# CHS Year 19 6-Month Surveillance 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:     ***proxrsn***
◯ 1 Hearing
◯ 2 Cognitive
◯ 3 Hospitalized
◯ 4 Other Illness
◯ 5 Other (specify)

___***proxoth***___

_____

## CHS Year 19 6-Month Surveillance Call

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

- ◯ $_1$ Married
- ◯ $_2$ Widowed
- ◯ $_3$ Divorced
- ◯ $_4$ Separated
- ◯ $_5$ Never Married
- ◯ $_6$ Other
- ◯ $_8$ Don't Know
- ◯ $_9$ Refused

*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*

- ◯ $_1$ Excellent
- ◯ $_2$ Very Good
- ◯ $_3$ Good
- ◯ $_4$ Fair
- ◯ $_5$ Poor
- ◯ $_8$ Don't Know
- ◯ $_9$ Refused

**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          ◯ $_8$ Don't Know          ◯ $_9$ Refused          *beddays2*

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

**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?

◯ $_1$ Yes          ◯ $_0$ No          ◯ $_8$ Don't Know          ◯ $_9$ Refused     *arthrt*

## CHS Year 19 6-Month Surveillance Call

**5** Have you had cardiac catheterization or coronary angiography since we spoke with you last time? *cardcath*

◯₁ Yes  ◯₀ No  ◯₈ Don't Know  ◯₉ Refused

**6** Did you have a procedure in or out of the hospital to open up the arteries in either of your legs since we spoke with you last time? *artlegs*

◯₁ Yes  ◯₀ No  ◯₈ Don't Know  ◯₉ Refused

**7** Has a doctor told you that you had a <u>new</u> myocardial infarction or heart attack since we spoke with you last time? *newmi*

◯₁ Yes  ◯₀ No  ◯₈ Don't know

If NO or DON'T KNOW, skip to Question 8.

A. Date of event or diagnosis: ___ ___/ ___ ___/ ___ ___ ___ ___ *mimo / mida / miyr*
   Month     Day      Year

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

◯₁ Yes  ◯₀ No  ◯₈ Don't know  *mihosp*

If NO or DON'T KNOW, Skip to Question 8.

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

*mi1mo – mi5mo, mi1da – mi5da, mi1yr – mi5yr*

Date ___ ___/ ___ ___/ ___ ___ ___ ___
      Month     Day      Year

Name:____ *mi1name – mi5name* _____

Address:____ *mi1addr – mi5addr* _____

City____ *mi1city – mi5city* State: *mi1stat – mi5stat* Zip: *mi1zip – mi5zip*

# CHS Year 19 6-Month Surveillance Call

**8** Has a doctor told you that you had a <u>new</u> 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 19 6-Month Surveillance Call

**9** Has a doctor told you that you had a <u>new</u> 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.

*chfmo / chfda / chfyr*

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?**
                                                                        *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 19 6-Month Surveillance Call

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

○₁ Yes      ○₀ No      ○₈ Don't know

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

*cldmo / cldda / cldyr*

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?**
*clhosp*

○₁ Yes      ○₀ No      ○₈ 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 19 6-Month Surveillance Call

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

○₁ Yes      ○₀ No      ○₈ 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?**

○₁ Yes      ○₀ No      ○₈ 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 19 6-Month Surveillance Call

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

○ ₁ Yes    ○ ₀ No    ○ ₈ Don't know

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

A. Date of event or diagnosis:

*tiamo / tiada / tiayr*

___ ___/ ___ ___/ ___ ___ ___ ___
 Month   Day    Year

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

○ ₁ Yes    ○ ₀ No    ○ ₈ 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 19 6-Month Surveillance Call

