

SURVEILLANCE TELEPHONE INTERVIEW

Background and Rationale

The Surveillance Telephone Calls will be administered approximately every six months. Its purpose is to a) collect tracking information, b) ascertain hospitalizations, nursing home stays and new cardiovascular events, c) document changes in social relations and contact persons since the last contact, d) assess function, and e) inventory medications (annually).

Methods

For each month, a list of participants due for a telephone call is produced. A Contact Log and a Tracking Sheet containing the current contact information is created for each participant. The Contact Log may be used to assist in tracking the process of completing the contact, and the Tracking Sheet is used to verify or update the contact information for participants, their proxies or contact people, and their physician. For details about producing these materials, please see the Tracking MOP.

The Follow-Up Telephone Call is administered by a CHS certified interviewer. The average time for administration is 20-30 minutes. However, if the participant wishes to prolong the conversation, the interviewer will continue the call in the interest of maintaining good rapport with the participant.

Communication involving Events:

Prior to your first attempt at contacting the participant, it is important to check with your site's Events Coordinator regarding the possibility of death or any recent changes in health status of the participant or his/her spouse. Knowledge of and sensitivity to these issues will aid in collecting information from the participant and help eliminate any awkwardness that may be caused by ignorance of the situation. If the participant is unable to provide the information him/herself, be aware that the form may be filled out by the designated proxy or other contact if also designated as a proxy.

Contacting the Participant / Using the Contact Log:

A six-week window has been calculated as the ideal time for conducting the interview with each participant (the window was determined from date of the Year 5 or Year 6 visit). This window is displayed on the Follow-Up Contact Log for the ongoing contact period. If you are not able to administer the interview during the window, attempts may be continued until two months prior to the opening of the window for the next contact. Every attempt should be made to locate and speak to the participant him/herself.

A Contact Log is provided for each participant, which will indicate the window within which the interview should be conducted. This is an administrative form to be used by clinic staff to track the steps needed to complete the contact. On the form, one line should be used for each attempted contact. For each attempted contact, a pending result code may be assigned during the period in which contact attempts are continuing. Once the interview is done or it is clear that the interview will not be completed, a final result code is assigned. Pending codes are not entered into the database. Final codes are entered **ONLY IF THE CALL IS NOT COMPLETED**. If an interview is complete, final code will be set automatically when the interview results are entered.

Information collected includes:

- Date of Contact
- Day of Week
- Time
- Pending Result Code
- Final Result Code

The Result Codes are:

- Pending Codes
 - *1 - No Answer:* For this date and time, the telephone attempt resulted in no answer.
 - *2 - Bad Number/Disconnected:* After dialing the telephone number listed on the Contact Log, the number was reported as a non-working or disconnected number. This code implies further investigation by the interviewer to identify another telephone number for the participant
 - *3 - Unable to Reach by Telephone - Letter Sent:* If after repeated attempts to reach the participant have failed, a letter is to be sent to the participant at the address listed on the Contact Log (or at a more recent address if known).
 - *4 - Contacted but Not Scheduled:* This code is to be used when the participant has been contacted but the interview has not yet been administered. This code implies that further attempts to schedule the interview will be made
 - *5 - Temporarily Unavailable, Contact after -/-/ - :* If information becomes available that the participant is temporarily unavailable (e.g. on jury duty, out-of-town, minor illness or injury), this code is to be used. The date at which the participant will be available again should be reported on the form
 - *6 - Refused, Conversion Attempt Pending:* When a participant initially refuses the Telephone Call, additional efforts to change his/her mind will be attempted. This code is to be used in the interim while conversion attempts are being made.
- Final Codes
 - *10 – Schedule on a future date:* Participant is not able to complete an interview but may be able to do so in the future. An estimated date to schedule a future call should be entered in the space provided. (This code is no longer included on the Contact Log.)
 - *16 – Participant Deceased:* Reliable information indicates that the participant has died.
 - *30 – Absolute Do Not Contact Again:* Participant or proxy expresses a clear, definite wish to terminate participation in the study.
 - *40 – Soft “Do Not Contact”:* Participant does not wish to participate in the current contact, but may be contacted for future surveillance calls.
 - *41 – Refused due to Problem with Study:* Participant is unwilling to participate in the current contact because of dissatisfaction with some aspect of the study (e.g., interview takes too much time, etc.)
 - *42 – Refused due to Life Situation:* A personal situation causes the participant to refuse to participate in the current contact (e.g., death or illness in the family, problems with family members, etc.)
 - *43 – Refused due to Lack of Time:* Participant states that s/he does not have time to participate in the current contact.
 - *44 – Refused for Other Reason (specify reason: _____) Reason given for refusal does not fall into categories given. Write in the reason given.*

