Cardiovascular Health Study  
YEAR 16 SIX-MONTH TELEPHONE INTERVIEW

PUBLIC REPORTING BURDEN FOR THIS COLLECTION OF INFORMATION IS ESTIMATED TO AVERAGE 10 MINUTES PER RESPONSE, INCLUDING THE TIME FOR REVIEWING INSTRUCTIONS, SEARCHING EXISTING DATA SOURCES, GATHERING AND Maintaining THE DATA NEEDED, AND COMPLETING AND REVIEWING THE COLLECTION OF INFORMATION. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6701 Rockledge Drive, MSC 7730, Bethesda, MD 20892-7730, ATTN: PRA OMB No. 0925-0334. Do not send the completed form to this address.

INTRODUCTION

Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If 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. Did you receive the letter we sent you?

If the participant received the letter:

Good. Do you have a few minutes to speak on the phone now?

If the participant did NOT receive the letter:

I'm sorry that you didn't receive our letter since it told about this telephone call. We told you that we would be calling you in about 6 months. Six months have now passed and we are calling to say hello and to find out how you have been since we last saw you. Do you have a few minutes to speak on the phone now?

If interview is not completed (e.g. participant refuses) do not complete this form; record result on Contact Log.

Interview completed by: participant proxy

If by proxy, reason:

hearing 1  
cognitive 2  
hospitalized 3  
other illness 4  
other (specify) 5

INTERVIEW

Go to the Participant Tracking Information sheet to verify the participant's name and address.

Has the participant moved during the last six months?

yes no don't know

Did you move during the last month?

yes no don't know

If Yes then

1. What is your current marital status? Are you:

married 1  
widowed 2  
divorced 3  
separated 4  
never married 5  
other (specify) 6

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:

excellent? 1  
very good? 2  
good? 3  
refused/don't know? 4

fair? 1  
poor? 2  
refused/don't know? 4

3. How would you say your health compares to other persons of your age? Would you say your health is:

better than others your age? 1  
about the same as others your age? 2  
worse than others your age? 3  
don't know? 4

read responses
4. How does your health compare to when we spoke to you in month? Would you say your health is:

|   | better | 1 | worse | 3 | about the same | 2 | don’t know | 9 |

5. 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.

|   | number of days |   | (00 to 14 only) |   |   |   | If 00, skip to Question 7 |

6. What illness caused you to stay in bed? (Do not read responses)

|   | heart attack, heart failure | 1 | mental illness | 5 | diabetes | 2 | cold or flu | 6 | arthritis | 3 | cancer | 7 | stroke | 4 | injury | 8 | general fatigue or weakness (incl. old age) | 9 | lung disease or emphysema, bronchitis | 10 | recovering from surgery | 11 | other (specify) | 12 | don’t know | 99 |

7. Have you had coronary bypass surgery (CABG) since we spoke to you about six months ago?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>unknown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

8. Have you had a cardiac catheterization or coronary angiography since we spoke to you about six months ago?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>unknown</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

9a. Has a doctor told you that you had a new myocardial infarction or heart attack since we spoke to you about six months ago?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>go to Question 10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

9b. Date of event or diagnosis:

<table>
<thead>
<tr>
<th></th>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

9c. How many times altogether did you see a doctor for this condition over the last six months, that is, since month?

<table>
<thead>
<tr>
<th></th>
<th>times</th>
</tr>
</thead>
</table>

9d. What is the doctor’s name and address?

<table>
<thead>
<tr>
<th></th>
<th>name</th>
<th>address</th>
</tr>
</thead>
</table>

9e. Were you in the hospital at least one night for this condition over the last six months?

<table>
<thead>
<tr>
<th></th>
<th>yes</th>
<th>no</th>
<th>go to Question 10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

9f. How many different times were you in the hospital for this condition?

<table>
<thead>
<tr>
<th></th>
<th>times</th>
</tr>
</thead>
</table>

9g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

<table>
<thead>
<tr>
<th></th>
<th>month</th>
<th>day</th>
<th>year</th>
<th>name/city</th>
</tr>
</thead>
</table>

9h. How many days altogether were you hospitalized for this condition?

