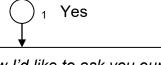
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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 2 Proxy datacl
•
a. If by proxy, reason: proxrsn
\bigcap_{1}^{2} Hearing \bigcap_{2}^{2} Cognitive \bigcap_{3} Hospitalized
$\bigcirc_{4} \text{ Other Illness } \bigcirc_{5} \text{ Other (specify)} \qquad \qquad proxoth$
4 Other miless 5 Other (specify) proxoti
b. What is your relationship to (name of CHS participant)? <i>relation</i>
O₁ Spouse or partner O₂ Child
3 Family member (other than spouse or child) (Please specify: famoth)
4 Close friend 5 Health care provider
Other (Please specify: relatoth) O ₉ Refused
c. How often do you have contact with (him/her)? contoftn
1 Live together 2 Daily (but does not 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 O ₂ Mostly by phone
Both in person and by phone
Other (Please specify: contoth)
U₂ 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.

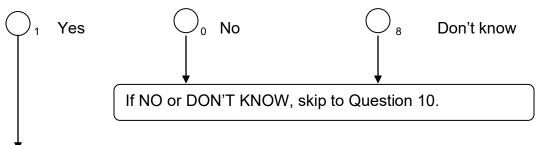
Year 23 6-month surveillance call 11/10/10

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>

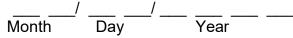
City: <u>an1city – an5city</u> State: an1stat – an5stat Zip: an1zip – an5zip

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**

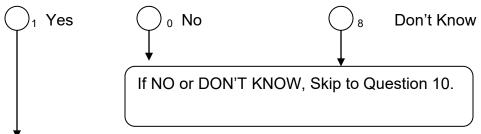


chfmo / chfda / chfyr

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**

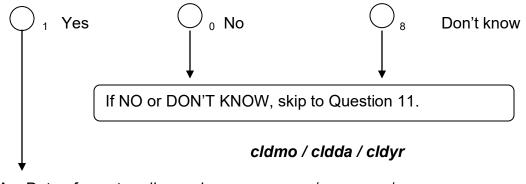
Date ____/ ___/ ____/ ____ Year

Name:____ *ch1name – ch5name* _____

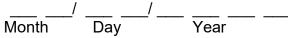
Address: ___ ch1addr - ch5addr _____

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

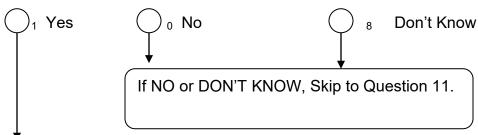
10Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? **newcld**



A. Date of event or diagnosis:



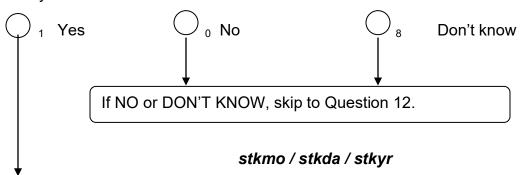
B. Were you in the hospital at least one night for this condition **since we last spoke to you?**clhosp



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

	Date <u> </u>	/ onth	// Day		
Name:	_ cl1name -	- cl5nam	e		
Address:	_ cl1addr –	cl5addr _.			
Citycl1c	ity – cl5city	State: c	:l1stat – cl5st	at Zip cl1zip – cl	5zip

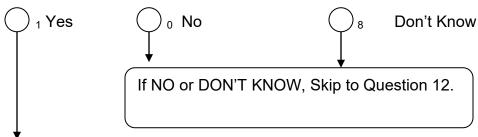
11 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? *newstk*



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

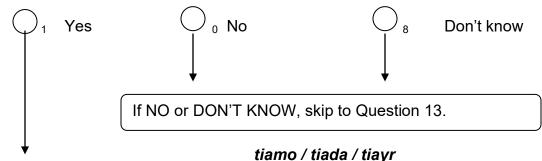
Date	1	/	
	Month	Day	Year
	4=		

Name:____ *st1name – st5name* _____

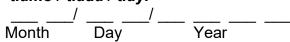
Address: st1addr - st5addr

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

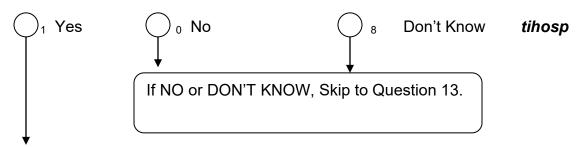
12 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time? *newtia*



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*

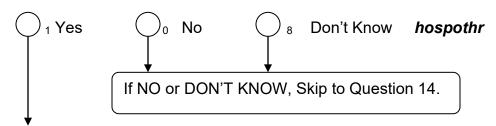
Date ___ / __ / __ / __ _ _ _ Year

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.

