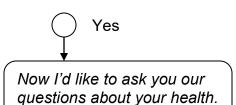
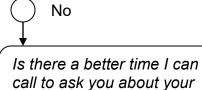
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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?

health?





/	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	
\		

¹ What is your marital status? Are you...?

CHS Year 26 Annual Surveillance Call Married Widowed Divorced Separated **Never Married** Other Don't Know 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: Excellent Very Good Good Fair Poor

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.)	

Days On't Know Refused

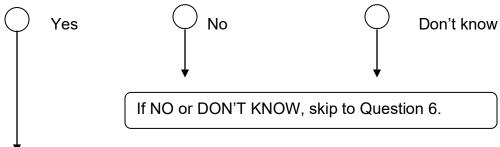
Answer "0" if you haven't spent any days in bed in the last two weeks.

Don't Know

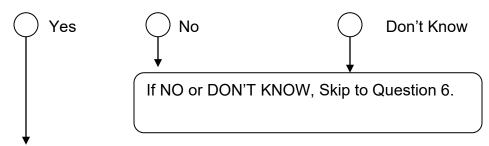
Refused

4 Has a doctor tolo with you last time	d you that you had a <u>new</u> myocardial infarction or heart attack since we spoke?
Yes	No Don't know
	If NO or DON'T KNOW, skip to Question 5.
A. Date of event of	or diagnosis://
B. Were you in the	e hospital at least one night for this condition since we last spoke to you?
Yes	No Don't Know If NO or DON'T KNOW, Skip to Question 5.
C. Please record hospital.	the admission date of each hospitalization and the name and location of the
	Date//
Name:	
Address:	
City	State:Zip

5 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?

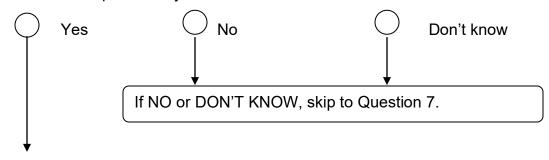


B. Were you in the hospital at least one night for this condition since we last spoke to you?



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

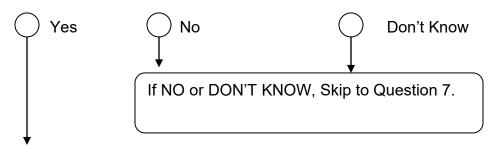
6 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time?



A. Date of event or diagnosis:

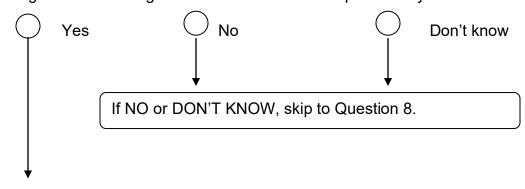
| Month | Day | Veer |

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

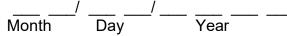


	Date	Month	//	Year	
Name:					 _
Address:					
City			State:	Zip	

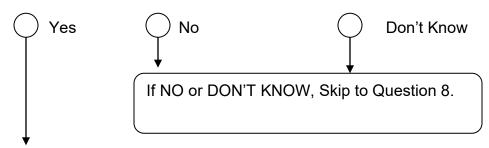
7 Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time?



A. Date of event or diagnosis:

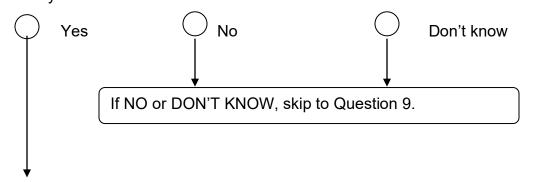


B. Were you in the hospital at least one night for this condition since we last spoke to you?

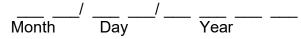


	Date	Month	/	Year	
Name:				· · · · · · · · · · · · · · · · · · ·	
Address:					
City			State:	Zip	

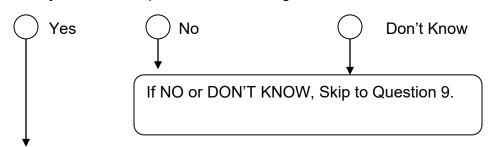
8 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?



A. Date of event or diagnosis:

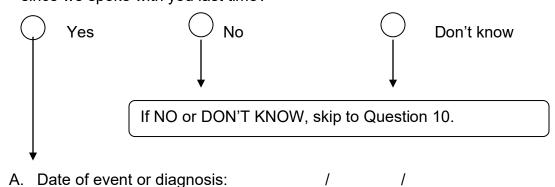


B. Were you in the hospital at least one night for this condition since we last spoke to you?

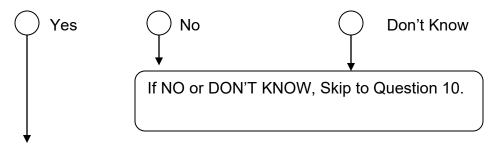


	Date	Month	/	Year	
Name:					
Address:					
City			State:	Zip	

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?

