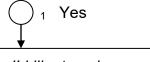
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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**



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
Other Illness Other (specify) proxoth
b. What is your relationship to (name of CHS participant)? <i>relation</i> 1 Spouse or partner 2 Child 3 Family member (other than spouse or child) (Please specify: <i>famoth</i>) 4 Close friend 5 Health care provider
O ₆ Other (Please specify: relatoth) O ₉ Refused
c. How often do you have contact with (him/her)? <i>contoftn</i> 1 Live together 2 Daily (but does <u>not</u> live together) 3 or more times a week 4 Less than 3 times a week Don't know 9 Refused
d. What is the most frequent type of contact? <i>contfreq</i> 1 Mostly in person 2 Mostly by phone 2 Both in person and by phone 3 Don't know 4 Other (Please specify: <i>contoth</i>)
O ₉ Refused

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
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
Don't Know
○ 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 On't Know 9 Refused beddays2

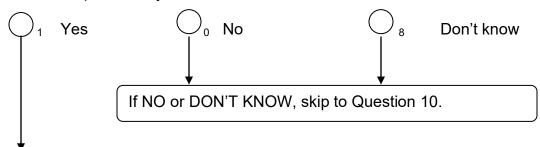
Year 22 annual surveillance call Revision 1.10 4/15/09

а	-	procedure in or out CA, coronary arter		•	•	•	
	∩₁Yes	O ₀ No	8	Don't Know	9	Refused	arthrt
	Have you had ca ime?	ardiac catheterizatio	n or coro	nary angiogra _l	phy since	we spoke	with you last
	O ₁ Yes	O ₀ No	8	Don't Know	9	Refused	cardcath
		procedure in or out on the with you last time		pital to open ι	ıp the arte	eries in eith	er of your
	O ₁ Yes	O No	8	Don't Know	9	Refused	artlegs
	spoke with you las		a <u>new</u> my	ocardial infarc	tion or he	art attack s	ince we
(1 Yes	O No		8	Don't kno	ow new	vmi
		If NO or DON'T KN	IOW, skip	to Question 8	3.		
		diagnosis: Mor hospital at least on					
	1 Yes	If NO or DON'T	KNOW,			mihos	p
C.		ne admission date of mo – mi5mo, mi1d	da – mi5d		5yr	me and loc	ation of the
	Name:	mi1name – mi5	•			· · · · · · · · · · · · · · · · · · ·	
	Address:	<u>mi1addr – mi5a</u>	<u>ddr</u>				
	City	mi1city – mi5city	State: mi	i1stat – mi5st	at Zip: m	ni1zip – mi	5zip

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 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 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 Month Day Year Name: <u>an1name – an5name</u> Address: <u>an1addr – an5addr</u>

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

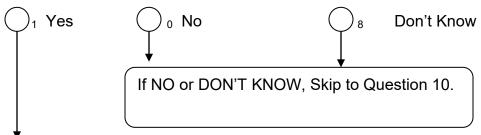
9 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time? **newchf**



chfmo / chfda / chfyr



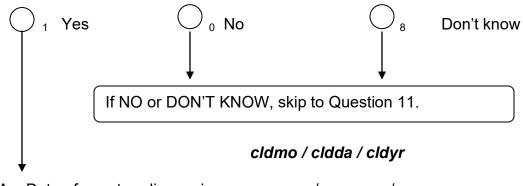
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**chhosp



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

Date	Month	// /	Year	_	
Name: ch1name	e – ch5nam	e			
Address: <i>ch1add</i>	r – ch5addr				
Citych1city - ch	<i>5city</i> State	: ch1stat – ch	5stat Zip	ch1zip – ch5z	zip _

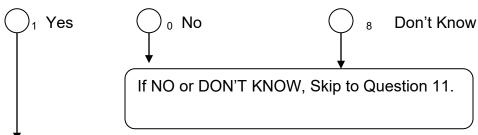
10Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? **newcld**



