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**

Yes

Now I'd like to ask you our questions about your health.

0 **No**

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

If interview is not completed (e.g. participant refuses), do not complete this form; record result on Contact Log. Interview completed by: 1 Participant 2 Proxy datacl a. If by proxy, reason: proxrsn 1 Hearing 2 Cognitive 3 Hospitalized 4 Other Illness 5 Other (specify) proxoth
record result on Contact Log. Interview completed by: 1 Participant 2 Proxy datacl a. If by proxy, reason: proxrsn 1 Hearing 2 Cognitive 3 Hospitalized 4 Other Illness 5 Other (specify) proxoth
Interview completed by: 1 Participant 2 Proxy datacl a. If by proxy, reason: proxrsn 1 Hearing 2 Cognitive 3 Hospitalized 4 Other Illness 5 Other (specify) proxoth
a. If by proxy, reason: $proxrsn$ 1 Hearing 2 Cognitive 3 Hospitalized 4 Other Illness 5 Other (specify) $proxoth$
a. If by proxy, reason: $proxrsn$ 1 Hearing 2 Cognitive 3 Hospitalized 4 Other Illness 5 Other (specify) $proxoth$
$ \bigcirc_{1} \text{ Hearing} \qquad \bigcirc_{2} \text{ Cognitive} \qquad \bigcirc_{3} \text{Hospitalized} \\ \bigcirc_{4} \text{ Other Illness} \qquad \bigcirc_{5} \text{ Other (specify)} \qquad proxoth $
$ \bigcirc_{1} \text{ Hearing} \qquad \bigcirc_{2} \text{ Cognitive} \qquad \bigcirc_{3} \text{Hospitalized} \\ \bigcirc_{4} \text{ Other Illness} \qquad \bigcirc_{5} \text{ Other (specify)} \qquad proxoth $
$ \bigcirc_{1} \text{ Hearing} \qquad \bigcirc_{2} \text{ Cognitive} \qquad \bigcirc_{3} \text{Hospitalized} \\ \bigcirc_{4} \text{ Other Illness} \qquad \bigcirc_{5} \text{ Other (specify)} \qquad proxoth $
\bigcirc_4 Other Illness \bigcirc_5 Other (specify) proxoth
b. What is your relationship to (name of CHS participant)? <i>relation</i>
\bigcirc_1 Spouse or partner \bigcirc_2 Child
☐ 3 Family member (<u>other than</u> spouse or child) (Please specify: <i>famoth</i>)
\bigcirc_4 Close friend \bigcirc_5 Health care provider
\bigcirc_6 Other (Please specify: <i>relatoth</i>) \bigcirc_9 Refused
\bigcirc_6 Other (Please specify <i>relatotin</i>) \bigcirc_9 Relused
c. How often do you have contact with (him/her)? contoftn
\bigcirc_1 Live together \bigcirc_2 Daily (but does <u>not</u> live together)
\bigcirc_3 3 or more times a week \bigcirc_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>
\bigcirc_1 Mostly in person \bigcirc_2 Mostly by phone
O_3 Both in person and by phone
\bigcirc_{8} Don't know \bigcirc_{4} Other (Please specify: <i>contoth</i>)
⊖ ₉ Refused

What is your marital status? Are you...? marital

 1
 Married

 2
 Widowed

 3
 Divorced

 4
 Separated

 5
 Never Married

 6
 Other

 8
 Don't Know

 9
 Refused

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:	hlth1	
	◯ ₁ Excellent		
	2 Very Good		
	◯ ₃ Good		
	◯ ₄ Fair		
	5 Poor		
	O ₈ Don't Know		
	O ₀ Refused		

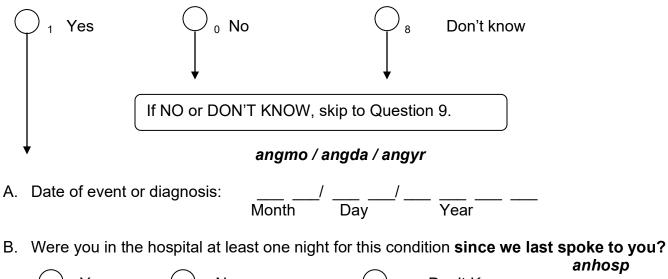
3 During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.) **bed**

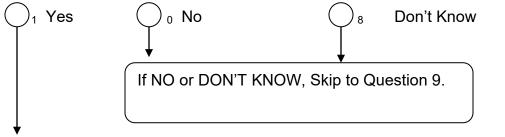
Days O ₈ Don't Know O ₉ Refused <i>bedda</i>	ys2
--	-----

Answer "0" if you haven't spent any days in bed in the last two weeks.