- **45 – Participant Ill at Home:** The participant or his/her family refuses the contact due to a major injury or illness and does not want proxy procedures implemented.
- **46 – Participant in Nursing Home:** The participant is currently in a nursing home and the family refuses contact at that location.
- **47 – Participant in Hospital:** The participant is currently a patient in a hospital, and the family refuses contact at that location.
- **48 – Participant Cognitively Impaired or Mentally Ill:** The participant is unable to participate in the contact due to cognitive or mental problems and the family refuses a proxy interview, or a proxy is not available.
- **49 – Participant Caring for Ill Person:** Participant is unable to participate in the contact because s/he is responsible for the care of another person.
- **50 – Participant Out of Area for Extended Period:** Reliable information or contact with the participant indicates that the participant will not be in the area for the remainder of the time during which the contact may be completed. Report expected date of return to the area, if known.
- **51 – Unable to Locate Participant:** Attempts to contact either the participant or proxies by phone, mail or in person have failed. No further attempts to complete this contact will be made.
- **52 – No Show/Canceled on 3 Occasions:** This code was used for clinic or home visits and has little use for phone interviews. It is obsolete at this time.
- **53 – Contact skipped due to Late Previous Contact:** Previous contact was so late that it was done in the contact window for this interview.
- **54 – Not Done for Other Reasons (specify reason: _____)** Reason given for not participating does not fall into categories given. NOTE: This is not a refusal code; refused for other reason is a code 44.
- **55 – Family or Gatekeeper Refusal:** Participant’s family or caregiver will not permit contact with participant.

Introductory Script:

(Use clinic and events records to investigate participant’s marital status or to determine if a spouse has recently died. If participant’s marital status is known, you may fill in Question 1 in advance.)

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?

If Yes: *Now I’d like to ask you our questions about your health.* Proceed with interviews

If No: *Is there a better time I can call to ask you about your health?*

If yes, note date or time on contact log and try again at that time.

If refusal, enter final code on Contact Log

General Health

Question 2 – Would you say, in general, your health is (read the alternatives and code the response given):

- “Excellent”
- "Very Good"
- "Good"
- "Fair"

- "Poor"
- "Don't Know" if participant does not know
- "Refused" if participant refuses to answer

Question 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.

- (Record the number of days from 00 to 14. If no days in bed, record "0".)

Question 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? (Record response given):

- "Yes"
- "No"
- "Don't Know" if participant does not know
- "Refused" if participant refuses to answer

Question 5 – Have you had cardiac catheterization or coronary angiography since we spoke with you last time? (Record response given):

- "Yes"
- "No"
- "Don't Know" if participant does not know
- "Refused" if participant refuses to answer

Question 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? (Record response given):

- "Yes"
- "No"
- "Don't Know" if participant does not know
- "Refused" if participant refuses to answer

Events Documentation

Question 7 – Myocardial Infarction: Has a doctor told you that you had a new myocardial infarction or heart attack since we spoke with you last time? (Record response given):

- "Yes" – Continue on to Questions 7A, 7B, and 7C
- "No" – Skip to Question 8
- "Don't Know" – Skip to Question 8

Question 7A – Date of event or diagnosis. Ask the participant to recall the date that their doctor told them they had the event. Complete as much information as possible. If the exact date is not know, please ask the participant to estimate the approximate date. An estimate is better than missing information. If the participant will not provide a day, please fill in the month and year given and fill in '99' in the area for 'day'.