A. Date of event or diagnosis:

/	/		
Month	Day	Year	

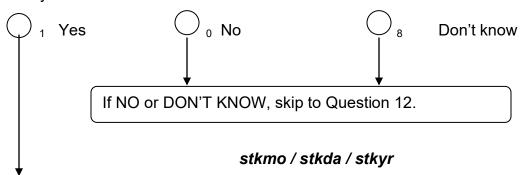
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**clhosp



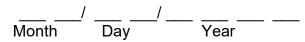
C. Please record the admission date of each hospitalization and the name and location of the hospital. cl1mo -cl5mo, cl1da - cl5da, cl1yr - cl5yr

	Date	// onth	//	 Year	
Name:	_ cl1name -	– cl5nam	e		-
Address:	_ cl1addr –	cl5addr _.			-
City cl1c	ity – cl5city	State: c	:l1stat – cl5sta	t Zip cl1zip – cl5zip	

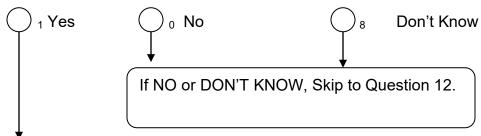
11 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? *newstk*



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?**sthosp



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

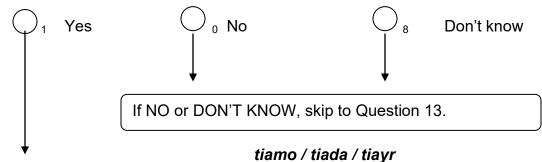
Date ___/ ___/ ___/ ____ Year

Name:____ *st1name – st5name* _____

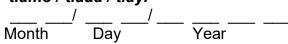
Address:__ st1addr - st5addr _____

City__ st1city - st5city _ State: st1stat - st5stat Zip st1zip - st5zip

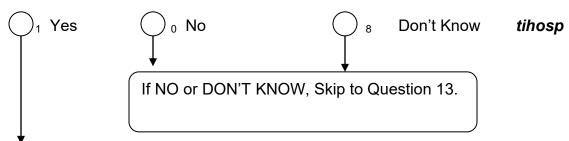
12 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time? *newtia*



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?



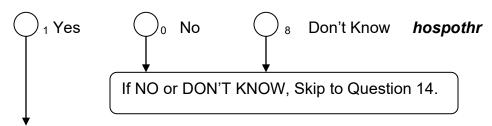
C. Please record the admission date of each hospitalization and the name and location of the hospital. *ti1mo - ti5mo*, *ti1da - ti5da*, *ti1yr - ti5yr*

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 to you last time?



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://Length of stay:days Month Day Year
2)	Reason for admission
	Hospital Name
	AddressCity/State
	Date of hospitalization://Length of stay:days

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.

	spoke to you last time? 1 Yes 0 No 8 Don't Know <i>nurshm</i>
	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 <u>rsnur1 – rsnur5</u>
	Nursing home name <u>nurname1 – nurname5</u>
	Address <i>nuraddr1 – nuraddr5</i> City/State <i>nurcity1 – nurcity5, nurstat1 – nurstat5</i>
	Date of admission: // Length of stay:days yrs Month Day Year
	Month Day Year monur1 – monur5, danur1 – danur5, yrnur1 – yrnur5 lennur1 – lennur5
2	
2	monur1 – monur5, danur1 – danur5, yrnur1 – yrnur5 🛮 lennur1 – lennur5

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>					
C Deep Vein Thrombosis (or blood					
clots in legs) dvt					
D Pulmonary embolism (blood clots					
in lungs) pemb					
E Rheumatic Fever or Heart Valve					
Problems rf					
F Asthma asthma					
G Emphysema emphysem					
H High lipids or cholesterol <i>lipid</i>					
I Diabetes diabetes				<u> </u>	

