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. If the respondent is a proxy rather than the participant, do not complete this form but use the "regular" surveillance call form instead.	
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)? Spouse or partner Child Family member (<u>other than</u> 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 <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...?

\bigcirc	Married
\bigcirc	Widowed
\bigcirc	Divorced
\bigcirc	Separated
\bigcirc	Never Married
\bigcirc	Other
\bigcirc	Don't Know
\bigcirc	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:

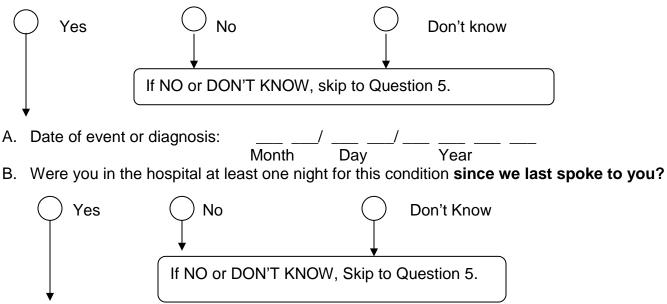
\bigcirc	Excellent
\bigcirc	Very Good
\bigcirc	Good
\bigcirc	Fair
\bigcirc	Poor
\bigcirc	Don't Know
\bigcirc	Refused

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 ODon't Know ORefused	
---------------------------	--

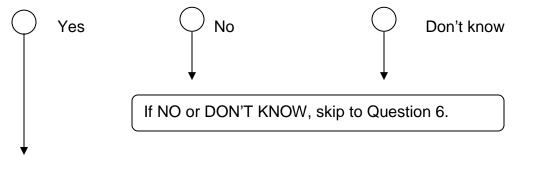
Answer "0" if you haven't spent any days in bed in the last two weeks.

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?

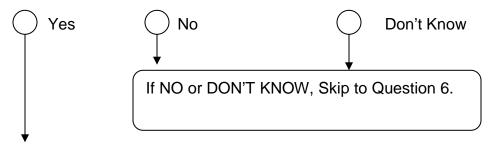


	Date	// Month	/ Day	Year	
Name:					
Address:					
City			State:	Zip	

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?

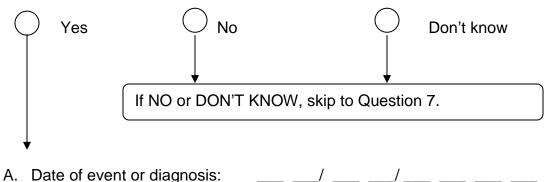


- A. Date of event or diagnosis: ____/ ___/ ___ / ___ Year ____
- B. Were you in the hospital at least one night for this condition since we last spoke to you?



	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?

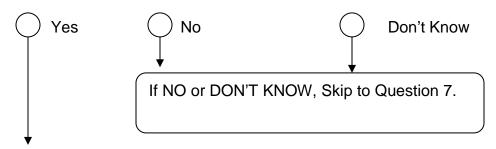


Month

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

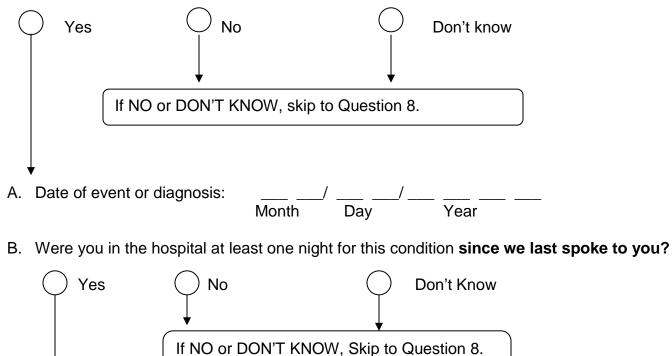
Day

Year



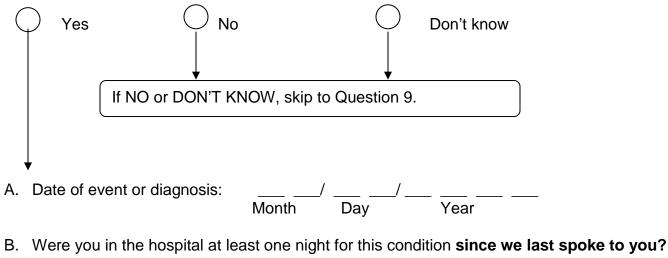
	Date	/ Month	// Day	Year	
Name:					 _
Address:					 _
City			State:	Zip	

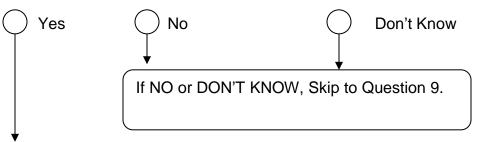
7Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time?



