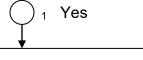
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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 12 Proxy datacl
•
a. If by proxy, reason: proxrsn
/ O ₁ Hearing O ₂ Cognitive O ₃ Hospitalized
Other Illness Other (specify) proxoth
b. What is your relationship to (name of CHS participant)? relation
Spouse or partner 2 Child
³ Family member (<u>other than</u> spouse or child) (Please specify: <i>famoth</i>)
4 Close friend U ₅ Health care provider
Other (Please specify: <i>relatoth</i>) O ₉ Refused
c. How often do you have contact with (him/her)? contoftn
1 Live together 2 Daily (but does <u>not</u> live together)
3 3 or more times a week 4 Less than 3 times a week
O ₈ Don't know O ₉ Refused
d. What is the most frequent type of contact? <i>contfreq</i>
Mostly in person 2 Mostly by phone
Both in person and by phone
Bon't know Other (Please specify: contoth)
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 them 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
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
Answer "0" if you haven't spent any days in bed in the last two weeks.

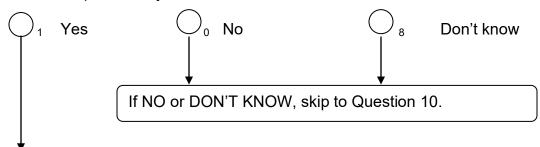
Year 21 6-month surveillance call 11/21/08

6	-	procedure in or out ΓCA, coronary arter		•	•	-	
	○₁Yes	O ₀ No	8	Don't Know	9	Refused	arthrt
	Have you had catime?	ardiac catheterizatio	on or coro	nary angiogra	phy since	e we spoke	with you last
	O ₁ Yes	O ₀ No	8	Don't Know	9	Refused	cardcath
		orocedure in or out ke with you last tim		pital to open ι	up the art	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	eart attack s	ince we
(1 Yes	O No		8	Don't kno	ow new	vmi
		If NO or DON'T KN	NOW, skip	to Question 8	3.		
		r diagnosis: Mor hospital at least or					
	1 Yes	O No		8 Do	on't Know	/ mihos	p
		If NO or DON'T	KNOW,	Skip to Questi	on 8.		
C.		ne admission date d I <i>mo – mi5mo, mi1</i>				ame and loo	cation of the
		Date <u> </u>	/ Day	/Yea	 ar		
	Name:	<u>mi1name – mi5</u>	iname				
	Address:_	<u>mi1addr – mi5a</u>	<u>ddr</u>				
	City	mi1city – mi5city	State: mi	i1stat – mi5st	tat Zip: n	ni1zip – mis	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>

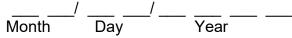
City: <u>an1city – an5city</u> State: an1stat – an5stat Zip: an1zip – an5zip

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**

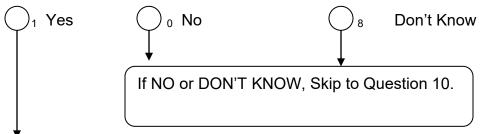


chfmo / chfda / chfyr

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?**chhosp



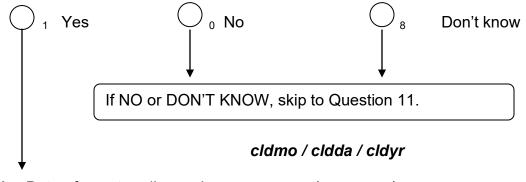
C. Please record the admission date of each hospitalization and the name and location of the hospital. **ch1mo - ch5mo, ch1da - ch5da, ch1yr - ch5yr**

Name:____ *ch1name – ch5name* _____

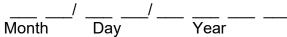
Address:___ ch1addr - ch5addr _____

City___ ch1city - ch5city State: ch1stat - ch5stat Zip__ ch1zip - ch5zip_

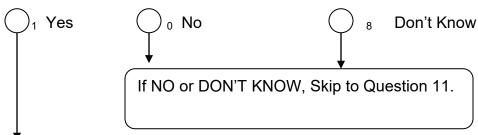
10Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? **newcld**



