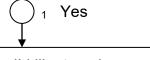
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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.



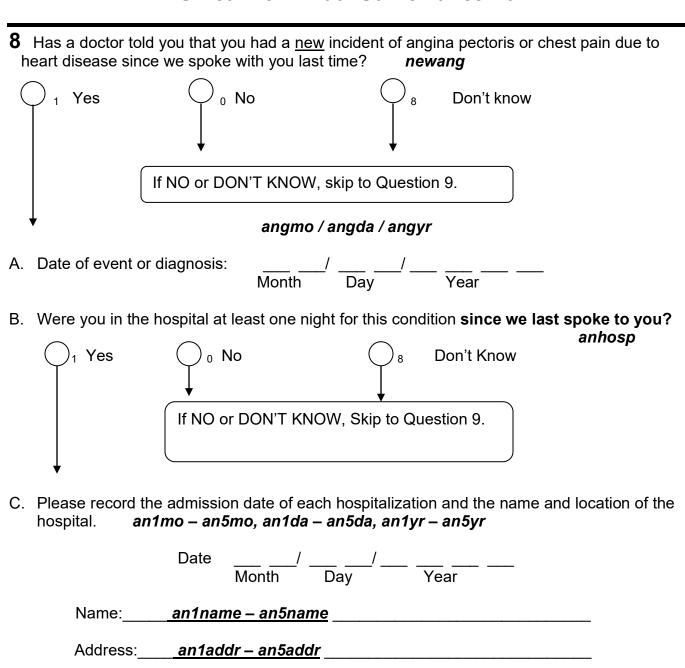
Is there a better time I can call to ask you about your health?

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 3Hospitalized
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
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 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
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 Og Refused beddays2
Answer "0" if you haven't spent any days in bed in the last two weeks.

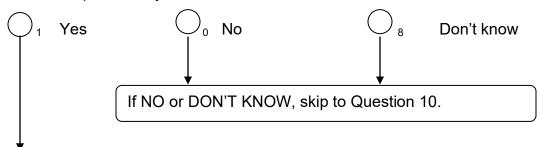
Year 23 annual surveillance call Revision 1.10 4/14/10

а	Did you have a pas angioplasty, PTCtime?			•	•	-	
	∫₁Yes	O ₀ No	8	Don't Know	9	Refused	arthrt
	Have you had car time?	diac catheterizatio	n or coro	nary angiograp	ohy since	we spoke	with you last
	O ₁ Yes	O ₀ No	8	Don't Know	9	Refused	cardcath
	Did you have a pr legs since we spoke			pital to open u	ıp the arte	eries in eith	er of your
	O ₁ Yes	O No	8	Don't Know	9	Refused	artlegs
	Has a doctor told spoke with you last	time?	ı <u>new</u> my	ocardial infarct	tion or he	art attack s	ince we
(1 Yes	O No		8	Don't kno	ow new	vmi
		f NO or DON'T KN	OW, skip	to Question 8	l.		
	Date of event or o						
	1 Yes	If NO or DON'T	KNOW,			mihos	p
C.	↓ . Please record the hospital. <i>mi1n</i>	no – mi5mo, mi1c	la – mi5c		5yr	ime and loc	ation of the
	Name:	<u>mi1name – mi5</u>	name			· · · · · · · · · · · · · · · · · · ·	
	Address:	<u>mi1addr – mi5ad</u>	ddr				
	City <u>n</u>	ni1city – mi5city	State: <i>mi</i>	i1stat – mi5st	at Zip: m	ni1zip – mi	5zip



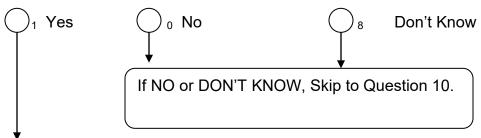
City: <u>an1city – an5city</u> State: an1stat – an5stat Zip: an1zip – an5zip

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

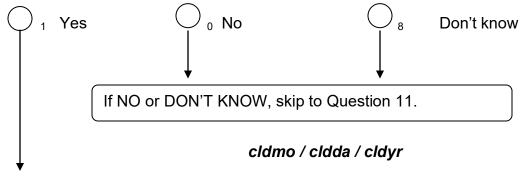
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**chhosp