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

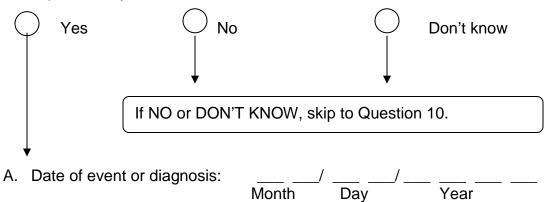
8Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?



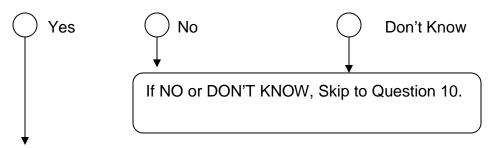


	Date	/ Month	// Day	Year	
Name:					
Address:					
City			State:	Zip	

9Has 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?

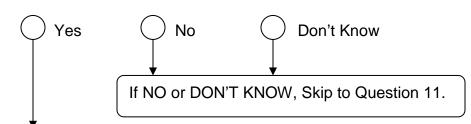


B. Were you in the hospital at least one night for this condition since we last spoke to you?



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

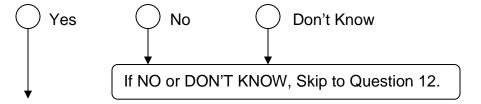
10Have you stayed overnight as a patient in a hospital for <u>any other reasons</u> not reported in Questions 7 through 12 since we spoke to you last time?



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: / / Month Day	Length of stay:days Year

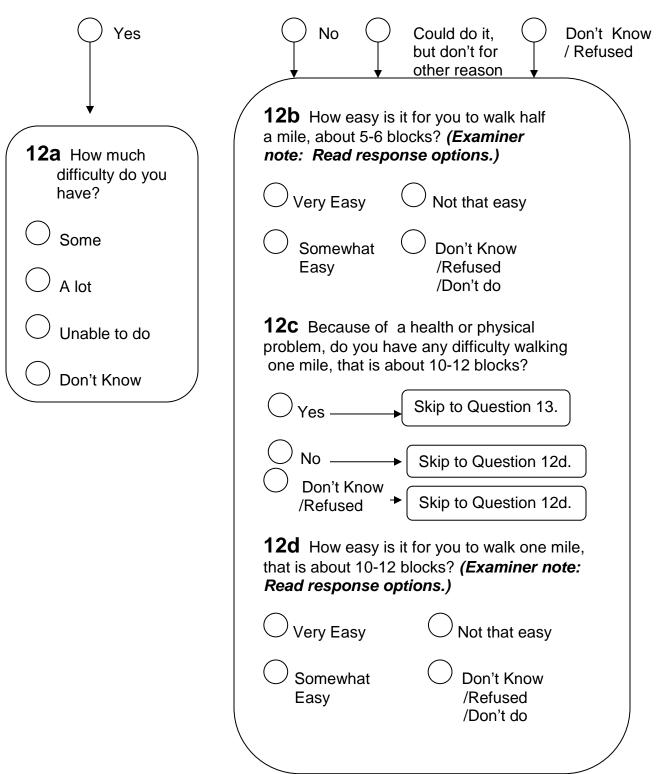
11 Have you stayed overnight as a patient in a nursing home or rehabilitation center since we spoke to you last time?



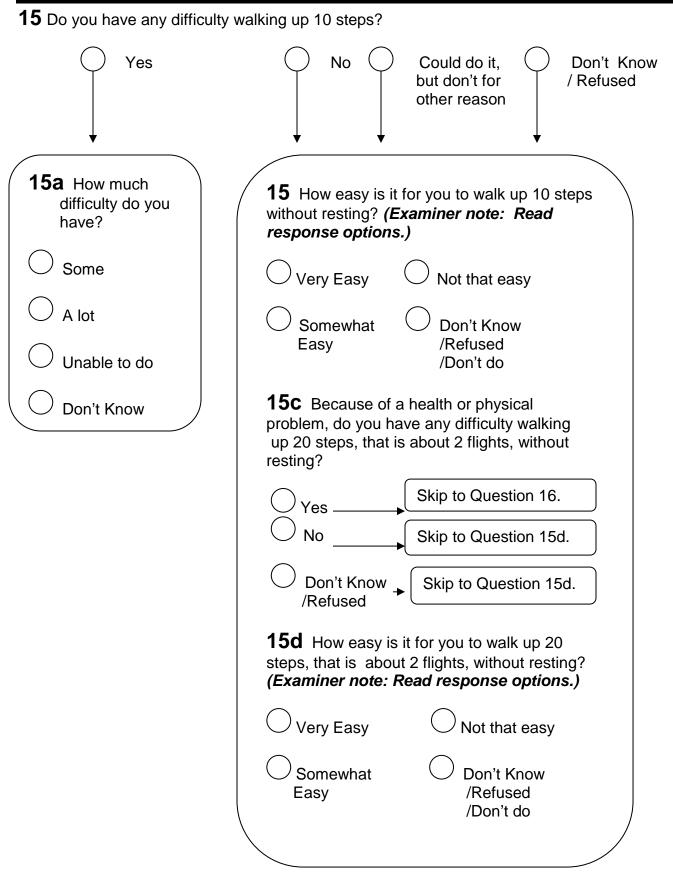
Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.