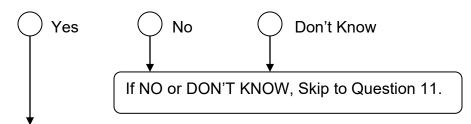


- Month Day Year
- B. Were you in the hospital at least one night for this condition since we last spoke to you?



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

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/State	
	Date of hospitalization:// Month Day	/ Length of stay:da Year	ays
2)	Reason for admission		
	Hospital Name		
	Address	City/State	
	Date of hospitalization://	/ Length of stay:da	ays

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
14 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.
14a 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 Skip to Question 15d. Don't Know /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

16 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
17 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.
18a How much difficulty do you have?
○ Some ○ A lot ○ Unable to do ○ Don't Know/Refused

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
20 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.
20a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
21 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

22 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 Objects On a stige 92
KNOW/REFUSED. Skip to Question 23.
↓ 22a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
23 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.
23a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
24 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 Because of health or physical problems, do you have any difficulty or are you unable to use the toilet, including getting to the toilet?							
	Yes	No	⊖ Co	uld do it, but don	't for other reason	Don't Know	/Refused
		,		T, BUT DON'T F Skip to Question	OR OTHER REAS 26.	SON or DON'T	
*	25a ⊢	ow much di	fficulty do	you have?			
	Sor	me 🔘	A lot	Unable to do	Oon't Know/F	Refused	

Yes	No Could do it, Don't Know but don't for other reason / Refused
6a 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
Don't Know	26c 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.
	26d How easy is it for you to lift or carry something as heavy as 20 pounds? (Examiner note: Read response options.)
	Very Easy Not that easy
	Somewhat Don't Know Easy /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.

27 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 ₁ Some or a little of the time (1 to 2 days)
2 A moderate amount of time (3 to 4 days)
O ₃ Most of the time
O ₉ 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 ₁ Some or a little of the time (1 to 2 days)
2 A moderate amount of time (3 to 4 days)
O₃ 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 ₁ Some or a little of the time (1 to 2 days)
2 A moderate amount of time (3 to 4 days)
O ₃ Most of the time
9 Refused or Don't Know

30	30 I felt depressed:				
	On Rarely or none of the time (less than 1 day)				
	O ₁ Some or a little of the time (1 to 2 days)				
	O ₂ A moderate amount of time (3 to 4 days)				
	O ₃ Most of the time				
	Og Refused or Don't Know				
31	felt hopeful about the future:				
	3 Rarely or none of the time (less than 1 day)				
	O ₂ 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				
	O ₉ Refused or Don't Know				
32	felt fearful:				
	On Rarely or none of the time (less than 1 day)				
	O ₁ Some or a little of the time (1 to 2 days)				
	2 A moderate amount of time (3 to 4 days)				
	O ₃ Most of the time				
	O ₉ Refused or Don't Know				
33	My 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 w	34 I was happy:					
	3 Rarely or none of the time (less than 1 day)					
	O ₂ Some or a little of the time (1 to 2 days)					
	O ₁ A moderate amount of time (3 to 4 days)					
	\bigcirc_0	Most of the time				
	<u></u>	Refused or Don't Know				
35 I fe	elt lone	ly:				
	\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				
	O ₉	Refused or Don't Know				
36 I c	ould 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				

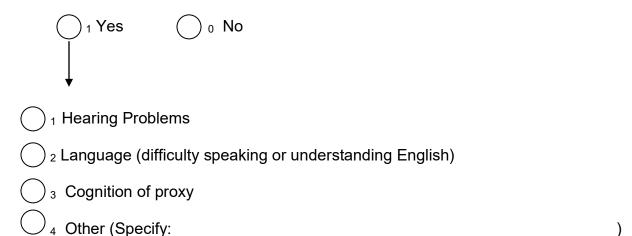
37 Do you live alone or with other people?				
Alone — Skip to Question 38.				
With other people				
Other People in household				
On't know				
Refused				
A. Who do you live with (for example, with your spouse, relatives or friends)? Interviewer Note: Read response options. Mark all that apply.)				
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 live?				
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.				
Other (specify)				
⁹ Don't know/refused				

39 Do you plan to	be out of the area 6 months from now?
Yes	No Don't Know Refused
	If NO, DON'T KNOW or REFUSED, Skip to Question 39 B.
A. Are you movir	ng out of the area permanently or will you only be gone 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 will be moving to? Area: Please call us to let us know your new address and phone number. You are welcome to call collect if you wish.
_	Street
-	City State Zip Code
	(
ii.	Temporarily Out of the Area (vacation, business, etc)
	When will you return? / Month Year When you come back, please call us.

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 special problems associated with this interview?



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.