Question 7B - Were you in the hospital at least one night for this condition since we last spoke to you?

- "Yes" – Continue on to Question 7C
- "No" – Skip to Question 8
- "Don't Know" – Skip to Question 8

Question 7C – Ask participant to provide the name and address of the hospital into which they were admitted. Record admission date and the name and location of the hospital for each hospitalization

Question 8 – Angina: 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? (Record response given):

- "Yes" – Continue on to Questions 8A, 8B, and 8C
- "No" – Skip to Question 9
- "Don't Know" – Skip to Question 9

Question 8A – Date of event or diagnosis. Ask the participant to recall the date that their doctor told them they had the event. Complete as much information as possible. If the exact date is not know, please ask the participant to estimate the approximate date. An estimate is better than missing information. If the participant will not provide a day, please fill in the month and year given and fill in '99' in the area for 'day'.

Question 8B – Were you in the hospital at least one night for this condition since we last spoke to you?

- "Yes" – Continue on to Question 8C
- "No" – Skip to Question 9
- "Don't Know" – Skip to Question 9

Question 8C – Ask participant to provide the name and address of the hospital into which they were admitted. Record admission date and the name and location of the hospital for each hospitalization

Question 9 – Congestive Heart Failure: 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? (Record response given):

- "Yes" – Continue on to Questions 9A, 9B, and 9C
- "No" – Skip to Question 10
- "Don't Know" – Skip to Question 10

Question 9A – Date of event or diagnosis. Ask the participant to recall the date that their doctor told them they had the event. Complete as much information as possible. If the exact date is not know, please ask the participant to estimate the approximate date. An estimate is better than missing information. If the participant will not provide a day, please fill in the month and year given and fill in '99' in the area for 'day'.

Question 9B – Were you in the hospital at least one night for this condition since we last spoke to you?

- "Yes" – Continue on to Question 9C
- "No" – Skip to Question 10
- "Don't Know" – Skip to Question 10

Question 9C – Ask participant to provide the name and address of the hospital into which they were admitted. Record admission date and the name and location of the hospital for each hospitalization

Question 10 – Intermittent Claudication: 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? (Record response given):

- "Yes" – Continue on to Questions 10A, 10B, and 10C
- "No" – Skip to Question 11
- "Don't Know" – Skip to Question 11

Question 10A – Date of event or diagnosis. Ask the participant to recall the date that their doctor told them they had the event. Complete as much information as possible. If the exact date is not know, please ask the participant to estimate the approximate date. An estimate is better than missing information. If the participant will not provide a day, please fill in the month and year given and fill in '99' in the area for 'day'.

Question 10B – Were you in the hospital at least one night for this condition since we last spoke to you?

- "Yes" – Continue on to Question 10C
- "No" – Skip to Question 11
- "Don't Know" – Skip to Question 11

Question 10C – Ask participant to provide the name and address of the hospital into which they were admitted. Record admission date and the name and location of the hospital for each hospitalization

Question 11 – Stroke: Has a doctor told you that you had a new stroke or cerebrovascular accident since we spoke with you last time? (Record response given):

- "Yes" – Continue on to Questions 11A, 11B, and 11C
- "No" – Skip to Question 12
- "Don't Know" – Skip to Question 12

Question 11A – Date of event or diagnosis. Ask the participant to recall the date that their doctor told them they had the event. Complete as much information as possible. If the exact date is not know, please ask the participant to estimate the approximate date. An estimate is better than missing information. If the participant will not provide a day, please fill in the month and year given and fill in '99' in the area for 'day'.

Question 11B – Were you in the hospital at least one night for this condition since we last spoke to you?