	Yes O No B 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.					
) 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	· · · · · · · · · · · · · · · · · · ·					
,	monur1 – monur5, danur1 – danur5, yrnur1 – yrnur5 🛘 lennur1 – lennur5					

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					

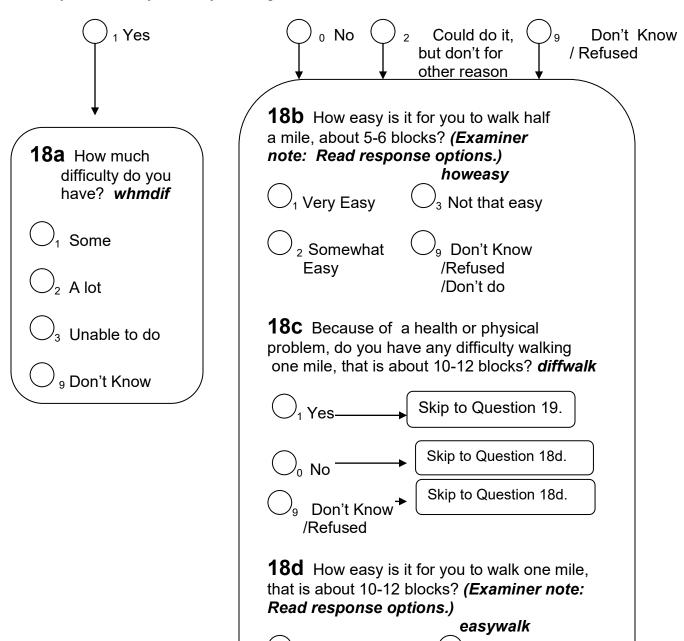
	How are you treated for diabetes? <i>trtdiab</i>
	Other: <u>othdiab</u>
(diabyear How many years have you had Diabetes? Interviewer Note: If number of years with diabetes is unknown, enter "99"

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	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.
20a How much difficulty do you have? <i>beddif</i>
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused

1 Yes	O No O2 Could do it, O9 Don't 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.)
O ₁ Some	Step10
	U₁ Very Easy U₃ Not that easy
O ₂ A lot	O ₂ Somewhat O ₉ Don't Know /Refused
Unable to do	/Don't do
	problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? Step20
	Skip to Question 22.
	1 Yes
	Skip to Question 22. Skip to Question 21d.
	Skip to Question 21d. Skip to Question 21d.
	On No Skip to Question 21d.
	Skip to Question 21d. Skip to Question 21d.
	Skip to Question 21d.

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?
--

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 the toilet, including getting to the toilet? toilet	he
Yes O No 2 Could do it, but don't for other reason O Don't Know/Refuse	ed.
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	

1 Yes	O No Could do it, but don't for other reason P Don't Know / Refused
32a How much difficulty do you have? Iftdif 1 Some 2 A lot 3 Unable to do 9 Don't Know	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 Easy 1 Pon't Know Refused Pon't do 32c Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds? lift20 Skip to Question 33. Skip to Question 32d.
	carry20 1 Very Easy 2 Somewhat Easy Carry20 3 Not that easy Page 19 Page 20 P

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
	O ₁ Correct O ₀ Cannot Do/Refused
24.	
	a What is today's date? <i>Probe for the month, day, or year if not volunteered. For each box, enter "9" if no response. (9999 for year)</i>
	Date in numerals: Month Day Year
3 <i>1</i> k	tmonth tday tyear
J#1.	• What is the day of the week? Record answer in error. Enter "X" if no response.
	Day of the week wkday
	Correct wkday2
	O ₀ Error/Refused
	O ₉ Not Attempted/Disabled
	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
34c	What season of the year is it? Record answer in error. Enter "X" if no response.
	Season season
	Correct season2
	O ₀ Error/Refused
	O ₉ Not Attempted/Disabled

