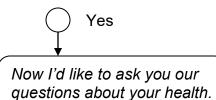
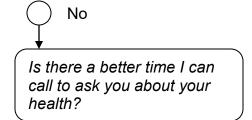
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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?





/	If interview is not completed (e.g. participant refuses), do not complete this form; record result on Contact Log. Interview completed by:	
	Participant Proxy	
	a. If by proxy, reason:  Hearing Cognitive Hospitalized Other Illness Other (specify)	
	b. What is your relationship to (name of CHS participant)?  Spouse or partner Child	
	Family member (other than spouse or child) (Please specify:	)
	c. How often do you have contact with (him/her)?  Live together Daily (but does not live together)  3 or more times a week Less than 3 times a week  Don't know Refused  d. What is the most frequent type of contact?	
	Mostly in person  Mostly by phone  Both in person and by phone  Don't know Other (Please specify:)  Refused	
\		

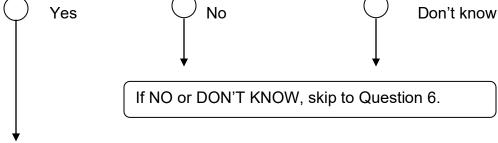
**<sup>1</sup>** What is your marital status? Are you...?

Married	
Widowed	
Divorced	
Separated	
Never Married	
Other	
Don't Know	
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:	•
Excellent	
Very Good	
Good	
Fair	
Poor	
Don't Know	
Refused	
<b>3</b> 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.)	•
Days On't Know Refused	
Answer "0" if you haven't spent any days in bed in the last two weeks.	

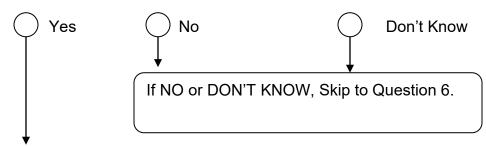
Year 25 annual surveillance call Revision 1.11 11/16/11

4 Has a doctor tol with you last time		yocardial inf	arction or heart attack since we spoke
Yes	No		Don't know
<b>\</b>	If NO or DON'T KNOW, sk	kip to Questi	on 5.
A. Date of event of	or diagnosis:/ Month	/	— <del>Vear</del> —
B. Were you in th		-	dition since we last spoke to you?
Yes	If NO or DON'T KNOW		Don't Know uestion 5.
C. Please record hospital.	the admission date of each	hospitalizati	on and the name and location of the
	Date//	ay/	 Year
Name:	<del></del>		<del></del> -
Address	·		
City		State:	Zip

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?
 Yes
 No
 Don't know

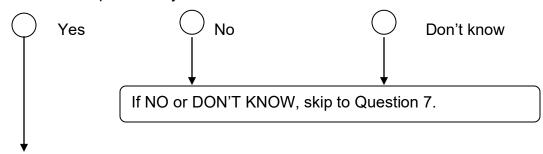


- B. Were you in the hospital at least one night for this condition since we last spoke to you?

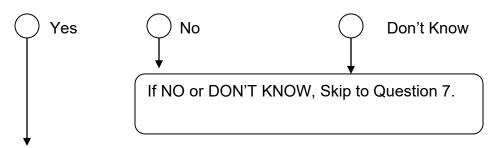


C. Please record the admission date of each hospitalization and the name and location of the hospital.

**6** 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?

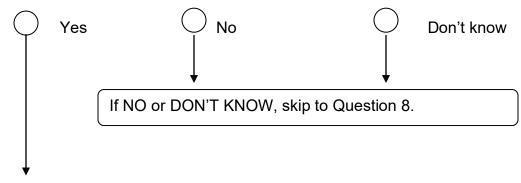


B. Were you in the hospital at least one night for this condition since we last spoke to you?

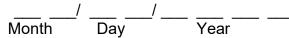


C. Please record the admission date of each hospitalization and the name and location of the hospital.

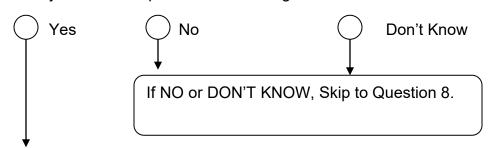
**7** Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time?



A. Date of event or diagnosis:



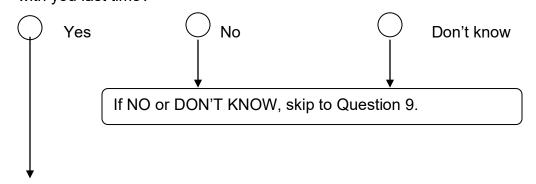
B. Were you in the hospital at least one night for this condition since we last spoke to you?



C. Please record the admission date of each hospitalization and the name and location of the hospital.

	Date	Month /	/	Year	- <del></del>	
Name:						
Address:						
City			State:	Zip		

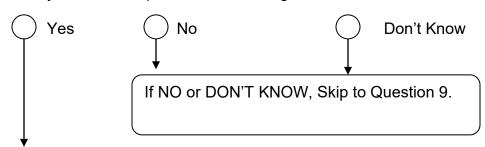
**8** Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?