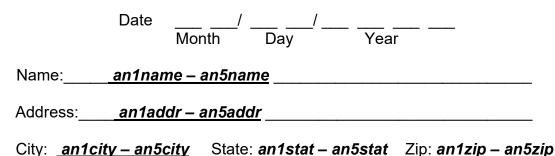
4 Did you have a procedure in or out of the hospital to open up the arteries in your heart such as angioplasty, PTCA, coronary artery bypass graft or CABG, since we spoke with you last time?
\bigcirc_1 Yes \bigcirc_0 No \bigcirc_8 Don't Know \bigcirc_9 Refused arthrt
5 Have you had cardiac catheterization or coronary angiography since we spoke with you last time?
\bigcirc_1 Yes \bigcirc_0 No \bigcirc_8 Don't Know \bigcirc_9 Refusedcardcath
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?
\bigcirc_1 Yes \bigcirc_0 No \bigcirc_8 Don't Know \bigcirc_9 Refused <i>artlegs</i>
7 Has a doctor told you that you had a <u>new</u> myocardial infarction or heart attack since we spoke with you last time?
Yes One One One One One If NO or DON'T KNOW, skip to Question 8. If NO or DON'T KNOW, skip to Question 8. If NO If NO <td< th=""></td<>
A. Date of event or diagnosis:/// / / mimo / mida / miy
B. Were you in the hospital at least one night for this condition since we last spoke to you?
<pre></pre>
C. Please record the admission date of each hospitalization and the name and location of the hospital. <i>mi1mo – mi5mo, mi1da – mi5da, mi1yr – mi5yr</i>
Date// / Month Day Year
Name: <i>mi1name – mi5name</i>
Address: <u>mi1addr – mi5addr</u>

City_____*mi1city – mi5city* State: *mi1stat – mi5stat* Zip: *mi1zip – mi5zip* Year 22 6-month surveillance call 11/16/09 **8** Has a doctor told you that you had a <u>new</u> incident of angina pectoris or chest pain due to heart disease since we spoke with you last time? *newang*

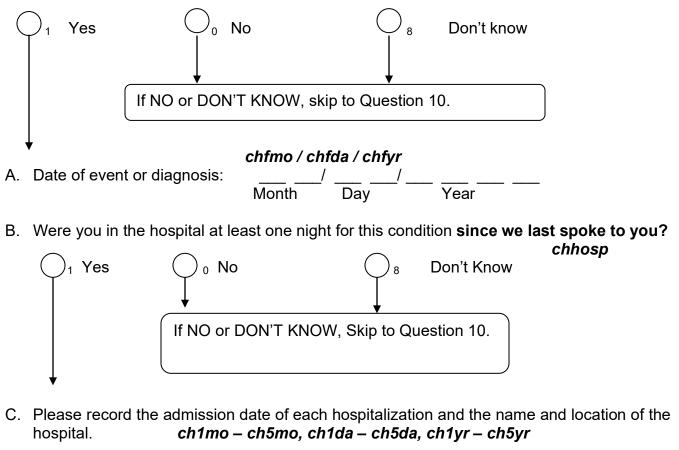


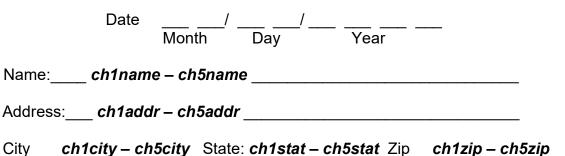


C. Please record the admission date of each hospitalization and the name and location of the hospital. *an1mo – an5mo, an1da – an5da, an1yr – an5yr*

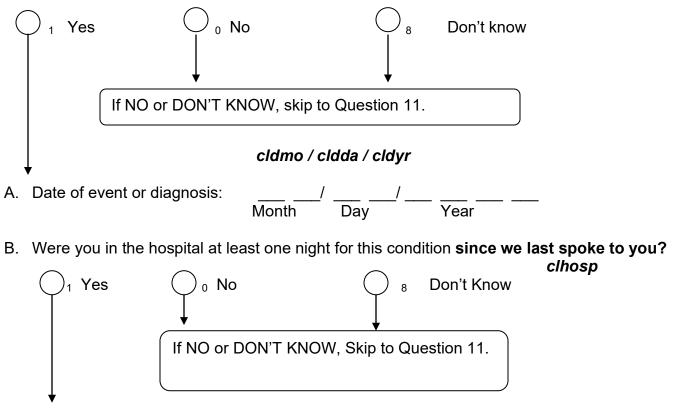


9 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time? **newchf**

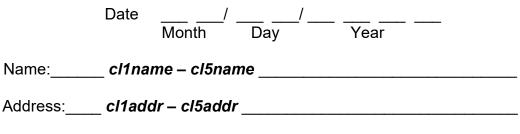




10Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? *newcld*

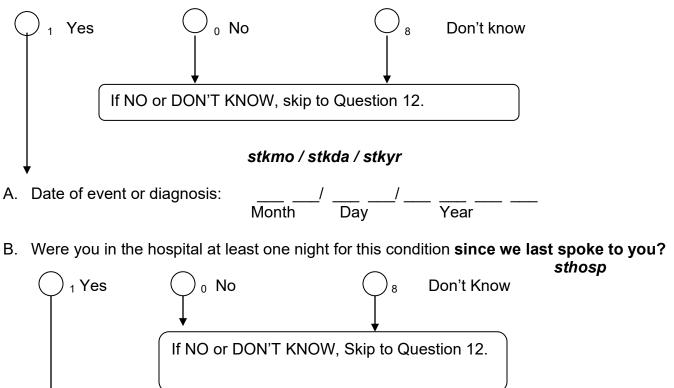


C. Please record the admission date of each hospitalization and the name and location of the hospital. *cl1mo –cl5mo, cl1da – cl5da, cl1yr – cl5yr*

