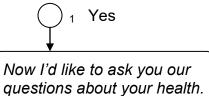
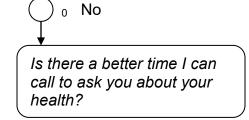
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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**





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? <i>marital</i>
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: hlth1 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 9 Refused beddays2
Answer "0" if you haven't spent any days in bed in the last two weeks.

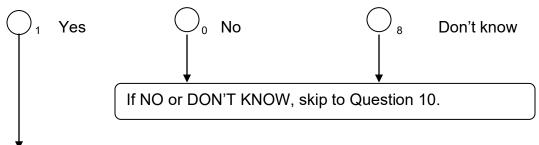
Year 21 annual surveillance call Revision 1.0 4/15/08

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

8 Has a doctor told you that you had a new incident of angina pectoris or chest pain due to heart disease since we spoke with you last time? newang If NO or DON'T KNOW, skip to Question 9. angmo / angda / angyr A. Date of event or diagnosis: Month Day Year B. Were you in the hospital at least one night for this condition since we last spoke to you? anhosp Don't Know If NO or DON'T KNOW, Skip to Question 9. C. Please record the admission date of each hospitalization and the name and location of the hospital. an1mo – an5mo, an1da – an5da, an1yr – an5yr Month Day Year Name: <u>an1name – an5name</u> Address: <u>an1addr – an5addr</u>

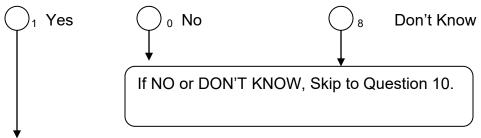
City: <u>an1city – an5city</u> State: an1stat – an5stat Zip: an1zip – an5zip

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



chfmo / chfda / chfyr

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



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

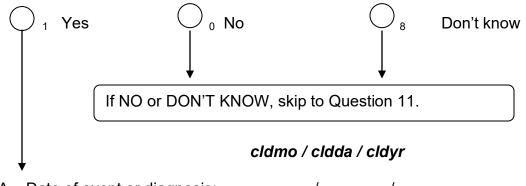
Date ____/ ___/ ___ Year

Name:____ *ch1name – ch5name* _____

Address:____ ch1addr – ch5addr

City___ch1city - ch5city State: ch1stat - ch5stat Zip__ ch1zip - ch5zip_

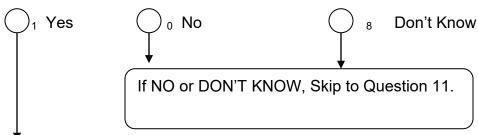
10Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? **newcld**



A. Date of event or diagnosis:

/	/	
Month	Day	Year

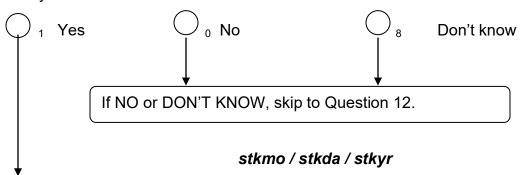
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**



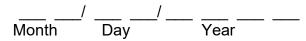
C. Please record the admission date of each hospitalization and the name and location of the hospital. cl1mo -cl5mo, cl1da - cl5da, cl1yr - cl5yr

	Date	Month /	/	
Name:_	cl1nan	ne – cI5na	me	
Address	: cl1add	r – cl5add	r	
City	cl1city – cl5c	ity State	cl1etat _ cl5etat	7in c/1zin – c/5zin

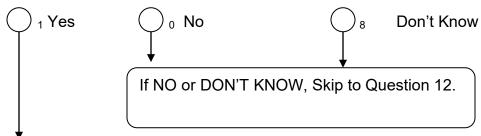
11 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? *newstk*