A. Date of event or diagnosis:



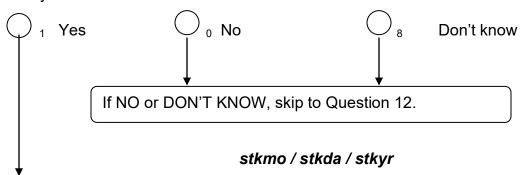
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**clhosp



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 <i>cl1ci</i>	ity – cl5city	State: c	l1stat – cl5sta	at Zip cl1zip – cl5zip

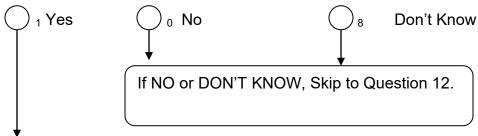
11 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? *newstk*



A. Date of event or diagnosis:

/	/		
Month	Day	Year	

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



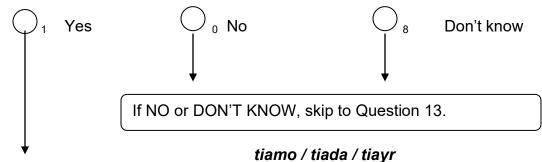
C. Please record the admission date of each hospitalization and the name and location of the hospital. st1mo - st5mo, st1da - st5da, st1yr - st5yr

Name:____ *st1name – st5name* _____

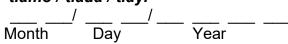
Address:__ st1addr - st5addr _____

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

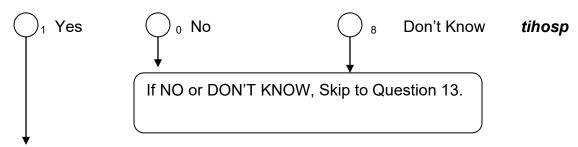
12 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time? *newtia*



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?



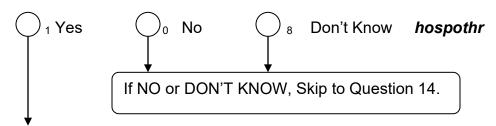
C. Please record the admission date of each hospitalization and the name and location of the hospital. *ti1mo - ti5mo, ti1da - ti5da, ti1yr - ti5yr*

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.

۱)	Reason for admission <u>rshos1 – rshos5</u>
	Hospital Name <u>hosname1 – hosname5</u>
	Addresshosaddr1 - hosaddr5City/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.

Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you last time?
Yes O No O 8 Don't Know nurshm
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 <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					

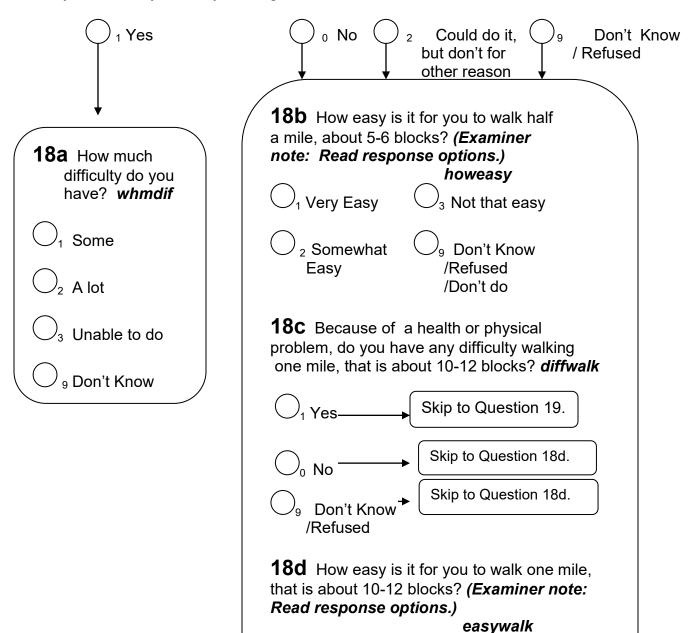
How are you treated for diabetes? <i>trtdiab</i> O ₁ Insulin O ₂ Oral Hypoglycemic Agent
O ₃ Other:othdiab
diabyear How many years have you had Diabetes? Interviewer Note: If number of years with diabetes is unknown, enter "99"

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 s	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