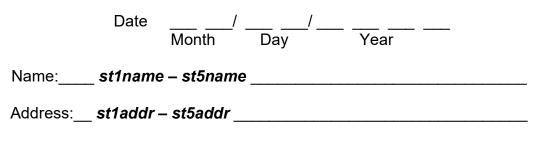


City_____cl1city - cl5city State: cl1stat - cl5stat Zip cl1zip - cl5zip ___

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

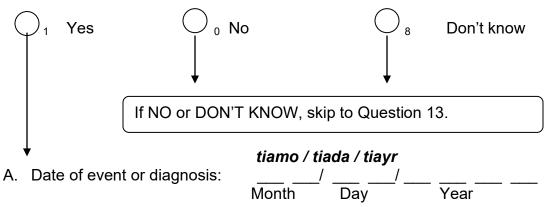


C. Please record the admission date of each hospitalization and the name and location of the hospital. *st1mo – st5mo, st1da – st5da, st1yr – st5yr*

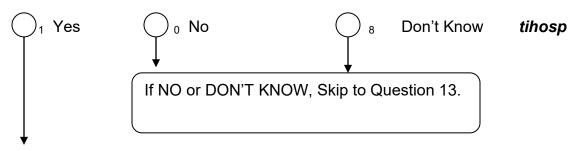


City___st1city - st5city _ State: st1stat - st5stat Zip st1zip - st5zip

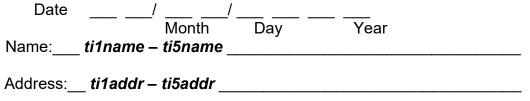
12 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time? *newtia*



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

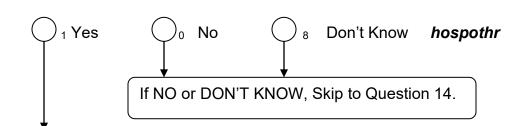


C. Please record the admission date of each hospitalization and the name and location of the hospital. *ti1mo – ti5mo, ti1da – ti5da, ti1yr – ti5yr*



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

13 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?



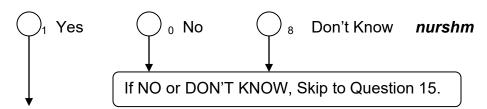
Now, I would like to ask you for more information about each of your overnight stays at a hospital.

1)	Reason for admission <u>rshos1 – rshos5</u>
	Hospital Name <u>hosname1 – hosname5</u>
	Address hosaddr1 – hosaddr5 City/State hoscity1 – hoscity5
	hosstat1 – hosstat5
	mohos1 – mohos5/ dahos1 – dahos5/ yrhos1 – yrhos5 lenhos1 – lenhos5
	Date of hospitalization: ////////////////////////////////////
2)	Reason for admission
	Hospital Name
	AddressCity/State
	Date of hospitalization: / / / Length of stay: days Month Day Year

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?



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
Address <u>nuraddr1 – nuraddr5</u> _City/State nurcity1 – nurcity5, nurstat1 – nurstat5
Date of admission:///Length of stay:daysyrs 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) pemb					
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 <i>diabetes</i>					

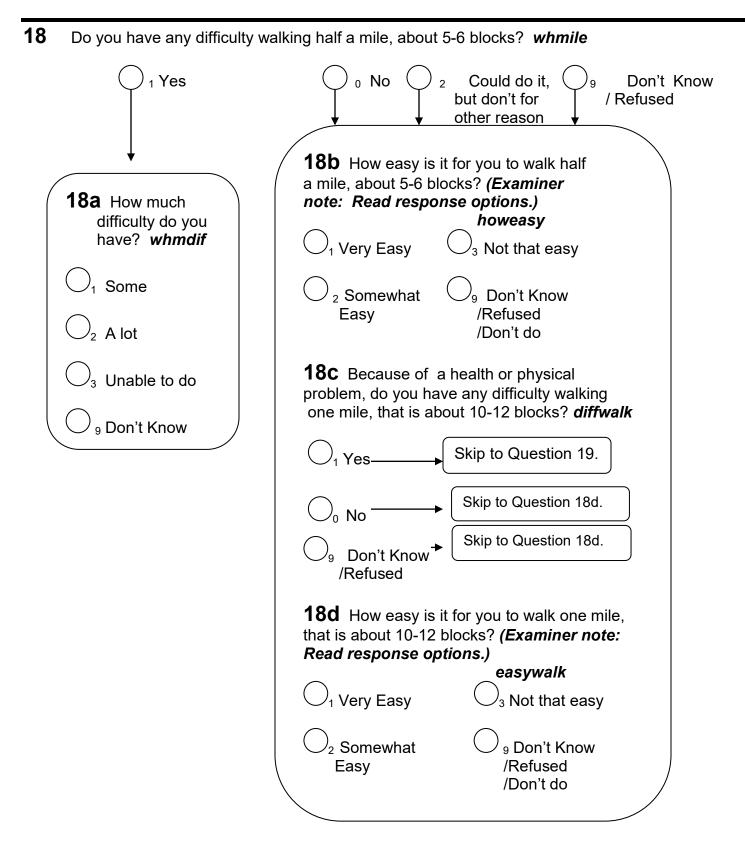
How are you treated for diabetes? <i>trtdiab</i>	
◯₃ Other:othdiab	
<i>diabyear</i> ow many years have you had Diabetes? Years <i>nterviewer Note: If number of years with diabetes is</i> <i>nknown, enter "99"</i>	

