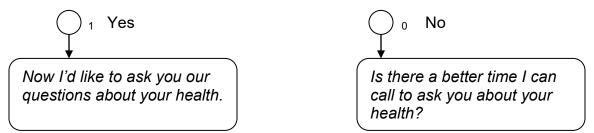
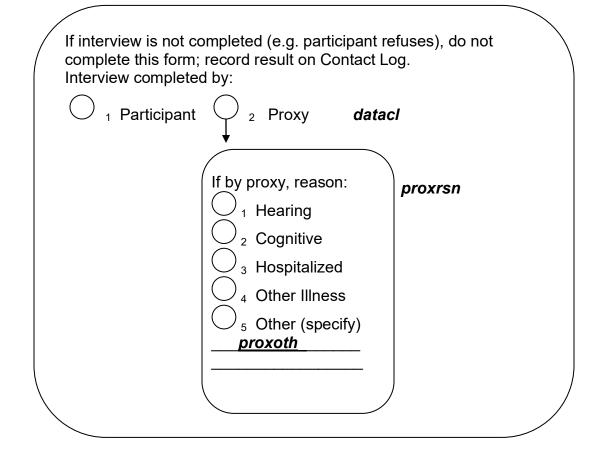
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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** 

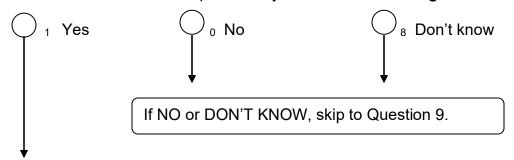




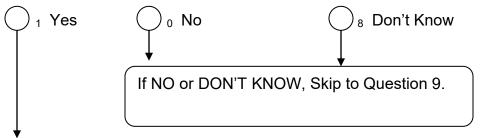
<b>1</b> What is your marital status? Are you? <i>marital</i>
1 Married
2 Widowed
3 Divorced
4 Separated
5 Never Married
Other
O 8 Don't Know
○ <sub>9</sub> Refused
would like to ask you some questions that we also asked you 6 months ago. The reason for asking hem again is to find out how you've been over the last six months.  2 Would you say, in general, your health is: hIth1  1 Excellent  2 Very Good  3 Good  4 Fair  5 Poor  8 Don't Know
9 Refused
<b>3</b> 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.) <b>bed</b>
Days On't Know O 9 Refused <b>beddays2</b>
Answer "0" if you haven't spent any days in bed in the last two weeks.
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 0 8 Don't Know 0 9 Refused <i>arthrt</i>

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? <i>artlegs</i>
	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? <i>newmi</i>
	Yes O No 8 Don't know
	If NO or DON'T KNOW, skip to Question 8.
	A. Date of event or diagnosis:////
	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///
	Name: <u>mi1name – mi5name</u>
	Address:mi1addr – mi5addr
	City <i>mi1city – mi5city</i> State: <i>mi1stat – mi5stat</i> Zip: <i>mi1zip – mi5zip</i>

**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* 



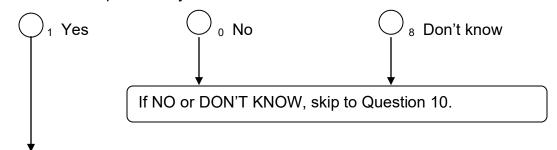
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**anhosp



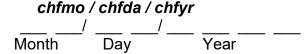
C. Please record the admission date of each hospitalization and the name and location of the hospital. an1mo – an5mo, an1da – an5da, an1yr – an5yr

City: <u>an1city – an5city</u> State: an1stat – an5stat Zip: an1zip – an5zip

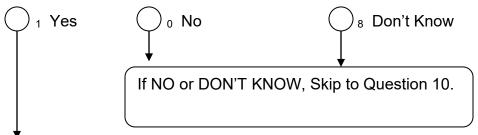
**9** Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time? **newchf** 



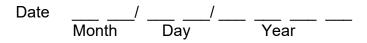
A. Date of event or diagnosis:



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



C. Please record the admission date of each hospitalization and the name and location of the hospital. ch1mo - ch5mo, ch1da - ch5da, ch1yr - ch5yr

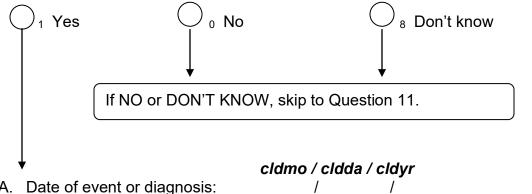


Name: ch1name - ch5name

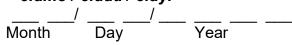
Address: ch1addr - ch5addr

City: ch1city - ch5city State: ch1stat - ch5stat Zip: ch1zip - ch5zip

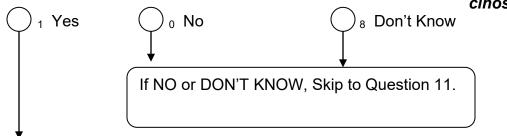
10 Has a doctor told you that you had a new incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? newcld