- "Yes" – Continue on to Question 11C
- "No" – Skip to Question 12
- "Don't Know" – Skip to Question 12

Question 11C – Ask participant to provide the name and address of the hospital into which they were admitted. Record admission date and the name and location of the hospital for each hospitalization

Question 12 – TIA: Has a doctor told you that you had a new transient ischemic attach or TIA or mini stroke since we spoke with you last time? (Record response given):

- "Yes" – Continue on to Questions 12A, 12B, and 12C
- "No" – Skip to Question 13
- "Don't Know" – Skip to Question 13

Question 12A – Date of event or diagnosis. Ask the participant to recall the date that their doctor told them they had the event. Complete as much information as possible. If the exact date is not know, please ask the participant to estimate the approximate date. An estimate is better than

missing information. If the participant will not provide a day, please fill in the month and year given and fill in '99' in the area for 'day'.

Question 12B – Were you in the hospital at least one night for this condition since we last spoke to you?

- "Yes" – Continue on to Question 12C
- "No" – Skip to Question 13
- "Don't Know" – Skip to Question 13

Question 12C – Ask participant to provide the name and address of the hospital into which they were admitted. Record admission date and the name and location of the hospital for each hospitalization

Question 13 – Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 7 through 12 since we spoke to you last time? (Record response given):

- "Yes" – Record reason for admission, hospital name and address, and hospitalization date for each hospitalization.
- "No" – Skip to Question 14
- "Don't Know" – Skip to Question 14

Question 14 – Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you last time? (Record response given):

- "Yes" – Complete Section A: Record reason for admission, nursing home name and address, and admission date for each overnight stay.
- "No" – Skip to Question 15
- "Don't Know" – Skip to Question 15

If participant is in an assisted living situation, the answer should be **no**. If the person is living in a nursing home, the answer is **yes**. Record the admission date, even if this same information has been collected in previous interviews. (See below for definitions of nursing homes and other facilities.)

- Assisted Living Facility – A home, apartment or other unit where optional services are provided such as meal or housekeeping, but NO staff dispensing of medication.
- Personal Care Home – Apartment or other unit where there are staff dispensing and watching a person take medication
- Nursing Home – Facility where assistance is provided in most or all of the daily needs including staff dispensing and watching a person take medications, meals, bathing, etc.

Question 14B – Are you currently staying in a nursing home or rehabilitation center? (Complete this question if the answer to Question 14 is **yes**. Record the response: Yes, No, or Don't know.)

Current conditions

Question 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. (Read each condition on the list and record response.)

- "Never told"
- "First told during the past year"
- "First told more than one year ago"

- “Don’t Know” if participant does not know
- “Refused” if participant refuses to answer

If participant was told he/she had diabetes, record type of treatment and number of years with diabetes. If number of years is unknown, enter “99”.

Question 16 – Are you currently taking medication prescribed by a doctor for any of the following conditions? (Read each condition on the list and record response.)

- "Yes"
- "No"
- “Don’t Know” if participant does not know
- “Refused” if participant refuses to answer

Physical Functioning

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

- "Yes"
- "No"
- “Could do it, but don’t for other reason"
- “Don’t Know/Refused” if participant does not know or refuses to answer

If yes: Question 17a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- “Unable to do"
- “Don’t Know” if participant does not know

If no, could do but don’t, or don’t know:

Question 17b – How easy is it for you to walk half a mile, about 5-6 blocks? (Read responses and record)

- "Very easy"
- "Somewhat easy"
- “Not that easy"
- “Don’t Know/Refused/Don’t do”

Question 17c – Because of a health or physical problem, do you have any difficulty walking one mile, that is about 10-12 blocks? (Record response)

- "Yes" – Skip to Question 18
- "No" – Skip to Question 17d.
- “Don’t Know/Refused” Skip to Question 17d

Question 17d – How easy is it for you to walk one mile, that is about 10-12 blocks? (Read responses and record)

- "Very easy"
- "Somewhat easy"
- “Not that easy"
- “Don’t Know/Refused/Don’t do”

Question 18 – Do you have any difficulty walking around your home?

- "Yes" (Go to Question 18a)
- "No" (Skip to Question 19)

- “Could do it, but don’t for other reason” (Skip to Question 19)
- “Don’t Know/Refused” (Skip to Question 19)

If yes: Question 18a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- “Unable to do"
- “Don’t Know” if participant does not know

Question 19 – Do you have any difficulty getting out of bed or a chair?