A. Date of event or diagnosis:

/	//	
Month	Day	Year

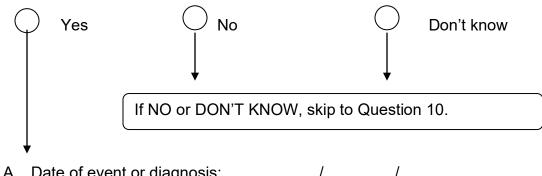
B. Were you in the hospital at least one night for this condition since we last spoke to you?



C. Please record the admission date of each hospitalization and the name and location of the hospital.

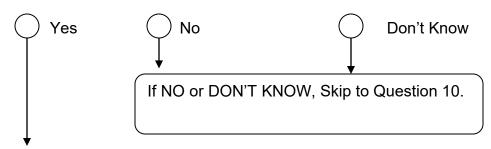
	Date	Month	/ 	Year	
Name:					 
Address:					 
City			State:	Zip	

**9** 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?



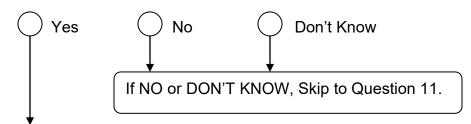
A. Date of event or diagnosis:

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.

**10** 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			
	Hospital Name	· · · · · · · · · · · · · · · · · · ·		
	Address	City/Sta	te	
	Date of hospitalization:// Month Day	Year	_ Length of stay:	days
2)	Reason for admission			
	Hospital Name			
	Address	City/Sta	te	
	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.

11 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you last time?

Yes

No

Don't Know

If NO or DON'T KNOW, Skip to Question 12.

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

Nursing home name

Address

City/State

Date of admission:

Month
Day

Year

2) Are you currently staying in a nursing home or rehabilitation center?

Yes

No

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.

12 Do you have any difficulty walking half a mile, about 5-6 blocks? Yes No Could do it, Don't Know but don't for / Refused other reason **12b** How easy is it for you to walk half a mile, about 5-6 blocks? (Examiner note: Read response options.) **12a** How much difficulty do you have? Very Easy Not that easy Some Somewhat Don't Know /Refused Easy A lot /Don't do **12c** Because of a health or physical Unable to do problem, do you have any difficulty walking one mile, that is about 10-12 blocks? Don't Know Skip to Question 13. No -Skip to Question 12d. Don't Know Skip to Question 12d. /Refused **12d** How easy is it for you to walk one mile, that is about 10-12 blocks? (Examiner note: Read response options.) Very Easy Not that easy Somewhat Don't Know /Refused Easy /Don't do

13 Do you have any difficulty walking around your home?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 14.
13a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
<b>14</b> Do you have any difficulty getting out of bed or a chair?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 15.
<b>14a</b> How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

**15** Do you have any difficulty walking up 10 steps? No Don't Know Yes Could do it. but don't for / Refused other reason **15a** How much **15** How easy is it for you to walk up 10 steps difficulty do you without resting? (Examiner note: Read have? response options.) Some Very Easy Not that easy A lot Somewhat Don't Know /Refused Easy Unable to do /Don't do **15C** Because of a health or physical Don't Know problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? Skip to Question 16. Yes Skip to Question 15d. No Don't Know Skip to Question 15d. /Refused **15d** How easy is it for you to walk up 20 steps, that is about 2 flights, without resting? (Examiner note: Read response options.) Very Easy Not that easy Somewhat Don't Know Easy /Refused /Don't do

<b>16</b> 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?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 17.
16a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
<b>17</b> Because of health or physical problems, do you have any difficulty or are you unable to do light housework?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 18.
↓ 17a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
18 Because of health or physical problems, do you have any difficulty or are you unable to shop for personal items?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 19.
◆ <b>18a</b> How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

<b>19</b> Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals?						
Yes No Could do it, but don't for other reason 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?						
Some A lot Unable to do Don't Know/Refused						
<b>20</b> Because of health or physical problems, do you have any difficulty or are you unable to manage your money, such as paying bills?						
Yes No Could do it, but don't for other reason 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?						
Some A lot Unable to do Don't Know/Refused						
<b>21</b> Because of health or physical problems, do you have any difficulty or are you unable to use the telephone?						
Yes No Could do it, but don't for other reason Don't Know/Refused						
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 22.						
↓ 21a How much difficulty do you have?						
Some A lot Unable to do Don't Know/Refused						

<b>22</b> Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 23.
<b>22a</b> How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
<b>23</b> Because of health or physical problems, do you have any difficulty or are you unable to dress yourself?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 24.
<b>23a</b> How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
<b>24</b> Because of health or physical problems, do you have any difficulty or are you unable to bathe or shower?
Yes No Could do it, but don't for other reason 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?
Some A lot Unable to do Don't Know/Refused

25		use of heal et, including		•	o you have any o	difficulty or a	re you unable	to use
$\bigcap$	Yes	→ No	Co	uld do it, but dor	n't for other reaso	on $\bigcap$ Do	on't Know/Re	fused
		· · · · · · · · · · · · · · · · · · ·		IT, BUT DON'T I Skip to Question	FOR OTHER RE n 26.	ASON or DO	T'NC	
2	<b>5a</b> ⊢	ow much di	fficulty do	you have?				
(	Sor	me 🔘	A lot	Unable to do	O Don't Know	w/Refused		

