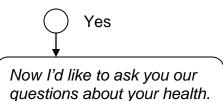
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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?





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 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:)
	Other (Please specify:) 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? 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 30 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 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.

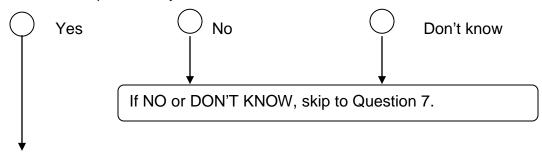
4 Has a doctor toll with you last time		ardial infa	rction or heart attack since we spoke
Yes	No		Don't know
↓	If NO or DON'T KNOW, skip t	to Questic	n 5.
A. Date of event of	or diagnosis:// Month Da	/ ay	
B. Were you in th			tion since we last spoke to you?
Yes	If NO or DON'T KNOW, S		estion 5.
C. Please record hospital.	the admission date of each hos	pitalizatio	n and the name and location of the
	Date/ Month Day	_/	 ⁄ear
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? Yes Don't know If NO or DON'T KNOW, skip to Question 6. 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? 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 Name:

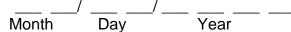
Address:_____

City_____State: Zip_____

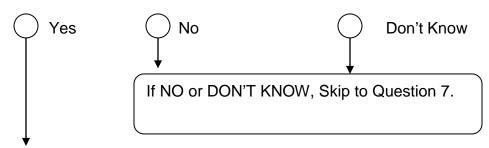
6 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time?



A. Date of event or diagnosis:



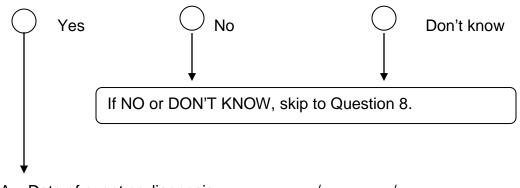
B. Were you in the hospital at least one night for this condition since we last spoke to you?



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

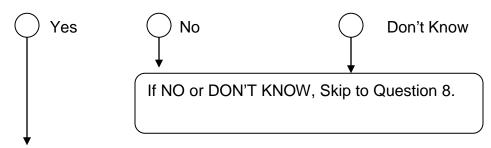
	Date	/	//		
		Month	Day	Year	
			•		
Name:					
Address:					
			_		
City			State:_	Zip	

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?



A. Date of event or diagnosis: ____ / ___ / ___ / ___ Year

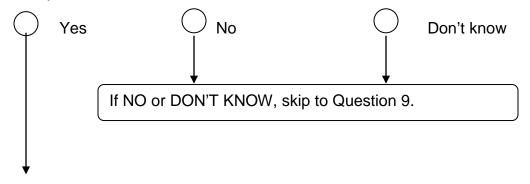
B. Were you in the hospital at least one night for this condition since we last spoke to you?



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	

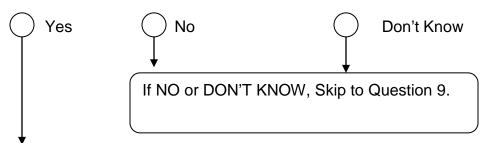
8 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?



A. Date of event or diagnosis:

/		/			
Month	Day		Year	•	

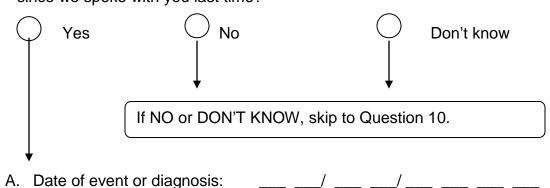
B. Were you in the hospital at least one night for this condition since we last spoke to you?



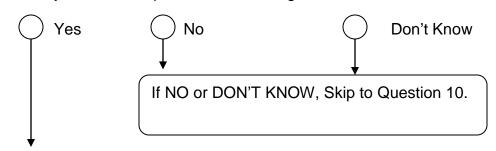
C. Please record the admission date of each hospitalization and the name and location of the hospital.

	Date	/	//		
		Month	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?