<table>
<thead>
<tr>
<th></th>
<th>days</th>
</tr>
</thead>
</table>
10a. Has a doctor told you that you had a new episode of angina pectoris or chest pain due to heart disease since we spoke to you about six months ago?

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

→ go to Question 11

10b. Date of event or diagnosis:

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

10c. How many times altogether did you see a doctor for this condition over the last six months, that is, since month?

<table>
<thead>
<tr>
<th>times</th>
</tr>
</thead>
</table>

10d. What is the doctor's name and address?

name
address

10e. Were you in the hospital at least one night for this condition over the last six months?

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

→ go to Question 11

10f. How many different times were you in the hospital for this condition?

<table>
<thead>
<tr>
<th>times</th>
</tr>
</thead>
</table>

10g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
<th>name/city</th>
</tr>
</thead>
</table>

10h. How many days altogether were you hospitalized for this condition?

<table>
<thead>
<tr>
<th>days</th>
</tr>
</thead>
</table>

11a. Has a doctor told you that you had a new episode of heart failure or congestive heart failure since we spoke to you about six months ago?

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

→ go to Question 12

11b. Date of event or diagnosis:

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
</tr>
</thead>
</table>

11c. How many times altogether did you see a doctor for this condition over the last six months, that is, since month?

<table>
<thead>
<tr>
<th>times</th>
</tr>
</thead>
</table>

11d. What is the doctor's name and address?

name
address

11e. Were you in the hospital at least one night for this condition over the last six months?

<table>
<thead>
<tr>
<th>yes</th>
<th>no</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

→ go to Question 12

11f. How many different times were you in the hospital for this condition?

<table>
<thead>
<tr>
<th>times</th>
</tr>
</thead>
</table>

11g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
<th>name/city</th>
</tr>
</thead>
</table>

11h. How many days altogether were you hospitalized for this condition?

<table>
<thead>
<tr>
<th>days</th>
</tr>
</thead>
</table>
12a. Has a doctor told you that you had a new episode of intermittent claudication or leg pain from artery blockage since we spoke you about six months ago?

   yes  no
   0 1  0 0  go to Question 13

12b. Date of event or diagnosis:

   month / day / year

12c. How many times altogether did you see a doctor for this condition over the last six months, that is, since month?

   times

12d. What is the doctor's name and address?

   name
   address

12e. Were you in the hospital at least one night for this condition over the last six months?

   yes  no
   0 1  0 0  go to Question 13

12f. How many different times were you in the hospital for this condition?

   times

12g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

   month / day / year
   name/city

12h. How many days altogether were you hospitalized for this condition?

   days

13a. Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke you about six months ago?

   yes  no
   0 1  0 0  go to Question 14

13b. Date of event or diagnosis:

   month / day / year

13c. How many times altogether did you see a doctor for this condition over the last six months, that is, since month?

   times

13d. What is the doctor's name and address?

   name
   address

13e. Were you in the hospital at least one night for this condition over the last six months?

   yes  no
   0 1  0 0  go to Question 14

13f. How many different times were you in the hospital for this condition?

   times

13g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

   month / day / year
   name/city

13h. How many days altogether were you hospitalized for this condition?

   days
14a. Has a doctor told you that you had a new transient ischemic attack or TIA or silent stroke since we spoke you about six months ago?

- [ ] yes
- [ ] no

14b. Date of event or diagnosis:

- [ ] month
- [ ] day
- [ ] year

14c. How many times altogether did you see a doctor for this condition over the last six months, that is, since month?

- [ ] times

14d. What is the doctor's name and address?

- [ ] name
- [ ] address

14e. Were you in the hospital at least one night for this condition over the last six months?

- [ ] yes
- [ ] no

14f. How many different times were you in the hospital for this condition?

- [ ] times

14g. Please tell me the admission dates of the hospitalizations and where you were hospitalized?

<table>
<thead>
<tr>
<th>month</th>
<th>day</th>
<th>year</th>
<th>name/city</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

14h. How many days altogether were you hospitalized for this condition?

- [ ] days

If Questions 9-14 are all negative, do not read phrase in italics for Questions 15, 16, and 17:

15. In addition to the visits to the doctor you have already told me about, how many times altogether have you seen a doctor because of your health since we saw you six months ago?