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

*hospothr*

◯ ₁ Yes      ◯ ₀ No      ◯ ₈ Don't Know

> If NO or DON'T KNOW, Skip to Question 14.
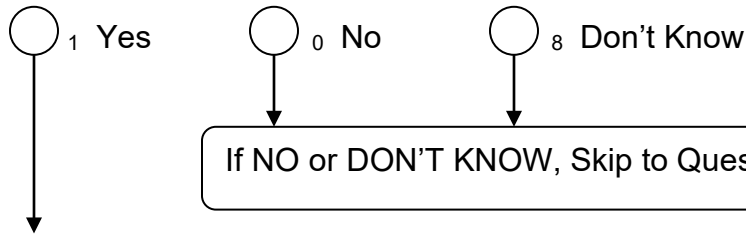
*Now, I would like to ask you for more information about each of your overnight stays at a hospital.*

1) Reason for admission_____**rshos1 – rshos5**_____

   Hospital Name_____**hosname1 – hosname5**_____

   Address_____**hosaddr1 – hosaddr5**_____City/State **hoscity1 – hoscity5**

   **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

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*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 19 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?

◯ 1 Yes      ◯ 0 No      ◯ 8 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***

◯ 1 Yes      ◯ 0 No      ◯ 8 Don't Know

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*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 19 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   *hbp* | | 0 | 1 | 2 | 8 | 9 |
| B    Atrial Fibrillation   *afib* | | 0 | 1 | 2 | 8 | 9 |
| C     Deep Vein Thrombosis (or blood clots in legs)   *dvt* | | 0 | 1 | 2 | 8 | 9 |
| D     Rheumatic Fever or Heart Valve Problems   *rf* | | 0 | 1 | 2 | 8 | 9 |
| E    Asthma   *asthma* | | 0 | 1 | 2 | 8 | 9 |
| F    Emphysema   *emphysem* | | 0 | 1 | 2 | 8 | 9 |
| G    Diabetes   *diabetes* | | 0 | 1 | 2 | 8 | 9 |

How are you treated for diabetes?  *trtdiab*

◯ 1 Insulin      ◯ 2 Oral Hypoglycemic Agent

◯ 3 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   *hbpmed* | 1 | 0 | 8 | 9 |
| B    Atrial Fibrillation   *afibmed* | 1 | 0 | 8 | 9 |
| C     Deep Vein Thrombosis (or blood clots in legs)   *dvtmed* | 1 | 0 | 8 | 9 |

## CHS Year 19 6-Month Surveillance Call

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

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

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

○ 1 Some

○ 2 A lot

○ 3 Unable to do

○ 9 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*

○ 1 Very Easy      ○ 3 Not that easy

○ 2 Somewhat Easy      ○ 9 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*

○ 1 Yes ──→ Skip to Question 18.

○ 0 No ──→ Skip to Question 17d.

○ 9 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*

○ 1 Very Easy      ○ 3 Not that easy

○ 2 Somewhat Easy      ○ 9 Don't Know /Refused /Don't do

## CHS Year 19 6-Month Surveillance Call

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

( ) 1 Yes ( ) 0 No ( ) 2 Could do it, but don't for other reason ( ) 9 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*

( ) 1 Some ( ) 2 A lot ( ) 3 Unable to do ( ) 9 Don't Know/Refused

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

( ) 1 Yes ( ) 0 No ( ) 2 Could do it, but don't for other reason ( ) 9 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*

( ) 1 Some ( ) 2 A lot ( ) 3 Unable to do ( ) 9 Don't Know/Refused

# CHS Year 19 6-Month Surveillance Call

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

$\bigcirc$ 1 Yes      $\bigcirc$ 0 No   $\bigcirc$ 2 Could do it, but don't for other reason   $\bigcirc$ 9 Don't Know / Refused

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

*stpdif*

$\bigcirc$ 1 Some

$\bigcirc$ 2 A lot

$\bigcirc$ 3 Unable to do

$\bigcirc$ 9 Don't Know

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

*Step10*

$\bigcirc$ 1 Very Easy      $\bigcirc$ 3 Not that easy

$\bigcirc$ 2 Somewhat Easy      $\bigcirc$ 9 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*

