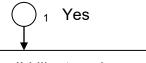
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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:
Participant
1 Participant 1 Proxy <b>dataci</b>
•
a. If by proxy, reason: <b>proxrsn</b>
√ 1 Hearing  √2 Cognitive  √3 Hospitalized  √3 Hospi
Other Illness Other (specify) proxoth
b. What is your relationship to (name of CHS participant)? <b>relation</b>
Spouse or partner O <sub>2</sub> Child
<sub>3</sub> Family member ( <u>other than</u> spouse or child) (Please specify: <i>famoth</i> )
◯ ₄ Close friend ◯₅ Health care provider
Other (Please specify: <i>relatoth</i> )
a llow often de very hour contest with /him/hom/?
c. How often do you have contact with (him/her)? <b>contoftn</b>
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
U <sub>8</sub> Don't know U <sub>9</sub> Refused
d What is the week from word to we afficient at 2 and the se
d. What is the most frequent type of contact? <i>contfreq</i>
○ Mostly in person ○ Mostly by phone
Both in person and by phone
Other (Please specify: contoth)
U₂ Refused

1 What is your marital status? Are you? marital
1 Married
2 Widowed
3 Divorced
4 Separated
5 Never Married
Other
8 Don't Know
○ <sub>9</sub> Refused
would like to ask you some questions that we also asked you 6 months ago. The reason for asking them again is to find out how you've been over the last six months.  2 Would you say, in general, your health is: hlth1  1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor
O <sub>8</sub> Don't Know
Refused
3 During the past two weeks, how many days have you stayed in bed all or most of the day
because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.) <b>bed</b>

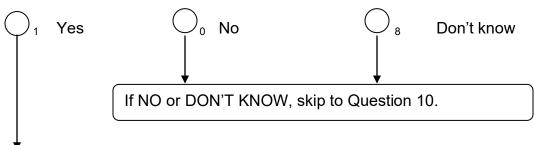
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а		a procedure in or out TCA, coronary arter					
	○ ₁Yes	O <sub>0</sub> No	8	Don't Know	9	Refused	arthrt
	Have you had ome?	cardiac catheterization	on or coro	nary angiogra <sub>l</sub>	ohy since	we spoke	with you last
	O <sub>1</sub> Yes	O <sub>0</sub> No	8	Don't Know	9	Refused	cardcath
		procedure in or out oke with you last tim		pital to open ι	ıp the art	eries in eith	er of your
	O <sub>1</sub> Yes	O No	8	Don't Know	9	Refused	artlegs
	Has a doctor to poke with you la	ld you that you had a	a <u>new</u> my	ocardial infarc	tion or he	art attack s	ince we
	1 Yes	O No		8	Don't kno	ow <b>new</b>	vmi
,	<b> </b>	If NO or DON'T KN	NOW, skip	to Question 8	).		
		or diagnosis: Mor e hospital at least or					
	1 Yes	O No		8 Do	on't Know	mihos	p
	$\downarrow$	If NO or DON'T	KNOW,	Skip to Questi	on 8.		
C.		the admission date o i <b>1mo – mi5mo, mi1</b>		•		ime and loc	ation of the
		Date Month	/ Day	/ Yea	 r		
	Name:	<u>mi1name – mi5</u>	iname				
	Address:_	<u>mi1addr – mi5a</u>	<u>ddr</u>	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
	City	mi1city – mi5city	State: mi	i1stat – mi5st	<b>at</b> Zip: <b>n</b>	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>

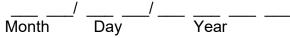
City: <u>an1city – an5city</u> State: an1stat – an5stat Zip: an1zip – an5zip