- "Yes" (Go to Question 19a)
- "No" (Skip to Question 20)
- “Could do it, but don’t for other reason” (Skip to Question 20)
- “Don’t Know/Refused” (Skip to Question 20)

If yes: Question 19a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- “Unable to do"
- “Don’t Know” if participant does not know

Question 20 – Do you have any difficulty walking up 10 steps?

- "Yes"
- "No"
- “Could do it, but don’t for other reason"
- “Don’t Know/Refused” if participant does not know or refuses to answer

If yes: Question 20a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- “Unable to do"
- “Don’t Know” if participant does not know

If no, could do but don’t, or don’t know:

Question 20b – How easy is it for you to walk up 10 steps without resting? (Read responses and record)

- "Very easy"
- "Somewhat easy"
- “Not that easy"
- “Don’t Know/Refused/Don’t do”

Question 20c – Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? (Record response)

- "Yes" – Skip to Question 21
- "No" – Skip to Question 20d.
- “Don’t Know/Refused” Skip to Question 20d

Question 20d – How easy is it for you to walk up 20 steps, that is about 2 flights, without resting? (Read responses and record)

- "Very easy"
- "Somewhat easy"

- “Not that easy”
- “Don’t Know/Refused/Don’t do”

Question 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?

- "Yes" (Go to Question 21a)
- "No" (Skip to Question 22)
- “Could do it, but don’t for other reason” (Skip to Question 22)
- “Don’t Know/Refused” (Skip to Question 22)

If yes: Question 21a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- “Unable to do"
- “Don’t Know” if participant does not know

Question 22 – Because of health or physical problems, do you have any difficulty or are you unable to do light housework?

- "Yes" (Go to Question 22a)
- "No" (Skip to Question 23)
- “Could do it, but don’t for other reason” (Skip to Question 23)
- “Don’t Know/Refused” (Skip to Question 23)

If yes: Question 22a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- “Unable to do"
- “Don’t Know” if participant does not know

Question 23– Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items?

- "Yes" (Go to Question 23a)
- "No" (Skip to Question 24)
- “Could do it, but don’t for other reason” (Skip to Question 24)
- “Don’t Know/Refused” (Skip to Question 24)

If yes: Question 23a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- “Unable to do"
- “Don’t Know” if participant does not know

Question 24 – Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals?

- "Yes" (Go to Question 24a)
- "No" (Skip to Question 25)
- “Could do it, but don’t for other reason” (Skip to Question 25)
- “Don’t Know/Refused” (Skip to Question 25)

If yes: Question 24a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

Question 25 – Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills?

- "Yes" (Go to Question 25a)
- "No" (Skip to Question 26)
- "Could do it, but don't for other reason" (Skip to Question 26)
- "Don't Know/Refused" (Skip to Question 26)

If yes: Question 25a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

Question 26 – Because of health or physical problems, do you have any difficulty or are you unable to use the telephone?

- "Yes" (Go to Question 26a)
- "No" (Skip to Question 27)
- "Could do it, but don't for other reason" (Skip to Question 27)
- "Don't Know/Refused" (Skip to Question 27)

If yes: Question 26a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

Question 27 – Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?

- "Yes" (Go to Question 27a)
- "No" (Skip to Question 28)
- "Could do it, but don't for other reason" (Skip to Question 28)
- "Don't Know/Refused" (Skip to Question 28)

If yes: Question 27a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

Question 28 – Because of health or physical problems, do you have any difficulty or are you unable to dress yourself?

- "Yes" (Go to Question 28a)
- "No" (Skip to Question 29)
- "Could do it, but don't for other reason" (Skip to Question 29)
- "Don't Know/Refused" (Skip to Question 29)

If yes: Question 28a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

Question 29 – Because of health or physical problems, do you have any difficulty or are you unable to bathe or shower?