Very Easy

2 Somewhat

Easy

)₃ Not that easy

9 Don't Know

/Refused /Don't do

19 Do you have any difficulty walking around your home? whome
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.

21 Do you have any difficulty	walking up 10 steps? <i>steps</i>
1 Yes	O No O2 Could do it, O9 Don't Know but don't for other reason
21a How much difficulty do you have? <i>stpdif</i>	21b How easy is it for you to walk up 10 steps without resting? (Examiner note: Read response options.) Step10 1 Very Easy 3 Not that easy
O ₂ A lot O ₃ Unable to do	Somewhat Og Don't Know /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? Step 20
	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 Easy /Refused /Don't do

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
Yes One Open Could do it, but don't for other reason Open 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 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 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>
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? <i>drsdif</i>
○ 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	

32 Do you have any difficulty of groceries? <i>lifting</i>	lifting or carrying something as heavy as 10 pounds, such as a b
→ 1 Yes	O No 2 Could do it, but don't for other reason / Refused
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 1 Very Easy 2 Somewhat 9 Don't Know
O ₂ A lot O ₃ Unable to do	Easy /Refused /Don't do 32c Because of a health or physical
Og Don't Know	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 3 Not that easy
	Somewhat O ₉ Don't Know /Refused /Don't do

Directions: To be administered to participant only! If interview is with a proxy, proceed to **question 45.** Make sure that you have available the participant's home address (you can find it on the Tracking Form).

Script: I would like to ask you a few questions that require concentration and memory. Some are a bit more difficult than others. Please answer the best you can.

33	Please tell me your full name: fname A. Provides First Name:
	O ₁ Correct O ₀ Cannot Do/Refused
	B. Provides Last Name: Iname
	Correct Cannot Do/Refused
	• a What is today's date? Probe for the month, day, or year if not volunteered. For each box, enter "9" if no response. (9999 for year)
	Date in numerals: Month Day Year
2.4	tmonth tday tyear
3 4	What is the day of the week? Record answer in error. Enter "X" if no response.
	Day of the week wkday
	O ₁ Correct wkday2
	O ₀ Error/Refused
	O ₉ Not Attempted/Disabled
34	•C What season of the year is it? Record answer in error. Enter "X" if no response.
	Season <i>season</i>
	O ₁ Correct season2
	O ₀ Error/Refused

	ur home address? des House Numbe	If incomplete, ask specifics, er:	e.g., "What is your zip code?"		
\bigcirc_1 C	Correct O ₀	Cannot Do/Refused	houseno		
B. Provi	des Street:				
\bigcirc_1 C	Correct O ₀	Cannot Do/Refused	street		
C. Pro	ovides City:				
• -	Correct Ondes State:	Cannot Do/Refused	city		
\bigcirc_1 C	Correct O ₀	Cannot Do/Refused	state		
E. Provi	des Zip Code:				
O ₁ C	Correct O ₀	Cannot Do/Refused	zip		
36 Count back	wards from 20 to	1. countb			
\bigcirc_2	Completely Correct	ct on First Trial			
1	On Completely Correct on Second Trial				
0	Any Other Respor	nse			

37 I'm going to read you a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are: cabin, pipe, chest, silk, theatre, watch, whip, elephant, pillow, giant. Now tell me all the words you remember.

	Named		Not Named	
Cabin	cabin	1		0
Pipe	pipe	1		0
Chest	chest	1		0
Silk	silk	1		0
Theatre	theatr	1		0
Watch	watch	1		0
Whip	whip	1		0
Elephant	eleph	1		0
Pillow	pillow	1		0
Giant	giant	1		0

38 One hundred minus seven equals what? (etc.) Stop at five subtractions. Record answer given, whether correct or incorrect. Do not tell the participant whether the answer is correct.

				Response Given		Refused	Don't Know	
A	A 100)-7=	sub1re	given6a	1		0	9
	(9	3)	(record response)					•
E	3 93.	-7=	sub2re	given6b	1		0	9
	(8	6)	(record response)					
(C 86-	-7=	sub3re	given6c	1		0	9
	(7	9)	(record response)					
	79.	-7= <u> </u>	sub4re	given6d	1		0	9
	(7	2)	(record response)					
F	72 .	-7=	sub5re	given6e	1		0	9
•		5)	(record response)	girones	' '		0	, s
39a Wha		usually เ papcut (<u>:</u>	aper? <i>Accep</i> Refused	t "s	\sim	<i>shears"</i> only	y as a correct
39b How	many thing	gs are in a	a dozen?	dozen				
\bigcirc_1	Correct	(0 Error/l	Refused	(○ ₉ Not At	tempted/Dis	sabled
39c What do you call the prickly green plant that lives in the desert? <i>Accept "cactus"</i> only as a correct response. cactus								
\bigcirc_1	Correct	(0 Error/l	Refused	(9 Not At	tempted/Dis	sabled
39d What animal does wool come from? Accept "sheep" or "lamb" only as a correct response.								
\bigcirc_1	Correct	(0 Error/I	Refused	(○9 Not At	tempted/Dis	sabled <i>woolan</i>

