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?

Yes Now I'd like to ask you our questions about your health.

No 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:	
O Participant O Proxy	
a. If by proxy, reason: Hearing Cognitive Hospitalized Other Illness Other (specify)	
b. What is your relationship to (name of CHS participant)?	
 Family member (<u>other than</u> spouse or child) (Please specify: Close friend Health care provider Other (Please specify: Close friend Refused)
c. How often do you have contact with (him/her)? Live together Daily (but does <u>not</u> 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?	
Both in person and by phone	
Don't know Other (Please specify:)	
Refused	
	/

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

O Married
O Widowed
Divorced
Separated
O Never Married
O Other
O Don't Know
C 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:

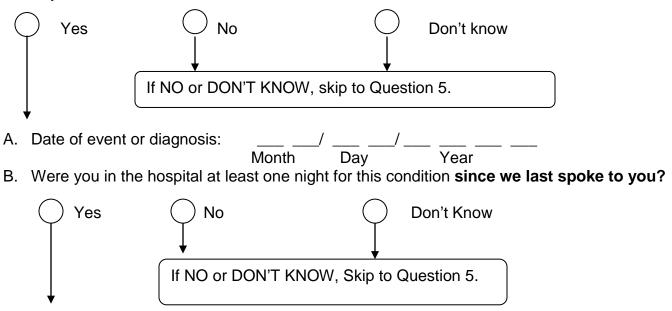
\bigcirc	Excellent
\bigcirc	Very Good
\bigcirc	Good
\bigcirc	Fair
\bigcirc	Poor
\bigcirc	Don't Know
\bigcirc	Refused

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.)

	Days	O Don't Know	Refused
--	------	--------------	---------

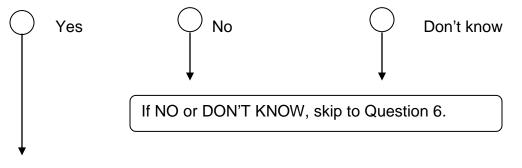
Answer "0" if you haven't spent any days in bed in the last two weeks.

4 Has a doctor told you that you had a <u>new</u> myocardial infarction or heart attack since we spoke with you last time?

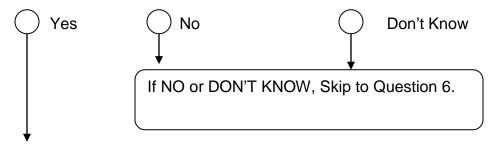


	Date	// Month	/ Day	Year	
Name:					
Address:					 _
City			State:	Zip	

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?

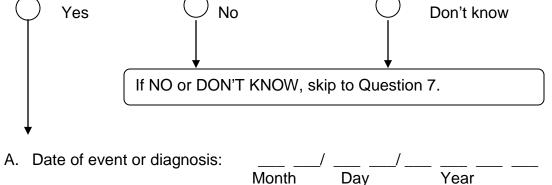


- B. Were you in the hospital at least one night for this condition since we last spoke to you?

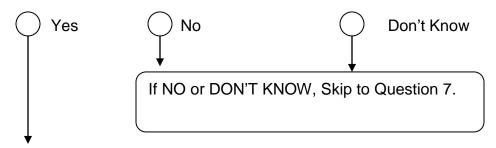


	Date	/	/		
		Month	Day	Year	
Name:					
Address:					
City			State:	Zip	

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?
Yes
No
Don't know

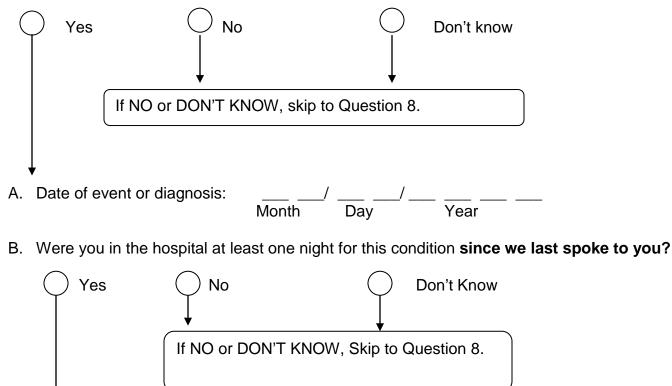


B. Were you in the hospital at least one night for this condition since we last spoke to you?



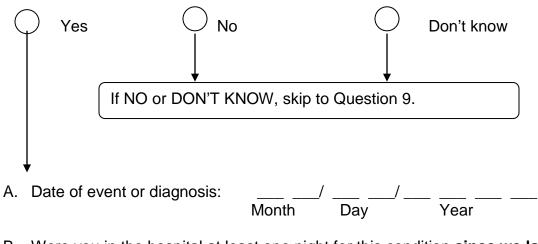
	Date	/ Month	// Day	Year	
Name:					
Address:					
City			State:	Zip	

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?