- "Yes" (Go to Question 29a)
- "No" (Skip to Question 30)
- "Could do it, but don't for other reason" (Skip to Question 30)
- "Don't Know/Refused" (Skip to Question 30)

If yes: Question 29a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

Question 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?

- "Yes" (Go to Question 30a)
- "No" (Skip to Question 31)
- "Could do it, but don't for other reason" (Skip to Question 31)
- "Don't Know/Refused" (Skip to Question 31)

If yes: Question 30a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

Question 31 – Do you have any difficulty lifting or carrying something as heavy as 10 pounds, such as a bag of groceries?

- "Yes"
- "No"
- "Could do it, but don't for other reason"
- "Don't Know/Refused" if participant does not know or refuses to answer

If yes: Question 31a – How much difficulty do you have? (Record response)

- "Some"
- "A lot"
- "Unable to do"
- "Don't Know" if participant does not know

If no, could do but don't, or don't know:

Question 31b – How easy is it for you to lift or carry something as heavy as a bag or groceries? (Read responses and record)

- "Very easy"
- "Somewhat easy"

- “Not that easy”
- “Don’t Know/Refused/Don’t do”

Question 31c – Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds? (Record response)

- "Yes" – Skip to Question 32
- "No" – Skip to Question 31d.
- “Don’t Know/Refused” Skip to Question 31d

Question 31d – How easy is it for you to lift or carry something as heavy as 20 pounds? (Read responses and record)

- "Very easy"
- "Somewhat easy"
- “Not that easy"
- “Don’t Know/Refused/Don’t do”

Depression

This section is only administered if the interview is being completed by the participant. If a proxy is answering, skip questions 32-41.

Question 32-41 – The instruction on the form reads, “I am going to read you a list of ways you might have felt or behaved during the last week.” Possible answers are “rarely or none of the time (less than 1 day),” “some or a little bit of the time (1–2 days),” “a moderate amount of the time (3–4 days),” “most of the time (5–7 days) or “Refused or Don’t Know.” Read responses and record.

Participants may give a response that is not one of the ones listed. If this occurs, repeat the question and give the choices of both number of days a week and subjective terms as listed on the form. Do not restructure the question. Tell the participant he/she needs to select one of the options listed.

Question 32 – During the past week, I was bothered by things that don’t usually bother me.
How often did you feel this way?

Question 33 – I had trouble keeping my mind on what I was doing

Question 34 – I felt that everything I did was an effort

Question 35 – I felt depressed

Question 36 – I felt hopeful about the future

Question 37 – I felt fearful

Question 38 – My sleep was restless

Question 39 – I was happy

Question 40 – I felt lonely

Question 41 – I could not get going

Home Situation

Question 42 – In what type of home or residence do you live? (Read and record responses.)

- "Community-dwelling single family home or apartment"

- "Home, apartment or other unit where optional services are provided such as meal or housekeeping, but NO staff dispensing of medication." (*This is defined as an assisted living facility, which is not licensed to dispense medications.*)
- "Apartment or other unit where there are staff dispensing and watching you take your medication" (*This is defined as a personal care home, which is licensed for medications.*)
- "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." (*This is defined as a nursing home.*)
- "Other" – (Specify other type of residence.)
- "Don't know/refused"

Participant Tracking

Question 43 – Do you plan to be out of this area 6 months from now?"

- "Yes" – Continue to Part A
- "No" – Skip to Question 44
- "Don't Know" if participant does not know – Skip to Question 44
- "Refused" if participant refuses to answer – Skip to Question 44

If Yes: Part A – Are you moving out of the area permanently or will you only be gone temporarily?

- "Permanently" – Do you know what your new address and telephone number will be?
 - "Yes" – Record new address and phone number
 - "No" – Record general area moving to
- "Temporarily Out of the Area (vacation, business, etc)" – Record month and year of return

Question 44 – 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. (Review information on Participant Tracking Information Sheet – Proxy and update if necessary.)

Question 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. (Review information on Participant Tracking Information Sheet – Contact 1 and Contact 2 and update if necessary.)