**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** 

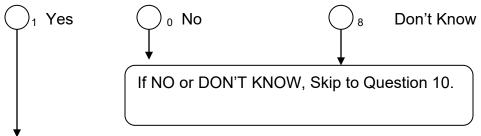


chfmo / chfda / chfyr

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** 

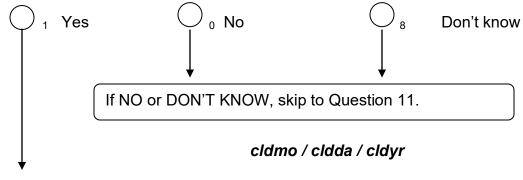
Date \_\_\_/ \_\_\_/ \_\_\_ Year

Name:\_\_\_\_ *ch1name – ch5name* \_\_\_\_\_

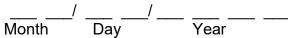
Address:\_\_\_\_ ch1addr – ch5addr

City\_\_\_ch1city - ch5city State: ch1stat - ch5stat Zip\_\_ ch1zip - ch5zip\_

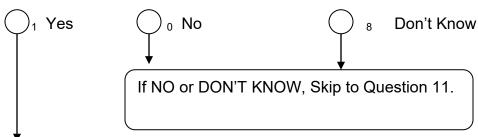
**10**Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time? **newcld** 



A. Date of event or diagnosis:



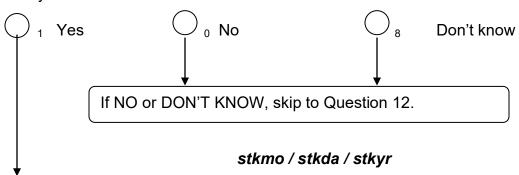
B. Were you in the hospital at least one night for this condition **since we last spoke to you?** 



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	/	Year
Name:_	cl1nan	ne – cl5nai	me	
Address	s: cl1add	r – cl5addı	r	
City	cl1city = cl5c	ity State:	cl1etat _ cl5etat	t 7in cl1zin – cl5zin

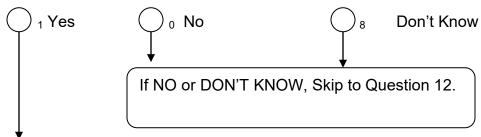
**11** Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time? *newstk* 



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

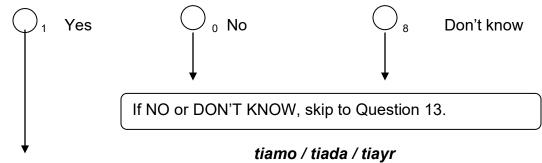
Date \_\_\_/ \_\_\_/ \_\_\_ \_/ \_\_\_\_ Year

Name:\_\_\_\_ *st1name – st5name* \_\_\_\_\_

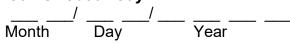
Address:\_\_ st1addr - st5addr \_\_\_\_\_

City\_\_ st1city - st5city \_ State: st1stat - st5stat Zip st1zip - st5zip

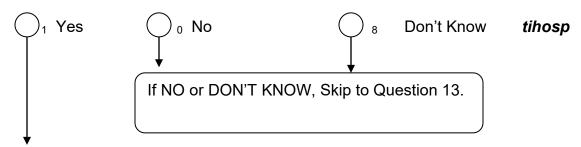
**12** Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time? *newtia* 



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?



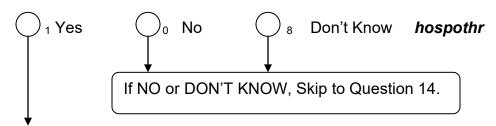
C. Please record the admission date of each hospitalization and the name and location of the hospital. *ti1mo - ti5mo*, *ti1da - ti5da*, *ti1yr - ti5yr* 

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.

۱)	Reason for admission <u>rshos1 – rshos5</u>
	Hospital Name <u>hosname1 – hosname5</u>
	Addresshosaddr1 - hosaddr5City/State hoscity1 - hoscity5
	hosstat1 – hosstat5
	mohos1 – mohos5/ dahos1 – dahos5/ yrhos1 – yrhos5 lenhos1 – lenhos5
	Date of hospitalization://Length of stay:days  Month Day Year
2)	Reason for admission
	Hospital Name
	AddressCity/State
	Date of hospitalization://Length of stay:days

As explained at your original clinic visit, records of these hospitalizations will be reviewed for medical information that may apply to the CHS study.