35	What is your home ad A. Provides House		fics, e.g., "What is your zip code?"		
	O ₁ Correct	O ₀ Cannot Do/Refused	houseno		
	B. Provides Street:	_			
	O ₁ Correct	Cannot Do/Refused	street		
	C. Provides City:	_			
	O ₁ Correct D. Provides State:	○ Cannot Do/Refused	city		
	O ₁ Correct	O ₀ Cannot Do/Refused	state		
	E. Provides Zip Co	de:			
	O ₁ Correct	O ₀ Cannot Do/Refused	zip		
36	Count backwards from	n 20 to 1. countb			
	O ₂ Completely	Correct on First Trial			
	1 Completely Correct on Second Trial				
	O Any Other	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 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." 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	0 Error/Refused	○ 9 Not Attempted/Disabled			
* ands	O ₁ Correct	O Error/Refused	O ₉ Not Attempted/Disabled			
* or buts	1 Correct	○ ₀ Error/Refused	9 Not Attempted/Disabled			
40b Say	y this: "Methodist E	piscopal." <i>methep</i>				
<u> </u>	○ 1 Correct ○ 0 Error/Refused ○ 9 Not Attempted/Disabled					
41a Who is the President of the United States right now? Accept "Barack H. Obama" or "Barack Obama" as the correct response. If only the last name is given, probe for the first name and vice versa. presid						
<u> </u>	Correct	0 Error/Refused	9 Not Attempted/Disabled			
41b Who is the Vice President right now? Accept "Joseph Biden Jr." or "Joe Biden" 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. <i>ftaps</i>						
\bigcirc_2	5 Taps Heard	1 Fewer or More Than	5 Taps			
\bigcirc 0	Refused	9 Not Attempted/Disab	led			

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** 9 Not Attempted/Disabled ₀ Error/Refused 1 Correct **43a** What is the opposite of "generous"? Accept the following words as correct: "selfish," "greedy," "stingy," "tight," "cheap," "mean," "meager," "skimpy," or other antonyms you feel are appropriate. oppos2 9 Not Attempted/Disabled ₀ Error/Refused 1 Correct 44 Special Problems? (Interviewer Note: If any question is marked as "Not Attempted/Disabled", the following portion must be completed. You may also mark this if no other questions have been answered). specprob 1 Hearing Problems probs 2 Language (difficulty speaking or understanding English) 3 Other (Specify:) othprob Secondary Problem (Specify:) secprob

Administer IQCODE if interview is being conducted with the proxy.

We'd like you to co this person has to improved, stayed the years. It is importate years ago this pers	We want you to remember what your friend or relative was like 10 years ago impare him/her to what he/she is like now. Below are situations in which use his/her memory or intelligence. We want you to tell us whether this has the same, or become worse in the following situations during the past 10 and to compare his/her present performance with 10 years ago. So, if 10 son always forgot where he/she left things, and he/she still does, you would hange." Please check the appropriate answer for each item to the best of edge.
	Compared with 10 years ago, how is this person at:
45 Recognizing	the faces of friends.
○ ₁ N	fluch Improved
○ ₂ A	Bit Improved
○ 3 N	lot Much Change

◯ ₄ A Bit Worse		
5 Much Worse		
9 Don't Know		
46 Remembering the names of family and friends.	names	
1 Much Improved		
2 A Bit Improved		
◯₃ Not Much Change		
◯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	
O ₉ Don't Know	
10 Dansanda siis wakii wa khak hasayan adasa ankiya waxank	
48 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	
O 9 Don't Know	
49 Recalling conversations a few days later. <i>conver</i>	
1 Much Improved	
2 A Bit Improved	
◯ ₃ Not Much Change	
◯₄ A Bit Worse	
◯ ₅ Much Worse	
O 9 Don't Know	

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. adrphn
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	
◯ ₅ Much Worse	
Og Don't Know	
54 Remembering where to find things that have been	n put in a different place than usual.
O₁ Much Improved	find
2 A Bit Improved	
◯₃ Not Much Change	
◯ ₄ A Bit Worse	
◯ 5 Much Worse	
O 9 Don't Know	
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	
◯ ₉ Don't Know	

56 Knowing h	ow to work familiar machines around the house.
\bigcirc	Much Improved
\bigcirc	A Bit Improved
\bigcirc	Not Much Change
\bigcirc	A Bit Worse
\bigcirc	Much Worse
\bigcirc	Don't Know
57 Learning t	use a new gadget or machine around the house.
\bigcirc	Much Improved
\bigcirc	A Bit Improved
\bigcirc	Not Much Change
	A Bit Worse
\bigcirc	Much Worse
\bigcirc	Don't Know
<u> </u>	
58 Learning i	ew things in general.
\bigcirc	Much Improved
\bigcirc	A Bit Improved
\bigcirc	Not Much Change
\bigcirc	A Bit Worse
\bigcirc	Much Worse
\bigcirc	Don't Know