A. Date of event or diagnosis:



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



C. Please record the admission date of each hospitalization and the name and location of the hospital. cl1mo -cl5mo, cl1da - cl5da, cl1yr - cl5yr

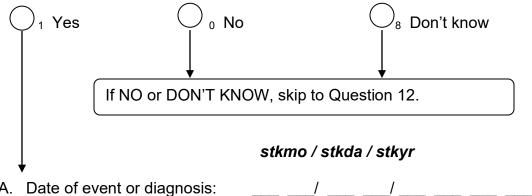
Date	1		1	
	Month	Day	Year	

Name: cl1name - cl5name

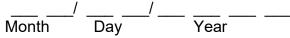
Address: cl1addr - cl5addr

City: cl1city - cl5city State: cl1stat - cl5stat Zip: cl1zip - cl5zip

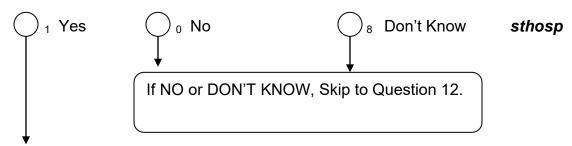
11 Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke with you last time? newstk



A. Date of event or diagnosis:



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



C. Please record the admission date of each hospitalization and the name and location of the hospital. st1mo - st5mo, st1da - st5da, st1yr - st5yr

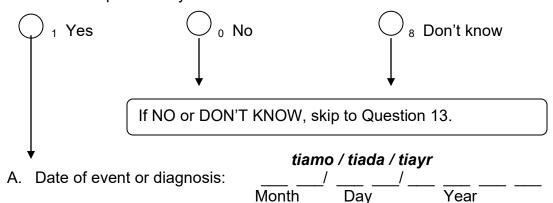
> Date Month Day Year

Name: st1name - st5name

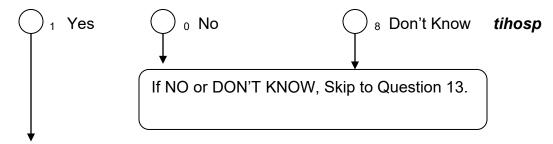
Address: st1addr - st5addr

City: st1city - st5city State: st1stat - st5stat Zip: st1zip - st5zip

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** 



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



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

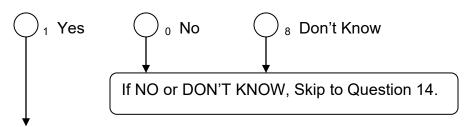
Name: ti1name - ti5name

Address: *ti1addr – ti5addr* 

City: ti1city - ti5city State: ti1stat - ti5stat Zip: ti1zip - ti5zip

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



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

1)	Reason for admission <u>rshos1 – rshos5</u>
	Hospital Name <u>hosname1 – hosname5</u>
	Address <u>hosaddr1 – hosaddr5</u> City/State hoscity1 – hoscity5
	hosstat1 – hosstat5
	mohos1 – mohos5/ dahos1 – dahos5/ yrhos1 – yrhos5 lenhos1 – lenhos5  Date of hospitalization://
2)	Reason for admission
	Hospital Name
	AddressCity/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.

14 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke with you last time? 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 <u>nurname1 – nurname5</u> Address <u>nuraddr1 – nuraddr5</u> City/State <u>nurcity1 – nurcity5, nurstat1 – nurstat5</u> Date of admission:\_\_\_\_/\_\_\_ Month \_\_\_ Length of stay:\_\_\_\_days monur1 - monur5, danur1 - danur5, yrnur1 - yrnur5 | lennur1 - lennur5 2) Are you currently staying in a nursing home or rehabilitation center? **staynur** ) 8 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.

Limited Phone Visit Quest. Revision 1.7 10/26/06

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 <b>emphysem</b>		0		1		2		8		9
G Diabetes <i>diabetes</i>		0		1		2	1	8		9
Н			$\overline{}$		abetes? <i>ti</i>					
	Other				othdiab			-		_

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

unknown, enter "99"

