

CHS Year 24 Annual Surveillance Call

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***

1 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?

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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**

b. What is your relationship to (name of CHS participant)? **relation**

₁ Spouse or partner ₂ Child
 ₃ Family member (other than spouse or child) (Please specify: _____ **famoth**)
 ₄ Close friend ₅ Health care provider
 ₆ Other (Please specify: _____ **relatoth**) 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
 ₈ Don't know ₉ Refused

d. What is the most frequent type of contact? **contfreq**

₁ Mostly in person ₂ Mostly by phone
 ₃ Both in person and by phone
 ₈ Don't know ₄ Other (Please specify: _____ **contoth**)
 ₉ Refused

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1 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
- 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 ₈ Don't Know ₉ Refused **beddays2**

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

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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**

₁ Yes

₀ No

₈ Don't know

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**

₁ Yes

₀ No

₈ 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**

Date _____ / _____ / _____
Month Day Year

Name: _____ **an1name – an5name** _____

Address: _____ **an1addr – an5addr** _____

City: **an1city – an5city** State: **an1stat – an5stat** Zip: **an1zip – an5zip**

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

₁ Yes
 ₀ No
 ₈ Don't know

If NO or DON'T KNOW, skip to Question 10.

A. Date of event or diagnosis: ***chfmo / chfda / chfyr***

___ ___ / ___ ___ / ___ ___ ___ ___
 Month Day Year

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

₁ Yes
 ₀ No
 ₈ Don't Know

If NO or DON'T KNOW, Skip to Question 10.

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

Date ___ ___ / ___ ___ / ___ ___ ___ ___

Month Day Year

Name: ___ ***ch1name – ch5name*** _____

Address: ___ ***ch1addr – ch5addr*** _____

City ___ ***ch1city – ch5city*** State: ***ch1stat – ch5stat*** Zip ___ ***ch1zip – ch5zip*** _

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

₁ Yes
 ₀ No
 ₈ Don't know

↓ ↓ ↓

If NO or DON'T KNOW, skip to Question 11.

cldmo / cldda / cldyr

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?** **clhosp**

₁ Yes
 ₀ No
 ₈ Don't Know

↓ ↓ ↓

If NO or DON'T KNOW, Skip to Question 11.

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 Day Year

Name: _____ **cl1name – cl5name** _____

Address: _____ **cl1addr – cl5addr** _____

City _____ **cl1city – cl5city** State: **cl1stat – cl5stat** Zip **cl1zip – cl5zip** _

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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 <i>asthma</i>					
G Emphysema <i>emphysem</i>					
H High lipids or cholesterol <i>lipid</i>					
I Diabetes <i>diabetes</i>					

How are you treated for diabetes? *trtdiab*

₁ Insulin ₂ Oral Hypoglycemic Agent

₃ Other: _____ *othdiab* _____

diabyear

How many years have you had Diabetes? Years

Interviewer Note: If number of years with diabetes is unknown, enter "99"

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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) <i>dvtmed</i>				
D High Lipids or Cholesterol <i>cholmed</i>				

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

- ₁ Never Smoked →
- 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

Skip to Question 18.

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18 Do you have any difficulty walking half a mile, about 5-6 blocks? *whmile*

₁ Yes

₀ No

₂ Could do it,
but don't for
other reason

₉ Don't Know
/ Refused

18a How much difficulty do you have? *whmdif*

₁ Some

₂ A lot

₃ Unable to do

₉ Don't Know

18b How easy is it for you to walk half a mile, about 5-6 blocks? (**Examiner note: Read response options.**)
howeasy

₁ Very Easy

₃ Not that easy

₂ Somewhat
Easy

₉ Don't Know
/Refused
/Don't do

18c Because of a health or physical problem, do you have any difficulty walking one mile, that is about 10-12 blocks? *diffwalk*

₁ Yes → Skip to Question 19.

₀ No → Skip to Question 18d.

₉ Don't Know /Refused → Skip to Question 18d.

18d How easy is it for you to walk one mile, that is about 10-12 blocks? (**Examiner note: Read response options.**)
easywalk

₁ Very Easy

₃ Not that easy

₂ Somewhat
Easy

₉ Don't Know
/Refused
/Don't do

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

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 20.

19a How much difficulty do you have? *whodif*

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? *bed*

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 21.

20a How much difficulty do you have? *beddif*

₁ Some ₂ A lot ₃ Unable to do ₉ Don't Know/Refused

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21 Do you have any difficulty walking up 10 steps? *steps*

₁ Yes
↓

₀ No ₂ Could do it,
but don't for
other reason
↓

₉ Don't Know
/ Refused
↓

21a How much difficulty do you have? *stpdif*

- ₁ Some
- ₂ A lot
- ₃ Unable to do
- ₉ Don't Know

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
- ₂ Somewhat Easy ₉ Don't Know /Refused /Don't do

21c Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? **Step20**

- ₁ Yes →
- ₀ No →
- ₉ Don't Know /Refused →

Skip to Question 22.

Skip to Question 21d.

Skip to Question 21d.

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
- ₂ Somewhat Easy ₉ Don't Know /Refused /Don't do

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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*

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 23.

22a How much difficulty do you have? *hhwdif*

₁ Some ₂ A lot ₃ Unable to do 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? *lhwork*

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? *lhwdif*

₁ Some ₂ A lot ₃ Unable to do ₉ 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? *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 25.

24a How much difficulty do you have? *shpdif*

₁ Some ₂ A lot ₃ Unable to do ₉ Don't Know/Refused

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25 Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals? *prepar*

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 26.

25a How much difficulty do you have? *prpdif*

₁ Some ₂ A lot ₃ Unable to do 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? *pay*

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? *paydif*

₁ Some ₂ A lot ₃ Unable to do 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? *phone*

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 28.