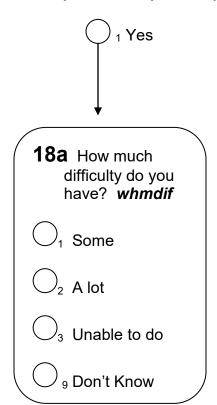
/	How are you treated for diabetes? <i>trtdiab</i>
	O ₃ Other:othdiab
	diabyear How many years have you had Diabetes? Interviewer Note: If number of years with diabetes is unknown, enter "99"

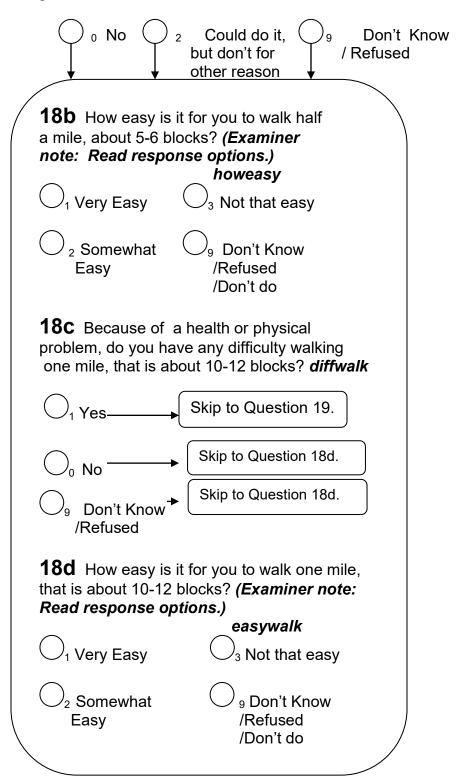
16 Are you currently taking medication prescribed by a doctor for any of the following conditions?

	Yes	No	Don't Know	Refused
A High Blood Pressure <i>hbpmed</i>	1	0	8	9
B Atrial Fibrillation <i>afibmed</i>				
C Deep Vein Thrombosis (blood				
clots in legs) or Pulmonary embolism				
(blood clots in lungs) dvtmed				
D High Lipids or Cholesterol				
cholmed				

Skip to Question 18.

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





19 Do you have any difficulty walking around your home? <i>whome</i>
Yes O No O Could do it, but don't for other reason O 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>whodif</i>
∫ ₁ Some ∫ ₂ A lot ∫ ₃ Unable to do ∫ ₉ Don't Know/Refused
20Do you have any difficulty getting out of bed or a chair? bed
Yes O No O Could do it, but don't for other reason O Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 21.
20a How much difficulty do you have? <i>beddif</i>
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused

21 Do you have any difficulty walking up 10 steps? **steps** Yes No Could do it, Don't Know but don't for / Refused other reason **21a** How much **21b** How easy is it for you to walk up 10 steps difficulty do you without resting? (Examiner note: Read have? **stpdif** response options.) Step10 Some J₁ Very Easy \mathcal{I}_3 Not that easy)₂ A lot ₂ Somewhat Don't Know /Refused Easy Unable to do /Don't do **21c** Because of a health or physical)₉ Don't Know problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? Step20 Skip to Question 22. Skip to Question 21d. Skip to Question 21d. 9 Don't Know→ /Refused **21d** How easy is it for you to walk up 20 steps, that is about 2 flights, without resting? (Examiner note: Read response options.) Easy20 Very Easy Not that easy 2 Somewhat Don't Know /Refused Easy /Don't do

22 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 23.
22a How much difficulty do you have? <i>hhwdif</i>
O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused
23 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 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? <i>Ihwdif</i>
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused
24 Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items? <i>shop</i>
Yes O No O Could do it, but don't for other reason O 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>shpdif</i>
O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused

25 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 0 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? <i>prpdif</i>
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused
26 Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills? <i>pay</i>
Yes ONO O2 Could do it, but don't for other reason O9 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? <i>paydif</i>
O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused
27 Because of health or physical problems, do you have any difficulty or are you unable to use the telephone? <i>phone</i>
Yes O No 2 Could do it, but don't for other reason O 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? <i>phndif</i>
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 eat, including feeding yourself? <i>eat</i>
Yes O No O Could do it, but don't for other reason O 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? <i>eatdif</i>
O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused
29 Because of health or physical problems, do you have any difficulty or are you unable to dress yourself? <i>dress</i>
Yes O No O Could do it, but don't for other reason O 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? drsdif
○ 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 bathe or shower? bathe
Yes O No O Could do it, but don't for other reason O 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>bthdif</i>
O ₁ SomeO ₂ A lotO ₃ Unable to do O ₉ Don't Know/Refused

31 Because of health or physical problems, do you have any difficulty or are you unable to use toilet, including getting to the toilet? toilet	the
Yes O No 2 Could do it, but don't for other reason O Don't Know/Refus	sed
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 32.	
31a How much difficulty do you have? <i>tltdif</i>	
O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused	

1 Yes	O No 2 Could do it, but don't for other reason / Refused
62a How much difficulty do you have? Iftdif 1 Some 2 A lot 3 Unable to do 9 Don't Know	32b 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 1 Pon't Know Refused Don't do 32c Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds? lift20 Skip to Question 33. Skip to Question 32d. Skip to Question 32d. Skip to Question 32d.
	32d 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

IF ADMINISTERING TO PROXY, SKIP TO QUESTION 43.

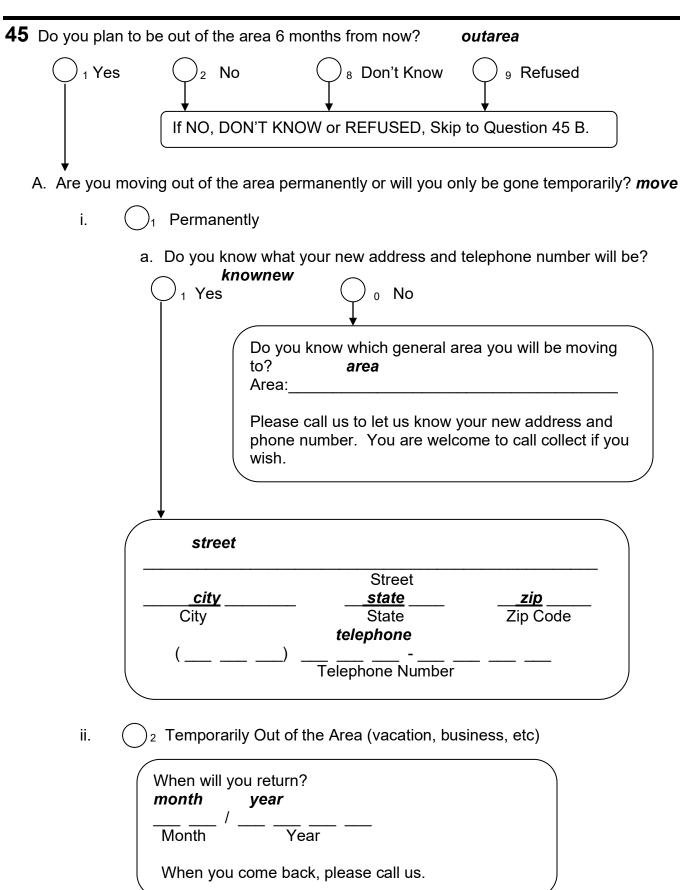
I am going to read you a list of ways you might have felt or behaved during the last week.