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

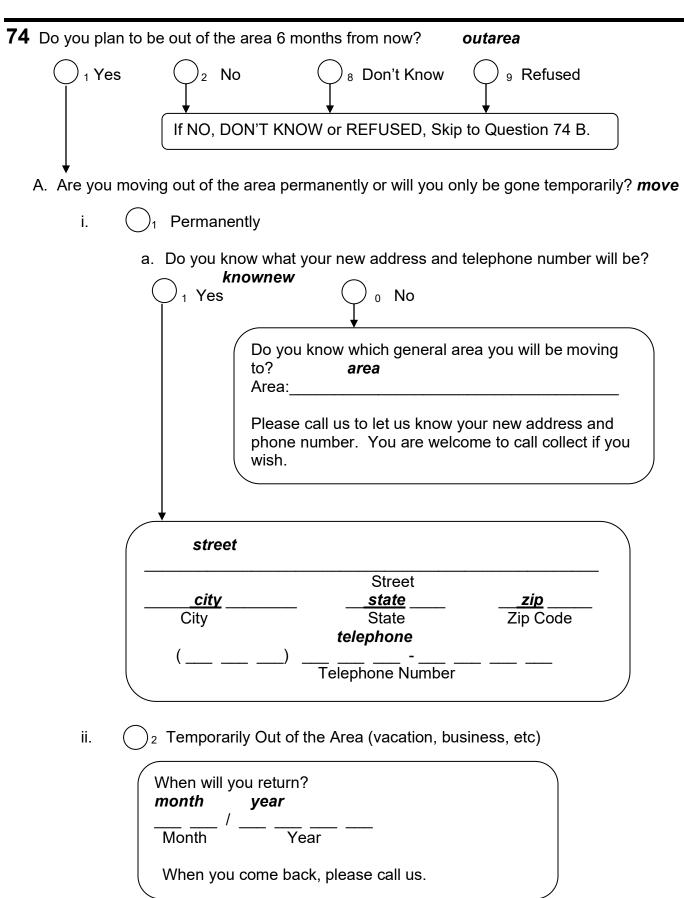
62 Understanding magazine or newspaper	r articles.	
O₁ Much Improved		
2 A Bit Improved		
◯₃ Not Much Change		
◯ ₄ A Bit Worse		
◯ 5 Much Worse		
O ₉ Don't Know		
C2 = 11		
63 Following a story in a book or on TV.	story	
U₁ Much Improved		
2 A Bit Improved		
◯ ₃ Not Much Change		
◯ ₄ A Bit Worse		
◯ 5 Much Worse		
O ₉ Don't Know		
64 Composing a letter to friends or for busing	iness purposes. <i>letter</i>	_
1 Much Improved	illess pulposes. Teller	
2 A Bit Improved		
○ 3 Not Much Change		
◯ ₄ A Bit Worse		
○ 5 Much Worse		
O 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	
◯ 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	

68 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	
9 Don't Know	
69 Handling everyday arithmetic problems (knowing how visits from family or friends).	v much food to buy, how long between <i>arith</i>
1 Much Improved	
2 A Bit Improved	
◯ ₃ Not Much Change	
4 A Bit Worse	
◯ ₅ Much Worse	
O ₉ Don't Know	
70	
70 Using his/her intelligence to understand what's going	
1 Much Improved	intell
2 A Bit Improved	
◯ ₃ Not Much Change	
O ₄ A Bit Worse	
◯ ₅ Much Worse	
○ 9 Don't Know	

71 Interviewer: Were there any special problems associated associa	ciated with this interview? specprob
1 Yes O No	
1 Hearing Problems problem	
2 Language (difficulty speaking or understandin	g English)
◯ ₃ Cognition of proxy	
Other (Specify:) othprob
72 Do you live alone or with other people? <i>livew</i>	rith
Alone 2 With other people Other People in household Boon't know	to Question 73. people
O ₉ Refused	
A. Who do you live with (for example, with your spouse, Interviewer Note: Read response options. Mark all	
◯₁ Spouse	spouse
Other relatives, in-laws, or friends	other
O₁ Unrelated individuals (e.g., paid help)	unrelated
O ₁ Don't know	dontknow
◯ ₁ Refused	refused

73 In what t	type of home or residence do you live? <i>hometyp</i>
	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.
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.