$\bigcirc$ 1 Yes ——→ | Skip to Question 21. |

$\bigcirc$ 0 No ——→ | Skip to Question 20d. |

$\bigcirc$ 9 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*

$\bigcirc$ 1 Very Easy      $\bigcirc$ 3 Not that easy

$\bigcirc$ 2 Somewhat Easy      $\bigcirc$ 9 Don't Know /Refused /Don't do

## CHS Year 19 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*

○ 1 Yes     ○ 0 No     ○ 2 Could do it, but don't for other reason     ○ 9 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*

○ 1 Some     ○ 2 A lot     ○ 3 Unable to do     ○ 9 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*

○ 1 Yes     ○ 0 No     ○ 2 Could do it, but don't for other reason     ○ 9 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*

○ 1 Some     ○ 2 A lot     ○ 3 Unable to do     ○ 9 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*

○ 1 Yes     ○ 0 No     ○ 2 Could do it, but don't for other reason     ○ 9 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*

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

## CHS Year 19 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*

◯ ₁ Yes  ◯ ₀ No  ◯ ₂ Could do it, but don't for other reason  ◯ ₉ 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*

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

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**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*

◯ ₁ Yes  ◯ ₀ No  ◯ ₂ Could do it, but don't for other reason  ◯ ₉ 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*

◯ ₁ Some  ◯ ₂ A lot  ◯ ₃ Unable to do  ◯ ₉ 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*

◯ ₁ Yes  ◯ ₀ No  ◯ ₂ Could do it, but don't for other reason  ◯ ₉ 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*

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

# CHS Year 19 6-Month Surveillance Call

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

◯ ₁ Yes    ◯ ₀ No    ◯ ₂ Could do it, but don't for other reason    ◯ ₉ 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*

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

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

◯ ₁ Yes    ◯ ₀ No    ◯ ₂ Could do it, but don't for other reason    ◯ ₉ 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*

◯ ₁ Some    ◯ ₂ A lot    ◯ ₃ Unable to do    ◯ ₉ 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*

◯ ₁ Yes    ◯ ₀ No    ◯ ₂ Could do it, but don't for other reason    ◯ ₉ 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*

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

## CHS Year 19 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*

◯ ₁ Yes   ◯ ₀ No   ◯ ₂ Could do it, but don't for other reason   ◯ ₉ 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*

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

# CHS Year 19 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*

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

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

◯ 1 Some

◯ 2 A lot

◯ 3 Unable to do

◯ 9 Don't Know

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

◯ 1 Very Easy    ◯ 3 Not that easy

◯ 2 Somewhat Easy    ◯ 9 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*

◯ 1 Yes    Skip to Question 32.

◯ 0 No    Skip to Question 31d.

◯ 9 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? *(Examiner note: Read response options.)* *carry20*

◯ 1 Very Easy    ◯ 3 Not that easy

◯ 2 Somewhat Easy    ◯ 9 Don't Know /Refused /Don't do

# CHS Year 19 6-Month Surveillance Call

**IF ADMINISTERING TO PROXY, SKIP TO QUESTION 42.**

*I am going to read you a list of ways you might have felt or behaved <u>during the last week</u>.*

**32** During the past week, I was bothered by things that usually don't bother me. How often did you feel this way?

> Read Responses

○ 0  Rarely or none of the time (less than 1 day)    ***bother***

○ 1  Some or a little of the time (1 to 2 days)

○ 2  A moderate amount of time (3 to 4 days)

○ 3  Most of the time

○ 9  Refused or Don't Know

**33** I had trouble keeping my mind on what I was doing:

○ 0  Rarely or none of the time (less than 1 day)    ***troubl***

○ 1  Some or a little of the time (1 to 2 days)

○ 2  A moderate amount of time (3 to 4 days)

○ 3  Most of the time

○ 9  Refused or Don't Know

**34** I felt that everything I did was an effort:

○ 0  Rarely or none of the time (less than 1 day)    ***effort***

○ 1  Some or a little of the time (1 to 2 days)

○ 2  A moderate amount of time (3 to 4 days)

○ 3  Most of the time

○ 9  Refused or Don't Know

# CHS Year 19 6-Month Surveillance Call

**35** I felt depressed:

     ○ 0  Rarely or none of the time (less than 1 day)    *depres*

     ○ 1  Some or a little of the time (1 to 2 days)

