

CHS Year 20 Annual 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:

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

proxoth

proxrsn

CHS Year 20 Annual 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 20 Annual Surveillance Call

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

₁ Yes
↓

₀ No
↓

₈ Don't know
↓

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

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

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

₁ Yes
↓

₀ No
↓

₈ Don't Know
↓

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

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

an1mo – an5mo, an1da – an5da, an1yr – an5yr

Date ____ / ____ / ____
Month Day Year

Name: an1name – an5name

Address: an1addr – an5addr

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

CHS Year 20 Annual Surveillance Call

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

₁ Yes

₀ No

₈ Don't know

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

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

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

₁ Yes

₀ No

₈ Don't Know

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

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

Date ___ / ___ / ___
Month Day Year

Name: **ch1name – ch5name**

Address: **ch1addr – ch5addr**

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

CHS Year 20 Annual Surveillance Call

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

₁ Yes ₀ No ₈ Don't know

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

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

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

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 20 Annual Surveillance Call

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

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 20 Annual Surveillance Call

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

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 20 Annual Surveillance Call

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

₁ Yes
↓

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

₁ Some

₂ A lot

₃ Unable to do

₉ Don't Know

₀ No
↓

₂ Could do it, but don't for other reason
↓

₉ Don't Know / Refused
↓

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 →

₀ No →

₉ Don't Know /Refused →

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 20 Annual 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 20 Annual Surveillance Call

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 Annual 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 20 Annual 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

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 20 Annual 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 20 Annual 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 20 Annual 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 20 Annual 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 during the last week.

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 20 Annual 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 20 Annual 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 20 Annual Surveillance Call

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

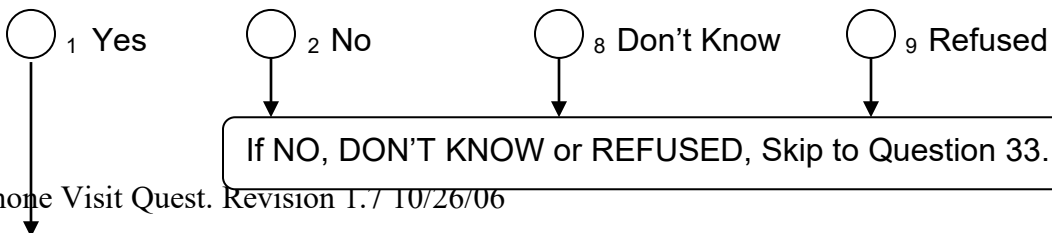
- 1 Community-dwelling single family home or apartment

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

- ³Apartment or other unit where there are **staff dispensing and watching you take your medication.**
- ⁴Facility 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.
- ⁵Other (specify) **homeoth**
- ⁹ Don't know/refused

CHS Year 20 Annual Surveillance Call

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



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.