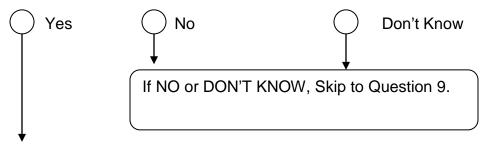


	Date	/ Month	// Day	Year	
Name:					
Address:					
City			State:	Zip	

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

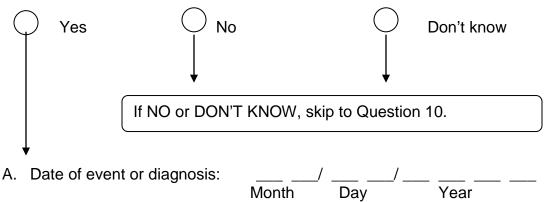


B. Were you in the hospital at least one night for this condition since we last spoke to you?

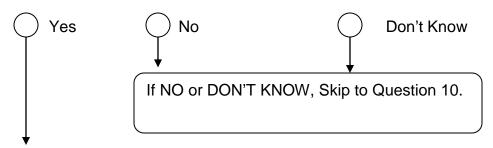


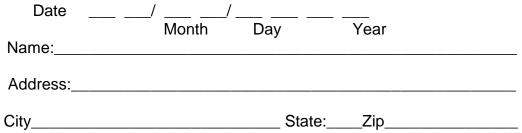
	Date	/ Month	// Day	Year	
Name:					
Address:					
City			State:	Zip	

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?

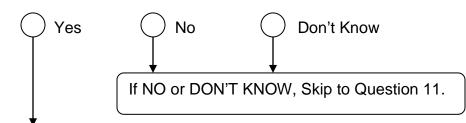


B. Were you in the hospital at least one night for this condition since we last spoke to you?





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?



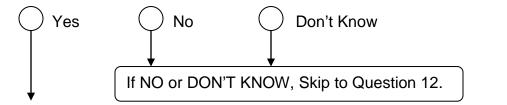
Now, I would like to ask you for more information about each of your overnight stays at a hospital.

1)) Reason for admission	
	Hospital Name	
	AddressCity/S	tate
	Date of hospitalization: / / / / Month Day Year	Length of stay:days
2)	2) Reason for admission	
	Hospital Name	
	AddressCity/S	tate
	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.

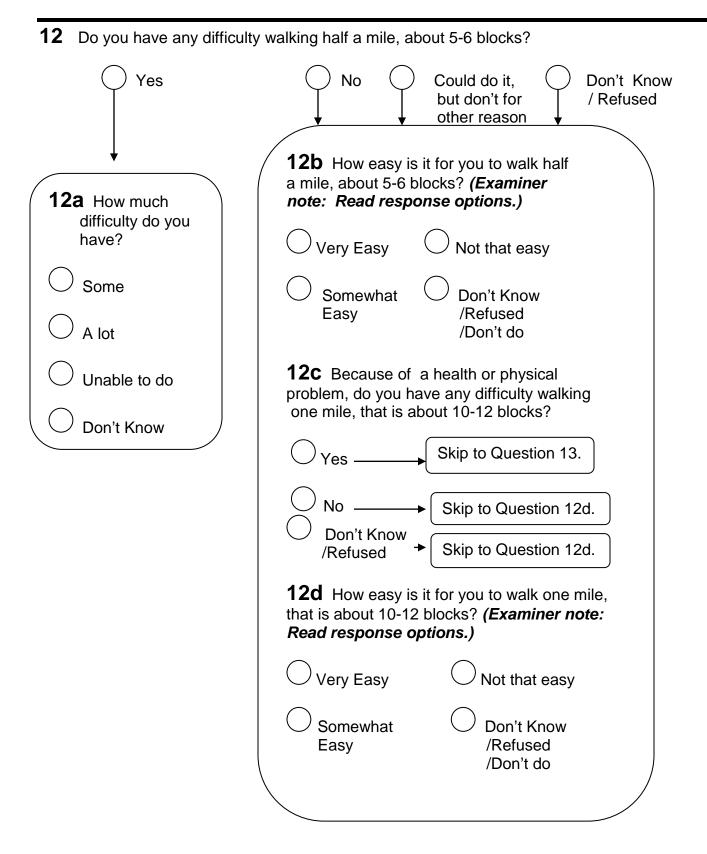
11 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you last time?