So that we may better understand any changes that may occur in your health, please remember to call us if you are admitted to a hospital for any reason.

	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	· · · · · · · · · · · · · · · · · · ·
4	monur1 – monur5, danur1 – danur5, yrnur1 – yrnur5 🛘 lennur1 – lennur5

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

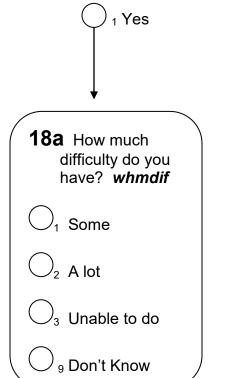
How are you treated for diabetes? <i>trtdiab</i> O <sub>1</sub> Insulin O <sub>2</sub> Oral Hypoglycemic Agent
Other:othdiab
diabyear How many years have you had Diabetes? Interviewer Note: If number of years with diabetes is unknown, enter "99"

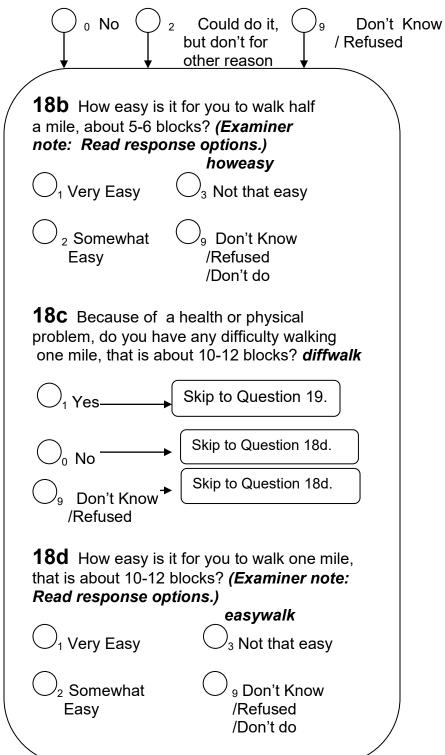
16 Are you currently taking medication prescribed by a doctor for any of the following conditions?

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

17	Which of the following best describes your current smoking	status? <b>smoking</b>
	1 Never Smoked	Skip to Question 18.
	○ <sub>2</sub> Former Smoker, Quit More Than 1 Year Ago →	
	◯ ₃ Former Smoker, Quit Less Than 1 Year Ago	
	4 Current Smoker	
	O 8 Don't Know	
	9 Refused	

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





<b>19</b> Do you have any difficulty walking around your home? <b>whome</b>
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>
①₁ Some ②₂ A lot ②₃ Unable to do ○₃ Don't Know/Refused
<b>20</b> 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.
<b>20a</b> 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
<b>21a</b> 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 <sub>1</sub> Some	Step10
	U₁ Very Easy U₃ Not that easy
O <sub>2</sub> A lot	O <sub>2</sub> Somewhat O <sub>9</sub> 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? <b>Step20</b>
	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?
--

<b>25</b> Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals? <i>prepar</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 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
<b>26</b> 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 27.
<b>↓ 26a</b> How much difficulty do you have? <i>paydif</i>
O <sub>1</sub> Some O <sub>2</sub> A lot O <sub>3</sub> Unable to do O <sub>9</sub> Don't Know/Refused
27Because 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.
<b>₹ 27a</b> How much difficulty do you have? <i>phndif</i>
○ 1 Some ○ 2 A lot ○ 3 Unable to do ○ 9 Don't Know/Refused

<b>28</b> 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.
<b>28a</b> How much difficulty do you have? <i>eatdif</i>
O <sub>1</sub> Some O <sub>2</sub> A lot O <sub>3</sub> Unable to do O <sub>9</sub> Don't Know/Refused
<b>29</b> 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? drsdif
○ Some ○ 2 A lot ○ 3 Unable to do ○ 9 Don't Know/Refused
<b>30</b> Because of health or physical problems, do you have any difficulty or are you unable to bathe or shower? <b>bathe</b>
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.
<b>30a</b> How much difficulty do you have? <i>bthdif</i>
O <sub>1</sub> SomeO <sub>2</sub> A lotO <sub>3</sub> Unable to do O <sub>9</sub> Don't Know/Refused