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

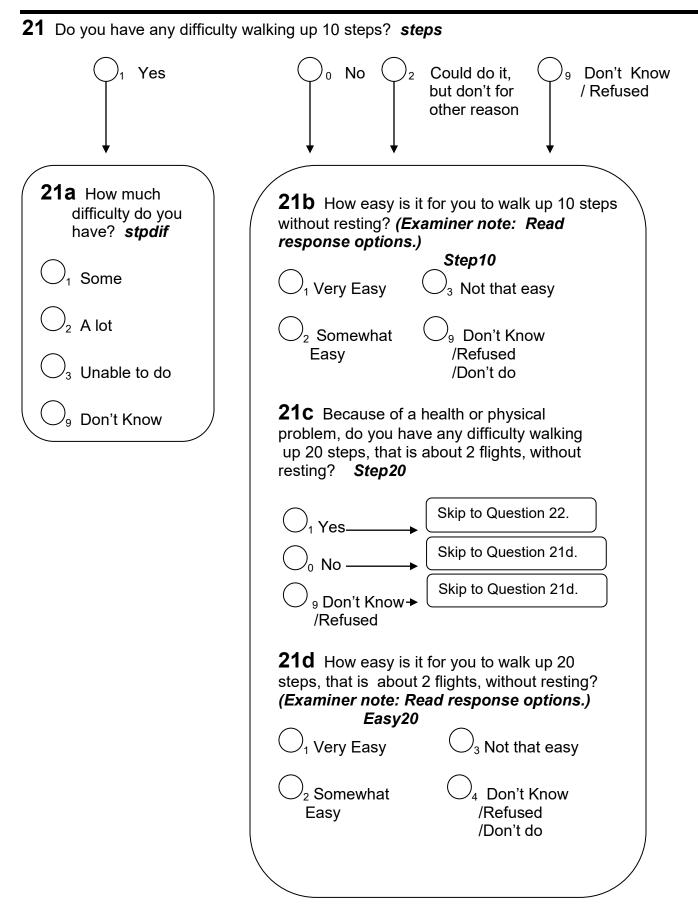
	Yes	No	Don't Know	Refused
A High Blood Pressure hbpmed	1	0	8	9
B Atrial Fibrillation <i>afibmed</i>				
C Deep Vein Thrombosis (blood				
clots in legs) or Pulmonary embolism				
(blood clots in lungs) <i>dvtmed</i>				
D High Lipids or Cholesterol				
cholmed				

17 Which of the following best describes your current smoking status? *smoking*

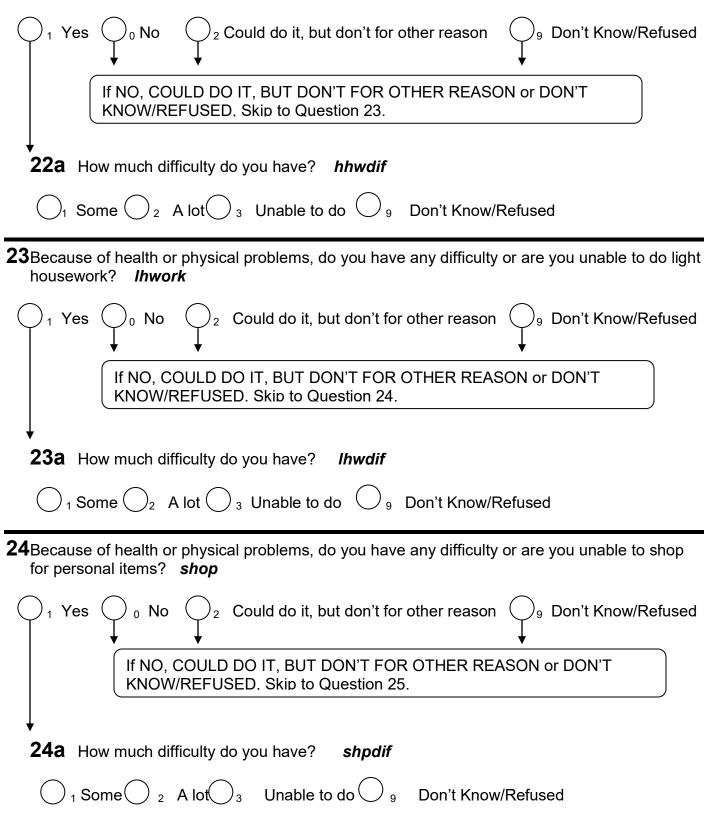
☐ 1 Never Smoked	Skip to Question 18.
◯ ₂ Former Smoker, Quit More Than 1 Year Ago →	
\bigcirc $_3$ Former Smoker, Quit Less Than 1 Year Ago	
◯ ₄ Current Smoker	
O 8 Don't Know	
◯ ₉ Refused	
8 Don't Know	