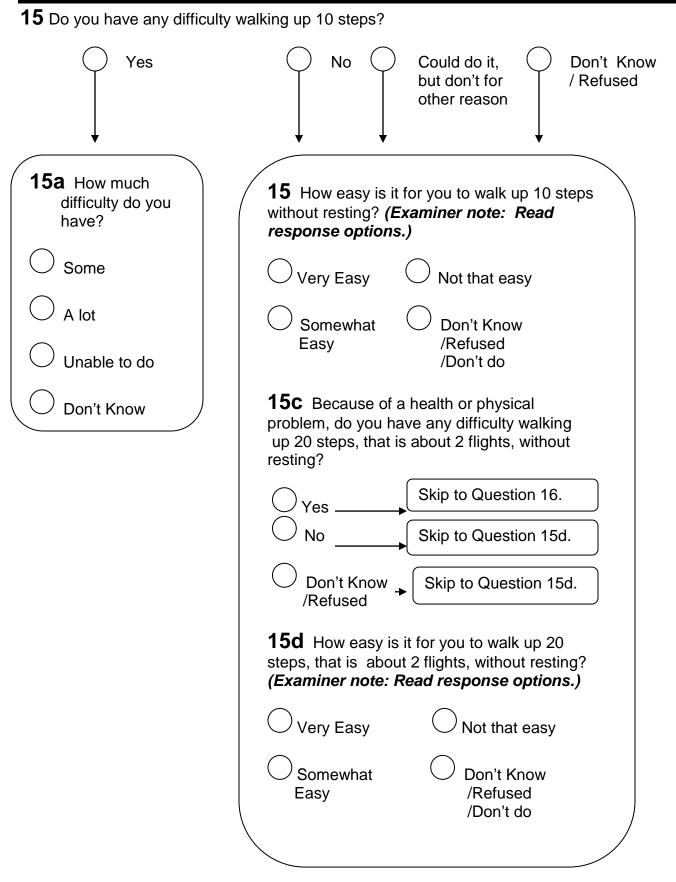
Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.

1) Reason for admission	
Nursing home name	
AddressCity/State	
Date of admission: ////////////////////////////////////	yrs
2) Are you currently staying in a nursing home or rehabilitation center?	
Yes No ODon't Know	
So that we may better understand any changes that may occur in your health, please remembe	er to

call us if you are admitted to a nursing home or rehabilitation center for any reason.



13 Do you have any difficulty walking around your home?
Yes Ves Could do it, but don't for other reason Onn'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?
, , , , , , , , , , , , , , , , , , , ,
$ \bigcirc Yes \bigcirc No \bigcirc Could do it, but don't for other reason \bigcirc Don't Know/Refused $
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.
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



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?

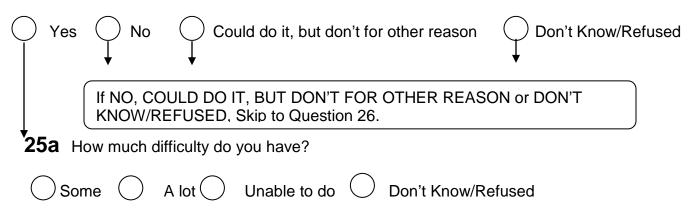
Yes No Could do it, but don't for other reason Don't Know/Refused
KNOW/REFUSED, Skip to Question 17.
16a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
17 Because of health or physical problems, do you have any difficulty or are you unable to do light housework?
$ \bigcirc Yes \ \bigcirc No \ \bigcirc Could \ do \ it, \ but \ don't \ for \ other \ reason \ \bigcirc 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 Ves Vo 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

19 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 Ves 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?
YesNoCould do it, but don't for other reasonDon't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED. Skip to Question 22.
4 21a How much difficulty do you have?
Osome A lot Unable to do O Don't Know/Refused

