CHS Year 20 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***

a. If by proxy, reason: ***proxrsn***

○₁ Hearing   ○₂ Cognitive   ○₃ Hospitalized

○₄ Other Illness   ○₅ Other (specify)_____ ***proxoth***

b. What is your relationship to (name of CHS participant)?   ***relation***

○₁ Spouse or partner   ○₂ Child

○₃ Family member (other than spouse or child) (Please specify:_____ ***famoth***)

○₄ Close friend   ○₅ Health care provider

○₆ Other (Please specify:_____ ***relatoth***)   ○₉ Refused

c. How often do you have contact with (him/her)?   ***contoftn***

○₁ Live together   ○₂ Daily (but does not live together)

○₃ 3 or more times a week   ○₄ Less than 3 times a week

○₈ Don't know   ○₉ Refused

d. What is the most frequent type of contact?   ***contfreq***

○₁ Mostly in person   ○₂ Mostly by phone

○₃ Both in person and by phone

○₈ Don't know   ○₄ Other (Please specify:_____ ***contoth***)

○₉ Refused

CHS Year 20 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.
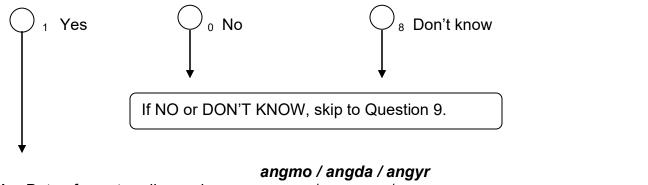
2 Would you say, in general, your health is: *hlth1*

- ◯ 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*
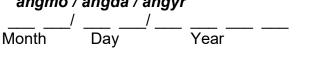
☐☐ Days   ◯ 8 Don't Know   ◯ 9 Refused   *beddays2*

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*

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*
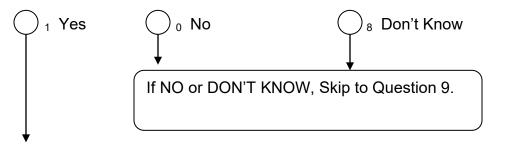
8 Has a doctor told you that you had a <u>new</u> incident of angina pectoris or chest pain due to heart disease since we spoke with you last time? *newang*
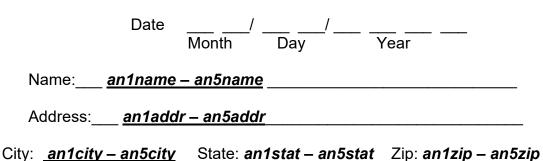
  ◯ 1 Yes   ◯ 0 No   ◯ 8 Don't know

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

angmo / angda / angyr

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?**
                                                            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**

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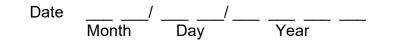
If NO or DON'T KNOW, Skip to Question 10.

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**

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: ___ ___/ ___ ___/ ___ ___ ___ ___
$\qquad\qquad\qquad$ Month $\quad$ Day $\qquad$ 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*
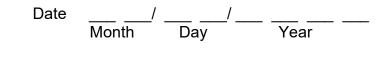
Date ___ ___/ ___ ___/ ___ ___ ___ ___
$\qquad\quad$ Month $\quad$ Day $\qquad$ Year

Name: *cl1name – cl5name*

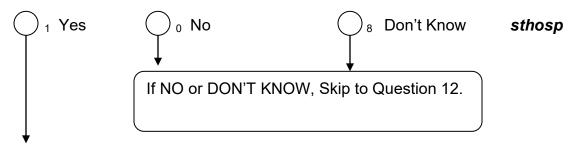Address: *cl1addr – cl5addr*

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

11 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? *newstk*
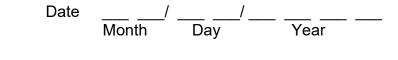
   ○₁ Yes   ○₀ No   ○₈ Don't know

> 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**

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.