A. Date of event or diagnosis:



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



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

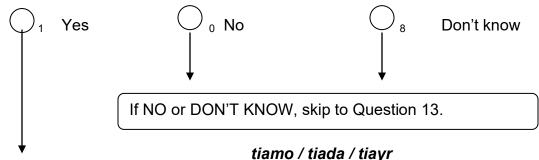
Date ___/ ___/ ___ Year ___

Name:____ *st1name – st5name* _____

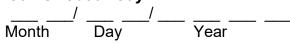
Address:__ st1addr - st5addr _____

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

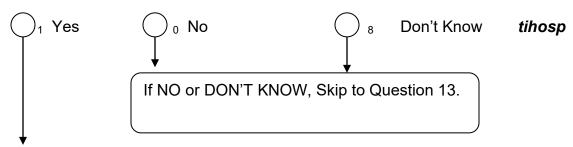
12 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time? *newtia*



A. Date of event or diagnosis:



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



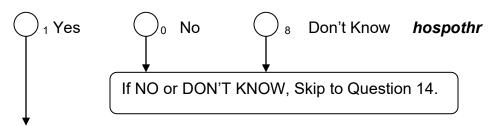
C. Please record the admission date of each hospitalization and the name and location of the hospital. *ti1mo - ti5mo, ti1da - ti5da, ti1yr - ti5yr*

Name:____ ti1name – ti5name

Address:__ ti1addr - ti5addr _____

City____ ti1city - ti5city State: ti1stat - ti5stat Zip ti1zip - ti5zip

Have you stayed overnight as a patient in a hospital for <u>any other reasons</u> not reported in Questions 7 through 12 since we spoke to you last time?



Now, I would like to ask you for more information about each of your overnight stays at a hospital.

1)	Reason for admission	<u>rshos1 – 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.

14 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you last time?
1 Yes 0 No 8 Don't Know <i>nurshm</i>
If NO or DON'T KNOW, Skip to Question 15.
Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.
1) Reason for admission <u>rsnur1 – rsnur5</u>
Nursing home name <u>nurname1 – nurname5</u>
Address <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.

		First told	First told		
	Never	during	more	Don't	Refused
	told	the past	than one	Know	
		year	year ago	0	9
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 Rheumatic Fever or Heart Valve Problems <i>rf</i>					
E Asthma <i>asthma</i>					
F Emphysema emphysem					
G Diabetes diabetes					
			—	—	
O ₁ Insulin	\bigcirc	oral Hypo	ites? <i>trtdial</i> glycemic Ag		
○ 3 Other:		othdiab			
	year	wa yau had	Diabetes?		Years

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

		Yes	No	Don't Know	Refused
Α	High Blood Pressure <i>hbpmed</i>	1	0	8	9
В	Atrial Fibrillation <i>afibmed</i>				
С	Deep Vein Thrombosis (blood				
clo	ts in legs) or Pulmonary embolism				
(bl	ood clots in lungs) dvtmed				

17Do you have any difficulty walking half a mile, about 5-6 blocks? *whmile* 1 Yes o **No** Could do it, Don't Know but don't for / Refused other reason **17b** How easy is it for you to walk half a mile, about 5-6 blocks? (Examiner 17a How much note: Read response options.) difficulty do you howeasy have? whmdif 1 Very Easy ⁾₃ Not that easy ₁ Some ₂ Somewhat Don't Know /Refused Easy /Don't do **17C** Because of a health or physical)₃ Unable to do problem, do you have any difficulty walking one mile, that is about 10-12 blocks? diffwalk ₉ Don't Know Skip to Question 18. Skip to Question 17d. Skip to Question 17d. /Refused **17d** How easy is it for you to walk one mile, that is about 10-12 blocks? (Examiner note: Read response options.) easywalk Very Easy)₃ Not that easy 2 Somewhat 9 Don't Know Easy /Refused /Don't do

18 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 19.
18a How much difficulty do you have? <i>whodif</i>
1 Some 2 A lot 3 Unable to do 9 Don't Know/Refused
19 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 20.
19a How much difficulty do you have? <i>beddif</i>
O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused

Do you have any difficulty 1 Yes	O No O2 Could do it, O9 Don'd but don't for other reason
20a How much difficulty do you have? stpdif	20b How easy is it for you to walk up 10 steps without resting? (Examiner note: Read response options.) Step10
∫ ₁ Some	O ₁ Very Easy O ₃ Not that easy
O ₂ A lot O ₃ Unable to do	Somewhat Og Don't Know /Refused /Don't do
9 Don't Know	20c 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 21.
	Skip to Question 20d.
	Skip to Question 20d.
	/Refused
	20d 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
	O ₂ Somewhat O ₄ Don't Know /Refused

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? <i>hhwork</i>
(Yes O No O 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 22.
	21a How much difficulty do you have? <i>hhwdif</i> One
22	Because of health or physical problems, do you have any difficulty or are you unable to do light housework? <i>Ihwork</i>
	Yes O No O Could do it, but don't for other reason O Don't Know/Refused If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 23.
	22a How much difficulty do you have? <i>Ihwdif</i> One One A lot One One Don't Know/Refused
23	Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items? shop
(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 24.
	23a How much difficulty do you have? shpdif 1 Some 2 A lot 3 Unable to do 9 Don't Know/Refused

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/Refuse
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>prpdif</i>
O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused
Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills? <i>pay</i>
Yes ONO O2 Could do it, but don't for other reason O9 Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 26.
↓ 25a 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
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 27.
♦ 26a How much difficulty do you have? <i>phndif</i>
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused

27 Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself? <i>eat</i>
Yes 0 No 2 Could do it, but don't for other reason 9 Don't Know/Refuse
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>eatdif</i>
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused
Because of health or physical problems, do you have any difficulty or are you unable to dres yourself? dress
Yes O No O Could do it, but don't for other reason O Don't Know/Refuse
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? drsdif
○ Some ○ 2 A lot ○ 3 Unable to do ○ 9 Don't Know/Refused
Because of health or physical problems, do you have any difficulty or are you unable to bath or shower? bathe
Yes O No O Could do it, but don't for other reason O Don't Know/Refuse
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? bthdif
O₁ SomeO₂ A lotO₃ Unable to do O₃ Don't Know/Refused

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? 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 31.
,	30a How much difficulty do you have? tltdif
	O ₁ Some O ₂ A lot O ₃ Unable to do O ₉ Don't Know/Refused

1 Yes	O No 2 Could do it, but don't for other reason / Refused
31a How much difficulty do you have? <i>Iftdif</i> O ₁ Some O ₂ A lot	31b How easy is it for you to lift or carry something as heavy as a bag of groceries? (Examiner note: Read response options.) carrybag 1 Very Easy 2 Somewhat Easy 7 Don't Know Refused /Don't do
O₃ Unable to do O₃ Don't Know	31c Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds? Iift20
	31d How easy is it for you to lift or carry something as heavy as 20 pounds? (Examiner note: Read response options.) carry20 1 Very Easy 2 Somewhat Easy 7 Don't Know /Refused /Don't do

IF ADMINISTERING TO PROXY, SKIP TO QUESTION 42.