27a How much difficulty do you have? *phndif*

₁ Some ₂ A lot ₃ Unable to do ₉ Don't Know/Refused

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28 Because 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.

28a How much difficulty do you have? **eatdif**

₁ Some ₂ A lot ₃ Unable to do ₉ Don't Know/Refused

29 Because of health or physical problems, do you have any difficulty or are you unable to dress yourself? **dress**

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 30.

29a How much difficulty do you have? **drsdif**

₁ 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**

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 31.

30a How much difficulty do you have? **bthdif**

₁ Some ₂ A lot ₃ Unable to do ₉ Don't Know/Refused

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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*

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 32.

31a How much difficulty do you have? *tldif*

₁ Some ₂ A lot ₃ Unable to do ₉ Don't Know/Refused

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

₁ Yes

₀ No

₂ Could do it,
but don't for
other reason

₉ Don't Know
/ Refused

32a How much difficulty do you have? *lftdif*

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? *carrybag*
(Examiner note: Read response options.)

₁ Very Easy

₃ Not that easy

₂ Somewhat
Easy

₉ Don't Know
/Refused
/Don'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*

₁ Yes

Skip to Question 33.

₀ No

Skip to Question 32d.

₉ Don't Know
/Refused

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

₂ Somewhat
Easy

₉ Don't Know
/Refused
/Don't do

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IF ADMINISTERING TO PROXY, SKIP TO QUESTION 43.

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

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

Read Responses

- ₀ Rarely or none of the time (less than 1 day) **bother**
 - ₁ Some or a little of the time (1 to 2 days)
 - ₂ A moderate amount of time (3 to 4 days)
 - ₃ Most of the time
 - ₉ Refused or Don't Know
-

34 I had trouble keeping my mind on what I was doing:

- ₀ Rarely or none of the time (less than 1 day) **troubl**
 - ₁ Some or a little of the time (1 to 2 days)
 - ₂ A moderate amount of time (3 to 4 days)
 - ₃ Most of the time
 - ₉ Refused or Don't Know
-

35 I felt that everything I did was an effort:

- ₀ Rarely or none of the time (less than 1 day) **effort**
- ₁ Some or a little of the time (1 to 2 days)
- ₂ A moderate amount of time (3 to 4 days)
- ₃ Most of the time
- ₉ Refused or Don't Know

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36 I felt depressed:

- ₀ Rarely or none of the time (less than 1 day) **depres**
 - ₁ Some or a little of the time (1 to 2 days)
 - ₂ A moderate amount of time (3 to 4 days)
 - ₃ Most of the time
 - ₉ Refused or Don't Know
-

37 I felt hopeful about the future:

- ₃ Rarely or none of the time (less than 1 day) **future**
 - ₂ Some or a little of the time (1 to 2 days)
 - ₁ A moderate amount of time (3 to 4 days)
 - ₀ Most of the time
 - ₉ Refused or Don't Know
-

38 I felt fearful:

- ₀ Rarely or none of the time (less than 1 day) **fear**
 - ₁ Some or a little of the time (1 to 2 days)
 - ₂ A moderate amount of time (3 to 4 days)
 - ₃ Most of the time
 - ₉ Refused or Don't Know
-

39 My sleep was restless:

- ₀ Rarely or none of the time (less than 1 day) **sleep**
- ₁ Some or a little of the time (1 to 2 days)
- ₂ A moderate amount of time (3 to 4 days)
- ₃ Most of the time
- ₉ Refused or Don't Know

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40 I was happy:

- ₃ Rarely or none of the time (less than 1 day) **happy**
- ₂ Some or a little of the time (1 to 2 days)
- ₁ A moderate amount of time (3 to 4 days)
- ₀ Most of the time
- ₉ Refused or Don't Know

41 I felt lonely:

- ₀ Rarely or none of the time (less than 1 day) **lonly**
- ₁ Some or a little of the time (1 to 2 days)
- ₂ A moderate amount of time (3 to 4 days)
- ₃ Most of the time
- ₉ Refused or Don't Know

42 I could not get going:

- ₀ Rarely or none of the time (less than 1 day) **getgo**
- ₁ Some or a little of the time (1 to 2 days)
- ₂ A moderate amount of time (3 to 4 days)
- ₃ Most of the time
- ₉ Refused or Don't Know

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

- ₁ Alone → Skip to Question 44.
- ₂ With other people
- Other People in household *people*
- ₈ Don't know
- 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*
- ₁ Other relatives, in-laws, or friends *other*
- ₁ Unrelated individuals (e.g., paid help) *unrelated*
- ₁ Don't know *dontknow*
- ₁ Refused *refused*

44 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.**
- 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

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45 Do you plan to be out of the area 6 months from now? **outarea**

- ₁ Yes
 ₂ No
 ₈ Don't Know
 ₉ Refused

If NO, DON'T KNOW or REFUSED, Skip to Question 45 B.

A. Are you moving out of the area permanently or will you only be gone temporarily? **move**

i. ₁ Permanently

a. Do you know what your new address and telephone number will be?

- ₁ Yes **knownew**
 ₀ No

Do you know which general area you will be moving to?
area
 Area: _____

Please call us to let us know your new address and phone number. You are welcome to call collect if you wish.

street

Street

city **state** **zip**
 City State Zip Code

telephone

(- -) - -

Telephone Number

ii. ₂ Temporarily Out of the Area (vacation, business, etc)

When will you return?
month **year**
 /

Month Year

When you come back, please call us.

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- 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.

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

1 Yes 0 No
↓

- 1 Hearing Problems *problem*
- 2 Language (difficulty speaking or understanding English)
- 3 Cognition of proxy
- 4 Other (Specify: _____) *othprob*

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.