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?**

( )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*
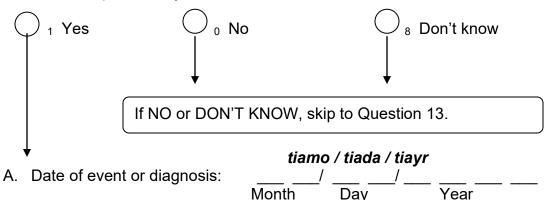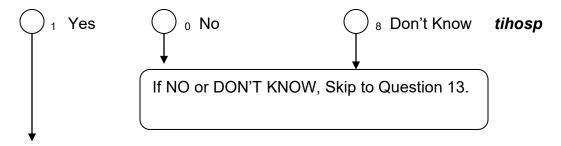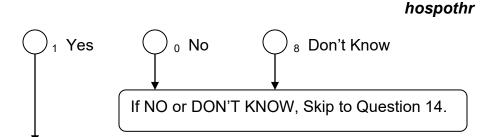
Date   ___ ___/ ___ ___/ ___ ___ ___ ___
            Month   Day   Year

Name: *ti1name – ti5name*

Address: *ti1addr – ti5addr*

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

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?
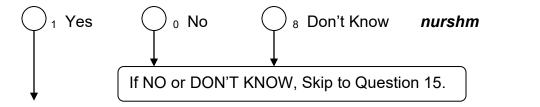
hospothr

◯ 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

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?

◯ 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 ____ yrs

                 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

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.

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.
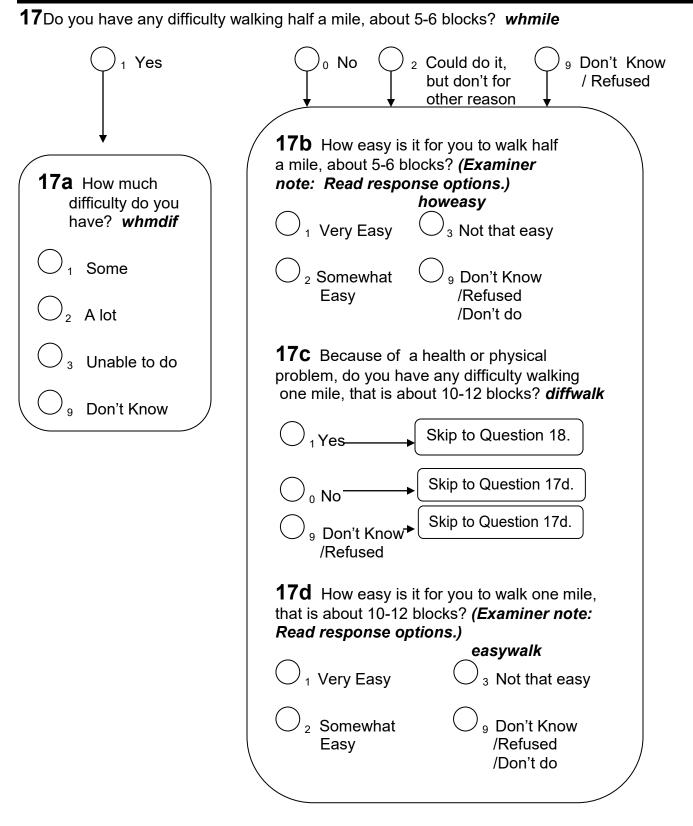
	Never told	First told during the past year	First told more than one year ago	Don't Know	Refused
A High Blood Pressure *hbp*	0	1	2	8	9
B Atrial Fibrillation *afib*	0	1	2	8	9
C Deep Vein Thrombosis (or blood clots in legs) *dvt*	0	1	2	8	9
D Rheumatic Fever or Heart Valve Problems *rf*	0	1	2	8	9
E Asthma *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"

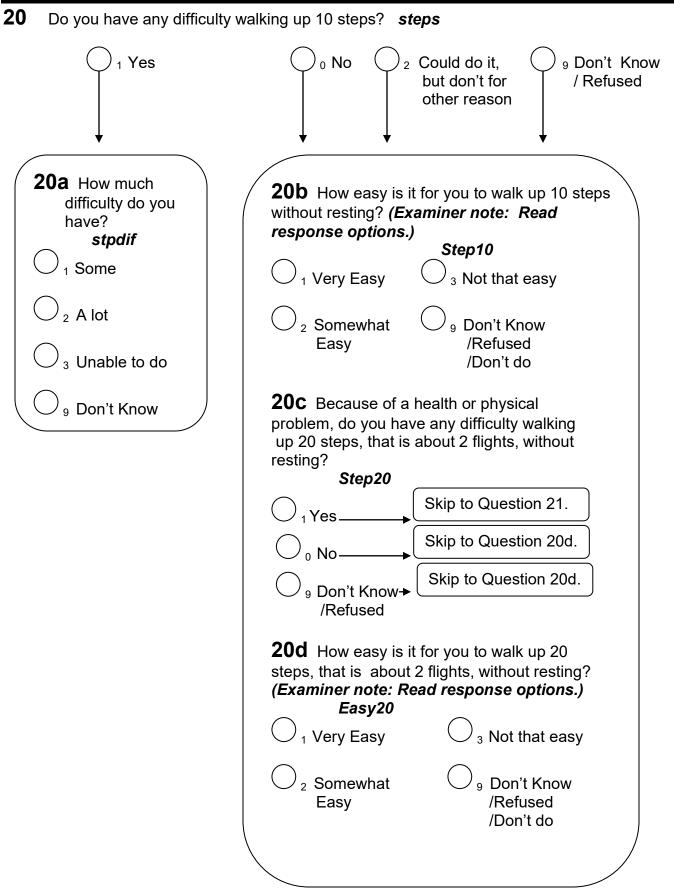**16** Are you currently taking medication prescribed by a doctor for any of the following conditions?