33 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
O ₁ Some or a little of the time (1 to 2 days)	
\bigcirc_2 A moderate amount of time (3 to 4 days)	
O₃ Most of the time	
O ₉ Refused or Don't Know	
34 I had trouble keeping my mind on what I was doing:	
On Rarely or none of the time (less than 1 day)	troubl
\bigcirc_1 Some or a little of the time (1 to 2 days)	
O ₂ A moderate amount of time (3 to 4 days)	
O₃ Most of the time	
O ₉ Refused or Don't Know	
35 I felt that everything I did was an effort:	
\bigcirc_0 Rarely or none of the time (less than 1 day)	effort
O ₁ Some or a little of the time (1 to 2 days)	
\bigcirc_2 A moderate amount of time (3 to 4 days)	
O ₃ Most of the time	
O ₉ Refused or Don't Know	

36 I felt depressed:			
	On Rarely or none of the time (less than 1 day)	depres	
	\bigcirc_1 Some or a little of the time (1 to 2 days)		
	O ₂ A moderate amount of time (3 to 4 days)		
	O ₃ Most of the time		
	O ₉ Refused or Don't Know		
37 I fe	elt hopeful about the future:		
	3 Rarely or none of the time (less than 1 day)	future	
	\bigcirc_2 Some or a little of the time (1 to 2 days)		
	O ₁ A moderate amount of time (3 to 4 days)		
	O ₀ Most of the time		
	O ₉ Refused or Don't Know		
38 I fe	elt fearful:		
38 I fe	elt fearful: ORarely or none of the time (less than 1 day)	fear	
38 I fe		fear	
38 I fe	On Rarely or none of the time (less than 1 day)	fear	
38 I fe	On Rarely or none of the time (less than 1 day) On Some or a little of the time (1 to 2 days)	fear	
38 I fe	On Rarely or none of the time (less than 1 day) On Some or a little of the time (1 to 2 days) On 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 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 sleep was restless: Rarely or none of the time (less than 1 day)		
	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 I sleep was restless: Rarely or none of the time (less than 1 day) Some or a little of the time (1 to 2 days)		

40	40 I was happy:			
	3 Rarely or none of the time (less than 1 day)	happy		
	O ₂ Some or a little of the time (1 to 2 days)			
	1 A moderate amount of time (3 to 4 days)			
	O ₀ Most of the time			
	O ₉ Refused or Don't Know			
41	I felt lonely:			
	On Rarely or none of the time (less than 1 day)	lonly		
	\bigcirc_1 Some or a little of the time (1 to 2 days)			
	\bigcirc_2 A moderate amount of time (3 to 4 days)			
	O ₃ Most of the time			
	O ₉ Refused or Don't Know			
42	I could not get going:			
	On Rarely or none of the time (less than 1 day)	getgo		
	\bigcirc_1 Some or a little of the time (1 to 2 days)			
	O ₂ A moderate amount of time (3 to 4 days)			
	O ₃ Most of the time			
	O ₉ Refused or Don't Know			

43 Do you live	alone or with other people?	livewi	th
	one	Skip to	o Question 44.
	Other People in househol	ld	people
	efused		
,	live with (for example, with your s Note: Read response options. N		,
◯₁ Sp	oouse		spouse
Otl	her relatives, in-laws, or friends		other
O₁ Un	nrelated individuals (e.g., paid hel	lp)	unrelated
O ₁ Do	on't know		dontknow
◯₁ Re	efused		refused
44 In what type	of home or residence do you live	?home	typ
O 100	ommunity-dwelling single family h	nome or	apartment
	ome, apartment or other unit whe housekeeping, but NO staff disp	•	nal services are provided such as meal of medication.
	partment or other unit where there	e are st a	aff dispensing and watching you take
inc	• • •		ance in most or all of your daily needs you take your medications, meals,
○ 5O	ther (specify) homeoth		
9 D	Oon't know/refused		



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.
46 <i>Interviewer:</i> Were there any special problems associated with this interview? <i>specprob</i>
1 Yes 0 No
1 Hearing Problems problem
2 Language (difficulty speaking or understanding English)
3 Cognition of proxy
Other (Specify:) othprob
The Cardiovascular Health Study is very grateful for your participation over these years. We want you to know how special you are, and ask if you would share with us what has enabled you to live such a long life. Is there anything you would like to tell me about what you have done to live such a long life?
longlife
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.