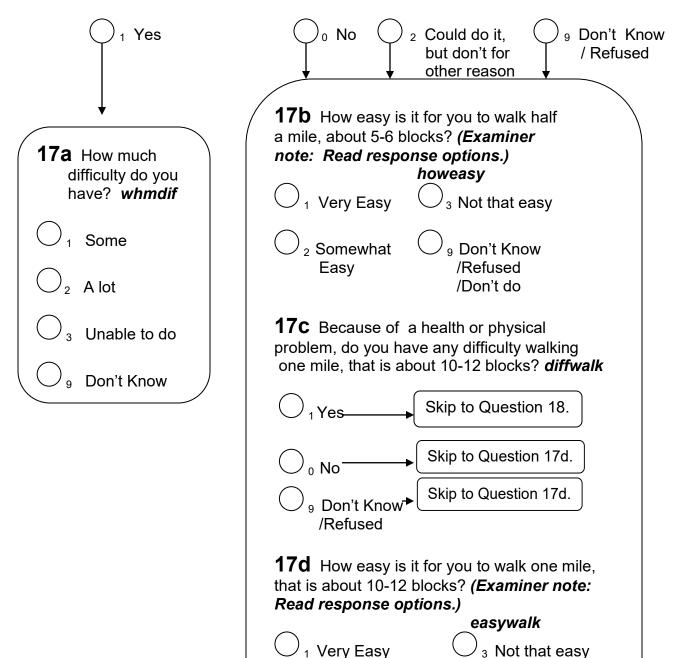
How many years have you had Diabetes?

diabyear

Interviewer Note: If number of years with diabetes is

		Yes		No		Don't Know		Refused	
Α	High Blood Pressure <i>hbpmed</i>		1		0		8		9
В	Atrial Fibrillation <i>afibmed</i>		1		0		8		9
C clo	Deep Vein Thrombosis (or blood ts in legs) <i>dvtmed</i>		1		0		8		9

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



<sub>2</sub> Somewhat

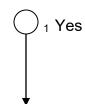
Easy

9 Don't Know /Refused

/Don't do

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? <i>whodif</i>
O 1 Some O 2 A lot O 3 Unable to do O 9 Don't Know/Refused
19Do 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? <i>beddif</i> 1 Some 2 A lot 3 Unable to do 9 Don't Know/Refused

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



20a How much difficulty do you have?



O<sub>2</sub> A lot

○ ₃ Unable to do

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



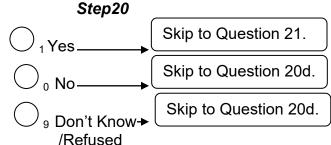
**20b** How easy is it for you to walk up 10 steps without resting? (Examiner note: Read response options.)

Step10

1 Very Easy 3 Not that easy

Somewhat 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?



**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

O<sub>1</sub> Very Easy O<sub>3</sub> Not that easy

Somewhat 9 Don't Know /Refused /Don't do

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? <b>hhwork</b>
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.
<b>21a</b> How much difficulty do you have? <i>hhwdif</i>
◯ <sub>1</sub> Some ◯ <sub>2</sub> A lot ◯ <sub>3</sub> Unable to do ◯ <sub>9</sub> Don't Know/Refused
Because of health or physical problems, do you have any difficulty or are you unable to do light housework? <i>Ihwork</i>
Yes O No O Could do it, but don't for other reason O D Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 23.
↓ <b>22a</b> How much difficulty do you have? <i>Ihwdif</i>
O 1 Some O 2 A lot O 3 Unable to do O 9 Don't Know/Refused
Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items? <b>shop</b>
1 Yes 0 No 2 Could do it, but don't for other reason 0 Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 24.
↓ <b>23a</b> How much difficulty do you have? <i>shpdif</i>
1 Some 2 A lot 3 Unable to do 9 Don't Know/Refused

Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals? <i>prepar</i>
1 Yes 0 No 2 Could do it, but don't for other reason 0 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? <i>prpdif</i>
O 1 Some O 2 A lot O 3 Unable to do O 9 Don't Know/Refused
Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills? <b>pay</b>
1 Yes 0 No 2 Could do it, but don't for other reason 0 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
Because of health or physical problems, do you have any difficulty or are you unable to use the telephone? <i>phone</i>
1 Yes 0 No 2 Could do it, but don't for other reason 0 Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 27.
↓ <b>26a</b> How much difficulty do you have? <i>phndif</i>
1 Some 2 A lot 3 Unable to do 9 Don't Know/Refused

Because of health or physical problems, do you have any difficulty or are you unable to eat including feeding yourself? <b>eat</b>	ί,
1 Yes 0 No 2 Could do it, but don't for other reason 9 Don't Know/Refus	ed
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 28.	
<b>27a</b> How much difficulty do you have? <i>eatdif</i>	
O 1 Some O 2 A lot O 3 Unable to do O 9 Don't Know/Refused	
Because of health or physical problems, do you have any difficulty or are you unable to dre yourself? <b>dress</b>	SS
1 Yes 0 No 2 Could do it, but don't for other reason 9 Don't Know/Refus	ed
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 29.	
<b>↓ 28a</b> How much difficulty do you have? <i>drsdif</i>	
O 1 Some O 2 A lot O 3 Unable to do O 9 Don't Know/Refused	
Because of health or physical problems, do you have any difficulty or are you unable to bat or shower? <b>bathe</b>	the
1 Yes 0 No 2 Could do it, but don't for other reason 0 Don't Know/Refus	sed
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	