	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 (blood clots in legs) or Pulmonary embolism (blood clots in lungs) *dvtmed*	1	0	8	9

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

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

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

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

20a How much difficulty do you have?
stpdif

○ ₁ Some

○ ₂ A lot

○ ₃ Unable to do

○ ₉ 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

○ ₂ Somewhat Easy   ○ 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

○ ₁ Yes ⟶ | Skip to Question 21. |

○ ₀ No ⟶ | Skip to Question 20d. |

○ 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

○ ₁ Very Easy   ○ ₃ Not that easy

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

CHS Year 20 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*
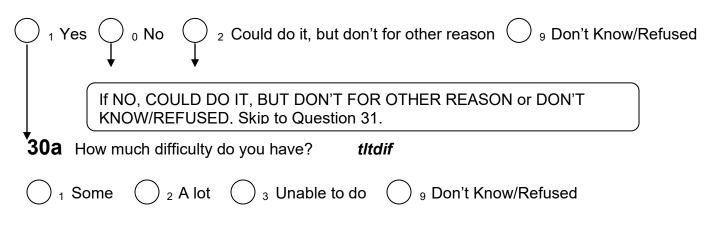
○ 1 Yes   ○ 0 No   ○ 2 Could do it, but don't for other reason   ○ 9 Don't Know/Refused

> 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

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

---

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

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

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

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,   ◯ ₉ Don't Know
                                    but don't for   / Refused
                                    other reason

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   ◯ ₉ Don't Know
   Easy   /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 ⟶ | Skip to Question 31d. |
   /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   ◯ ₃ Not that easy

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

CHS Year 20 6-Month Surveillance Call

Directions: To be administered to participant only! If interview is with a proxy, proceed to **question 44.** Make sure that you have available the participant's home address (you can find it on the Tracking Form).

Script: *I would like to ask you a few questions that require concentration and memory. Some are a bit more difficult than others. Please answer the best you can.*

32 Please tell me your full name: *fname*
   A. Provides First Name:

   ◯₁ Correct   ◯₀ Cannot Do/Refused

   B. Provides Last Name: *lname*

   ◯₁ Correct   ◯₀ Cannot Do/Refused

33 a What is today's date? *Probe for the month, day, or year if not volunteered. For each box, enter "9" if no response. (9999 for year)*

Date in numerals: | | | | | | | | | | |
   Month   Day   Year
   tmonth   ***tday***   ***tyear***

33b What is the day of the week? *Record answer in error. Enter "X" if no response.*

_____ Day of the week   ***wkday***

◯₁ Correct   ***wkday2***

◯₀ Error/Refused

◯₉ Not Attempted/Disabled

33c What season of the year is it? *Record answer in error. Enter "X" if no response.*

_____ Season   ***season***

◯₁ Correct   ***season2***

◯₀ Error/Refused

◯₉ Not Attempted/Disabled

34 What is your home address? *If incomplete, ask specifics, e.g., "What is your zip code?"*

    C. Provides House Number:

    ◯₁ Correct   ◯₀ Cannot Do/Refused   *houseno*

    D. Provides Street:

    ◯₁ Correct   ◯₀ Cannot Do/Refused   *street*

    E.   Provides City:

    ◯₁ Correct   ◯₀ Cannot Do/Refused   *city*

    F. Provides State:

    ◯₁ Correct   ◯₀ Cannot Do/Refused   *state*

    G. Provides Zip Code:

    ◯₁ Correct   ◯₀ Cannot Do/Refused   *zip*

---

35 Count backwards from 20 to 1.   *countb*

    ◯₂   Completely Correct on First Trial

    ◯₁   Completely Correct on Second Trial

    ◯₀   Any Other Response

---

36 I'm going to read you a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are: cabin, pipe, chest, silk, theatre, watch, whip, elephant, pillow, giant. Now tell me all the words you remember.