- [ ] times

16. In addition to the hospitalizations you have already told me about, how many other times have you stayed overnight in a hospital since we saw you six months ago?

- [ ] times

17. Please tell me the reason you were admitted, the name and location of the hospital, and the date you were admitted for each time you stayed overnight in a hospital for problems you have not already told me about.

Record “same as (a/b/c/d/e)” if the reason or the hospital are repeated. Record dates. If there are more than 5 non-cardiovascular admissions, record others on a separate sheet of paper and attach to this form.

For a through e, please complete the following:

- [ ] line1: reason for hospitalization
- [ ] line2: name, city, and state of hospital

- [ ] a.
- [ ] b.
- [ ] c.
- [ ] d.
- [ ] e.

Were you an overnight patient in a hospital at any other time during the past six months?

- [ ] yes
- [ ] no
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.

18. Have you stayed overnight as a patient in a nursing home or rehabilitation center since month?

O 1 yes  O 0 no  If No, Go to Question 20

19. Please tell me the reason you were admitted, the name and location of the nursing home, and the date you were admitted for each time you stayed overnight in a nursing home or rehabilitation center.

Record "same as (a/b/c/d/e)" if the reason or the nursing home are repeated. Record dates. If there are more than 5 nursing home admissions, record others on a separate sheet of paper and attach to this form.

For a through e, please complete the following:

line1: reason for hospitalization mo/day/year
line2: name, city, and state of hospital

a. 

b. 

c. 

d. 

e. 

190/36336934

20. Did you have a procedure in or out of the hospital to open up the arteries in either of your legs in the last six months?

O 1 yes  O 0 no  Go to Question 21

a. Date of procedure: month / day / year

b. Where was the procedure done?

Doctor's office or name and location of hospital

21. Please tell me if you have ever had any of the following conditions? Read list below if participant answers no, check 'I-Never told'; if participant answers yes, ask: Was that during the past year or more than one year ago? (check appropriate response below).

<table>
<thead>
<tr>
<th>Condition</th>
<th>Never told</th>
<th>During the past year</th>
<th>More than 1 year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>Asthma</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>Deep vein thrombosis (blood clots in legs)</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>Rheumatic fever or heart valve problems</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>Emphysema</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
<tr>
<td>Diabetes</td>
<td>O 1</td>
<td>O 2</td>
<td>O 3</td>
</tr>
</tbody>
</table>

What month and year were you first told that you had diabetes? month / year

22. Have you ever had any of the following problems?

<table>
<thead>
<tr>
<th>Condition</th>
<th>yes</th>
<th>no</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foot ulcers/sores on feet</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
<tr>
<td>High blood sugar</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
<tr>
<td>Low blood sugar</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
<tr>
<td>Fainting or passing out</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
<tr>
<td>Eye problems</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Condition</th>
<th>yes</th>
<th>no</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
<tr>
<td>Atrial Fibrillation</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
<tr>
<td>Deep vein thrombosis (blood clots in legs)</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
<tr>
<td>Diabetes</td>
<td>O 1</td>
<td>O 0</td>
<td>O 9</td>
</tr>
</tbody>
</table>

How are you treated for diabetes?

O 1 Insulin  O 2 Oral Hypoglycemic Agent  O 3 Other
41. Do you plan to be out of the area 6 months from now?

Are you moving out of the area permanently or will you only be gone temporarily? 

- Yes 1 0
- No

1. permanently

Do you know what your new address and telephone number will be?

- Yes 1

1. street
2. city
3. state
4. zip
5. telephone number

- No 0

Do you know which general area you will be moving to?

area

Please call us to let us know your new address and phone number. You are welcome to call collect, if you wish.

0. temporarily out of the area (vacation, business, etc.)

When will you return?

1. month
2. year

When you come back, please call us.

39. 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 yourself. Please tell me if the information I have is still correct.

Go to the Participant Tracking Information Sheet, Proxy, for the hard copy.

40. 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 anytime 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 with you. Please call us if you move or if you should have to go to a hospital or nursing home, even if you have moved from the area. You are always welcome to call collect.

If another participant lives at this address, attempt to interview the next participant.