

CHS Year 30 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?

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?

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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:

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: _____)
 Close friend Health care provider
 Other (Please specify: _____) Refused

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...?

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- 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
- 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.)

Days Don't Know Refused

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

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

Yes

No

Don't know

If NO or DON'T KNOW, skip to Question 5.

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?**

Yes

No

Don't Know

If NO or DON'T KNOW, Skip to Question 5.

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

Date ____/____/____
Month Day Year

Name: _____

Address: _____

City _____ State: _____ Zip _____

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5 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?

Yes No Don't know

↓ ↓ ↓

If NO or DON'T KNOW, skip to Question 6.

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?**

Yes No Don't Know

↓ ↓ ↓

If NO or DON'T KNOW, Skip to Question 6.

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

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

Name: _____

Address: _____

City _____ State: _____ Zip _____

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6 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?

Yes

No

Don't know

If NO or DON'T KNOW, skip to Question 7.

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?

Yes

No

Don't Know

If NO or DON'T KNOW, Skip to Question 7.

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

Date Month / Day / Year

Name: _____

Address: _____

City _____ State: _____ Zip _____

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7 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?

Yes No Don't know

If NO or DON'T KNOW, skip to Question 8.

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?**

Yes No Don't Know

If NO or DON'T KNOW, Skip to Question 8.

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

Date ____ ____ / ____ ____ / ____ ____
 Month Day Year

Name: _____

Address: _____

City _____ State: _____ Zip _____

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

Yes No Don't know

If NO or DON'T KNOW, skip to Question 9.

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?**

Yes No 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.

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

Name: _____

Address: _____

City _____ State: _____ Zip _____

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9 Has a doctor told you that you had a new transient ischemic attack or TIA or mini stroke since we spoke with you last time?

Yes No Don't know

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

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?**

Yes No 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.

Date ___ ___ / ___ ___ / ___ ___ ___

Month Day Year

Name: _____

Address: _____

City _____ State: ___ Zip _____

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10 Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 7 through 12 since we spoke to you last time?

Yes
 No
 Don't Know

↓ ↓ ↓

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

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: ____ / ____ / ____ Length of stay: ____ days
 Month Day Year

2) Reason for admission _____

Hospital Name _____

Address _____ City/State _____

Date of hospitalization: ____ / ____ / ____ Length of stay: ____ days
 Month Day Year

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

Yes
↓

No
↓

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

Don't Know
/ Refused
↓

12a How much difficulty do you have?

Some

A lot

Unable to do

Don't Know

12b How easy is it for you to walk half a mile, about 5-6 blocks? (**Examiner note: Read response options.**)

Very Easy

Not that easy

Somewhat Easy

Don't Know /Refused /Don't do

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

Yes → Skip to Question 13.

No → Skip to Question 12d.

Don't Know /Refused → Skip to Question 12d.

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 Easy

Don't Know /Refused /Don't do

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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

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15 Do you have any difficulty walking up 10 steps?

Yes
↓

No
↓

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

Don't Know
/ Refused
↓

15a How much difficulty do you have?

- Some
- A lot
- Unable to do
- Don't Know

15 How easy is it for you to walk up 10 steps without resting? (**Examiner note: Read response options.**)

- Very Easy
- Not that easy
- Somewhat Easy
- Don't Know /Refused /Don't do

15c Because of a health or physical problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting?

- Yes → Skip to Question 16.
- No → Skip to Question 15d.
- Don't Know /Refused → Skip to Question 15d.

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 Easy
- Don't Know /Refused /Don't do

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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

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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 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

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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?

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

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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 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 26.

25a How much difficulty do you have?

- Some A lot Unable to do Don't Know/Refused

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

Yes
↓

No
↓

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

Don't Know
/ Refused
↓

26a How much difficulty do you have?

- Some
- A lot
- Unable to do
- Don't Know

26b How easy is it for you to lift or carry something as heavy as a bag of groceries? *(Examiner note: Read response options.)*

- Very Easy
- Not that easy
- Somewhat Easy
- Don't Know /Refused /Don't do

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 /Refused → 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 Easy
- Don't Know /Refused /Don't do

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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

- 0 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
 - 9 Refused or Don't Know
-

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

- 0 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
 - 9 Refused or Don't Know
-

29 I felt that everything I did was an effort:

- 0 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
- 9 Refused or Don't Know

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30 I felt depressed:

- ₀ 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
 - ₉ Refused or Don't Know
-

31 I felt hopeful about the future:

- ₃ Rarely or none of the time (less than 1 day)
 - 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
-

32 I felt fearful:

- ₀ 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
 - ₉ Refused or Don't Know
-

33 My sleep was restless:

- ₀ 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
- ₉ Refused or Don't Know

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34 I was happy:

- ₃ Rarely or none of the time (less than 1 day)
 - 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
-

35 I felt lonely:

- ₀ 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
 - ₉ Refused or Don't Know
-

36 I could not get going:

- ₀ 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
- ₉ Refused or Don't Know

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37 Do you live alone or with other people?

- Alone → Skip to Question 38.
- With other people
- Other People in household
- Don'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)
- Don't know
- Refused

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

- ¹Community-dwelling single family home or apartment
- ²Home, apartment or other unit where optional services are provided such as meal or housekeeping, but **NO staff dispensing of medication.**
- ³Apartment or other unit where there are **staff dispensing and watching you take your medication.**
- ⁴Facility 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.
- ⁵Other (specify)
- ⁹ Don't know/refused

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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 moving 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 _____

(_____) _____ - _____

Telephone Number

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

When will you return?

____ / ____

Month Year

When you come back, please call us.

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- 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 1 or 2 people who do not live with the participant.

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

1 Yes 0 No



- 1 Hearing Problems
- 2 Language (difficulty speaking or understanding English)
- 3 Cognition of proxy
- 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.

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Please use this space to record any additional information reported by the participant or proxy that includes subjective report of general health, medical conditions or treatment, changes in health and anything that may provide a better picture of the subject's condition. Examples may include changes in eating habits and weight, physical limitations and mobility issues, cognitive decline, sensory changes, specific new medical diagnoses, etc. This information will be made available to the adjudicators from calls completed prior to the death.