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

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

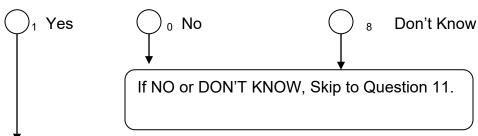
10Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? **newcld**



A. Date of event or diagnosis:

/	/		
Month	Day	Year	

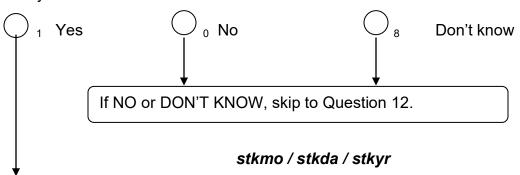
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**



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 /	/	Year		
Name:_	cl1naı	ne – cl5na	me			
Address	s: cl1ad d	lr – cl5add	r			
City	cl1city - cl5	city State:	cl1stat _ c	15etat 7in	cl1zin – cl	15zin

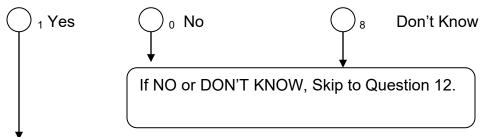
11 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? **newstk**



A. Date of event or diagnosis:

/	/		
Month	Day	Year	

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

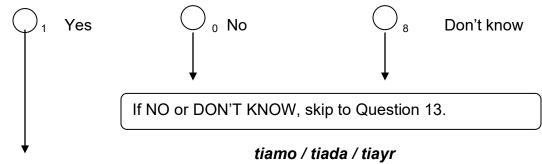
Date ____/ ___/ ____/ ____ Year ____

Name:____ *st1name – st5name* _____

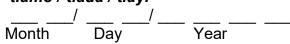
Address:__ st1addr - st5addr _____

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

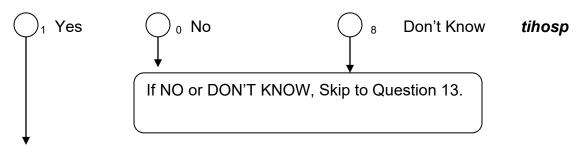
12 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time? *newtia*



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?



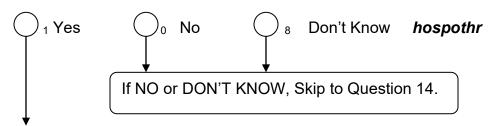
C. Please record the admission date of each hospitalization and the name and location of the hospital. *ti1mo - ti5mo, ti1da - ti5da, ti1yr - ti5yr*

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 – rshos</u>	<u>5</u>		
	Hospital Name	<u>hosname1 – ho</u>	sname5		
	Address hosa	ddr1 – hosaddr5	City/State	hoscity1 – hosci	ty5
				hosstat1 – hosst	at5
	mohos1 – mohos5/ dah	nos1 – dahos5/ yrh	os1 – yrhos5	lenhos1 – lenh	os5
	Date of hospitalization:N	// lonth Day		Length of stay:	days
2)	Reason for admission				
	Hospital Name				
	Address		City/State		
	Date of hospitalization:	/// Month Day	 Year	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 1 No 1 No 1 No 1 No 2 No 3 No 3 No 4 Now nurshm 1 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 <u>nuraddr1 – nuraddr5</u> 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 08 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 <i>hbp</i>	0	1	2	8	9
B Atrial Fibrillation <i>afib</i>					
C Deep Vein Thrombosis (or blood clots in legs) <i>dvt</i>					
D Pulmonary embolism (blood clots in lungs) <i>pemb</i>					
E Rheumatic Fever or Heart Valve Problems <i>rf</i>					
F Asthma asthma					
G Emphysema emphysem					
H High lipids or cholesterol <i>lipid</i>					
I Diabetes diabetes					