40a Say "No ifs, ands or buts." <i>Pronounce the individual words clearly, but at a normal tempo of a spoken sentence. Give no credit if the participant gives and incorrect response. Repeat only if you make a mistake. Speak distinctly.</i> noifs, ands, orbuts				
* no ifs	O₁ Correct	○ 0 Error/Refused	○ 9 Not Attempted/Disabled	
* ands	O₁ Correct	O Error/Refused	O ₉ Not Attempted/Disabled	
* or buts	1 Correct	0 Error/Refused	Not Attempted/Disabled	
40b Say	y this: "Methodist Ep	iscopal." methep		
<u> </u>	Correct	0 Error/Refused	9 Not Attempted/Disabled	
41a Who is the President of the United States right now? Accept "George W. Bush" or "George Bush" as the correct response. If only the last name is given, probe for the first name and vice versa. presid				
	Correct	0 Error/Refused (9 Not Attempted/Disabled	
41b Who is the Vice President right now? Accept "Richard Cheney" or "Dick Cheney" as the correct response. If only the last name is given, probe for the first name and vice versa.				
<u> </u>	Correct	0 Error/Refused	9 Not Attempted/Disabled <i>vpres</i>	
42 With your finger, tap five times on the part of the phone you speak into. ftaps				
\bigcirc_2	2 5 Taps Heard 1 Fewer or More Than 5 Taps			
\bigcirc				

I am going to give you a word, and I want you to give me it's opposite. For example, the opposite of "hot" is "cold".						
43	What is the opposite of "	west"? oppos1				
	1 Correct	0 Error/Refused	9 Not Attempted/Disabled			
43	"greedy," "stingy," "tight,"		following words as correct: "selfish," r," "skimpy," or other antonyms you feel			
	1 Correct	0 Error/Refused	9 Not Attempted/Disabled			
44	Attempted/Disabled", t	erviewer Note: If any que the following portion mus ns have been answered)	st be completed. You may also mark			
1 Hearing Problems <i>probs</i>						
2 Language (difficulty speaking or understanding English)						
	Other (Specify:) othprob			
	Secondary Problem (Specify:) secprob					

Administer IQCODE if interview is being conducted with the proxy.

INSTRUCTIONS: We want you to remember what your friend or relative was like 10 years ago. We'd like you to compare him/her to what he/she is like now. Below are situations in which this person has to use his/her memory or intelligence. We want you to tell us whether this has improved, stayed the same, or become worse in the following situations during the past 10 years. It is important to compare his/her present performance with 10 years ago. So, if 10 years ago this person always forgot where he/she left things, and he/she still does, you would		
mark, "not much change." Please check the appropriate answer for each item to the best of the proxy's knowledge. Compared with 10 years ago, how is this person at:		
45 Recognizing the faces of friends. 1 Much Improved 2 A Bit Improved 3 Not Much Change 4 A Bit Worse 5 Much Worse 9 Don't Know		
46 Remembering the names of family and friends.		

4 A Bit Worse

)₅ Much Worse

₉ Don't Know

47 Remembering things about family and friends, such as their occupations, birthdays and addresses. <i>famthg</i>			
	1 Much Improved		
	2 A Bit Improved		
	◯ ₃ Not Much Change		
	◯₄ A Bit Worse		
	◯ ₅ Much Worse		
	◯ ₉ Don't Know		
48 F	Remembering things that happened recently. <i>recent</i>		
	1 Much Improved		
	2 A Bit Improved		
	◯ ₃ Not Much Change		
	◯₄ A Bit Worse		
	◯ ₅ Much Worse		
	◯ ₉ Don't Know		
40 :			
49 1	Recalling conversations a few days later. conver		
	1 Much Improved		
	2 A Bit Improved		
	◯₃ Not Much Change		
	◯₄ A Bit Worse		
	◯ ₅ Much Worse		
	O 9 Don't Know		