19 Do you have any difficulty walking around your home? <i>whome</i>
\bigcap_{1} Yes \bigcap_{0} No \bigcap_{2} Could do it, but don't for other reason \bigcap_{9} 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>
\bigcirc_1 Some \bigcirc_2 A lot \bigcirc_3 Unable to do \bigcirc_9 Don't Know/Refused
20 Do you have any difficulty getting out of bed or a chair? <i>bed</i>
20 Do you have any difficulty getting out of bed or a chair? bed $\bigcap_{1} \text{Yes} \bigoplus_{0} \text{No} \bigoplus_{2} \text{Could do it, but don't for other reason} \bigoplus_{9} \text{Don't Know/Refused}$
$ \begin{array}{c c} & & & & \\ & & & \\ & & & \\ & & & \\ & & & \\ \end{array} \end{array} \begin{array}{c} & & & \\ & & & \\ & & & \\ \end{array} \begin{array}{c} & & & \\ & & & \\ \end{array} \end{array} \begin{array}{c} & & & \\ & & & \\ & & & \\ \end{array} \begin{array}{c} & & & \\ \end{array} \begin{array}{c} & & & \\ \end{array} \begin{array}{c} & & & \\ & & & \\ \end{array} \begin{array}{c} & & & \\ \end{array} \begin{array}{c} & & & \\ \end{array} \begin{array}{c} & & & \\ & & & \\ \end{array} \begin{array}{c} & & & \\ \end{array} \end{array}{} \begin{array}{c} & & & \\ \end{array} \end{array}{} \begin{array}{c} & & & \\ \end{array} \begin{array}{c} & & & \\ \end{array} \end{array}{} \end{array}{} \begin{array}{c} & & & \\ \end{array} \end{array}{} \begin{array}{c} & & & \\ \end{array} \end{array}{} \end{array}{} \begin{array}{c} & & & \\ \end{array} \end{array}{} \end{array}{} \begin{array}{c} & & & \\ \end{array} \end{array}{} \begin{array}{c} & & & \\ \end{array} \end{array}{} \end{array}{} \begin{array}{c} & & & \\ \end{array} \end{array}{} \end{array}{} \end{array}{} \begin{array}{c} & & & \\ \end{array}{} \end{array}{} \end{array}{} \end{array}{} \begin{array}{c} & & & \\ \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \begin{array}{c} & & & \\ \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{} \end{array}{}$



22 Because of health or physical problems, do you have any difficulty or are you unable to do heavy housework, like scrubbing floors or washing windows; or yard work, like raking leaves or mowing? *hhwork*



25 Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals? <i>prepar</i>
\bigcirc_1 Yes \bigcirc_0 No \bigcirc_2 Could do it, but don't for other reason \bigcirc_9 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>
\bigcirc_1 Some \bigcirc_2 A lot \bigcirc_3 Unable to do \bigcirc_9 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>
\bigcap_{1} Yes \bigcap_{0} No \bigcap_{2} Could do it, but don't for other reason \bigcap_{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? paydif
\bigcirc_1 Some \bigcirc_2 A lot \bigcirc_3 Unable to do \bigcirc_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>
$\bigcap_1 \text{Yes} \bigcirc_0 \text{No} \bigcirc_2 \text{Could do it, but don't for other reason} \bigcirc_9 \text{Don't Know/Refused}$
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>
\bigcirc_1 Some \bigcirc_2 A lot \bigcirc_3 Unable to do \bigcirc_9 Don't Know/Refused

28Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself? *eat*

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 29. Skip to Question 29.
28a How much difficulty do you have? <i>eatdif</i> \bigcirc_1 Some \bigcirc_2 A lot \bigcirc_3 Unable to do \bigcirc_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>
\bigcirc_1 Yes \bigcirc_0 No \bigcirc_2 Could do it, but don't for other reason \bigcirc_9 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> \bigcirc_1 Some \bigcirc_2 A lot \bigcirc_3 Unable to do \bigcirc_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
$ \bigcirc_1 \text{ Yes } \bigcirc_0 \text{ No } \bigcirc_2 \text{ Could do it, but don't for other reason } \bigcirc_9 \text{ Don't Know/Refused} $
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T

bthdif

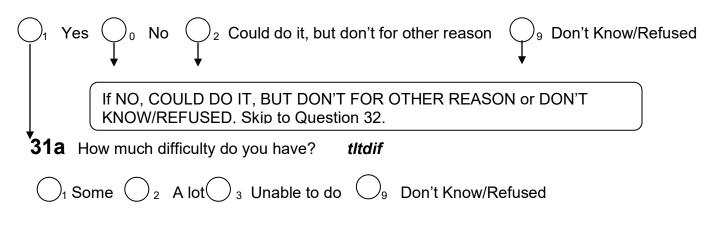
 \bigcirc_1 Some \bigcirc_2 A lot \bigcirc_3 Unable to do \bigcirc_9 Don't Know/Refused