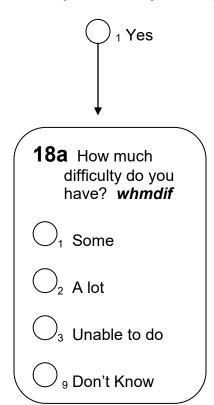
How are you treated for diabetes? <i>trtdiab</i> O ₁ Insulin O ₂ Oral Hypoglycemic Agent
O ₃ Other:othdiab
diabyear How many years have you had Diabetes? Interviewer Note: If number of years with diabetes is unknown, enter "99"

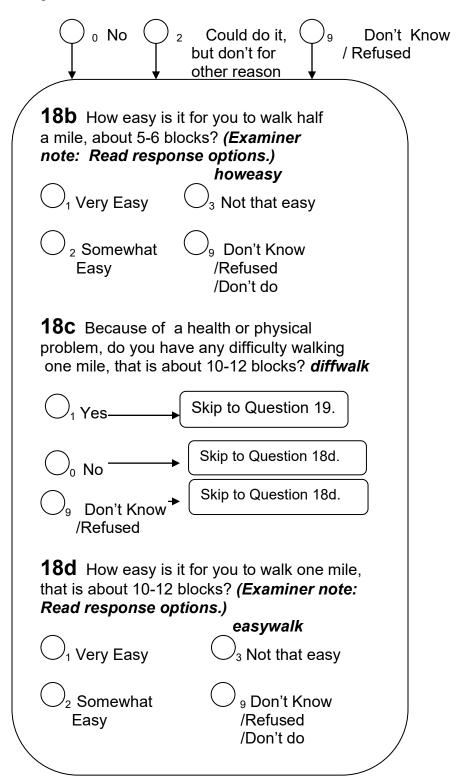
16 Are you currently taking medication prescribed by a doctor for any of the following conditions?

	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				

17	Which of the following best describes your current smoking	status? smoking
	1 Never Smoked	Skip to Question 18.
	2 Former Smoker, Quit More Than 1 Year Ago →	
	☐ 3 Former Smoker, Quit Less Than 1 Year Ago	
	4 Current Smoker	
	8 Don't Know	
	◯ ₉ Refused	

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
20 Do you have any difficulty getting out of bed or a chair? <i>bed</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 21.
20a How much difficulty do you have? beddif
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused

Do you have any difficult	ty walking up 10 steps? <i>steps</i>
1 Yes	O No O2 Could do it, O9 Don't le but don't for other reason
21a How much difficulty do you have? stpdif	21b How easy is it for you to walk up 10 steps without resting? (Examiner note: Read response options.)
O ₁ Some	Step10
	\bigcup_1 Very Easy \bigcup_3 Not that easy
J₂ A lot	○₂ Somewhat ○₂ Don't Know
O ₃ Unable to do	Easy /Refused /Don't do
O ₉ Don't Know	21c Because of a health or physical 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.
	/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 1 Very Easy 3 Not that easy
	Somewhat O ₉ Don't Know /Refused /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?
--

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>
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? <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 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 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 th toilet, including getting to the toilet? toilet
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 32.
31a How much difficulty do you have? <i>tltdif</i>
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused

of groceries? <i>liftng</i>	ifting or carrying something as heavy as 10 pounds, such as a b
	other reason •
32a How much difficulty do you have? <i>Iftdif</i>	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
O ₁ Some	O ₁ Very Easy O ₃ Not that easy
O ₂ A lot	Somewhat O ₉ Don't Know /Refused /Don't do
Unable to do O₂ Don't Know	32c 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 33.
	Skip to Question 32d.
	Og Don't Know /Refused 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.) carry 20
	U₁ Very Easy U₃ Not that easy
	Somewhat Easy /Refused /Don't do

IF ADMINISTERING TO PROXY, SKIP TO QUESTION 43.