	Named		Not Named	
Cabin	*cabin*	1		0
Pipe	*pipe*	1		0
Chest	*chest*	1		0
Silk	*silk*	1		0
Theatre	*theatr*	1		0
Watch	*watch*	1		0
Whip	*whip*	1		0
Elephant	*eleph*	1		0
Pillow	*pillow*	1		0
Giant	*giant*	1		0

37 One hundred minus seven equals what? (etc.) Stop at five subtractions. Record answer given, whether correct or incorrect. Do not tell the participant whether the answer is correct.

		Response Given		Refused	Don't Know	
A	100-7= (93)	**sub1re** (record response)	**given6a**	1	0	9
B	93-7= (86)	**sub2re** (record response)	**given6b**	1	0	9
C	86-7= (79)	**sub3re** (record response)	**given6c**	1	0	9
D	79-7= (72)	**sub4re** (record response)	**given6d**	1	0	9
E	72-7= (65)	**sub5re** (record response)	**given6e**	1	0	9

38a What do people usually use to cut paper? *Accept "scissors" or "shears" only as a correct response.* **papcut**

○₁ Correct   ○₀ Error/Refused   ○₉ Not Attempted/Disabled

38b How many things are in a dozen? **dozen**

○₁ Correct   ○₀ Error/Refused   ○₉ Not Attempted/Disabled

38c What do you call the prickly green plant that lives in the desert? *Accept "cactus" only as a correct response.* **cactus**

○₁ Correct   ○₀ Error/Refused   ○₉ Not Attempted/Disabled

38d What animal does wool come from? *Accept "sheep" or "lamb" only as a correct response.*

○₁ Correct   ○₀ Error/Refused   ○₉ Not Attempted/Disabled **woolan**

39a Say "No ifs, ands or buts." *Pronounce the individual words clearly, but at a normal tempo of a spoken sentence. Give no credit if the participant gives and incorrect response. Repeat only if you make a mistake. Speak distinctly.*
noifs, ands, orbuts

* no ifs   ○ $_1$ Correct   ○ $_0$ Error/Refused   ○ $_9$ Not Attempted/Disabled

* ands   ○ $_1$ Correct   ○ $_0$ Error/Refused   ○ $_9$ Not Attempted/Disabled

* or buts   ○ $_1$ Correct   ○ $_0$ Error/Refused   ○ $_9$ Not Attempted/Disabled

---

39b Say this: "Methodist Episcopal."   ***methep***

○ $_1$ Correct   ○ $_0$ Error/Refused   ○ $_9$ Not Attempted/Disabled

---

40a Who is the President of the United States right now? *Accept "George W. Bush" or "George Bush" as the correct response. If only the last name is given, probe for the first name and vice versa.*   ***presid***

○ $_1$ Correct   ○ $_0$ Error/Refused   ○ $_9$ Not Attempted/Disabled

---

40b Who is the Vice President right now? *Accept "Richard Cheney" or "Dick Cheney" as the correct response. If only the last name is given, probe for the first name and vice versa.*

○ $_1$ Correct   ○ $_0$ Error/Refused   ○ $_9$ Not Attempted/Disabled   ***vpres***

---

41 With your finger, tap five times on the part of the phone you speak into.   ***ftaps***

○ $_2$ 5 Taps Heard   ○ $_1$ Fewer or More Than 5 Taps
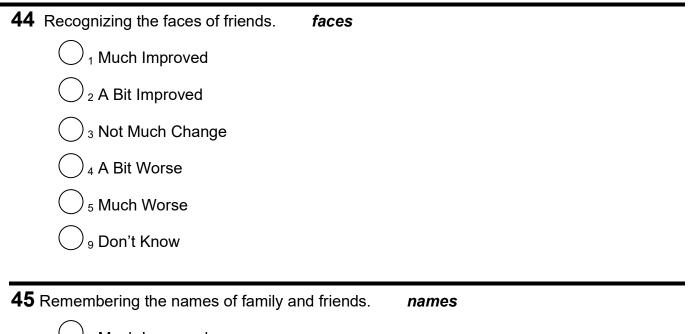
○ $_0$ Refused   ○ $_9$ Not Attempted/Disabled

I am going to give you a word, and I want you to give me it's opposite. For example, the opposite of "hot" is "cold".