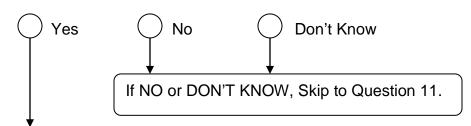


B. Were you in the hospital at least one night for this condition since we last spoke to you?



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

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:days Year
2)	Reason for admission	
	Hospital Name	
	Address	City/State
	Date of hospitalization://	Length of stay:days

11 Have you stayed overnight as a patient in a nursing hor spoke to you last time?	me or rehabilitation center since we
Yes No Don't Know If NO or DON'T KNOW, Skip to Que	
Now, I would like to ask you for more information about eanursing home or rehabilitation center.	ach of your overnight stays at a
1) Reason for admission	
Nursing home name	
AddressCity/Sta	ate
Date of admission: // Le Month Day Year	ength of stay:days yrs
2) Are you currently staying in a nursing home or rehabilitation	ition center?
Yes No Don't Know	

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 **12a** How much note: Read response options.) difficulty do you have? Very Easy Not that easy Some Somewhat Don't Know Easy /Refused 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 Easy /Refused /Don't do

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

Do you have any difficulty	y walking up 10 steps?
Yes	No Could do it, Don't but don't for other reason
5a How much difficulty do you have?	15 How easy is it for you to walk up 10 steps without resting? (Examiner note: Read response options.)
Some	Overy Easy Not that easy
A lot Unable to do	Somewhat Don't Know /Refused /Don't do
Don't Know	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 → 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.)
	Overy Easy Onot that easy
	Somewhat Don't Know /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.
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 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. 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		use of heal et, including		•	you have any diffi	culty or are you una	ıble to use
	Yes	→ No	Co	uld do it, but dor	'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 How much difficulty do you have?							
(Sor	me 🔘	A lot	Unable to do	On't Know/F	Refused	

Yes	No Could do it, but don't for other reason / Don't Kno / 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 /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 <u>during the last week</u>.

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)
Most of the time
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)
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
O ₉ 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)
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
9 Refused or Don't Know

30	30 I felt depressed:			
	\bigcirc_0	Rarely or none of the time (less than 1 day)		
	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		
	<u></u>	Refused or Don't Know		
31	I felt hop	eful about the future:		
	\bigcirc_3	Rarely or none of the time (less than 1 day)		
	\bigcirc_2	Some or a little of the time (1 to 2 days)		
	\bigcirc_1	A moderate amount of time (3 to 4 days)		
	\bigcirc_0	Most of the time		
	9	Refused or Don't Know		
32	I felt fear	ful:		
	\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		
	<u></u>	Refused or Don't Know		
33	My sleep	was restless:		
	\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 Refused or Don't Know		

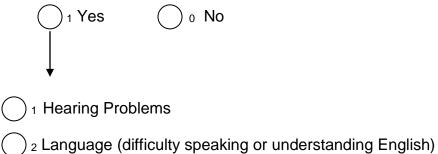
37Do you live alone or with other people?					
\bigcirc A	Alone ————————————————————————————————————	o Question 38.			
\bigcirc v	With other people	5 Question 50.			
	Other People in household				
\bigcirc	Don't know				
$\bigcirc \ I$	Refused				
•	you live with (for example, with your spouse, er Note: Read response options. Mark <u>all</u>	,			
\bigcirc s	Spouse				
\bigcirc \circ	Other relatives, in-laws, or friends				
\bigcirc ι	Unrelated individuals (e.g., paid help)				
\bigcirc \Box	On't know				
○ F	Refused				
38 In what t	type of home or residence do you live?				
	¹ Community-dwelling single family home or	apartment			
_	² Home, apartment or other unit where optio or housekeeping, but NO staff dispensing	• • • • • • • • • • • • • • • • • • •			
_	³ Apartment or other unit where there are st your medication.	aff dispensing and watching you take			
	⁴ Facility where you are provided with assist including staff dispensing and watching y bathing, etc.				
	⁵ Other (specify)				
	⁹ Don't know/refused				

9 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 movino	g 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)		
	Vhen 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 1 or 2 people who do not live with the participant.

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



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.

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.