50 Forgetting what he/she wanted to say in the middle of a conversation. <i>midcon</i>		
1 Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
4 A Bit Worse		
◯ ₅ Much Worse		
9 Don't Know		
- <u>,</u>		
Remembering his/her address and phone number. <i>adrphn</i>		
1 Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
☐ ₄ A Bit Worse		
◯ ₅ Much Worse		
9 Don't Know		
Remembering the month and day. <i>daymon</i>		
1 Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
☐ ₄ A Bit Worse		
◯ 5 Much Worse		
O 9 Don't Know		

53 Remembering where things are usually kept. where		
1 Much Improved		
2 A Bit Improved		
◯₃ Not Much Change		
4 A Bit Worse		
O ₅ Much Worse		
9 Don't Know		
54 D	_	
54 Remembering where to find things that have been put in a different place than usual.		
2 A Bit Improved		
◯₃ Not Much Change		
◯₄ A Bit Worse		
◯ ₅ Much Worse		
O 9 Don't Know		
FF Adination to any above as in his the suitable southing a strength	_	
55 Adjusting to any change in his/her daily routine. change		
1 Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
◯₄ A Bit Worse		
◯ ₅ Much Worse		
O ₉ Don't Know		

56 Knowing h	e. fammac	
	1 Much Improved	
\bigcirc_2	2 A Bit Improved	
\bigcirc 3	₃ Not Much Change	
	4 A Bit Worse	
	5 Much Worse	
	9 Don't Know	
57 Learning to	o use a new gadget or machine around the house	se. newmac
\bigcirc_1	1 Much Improved	
\bigcirc_2	₂ A Bit Improved	
\bigcirc 3	₃ Not Much Change	
	4 A Bit Worse	
\bigcirc_{ξ}	5 Much Worse	
\bigcirc_{\S}	9 Don't Know	
58 Learning n	new things in general. <i>newthg</i>	
\bigcirc_1	1 Much Improved	
\bigcirc_2	2 A Bit Improved	
	₃ Not Much Change	
	4 A Bit Worse	
\bigcirc_{ξ}	5 Much Worse	
$\bigcirc_{\mathfrak{g}}$	9 Don't Know	

59 Remembering things that happened to him/her when he/she was young. <i>happen</i>		
1 Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
◯₄ A Bit Worse		
O ₅ Much Worse		
O 9 Don't Know		
O Demombering things he/she learned when he/she was very		
Remembering things he/she learned when he/she was young. <i>learnd</i>		
1 Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
◯₄ A Bit Worse		
◯ ₅ Much Worse		
O 9 Don't Know		
1 Understanding the meaning of unusual words. words		
1 Much Improved		
2 A Bit Improved		
◯₃ Not Much Change		
◯₄ A Bit Worse		
◯ ₅ Much Worse		
O 9 Don't Know		

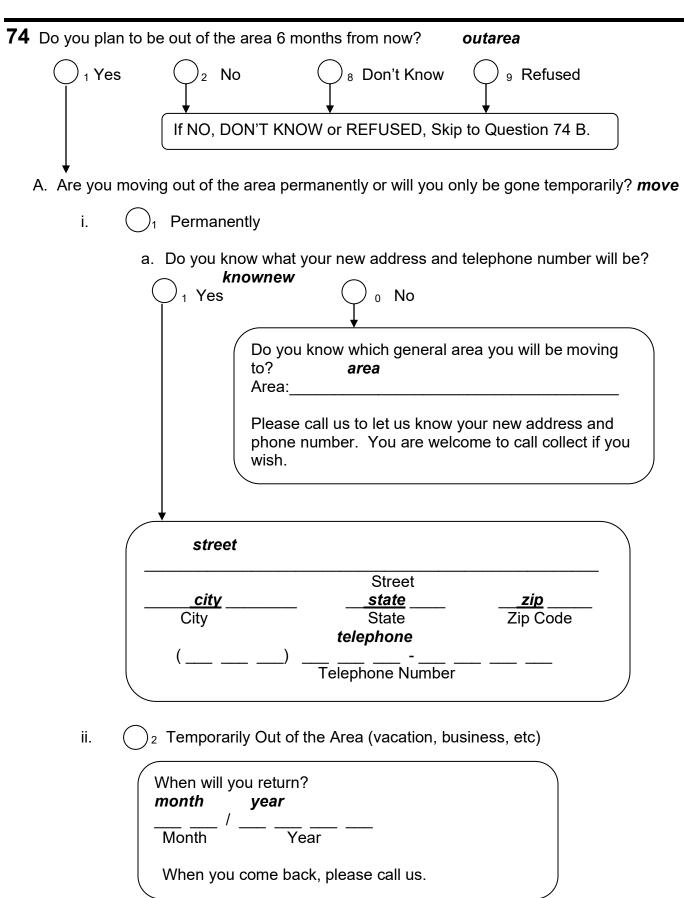
62 Understanding magazine or newspaper articles. <i>articl</i>		
◯ ₁ Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
☐ 4 A Bit Worse		
◯ ₅ Much Worse		
◯ ₉ Don't Know		
63 Following a story in a book or on TV.	story	
◯ ₁ Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
4 A Bit Worse		
◯ ₅ Much Worse		
○ 9 Don't Know		
64 O	I.M.	
64 Composing a letter to friends or for business purposes.	letter	
1 Much Improved		
2 A Bit Improved		
◯₃ Not Much Change		
4 A Bit Worse		
◯ ₅ Much Worse		
9 Don't Know		