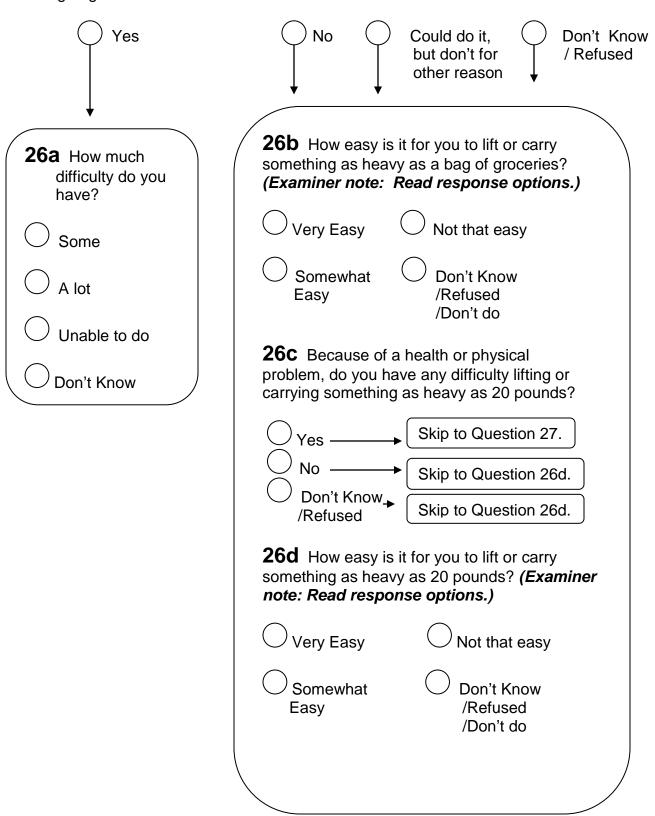
22 Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?

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, 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?
$\bigcirc Yes \ \bigcirc \ No \ \ \bigcirc \ Could \ do \ it, \ but \ don't \ for \ other \ reason \ \ \bigcirc \ Don't \ Know/Refused$
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 O 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?



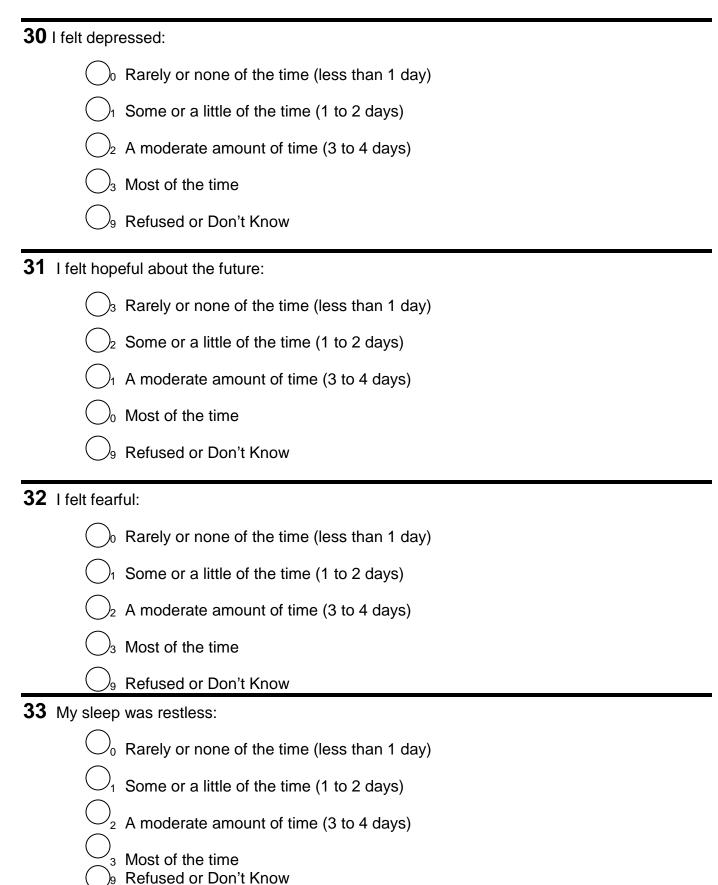
26 Do you have any difficulty lifting or carrying something as heavy as 10 pounds, such as a bag of groceries?



IF ADMINISTERING TO PROXY, SKIP TO QUESTION 37.