31 Because of health or physical problems, do you have any difficulty or are you unable to use t 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	эd
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>	
O₁ Some O₂ A lot O₃ Unable to do O₃ Don't Know/Refused	

1 Yes	O No 2 Could do it, 9 Don't Know but don't for other reason / 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 2 Somewhat Easy 3 Not that easy  Refused 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 Skip to Question 33. Skip to Question 32d. Skip to Question 32d. Skip to Question 32d. Skip to Question 32d.  Skip to Question 32d. Skip to Question 32d.  Skip to Question 32d. Skip to Question 32d. Skip to Question 32d. Skip to Question 32d.
	carry20  1 Very Easy  2 Somewhat Easy  7 Don't Know /Refused /Don't do

IF ADMINISTERING TO PROXY, SKIP TO QUESTION 43.

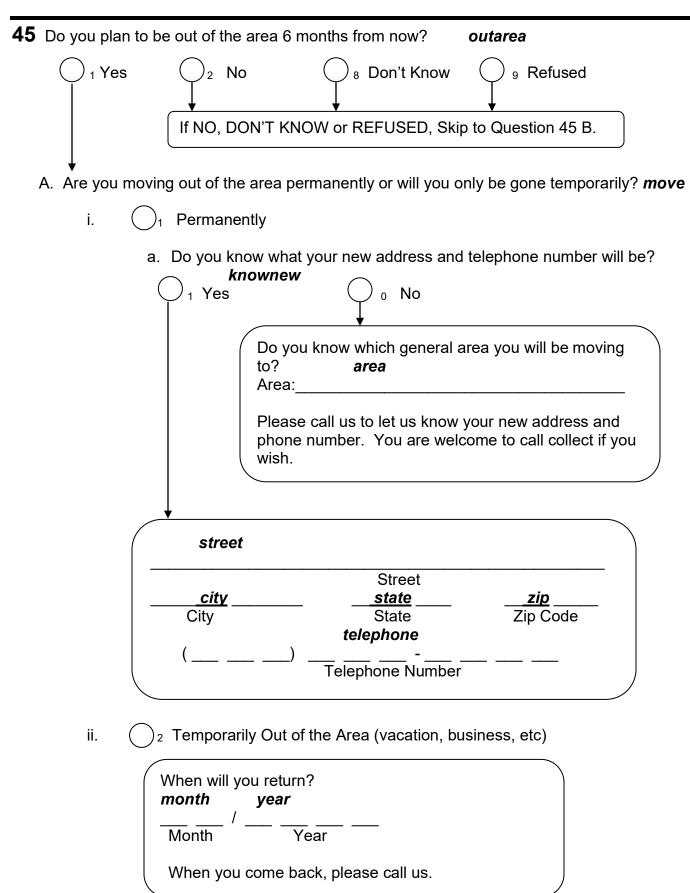
I am going to read you a list of ways you might have felt or behaved during the last week.

<b>33</b> 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) <b>bother</b>		
O <sub>1</sub> Some or a little of the time (1 to 2 days)		
2 A moderate amount of time (3 to 4 days)		
O <sub>3</sub> Most of the time		
O <sub>9</sub> Refused or Don't Know		
34 I had trouble keeping my mind on what I was doing:		
On Rarely or none of the time (less than 1 day) <b>troubl</b>		
O <sub>1</sub> Some or a little of the time (1 to 2 days)		
2 A moderate amount of time (3 to 4 days)		
O <sub>3</sub> Most of the time		
Refused or Don't Know		
35 I felt that everything I did was an effort:		
On Rarely or none of the time (less than 1 day) effort		
O <sub>1</sub> Some or a little of the time (1 to 2 days)		
O <sub>2</sub> A moderate amount of time (3 to 4 days)		
O <sub>3</sub> Most of the time		
O <sub>9</sub> Refused or Don't Know		