65 Knowing about important events of the past.	histry
O₁ Much Improved	
2 A Bit Improved	
◯ ₃ Not Much Change	
4 A Bit Worse	
◯ ₅ Much Worse	
○ 9 Don't Know	
	<u> </u>
66 Making decisions about everyday matters.	decisn
○ ₁ Much Improved	
2 A Bit Improved	
◯₃ Not Much Change	
◯ ₄ A Bit Worse	
◯ ₅ Much Worse	
O ₉ Don't Know	
67 Handling money for shopping.	monov
	money
1 Much Improved	
2 A Bit Improved	
◯ ₃ Not Much Change	
4 A Bit Worse	
◯ 5 Much Worse	
O ₉ Don't Know	

8 Handling financial matters such as pensions, dealing with banks. <i>financ</i>
1 Much Improved
2 A Bit Improved
◯ ₃ Not Much Change
4 A Bit Worse
◯ ₅ Much Worse
O 9 Don't Know
9 Handling everyday arithmetic problems (knowing how much food to buy, how long between visits from family or friends). <i>arith</i>
1 Much Improved
2 A Bit Improved
◯ ₃ Not Much Change
4 A Bit Worse
◯ ₅ Much Worse
Og Don't Know
0 Using his/her intelligence to understand what's going on and to reason things through.
1 Much Improved intell
2 A Bit Improved
◯ ₃ Not Much Change
◯₄ A Bit Worse
◯ 5 Much Worse
O 9 Don't Know

71 Interviewer: Were there any special problems associ	iated with this interview? specprob	
Yes O No		
☐ 1 Hearing Problems <i>problem</i>		
2 Language (difficulty speaking or understanding	g English)	
◯ ₃ Cognition of proxy		
Other (Specify:) othprob	
72 Do you live alone or with other people? <i>livewi</i>	th	
Alone Skip to	Question 73.	
Other People in household Bon't know	people	
O 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.)		
◯₁ Spouse	spouse	
Other relatives, in-laws, or friends	other	
O₁ Unrelated individuals (e.g., paid help)	unrelated	
O ₁ Don't know	dontknow	
O₁ Refused	refused	

73 In what type of home or residence do you live? hometyp	
	¹ Community-dwelling single family home or apartment
	² Home, apartment or other unit where optional services are provided such as meal or housekeeping, but NO staff dispensing of medication.
\bigcirc	³ Apartment or other unit where there are staff dispensing and watching you take your medication.
	⁴ 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.
	⁵ Other (specify) <i>homeoth</i>
	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 Participant Tracking Information Sheet, Contact 1 and Contact 2, for the hard copy.
want you you to liv	liovascular Health Study is very grateful for your participation over these years. We to know how special you are, and ask if you would share with us what has enabled be such a long life. Is there anything you would like to tell me about what you have ive such a long life?
longlife	
move or in	u very much for answering these questions. I enjoyed talking to you. Please call us if you f you should go to a hospital or nursing home, even if you have moved from the area. You welcome to call collect.