Year 22 6-month surveillance call 11/16/09

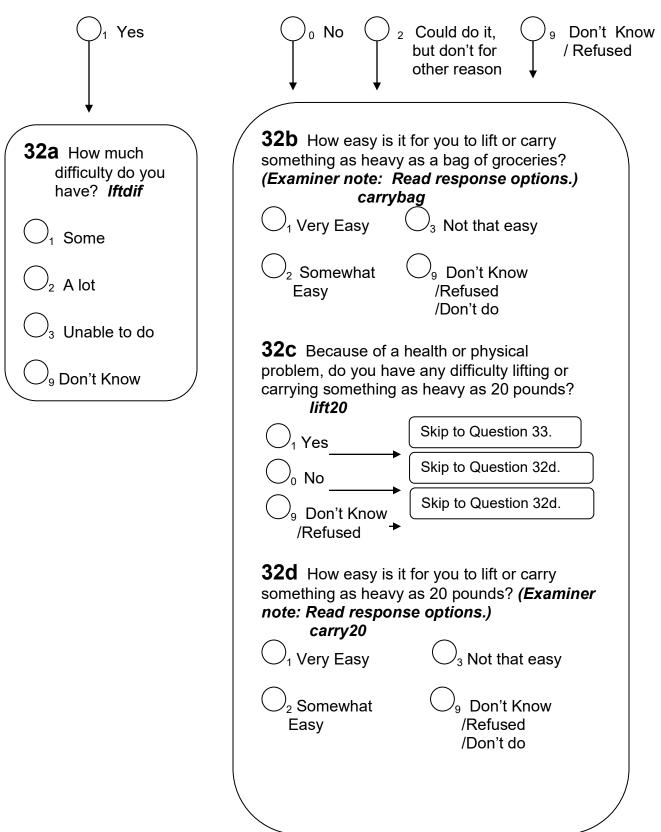
30a How much difficulty do you have?

KNOW/REFUSED. Skip to Question 31.

31Because of health or physical problems, do you have any difficulty or are you unable to use the toilet, including getting to the toilet? *toilet*



32Do you have any difficulty lifting or carrying something as heavy as 10 pounds, such as a bag of groceries? *liftng*



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 A. Provides First Na		fname
	\bigcirc_1 Correct	\bigcirc_{0}	Cannot Do/Refused
	B. Provides Last Nar	ne:	Iname
	\bigcirc_1 Correct	\bigcirc_{0}	Cannot Do/Refused

34 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	Yea	r		
34b What is the day of the v	tmonth	tday	tyea	r	f no resp	onse.
	Day	/ of the wee	k wkda	У		
\bigcirc_1 Correct	wkday2					
O ₀ Error/Refused						
O ₉ Not Attempted/Disa	abled					
34C What season of the yea	ar is it? Red	cord answer	in error. Er	nter "X" i	if no resp	onse.

		Season	season
\bigcirc_1	Correct	season2	
\bigcirc_0	Error/Refused		
\bigcirc_9	Not Attempted/Disa	bled	

35 What is your home address? *If incomplete, ask specifics, e.g., "What is your zip code?"* A. Provides House Number:

\bigcirc_1 Correct	O ₀ Cannot Do/Refused	houseno	
B. Provides Stree	\sim		
\bigcirc_1 Correct	○ Cannot Do/Refused	street	
C. Provides Cit	y:		
O ₁ Correct D. Provides State	Cannot Do/Refused	city	
\bigcirc_1 Correct	◯₀ Cannot Do/Refused	state	
E. Provides Zip C	ode:		
O ₁ Correct	◯₀ Cannot Do/Refused	zip	
36 Count backwards fro	om 20 to 1. countb		
\bigcirc_2 Complete	ely Correct on First Trial		
☐ 1 Complete	ely Correct on Second Trial		
O Any Othe	r Response		

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		Refused		Don't	
	^	00 7-	oh.4.vo	Given			Г	Know	l l
/	۹ 1	00-7=	sub1re (record	given6a	1		0		9
		(93)	response)						
ł	3	93-7=	sub2re	given6b	1		0		9
		(86)	(record response)						
(C (86-7=	sub3re	given6c	1		0		9
		(79)	(record response)						
[С С	79-7=	sub4re	given6d	1		0		9
		(72)	(record response)						
I	Ξ	72-7=	sub5re	given6e	1		0		9
		(65)	(record response)						
39a What respon		ole usually <i>papc</i>	ut	aper? <i>Accep</i> Refused	t "s	\frown		ne <i>ars"</i> only	y as a correct
39b How	/ many th	ings are i	n a dozen?	dozen					
	Correct			Refused	(⊖ ₉ Not A	Attei	mpted/Dis	abled
	at do you <i>response</i>			ant that lives	in	the desert	? A	ccept "ca	ctus" only as a
	Correct		O ₀ Error/I	Refused	(⊖ ₉ Not A	Attei	mpted/Dis	abled
39d What	at animal	does woo	ol come from?	Accept "she	ер	" or "lamb"	onl	y as a cor	rrect response.
	Correct			Refused	(⊖ ₉ Not A	Attei	npted/Dis	abled woolan

40a Say "No ifs, ands or buts." 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. **noifs, ands, orbuts**