42 What is the opposite of "west"? *oppos1*

○ 1 Correct   ○ 0 Error/Refused   ○ 9 Not Attempted/Disabled

42a What is the opposite of "generous"? *Accept the following words as correct: "selfish," "greedy," "stingy," "tight," "cheap," "mean," "meager," "skimpy," or other antonyms you feel are appropriate.* *oppos2*

○ 1 Correct   ○ 0 Error/Refused   ○ 9 Not Attempted/Disabled

43 Special Problems? *(Interviewer Note: If any question is marked as "Not Attempted/Disabled", the following portion must be completed. You may also mark this if no other questions have been answered).*

○ 1 Yes   ○ 0 No   *specprob*

○ 1 Hearing Problems   *probs*

○ 2 Language (difficulty speaking or understanding English)

○ 3 Other (Specify:_____ _____) *othprob*

Secondary Problem (Specify:_____ _____) *secprob*

Administer IQCODE if interview is being conducted with the proxy.

INSTRUCTIONS: We want you to remember what your friend or relative was like <u>10 years</u> ago. We'd like you to compare him/her to what he/she is like now. Below are situations in which this person has to use his/her memory or intelligence. We want you to tell us whether this has improved, stayed the same, or become worse in the following situations during the past 10 years. It is important to compare his/her present performance with 10 years ago. So, if 10 years ago this person always forgot where he/she left things, and he/she still does, you would mark, "not much change." Please check the appropriate answer for each item to the best of the proxy's knowledge.

> Compared with 10 years ago, how is this person at:

44 Recognizing the faces of friends.   *faces*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

45 Remembering the names of family and friends.   *names*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

46 Remembering things about family and friends, such as their occupations, birthdays and addresses.   *famthg*

  ◯ ₁ Much Improved

  ◯ ₂ A Bit Improved

  ◯ ₃ Not Much Change

  ◯ ₄ A Bit Worse

  ◯ ₅ Much Worse

  ◯ ₉ Don't Know

47 Remembering things that happened recently.   *recent*

  ◯ ₁ Much Improved

  ◯ ₂ A Bit Improved

  ◯ ₃ Not Much Change

  ◯ ₄ A Bit Worse

  ◯ ₅ Much Worse

  ◯ ₉ Don't Know

48 Recalling conversations a few days later.   *conver*

  ◯ ₁ Much Improved

  ◯ ₂ A Bit Improved

  ◯ ₃ Not Much Change

  ◯ ₄ A Bit Worse

  ◯ ₅ Much Worse

  ◯ ₉ Don't Know

49 Forgetting what he/she wanted to say in the middle of a conversation.   *midcon*

    ◯ 1 Much Improved

    ◯ 2 A Bit Improved

    ◯ 3 Not Much Change

    ◯ 4 A Bit Worse

    ◯ 5 Much Worse

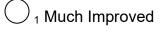   ◯ 9 Don't Know

50 Remembering his/her address and phone number.   *adrphn*

    ◯ 1 Much Improved

    ◯ 2 A Bit Improved

    ◯ 3 Not Much Change

    ◯ 4 A Bit Worse

    ◯ 5 Much Worse

    ◯ 9 Don't Know
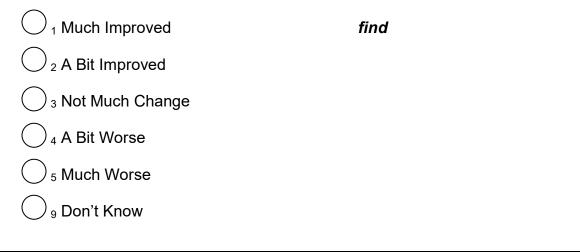
51 Remembering the month and day.   *daymon*