Yes	No Could do it, Don't Know but don't for other reason / Refused
26a How much difficulty do you have?	26b How easy is it for you to lift or carry something as heavy as a bag of groceries? (Examiner note: Read response options.)
Some	Very Easy Not that easy
A lot	Somewhat Don't Know Easy /Refused /Don't do
Unable to do  Don't Know	<b>26c</b> Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds?
	Yes Skip to Question 27.  No Skip to Question 26d.  Don't Know Skip to Question 26d.  Skip to Question 26d.
	<b>26d</b> How easy is it for you to lift or carry something as heavy as 20 pounds? (Examiner note: Read response options.)
	Overy Easy Onot that easy
	Somewhat Don't Know   Fasy /Refused     Don't do

### IF ADMINISTERING TO PROXY, SKIP TO QUESTION 37.

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

<b>27</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)				
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				
28 I had trouble keeping my mind on what I was doing:				
On Rarely or none of the time (less than 1 day)				
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				
Og Refused or Don't Know				
29 I felt that everything I did was an effort:				
On Rarely or none of the time (less than 1 day)				
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				
9 Refused or Don't Know				

30	<b>30</b> I felt depressed:						
	On Rarely or none of the time (less than 1 day)						
	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						
31	t hopeful about the future:						
	3 Rarely or none of the time (less than 1 day)						
	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						
32	t fearful:						
	On Rarely or none of the time (less than 1 day)						
	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						
33	sleep was restless:						
	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)						
	Most of the time  Refused or Don't Know						

34	I was hap	рру:				
	3 Rarely or none of the time (less than 1 day)					
	Some or a little of the time (1 to 2 days)					
	1 A moderate amount of time (3 to 4 days)					
	On Most of the time					
	<u></u>	Refused or Don't Know				
35	I felt lone	ly:				
	$\bigcirc_0$	Rarely or none of the time (less than 1 day)				
	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					
	<u></u> 9	Refused or Don't Know				
36	I could no	ot get going:				
	$\bigcirc_0$	Rarely or none of the time (less than 1 day)				
	$\bigcirc_1$	Some or a little of the time (1 to 2 days)				
	$\bigcirc_2$	A moderate amount of time (3 to 4 days)				
	$\bigcirc_3$	Most of the time				
	$\bigcirc_9$	Refused or Don't Know				

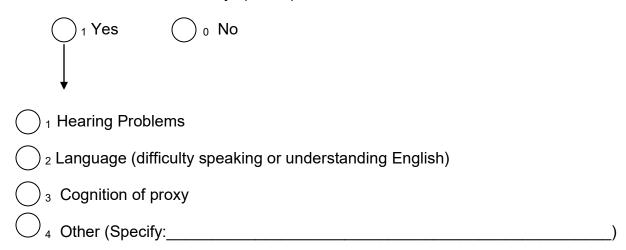
3 / Do you live alone or with other people?							
$\bigcirc$	Alone	Skip to Question 38.					
$\bigcirc$	With other people	Ship to Queenen ee.					
	Other People in household						
	On't know						
	Refused						
	ou live with (for example, with your ser Note: Read response options.	·					
	Spouse						
	Other relatives, in-laws, or friends						
	Unrelated individuals (e.g., paid help)						
	On't know						
	Refused						
38 In what	type of home or residence do you li	ve?					
	¹Community-dwelling single family	home or apartment					
	<sup>2</sup> Home, apartment or other unit who or housekeeping, but <b>NO staff disp</b>	ere optional services are provided such as meal pensing of medication.					
	<sup>3</sup> Apartment or other unit where ther <b>your medication.</b>	e are staff dispensing and watching you take					
		th assistance in most or all of your daily needs tching you take your medications, meals,					
	<sup>5</sup> Other (specify)						
	<sup>9</sup> Don't know/refused						

9 Do you plan to be out of the area 6 months from now?							
Yes	No Don't Know R	efused					
	If NO, DON'T KNOW or REFUSED, Skip to Ques	tion 39 B.					
A. Are you movi	ing out of the area permanently or will you only be go	ne temporarily?					
i.	Permanently						
a. Do you know what your new address and telephone number will be?							
	Yes No						
	Do you know which general area you verto? Area:  Please call us to let us know your new phone number. You are welcome to call wish.	address and					
-	Street						
-	City State Zi <sub>I</sub>	p Code					
	()	-					
ii.	Temporarily Out of the Area (vacation, business, e	tc)					
	When will you return?  /						

B. You previously provided us with information about friends or relatives who keep in touch with you, or could provide information and answer questions for you if you were unable to answer for yourself. It is important we include at least one person who does not live with you, and who is not planning to move any time soon. Please tell me if the information is still correct.

Go to the *Participant Tracking Information Sheet* and verify or update. Attempt to obtain information on 1or 2 people who do not live with the participant.

40	Interviewer:	Were there	any sr	pecial p	roblems	associated	with this	s interview?



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?

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.