9</sub> Don't Know/Refused



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**27** Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself? **eat**

<sub>1</sub> Yes    <sub>0</sub> No    <sub>2</sub> Could do it, but don't for other reason    <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 28.

**27a** How much difficulty do you have? **eatdif**

<sub>1</sub> Some    <sub>2</sub> A lot    <sub>3</sub> Unable to do    <sub>9</sub> Don't Know/Refused

**28** Because of health or physical problems, do you have any difficulty or are you unable to dress yourself? **dress**

<sub>1</sub> Yes    <sub>0</sub> No    <sub>2</sub> Could do it, but don't for other reason    <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 29.

**28a** How much difficulty do you have? **drsdif**

<sub>1</sub> Some    <sub>2</sub> A lot    <sub>3</sub> Unable to do    <sub>9</sub> Don't Know/Refused

**29** Because of health or physical problems, do you have any difficulty or are you unable to bathe or shower? **bathe**

<sub>1</sub> Yes    <sub>0</sub> No    <sub>2</sub> Could do it, but don't for other reason    <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 30.

**29a** How much difficulty do you have? **bthdif**

<sub>1</sub> Some    <sub>2</sub> A lot    <sub>3</sub> Unable to do    <sub>9</sub> Don't Know/Refused

## CHS Year 18 6-Month Surveillance Call

**30** Because of health or physical problems, do you have any difficulty or are you unable to use the toilet, including getting to the toilet? *toilet*

- <sub>1</sub> Yes     <sub>0</sub> No     <sub>2</sub> Could do it, but don't for other reason     <sub>9</sub> Don't Know/Refused

If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 31.

**30a** How much difficulty do you have? *tltdif*

- <sub>1</sub> Some     <sub>2</sub> A lot     <sub>3</sub> Unable to do     <sub>9</sub> Don't Know/Refused

## CHS Year 18 6-Month Surveillance Call

**31** Do you have any difficulty lifting or carrying something as heavy as 10 pounds, such as a bag of groceries? *lifting*

<sub>1</sub> Yes

<sub>0</sub> No

<sub>2</sub> Could do it,  
but don't for  
other reason

<sub>9</sub> Don't Know  
/ Refused

**31a** How much difficulty do you have? *lftdif*

<sub>1</sub> Some

<sub>2</sub> A lot

<sub>3</sub> Unable to do

<sub>9</sub> Don't Know

**31b** How easy is it for you to lift or carry something as heavy as a bag of groceries? *carrybag*  
**(Examiner note: Read response options.)**

<sub>1</sub> Very Easy

<sub>3</sub> Not that easy

<sub>2</sub> Somewhat Easy

<sub>9</sub> Don't Know  
/Refused  
/Don't do

**31c** Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds? *lift20*

<sub>1</sub> Yes

Skip to Question 32.

<sub>0</sub> No

Skip to Question 31d.

<sub>9</sub> Don't Know  
/Refused

Skip to Question 31d.

**31d** How easy is it for you to lift or carry something as heavy as 20 pounds? *carry20*  
**(Examiner note: Read response options.)**

<sub>1</sub> Very Easy

<sub>3</sub> Not that easy

<sub>2</sub> Somewhat Easy

<sub>9</sub> Don't Know  
/Refused  
/Don't do

## CHS Year 18 6-Month Surveillance Call

**32** Do you plan to be out of the area 6 months from now? **outarea**

<sub>1</sub> Yes     
  <sub>2</sub> No     
  <sub>8</sub> Don't Know     
  <sub>9</sub> Refused

If NO, DON'T KNOW or REFUSED, Skip to Question 33.

A. Are you moving out of the area permanently or will you only be gone temporarily? **move**

i.  <sub>1</sub> Permanently

a. Do you know what your new address and telephone number will be? **knownew**

<sub>1</sub> Yes     
  <sub>2</sub> No

Do you know which general area you will be moving to? **area**

Area: \_\_\_\_\_

Please call us to let us know your new address and phone number. You are welcome to call collect if you wish.

**street**

\_\_\_\_\_  
 Street  

<u>city</u>	<u>state</u>	<u>zip</u>
City	State	Zip Code

**telephone**

( \_\_\_\_ \_\_\_\_ \_\_\_\_ ) \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Telephone Number

ii.  <sub>2</sub> Temporarily Out of the Area (vacation, business, etc)

When will you return?

**month**      **year**

\_\_\_\_ / \_\_\_\_  
 Month      Year

When you come back, please call us.

## CHS Year 18 6-Month Surveillance Call

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- 33** In what type of home or residence do you live? *homety*
- <sup>1</sup>Community-dwelling single family home or apartment
- <sup>2</sup>Home, apartment or other unit where optional services are provided such as meal or housekeeping, but **NO staff dispensing of medication.**
- <sup>3</sup>Apartment or other unit where there are **staff dispensing and watching you take your medication.**
- <sup>4</sup>Facility where you are provided with assistance in most or all of your daily needs including **staff dispensing and watching you take your medications**, meals, bathing, etc.
- <sup>5</sup>Other (specify) \_\_\_\_\_ *homeoth*
- <sup>9</sup>Don't know/refused
- 

- 34** You previously told us the name of someone who could provide information and answer questions for you in the event that you were unable to answer for yourself. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Proxy* for the hard copy.

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- 35** You previously provided us with information about friends or relatives who you are likely to keep in touch with, but who do not live with you, and who are not planning to move any time soon. Please tell me if the information I have is still correct.

Go to the *Participant Tracking Information Sheet, Contact 1 and Contact 2*, for the hard copy.

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*Thank you very much for answering these questions. I enjoyed talking to you. Please call us if you move or if you should go to a hospital or nursing home, even if you have moved from the area. You are always welcome to call collect.*

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