    ◯ 1 Much Improved

    ◯ 2 A Bit Improved

    ◯ 3 Not Much Change

    ◯ 4 A Bit Worse

    ◯ 5 Much Worse

    ◯ 9 Don't Know

52 Remembering where things are usually kept.   *where*

$\bigcirc$ 1 Much Improved

$\bigcirc$ 2 A Bit Improved

$\bigcirc$ 3 Not Much Change

$\bigcirc$ 4 A Bit Worse

$\bigcirc$ 5 Much Worse

$\bigcirc$ 9 Don't Know

53 Remembering where to find things that have been put in a different place than usual.

$\bigcirc$ 1 Much Improved   *find*

$\bigcirc$ 2 A Bit Improved

$\bigcirc$ 3 Not Much Change

$\bigcirc$ 4 A Bit Worse

$\bigcirc$ 5 Much Worse

$\bigcirc$ 9 Don't Know

54 Adjusting to any change in his/her daily routine.   *change*

$\bigcirc$ 1 Much Improved

$\bigcirc$ 2 A Bit Improved

$\bigcirc$ 3 Not Much Change

$\bigcirc$ 4 A Bit Worse

$\bigcirc$ 5 Much Worse

$\bigcirc$ 9 Don't Know

55 Knowing how to work familiar machines around the house.   *fammac*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

56 Learning to use a new gadget or machine around the house.   *newmac*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

57 Learning new things in general.   *newthg*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

58 Remembering things that happened to him/her when he/she was young.   *happen*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

59 Remembering things he/she learned when he/she was young.   *learnd*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

60 Understanding the meaning of unusual words.   *words*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

61 Understanding magazine or newspaper articles.   *articl*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

62 Following a story in a book or on TV.   *story*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

63 Composing a letter to friends or for business purposes.   *letter*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

64 Knowing about important events of the past.   *histry*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

65 Making decisions about everyday matters.   *decisn*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

66 Handling money for shopping.   *money*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

67 Handling financial matters such as pensions, dealing with banks.   *financ*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

68 Handling everyday arithmetic problems (knowing how much food to buy, how long between visits from family or friends).   *arith*

○ ₁ Much Improved

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

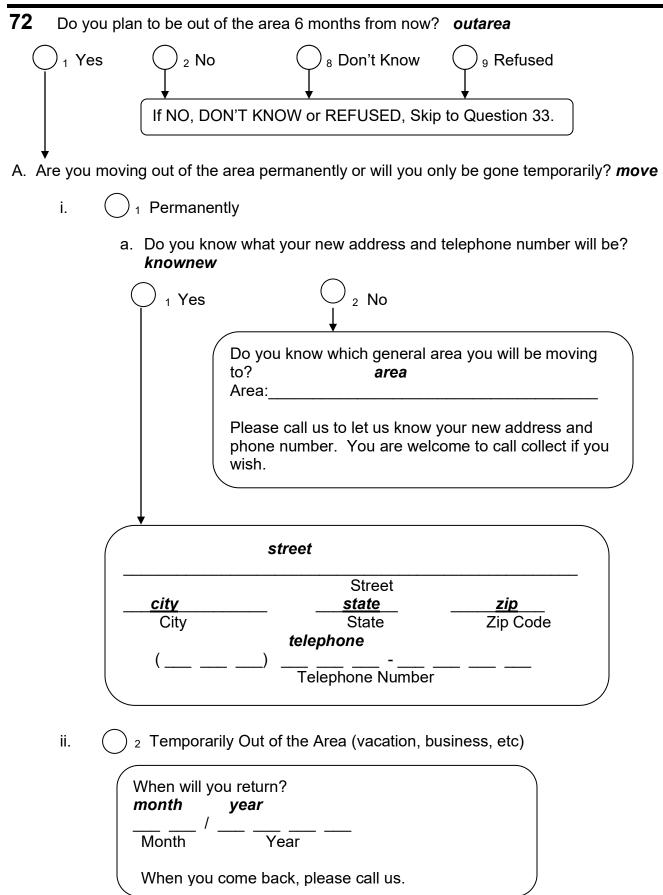○ ₅ Much Worse

○ ₉ Don't Know

69 Using his/her intelligence to understand what's going on and to reason things through.

○ ₁ Much Improved   *intell*

○ ₂ A Bit Improved

○ ₃ Not Much Change

○ ₄ A Bit Worse

○ ₅ Much Worse

○ ₉ Don't Know

70 *Interviewer:* Were there any special problems associated with this interview? *specprob*

◯ 1 Yes   ◯ 0 No

◯ 1 Hearing Problems   *problem*

◯ 2 Language (difficulty speaking or understanding English)

◯ 3 Cognition of proxy

◯ 4 Other (Specify:_____) *othprob*

71 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

72 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.

B. 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.

C. 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.