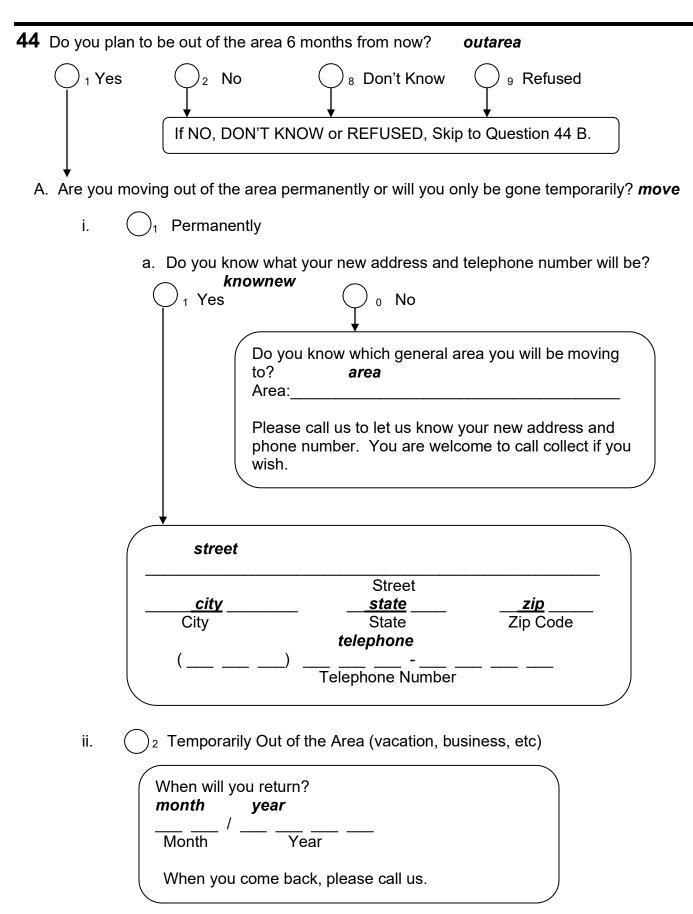
I am going to read you a list of ways you might have felt or behaved during the last week.

32 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
33 I had trouble keeping my mind on what I was doing:
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
O ₉ Refused or Don't Know
34 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

35 ı	felt depressed:		
	\bigcirc_0 Rarely or none of the time (less than 1 day)	depres	
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 hopeful about the future:		
	3 Rarely or none of the time (less than 1 day)	future	
	O ₂ Some or a little of the time (1 to 2 days)		
	O ₁ A moderate amount of time (3 to 4 days)		
	\bigcirc_0 Most of the time		
	O ₉ Refused or Don't Know		
37	I felt fearful:		
	On Rarely or none of the time (less than 1 day)	fear	
	O ₁ Some or a little of the time (1 to 2 days)		
	\bigcirc_2 A moderate amount of time (3 to 4 days)		
	O ₃ Most of the time		
	O ₉ Refused or Don't Know		
38	My sleep was restless:		
	On Rarely or none of the time (less than 1 day)	sleep	
	O ₁ Some or a little of the time (1 to 2 days)		
	O ₂ A moderate amount of time (3 to 4 days)		
	3 Most of the time		
21	9 Refused or Don't Know		

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

42 Do you	live alone or with other people?	ewith			
	Alone Skip 2 With other people	o to Question 43.			
	Other People in household	people			
\bigcirc_{i}	₃ Don't know				
\bigcirc^{i}	9 Refused				
	you live with (for example, with your spous er Note: Read response options. Mark	· ·			
\bigcirc	₁ Spouse	spouse			
	1 Other relatives, in-laws, or friends	other			
	1 Unrelated individuals (e.g., paid help)	unrelated			
	₁ Don't know	dontknow			
	1 Refused	refused			
43 In what	t type of home or residence do you live?	hometyp			
\bigcirc	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.				
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) 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 *Participant Tracking Information Sheet, Contact 1 and Contact 2,* for the hard copy.

45*Interviewer:* Were there any special problems associated with this interview?

1 Yes	O No	specprob

() ₁ Hearing Problems	problem
-----------------------------------	---------

\sim						
,	ا ـ ۱	anguaga	/difficulty/	cnooking	or understanding	∟ ⊑nalich)
	12	Language	(unificulty	Speaking	or understanding	
· /	_	0 0	`			, ,

()₃ Cognition of proxy

$\langle \ \ \rangle$			
()	4 Other (Specify:	othprob	\
\smile	4 Office (Opcomy	<u>ouipioo</u>	

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.