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? <b>toilet</b>
	1 Yes 0 No 2 Could do it, but don't for other reason 0 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? <i>tltdif</i>
	1 Some 2 A lot 3 Unable to do 9 Don't Know/Refused

1 Yes	O No 2 Could do it, but don't for other reason / Refuse
1a How much difficulty do you have? <i>Iftdif</i>	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 2 Somewhat Easy 9 Don't Know /Refused /Don't do
9 Don't Know	<b>31c</b> Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds? <i>lift20</i>
	Skip to Question 32.
	Skip to Question 31d.  Skip to Question 31d.
	9 Don't Know.▶ /Refused
	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  2 Somewhat Easy  9 Don't Know /Refused /Don't do

a bag

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

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

<b>32</b> During the past week, I was bothered by things that usua you feel this way?	ally don't bother me. How often did				
Read Responses					
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					
<b>33</b> I had trouble keeping my mind on what I was doing:					
$\bigcirc_0$ Rarely or none of the time (less than 1 day)	troubl				
O <sub>1</sub> 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					
<b>34</b> I felt that everything I did was an effort:					
$\bigcirc_0$ Rarely or none of the time (less than 1 day)	effort				
$\bigcirc$ <sub>1</sub> 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					

<b>35</b> I felt depressed:					
	0 Rarely or none of the time (less than 1 day)	depres			
	$\bigcirc$ <sub>1</sub> 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			
	O <sub>2</sub> Some or a little of the time (1 to 2 days)				
	1 A moderate amount of time (3 to 4 days)				
	O Most of the time				
	9 Refused or Don't Know				
37 I felt fearful:					
<b>37</b> I f	elt fearful:				
<b>37</b> I f	relt fearful:  O Rarely or none of the time (less than 1 day)	fear			
<b>37</b> If		fear			
<b>37</b> If	Rarely or none of the time (less than 1 day)	fear			
<b>37</b> If	On Rarely or none of the time (less than 1 day)  On 1 Some or a little of the time (1 to 2 days)	fear			
<b>37</b> If	On Rarely or none of the time (less than 1 day)  In Some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)	fear			
	Rarely or none of the time (less than 1 day)  Some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)  Most of the time	fear			
	On Rarely or none of the time (less than 1 day)  In Some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)  Most of the time  Refused or Don't Know	fear			
	On Rarely or none of the time (less than 1 day)  I some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)  Most of the time  Refused or Don't Know  y sleep was restless:				
	On Rarely or none of the time (less than 1 day)  I some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)  Most of the time  Refused or Don't Know  y sleep was restless:  On Rarely or none of the time (less than 1 day)				
	On Rarely or none of the time (less than 1 day)  On It Some or a little of the time (1 to 2 days)  On It				

<b>39</b> I w	<i>a</i> s happy:				
	3 Rarely or none of the time (less than 1 day) happy				
	O <sub>2</sub> Some or a little of the time (1 to 2 days)				
	1 A moderate amount of time (3 to 4 days)				
	O Most of the time				
	9 Refused or Don't Know				
<b>40</b> I fe	40 I felt lonely:				
	$\bigcirc_0$ Rarely or none of the time (less than 1 day)	lonly			
	O <sub>1</sub> 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:					
	O Rarely or none of the time (less than 1 day)	getgo			
	O <sub>1</sub> 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				

<b>42</b> In what	type of home or residence	e do you live?	hometyp	
	¹Community-dwelling si	ngle family home or	apartment	
	<sup>2</sup> Home, apartment or oth	, apartment or other unit where optional services are provided such as meal		
	or housekeeping, but NO staff dispensing of medication.			
$\bigcirc$	<sup>3</sup> Apartment or other unit <b>your medication.</b>	where there are <b>st</b> a	aff dispensing and watching you take	
	<sup>4</sup> Facility where you are provided with assistance in most or all of your daily needs including <b>staff dispensing and watching you take your medications</b> , meals, bathing, etc.			
	<sup>5</sup> Other (specify)	homeoth		
	<sup>9</sup> Don't know/refused			

43 Do you plan to be out of the area 6 months from now? 8 Don't Know 1 Yes 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** <sub>1</sub> Permanently i. 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 City State Zip Code telephone Telephone Number <sup>2</sup> Temporarily Out of the Area (vacation, business, etc) ii. When will you return? month year Month When you come back, please call us.

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.