36 I felt depressed:			
	On Rarely or none of the time (less than 1 day)	depres	
	$\bigcirc_1$ Some or a little of the time (1 to 2 days)		
	O <sub>2</sub> A moderate amount of time (3 to 4 days)		
	3 Most of the time		
	O <sub>9</sub> Refused or Don't Know		
<b>37</b> I fel	It hopeful about the future:		
	3 Rarely or none of the time (less than 1 day)	future	
	O <sub>2</sub> Some or a little of the time (1 to 2 days)		
	1 A moderate amount of time (3 to 4 days)		
	O <sub>0</sub> Most of the time		
	O <sub>9</sub> Refused or Don't Know		
<b>38</b> I fel	It fearful:		
<b>38</b> I fel	It fearful:  On Rarely or none of the time (less than 1 day)	fear	
<b>38</b> I fel		fear	
<b>38</b> I fel	Rarely or none of the time (less than 1 day)	fear	
<b>38</b> I fel	On Rarely or none of the time (less than 1 day)  On Some or a little of the time (1 to 2 days)	fear	
<b>38</b> I fel	Rarely or none of the time (less than 1 day)  Some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)	fear	
	<ul> <li>Rarely or none of the time (less than 1 day)</li> <li>Some or a little of the time (1 to 2 days)</li> <li>A moderate amount of time (3 to 4 days)</li> <li>Most of the time</li> </ul>	fear	
	On Rarely or none of the time (less than 1 day)  In Some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)  Most of the time  Refused or Don't Know	fear	
	On Rarely or none of the time (less than 1 day)  I Some or a little of the time (1 to 2 days)  A moderate amount of time (3 to 4 days)  Most of the time  Refused or Don't Know  sleep was restless:		
	On Rarely or none of the time (less than 1 day)  On Rarely or none of the time (less than 1 day)  On Rarely or none of the time (1 to 2 days)  On Rarely or none of the time (3 to 4 days)  On Rarely or none of the time (less than 1 day)		

40	<b>40</b> I was happy:			
	Rarely or none of the time (less than 1 day)	happy		
	Some or a little of the time (1 to 2 days)			
	1 A moderate amount of time (3 to 4 days)			
	O <sub>0</sub> Most of the time			
	O <sub>9</sub> Refused or Don't Know			
41	I felt lonely:			
	On Rarely or none of the time (less than 1 day)	lonly		
	$\bigcirc_1$ Some or a little of the time (1 to 2 days)			
	O <sub>2</sub> A moderate amount of time (3 to 4 days)			
	O <sub>3</sub> Most of the time			
	O <sub>9</sub> Refused or Don't Know			
42	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 <sub>2</sub> A moderate amount of time (3 to 4 days)			
	O <sub>3</sub> Most of the time			
	O <sub>9</sub> Refused or Don't Know			

<b>43</b> Do you live alone or with other people?	livewith			
1 Alone	Skip to Question 44.			
Other People in househo	old <b>people</b>			
O <sub>8</sub> Don't know				
O <sub>9</sub> Refused				
A. Who do you live with (for example, with your spouse, relatives or friends)?  Interviewer Note: Read response options. Mark all that apply.)				
◯₁ Spouse	spouse			
Other relatives, in-laws, or friends	other			
O₁ Unrelated individuals (e.g., paid he	elp) <i>unrelated</i>			
O <sub>1</sub> Don't know	dontknow			
◯₁ Refused	refused			
44 In what type of home or residence do you live	e? <i>hometyp</i>			
¹Community-dwelling single family	home or apartment			
2Home, apartment or other unit who or housekeeping, but NO staff disp	ere optional services are provided such as meal pensing of medication.			
<sup>3</sup> Apartment or other unit where ther your medication.	re are staff dispensing and watching you take			
_ ,	th assistance in most or all of your daily needs tching you take your medications, meals,			
Other (specify) homeoth				
<sup>9</sup> 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.
<b>46</b> <i>Interviewer:</i> Were there any special problems associated with this interview? <i>specprob</i>
1 Yes 0 No
1 Hearing Problems problem
2 Language (difficulty speaking or understanding English)
Cognition of proxy
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.