     ○ 2  A moderate amount of time (3 to 4 days)

     ○ 3  Most of the time

     ○ 9  Refused or Don't Know

**36** I felt hopeful about the future:

     ○ 3  Rarely or none of the time (less than 1 day)    *future*

     ○ 2  Some or a little of the time (1 to 2 days)

     ○ 1  A moderate amount of time (3 to 4 days)

     ○ 0  Most of the time

     ○ 9  Refused or Don't Know

**37** I felt fearful:

     ○ 0  Rarely or none of the time (less than 1 day)    *fear*

     ○ 1  Some or a little of the time (1 to 2 days)

     ○ 2  A moderate amount of time (3 to 4 days)

     ○ 3  Most of the time

     ○ 9  Refused or Don't Know

**38** My sleep was restless:

     ○ 0  Rarely or none of the time (less than 1 day)    *sleep*

     ○ 1  Some or a little of the time (1 to 2 days)

     ○ 2  A moderate amount of time (3 to 4 days)

     ○ 3  Most of the time

     ○ 9  Refused or Don't Know

# CHS Year 19 6-Month Surveillance Call

**39** I was happy:

   ○ 3  Rarely or none of the time (less than 1 day)   *happy*

   ○ 2  Some or a little of the time (1 to 2 days)

   ○ 1  A moderate amount of time (3 to 4 days)

   ○ 0  Most of the time

   ○ 9  Refused or Don't Know

---

**40**  I felt lonely:

   ○ 0  Rarely or none of the time (less than 1 day)   *lonly*

   ○ 1  Some or a little of the time (1 to 2 days)

   ○ 2  A moderate amount of time (3 to 4 days)

   ○ 3  Most of the time

   ○ 9  Refused or Don't Know

---

**41**  I could not get going:

   ○ 0  Rarely or none of the time (less than 1 day)   *getgo*

   ○ 1  Some or a little of the time (1 to 2 days)

   ○ 2  A moderate amount of time (3 to 4 days)

   ○ 3  Most of the time

   ○ 9  Refused or Don't Know

# CHS Year 19 6-Month Surveillance Call

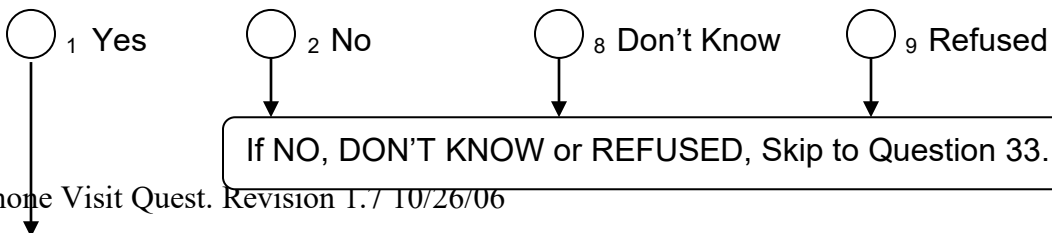**42** In what type of home or residence do you live?   *hometyp*

   ○   [1]Community-dwelling single family home or apartment

[2]Home, apartment or other unit where optional services are provided such as meal or housekeeping, but **NO staff dispensing of medication.**

○ [3]Apartment or other unit where there are **staff dispensing and watching you take your medication.**

○ [4]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.

○ [5]Other (specify) *homeoth*

○ [9] Don't know/refused

## CHS Year 19 6-Month Surveillance Call

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

○ [1] Yes     ○ [2] No     ○ [8] Don't Know     ○ [9] 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.    ◯ 1 Permanently

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

        ◯ 1 Yes        ◯ 2 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
> ___*city*_____   ___*state*___   ____*zip*___
>     City             State        Zip Code
>                   ***telephone***
> ( __ __ __ )  __ __ __ - __ __ __ __
>                   Telephone Number

    ii.    ◯ 2 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 19 6-Month Surveillance Call

**44**    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.

**45**    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.

*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.*