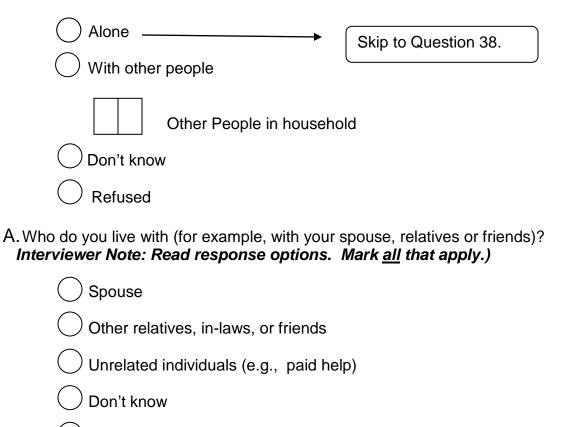
I am going to read you a list of ways you might have felt or behaved during the last week.

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) 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 B Refused or Don't Know **28** I had trouble keeping my mind on what I was doing: Rarely or none of the time (less than 1 day) 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 Refused or Don't Know **29** I felt that everything I did was an effort: Rarely or none of the time (less than 1 day) 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 Refused or Don't Know



34 I was happy: β_3 Rarely or none of the time (less than 1 day) P_2 Some or a little of the time (1 to 2 days) A moderate amount of time (3 to 4 days) Most of the time B Refused or Don't Know **35** I felt lonely: b Rarely or none of the time (less than 1 day) Some or a little of the time (1 to 2 days) P_2 A moderate amount of time (3 to 4 days) \mathcal{I}_3 Most of the time B Refused or Don't Know **36** I could not get going: b Rarely or none of the time (less than 1 day) Some or a little of the time (1 to 2 days) λ_2 A moderate amount of time (3 to 4 days) 3 Most of the time B Refused or Don't Know

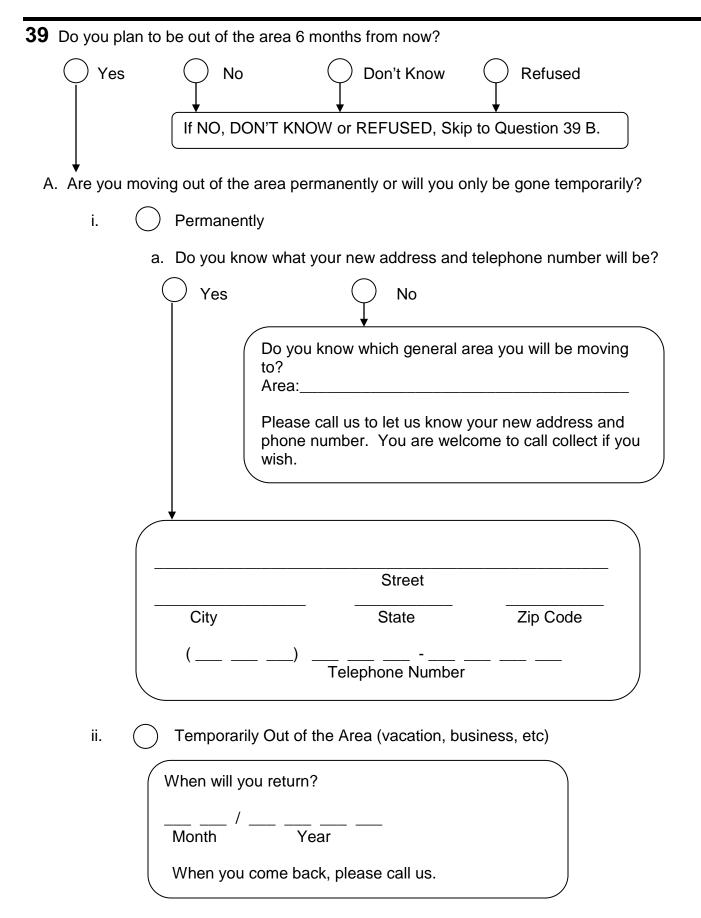
37Do you live alone or with other people?



Refused

38 In what type of home or residence do you live?

\bigcirc	¹ Community-dwelling single family home or apartment
\bigcirc	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.
\bigcirc	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.
\bigcirc	⁵ Other (specify)
\bigcirc	⁹ Don't know/refused



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	40 <i>Interviewer:</i> Were there any special problems associated with this interview?					
	☐ 1 Yes	O NO				
	1 Hearing Proble	ems				
2 Language (difficulty speaking or understanding English)						
	O ₃ Cognition of p	-				
	O ₄ Other (Specify	/:	_)			

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.