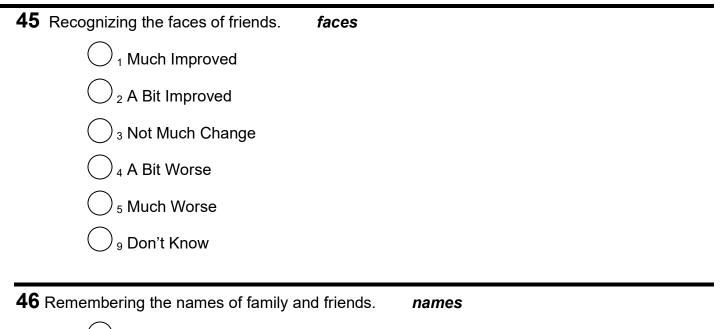
* no ifs	_1 Correct	O Error/Refused	9 Not Attempted/Disabled
* ands	O ₁ Correct	O ₀ Error/Refused	O ₉ Not Attempted/Disabled
* or buts	◯ ₁ Correct	O Error/Refused	9 Not Attempted/Disabled
40b Say	this: "Methodist Ep	iscopal." <i>methep</i>	
O 1	Correct	O ₀ Error/Refused	O ₉ Not Attempted/Disabled
correct		-	w? Accept "Barack Obama" as the e for the first name and vice versa.
O 1	Correct	O ₀ Error/Refused	O ₉ Not Attempted/Disabled
			seph Biden" or "Joe Biden" as the correct e first name and vice versa.
<u> </u>	Correct	O Error/Refused	O ₉ Not Attempted/Disabled <i>vpres</i>
42 With y	our finger, tap five ti	mes on the part of the pho	ne you speak into. <i>ftaps</i>
O 2	5 Taps Heard	◯ ₁ Fewer or More Tha	n 5 Taps
0	Refused	9 Not Attempted/Disa	abled

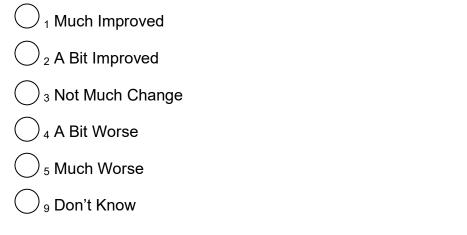
	I am going to give you a word, and I want you to give me it's opposite. For example, the opposite of "hot" is "cold".			
43	What is the opposite of '	'west"? oppos1		
	◯ ₁ Correct	O Error/Refused	O ₉ Not Attempted/Disabled	
43	"greedy," "stingy," "tight,		he following words as correct: "selfish," ger," "skimpy," or other antonyms you feel	
	◯ ₁ Correct	O Error/Refused	9 Not Attempted/Disabled	
44	Attempted/Disabled", this if no other question	the following portion n		
		lty speaking or understa		
;	Secondary Problem (Specily:	ecify:) othprob	

Administer IQCODE if interview is being conducted with the proxy.

INSTRUCTIONS: We want you to remember what your friend or relative was like <u>10 years</u> 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:





47 Remembering things about family and friends, such as their occupations, birthdays and addresses. *famthg*



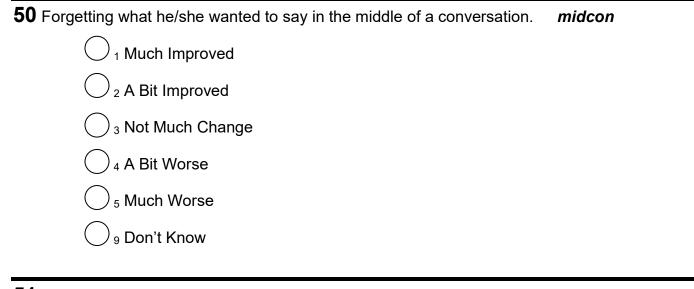
48 Remembering things that happened recently. recent

1 Much Improved
 2 A Bit Improved
 3 Not Much Change
 4 A Bit Worse
 5 Much Worse
 9 Don't Know

49 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
 9 Don't Know



51 Remembering his/her address and phone number. *adrphn*

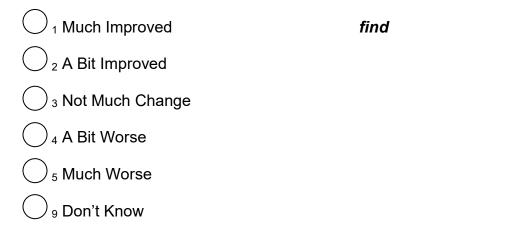


52 Remembering the month and day. *daymon*

\bigcirc 1 Much Improved
O 2 A Bit Improved
O ₃ Not Much Change
◯ ₄ A Bit Worse
◯ 5 Much Worse
O g Don't Know

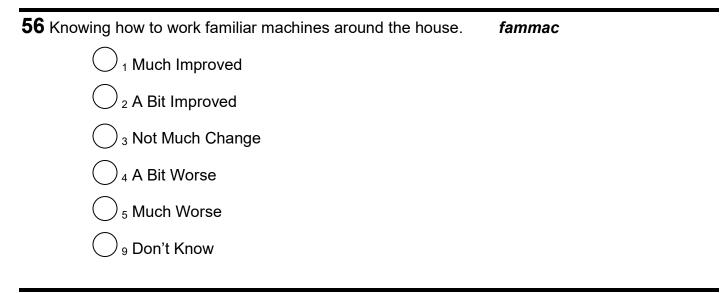
here

54 Remembering where to find things that have been put in a different place than usual.



55 Adjusting to any change in his/her daily routine. *change*

O 1 Much Improved
O 2 A Bit Improved
◯ ₃ Not Much Change
◯ ₄ A Bit Worse
◯ ₅ Much Worse
🔘 🤋 Don't Know