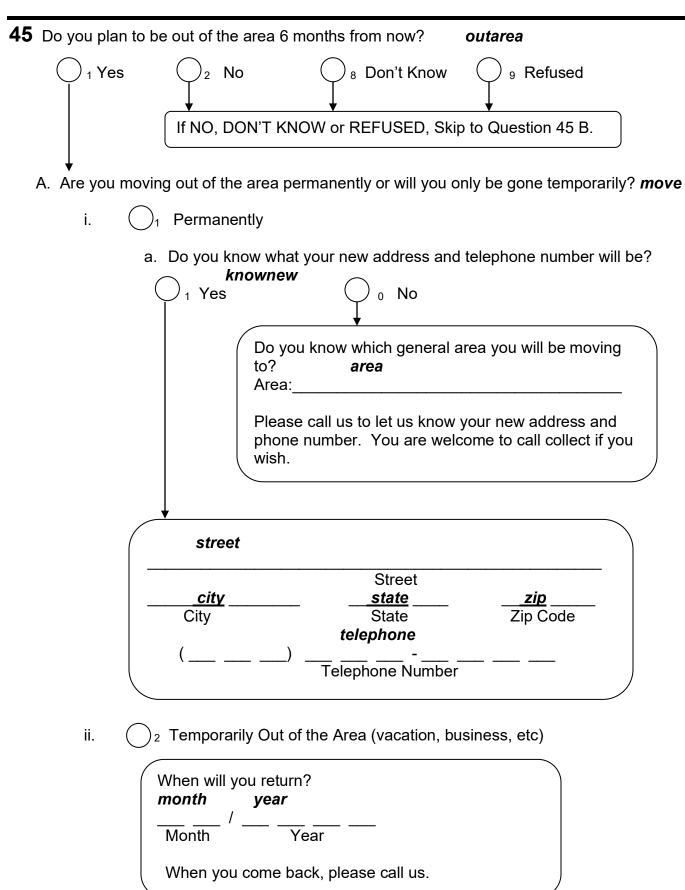
I am going to read you a list of ways you might have felt or behaved during the last week.

33 During the past week, I was bothered by things that usually don't bother me. How often did you feel this way?			
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)			
2 A moderate amount of time (3 to 4 days)			
O ₃ 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			
O ₁ Some or a little of the time (1 to 2 days)			
2 A moderate amount of time (3 to 4 days)			
O ₃ Most of the time			
Refused or Don't Know			
35 I felt that everything I did was an effort:			
On Rarely or none of the time (less than 1 day) effort			
O 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			

36 I felt depressed:			
	O 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	
	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	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) On Some or a little of the time (1 to 2 days) On A moderate amount of time (3 to 4 days) On Most of the time On Refused or Don't Know On Sleep was restless: On Rarely or none of the time (less than 1 day) On 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:			
	O Rarely or none of the time (less than 1 day)	lonly		
	\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			
42	I could not get going:			
	O Rarely or none of the time (less than 1 day)	getgo		
	O 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 li	ve alone or with other people? <i>live</i>	with		
	Alone ————— Skip With other people	to Question 44.		
	Other People in household	people		
\bigcirc_8	Don't know			
\bigcirc_9	Refused			
A. Who do you live with (for example, with your spouse, relatives or friends)? Interviewer Note: Read response options. Mark all that apply.)				
\bigcirc_1	Spouse	spouse		
\bigcirc_1	Other relatives, in-laws, or friends	other		
\bigcirc_1	Unrelated individuals (e.g., paid help)	unrelated		
\bigcirc_1	Don't know	dontknow		
\bigcirc_1	Refused	refused		
44 In what ty	pe of home or residence do you live? hom	netyp		
\bigcirc	¹ Community-dwelling single family home of	or apartment		
	² Home, apartment or other unit where opt or housekeeping, but NO staff dispensin	•		
_	³ Apartment or other unit where there are s your medication.	staff dispensing and watching you take		
	⁴ Facility where you are provided with assi including staff dispensing and watching bathing, etc.			
	⁵ Other (specify) homeoth			
	⁹ Don'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 <i>Participant Tracking Information Sheet, Contact 1 and Contact 2,</i> for the hard copy.
46 Interviewer: Were there any special problems associated with this interview? specprob
1 Yes 0 No
☐ 1 Hearing Problems <i>problem</i>
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
rongine
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.