57 Learning to use a new gadget or machine around the house. *newmac*



58 Learning new things in general. *newthg*



() ₀ Don't Know

59 Remembering things that happened to him/her when he/she was young. *happen*

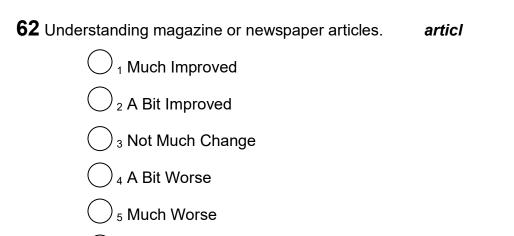


60 Remembering things he/she learned when he/she was young. *learnd*

1 Much Improved
 2 A Bit Improved
 3 Not Much Change
 4 A Bit Worse
 5 Much Worse
 9 Don't Know

61 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
 9 Don't Know



🔘 9 Don't Know

63 Following a story in a book or on TV.

1 Much Improved
 2 A Bit Improved
 3 Not Much Change
 4 A Bit Worse
 5 Much Worse
 9 Don't Know

story

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
O 1 Much Improved	
O 2 A Bit Improved	
◯ ₃ Not Much Change	
◯ ₄ A Bit Worse	
◯ 5 Much Worse	
🔘 9 Don't Know	

66 Making decisions about everyday matters. decisn



67 Handling money for shopping.



🔘 🤋 Don't Know

money

68 Handling financial matters such as pensions, dealing with banks. *financ*



69 Handling everyday arithmetic problems (knowing how much food to buy, how long between visits from family or friends). *arith*

1 Much Improved
 2 A Bit Improved
 3 Not Much Change
 4 A Bit Worse
 5 Much Worse
 9 Don't Know

70 Using his/her intelligence to understand what's going on and to reason things through.

1 Much Improved
2 A Bit Improved
3 Not Much Change
4 A Bit Worse
5 Much Worse
9 Don't Know

intell

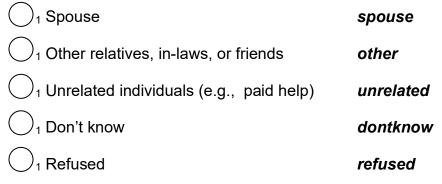
71 Interviewer: Were there any special problems associated with this interview? specprob

O₁ Yes O NO	
1 Hearing Problems problem	
2 Language (difficulty speaking or understanding English)	
3 Cognition of proxy	
O 4 Other (Specify:) othprob

72 Do you live alone or with other people? *livewith*

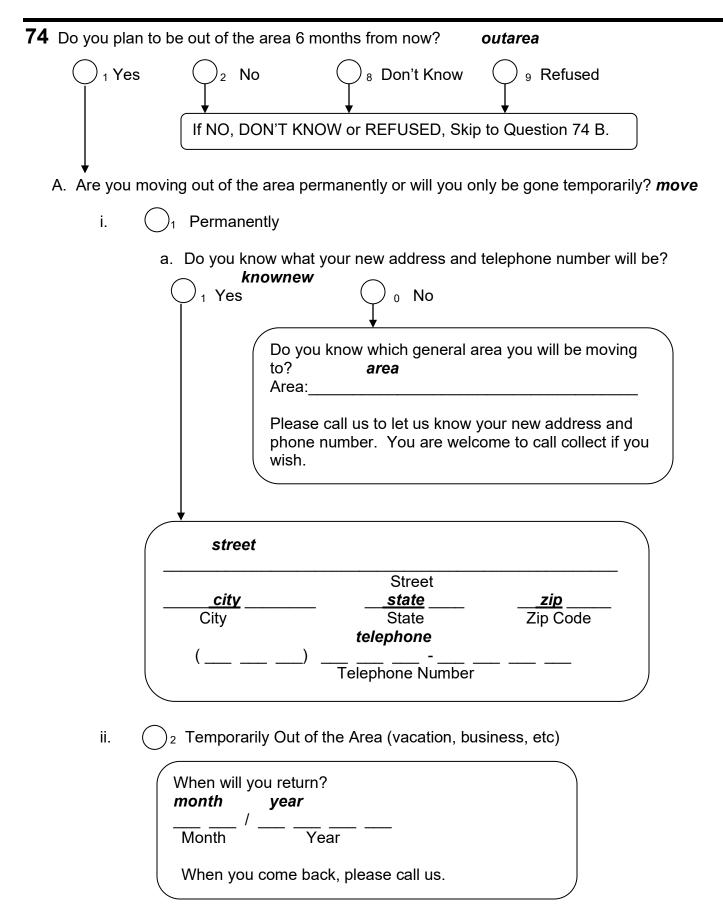
\bigcirc_1 Alone \bigcirc_2 With other people	Skip to Question 73.
Other Peop	ple in household people
O ₈ Don't know	
O ₉ Refused	

A. Who do you live with (for example, with your spouse, relatives or friends)? *Interviewer Note: Read response options. Mark <u>all</u> that apply.)*



73 In what type of home or residence do you live? *hometyp*

\bigcirc	¹ Community-dwelling s	ingle family home or apartment
\bigcirc	•	ther unit where optional services are provided such as meal IO staff dispensing of medication.
\bigcirc	³ Apartment or other unit where there are staff dispensing and watching you take your medication.	
\bigcirc	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.	
\bigcirc	⁵ Other (specify)	homeoth
\bigcirc	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.

The Cardiovascular Health Study is very grateful for your participation over these years. We want you to know how special you are, and ask if you would share with us what has enabled you to live such a long life. Is there anything you would like to tell me about what you have done to live such a long life?

longlife

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.