1)	Reason for admission		
	Nursing home name		
	Address	City/State	
	Date of admission:/// Month Day	Length of stay:days Year	yrs
2)	Are you currently staying in a nursing hom	e or rehabilitation center?	
	Yes No Don't	Know	

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



13 Do you have any difficulty walking around your home?
Yes Ves Could do it, but don't for other reason O 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 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 15.
14a How much difficulty do you have?



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?

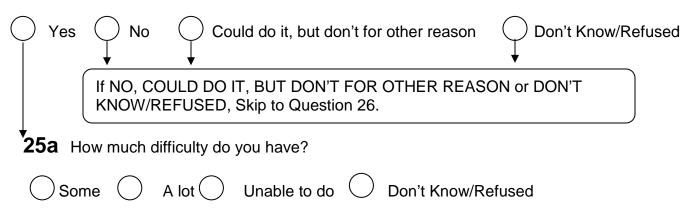
Yes Ves Could do it, but don't for other reason Don't Know/Refused				
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 17.				
16a How much difficulty do you have?				
Some A lot Unable to do Don't Know/Refused				
17 Because of health or physical problems, do you 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?				
$\bigcirc Yes \ \bigcirc Ves \ Oves \$				
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?
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 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 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 22.
12 How much difficulty do you have?
Osome A lot Unable to do O Don't Know/Refused

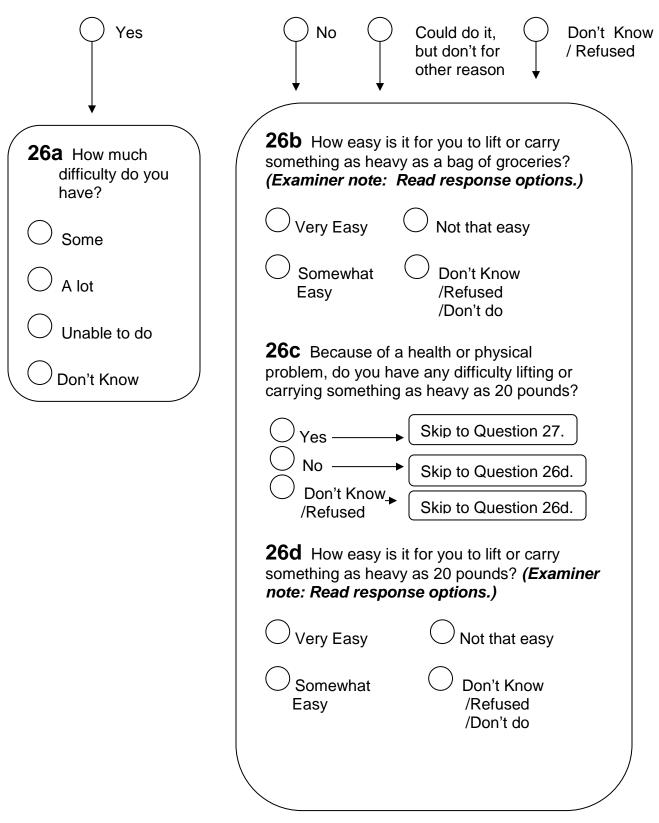
22 Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?

Yes Ves Vo Vo Could do it, but don't for other reason Vo 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?
$\bigcirc Yes \ \bigcirc No \ \bigcirc Could \ do \ it, \ but \ don't \ for \ other \ reason \ \bigcirc Don't \ Know/Refused$
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 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?
$\bigcirc Yes \ \bigcirc Ves \ @ Ves \ \bigcirc Ves \ @ Ves \ \bigcirc Ves \ @ Ves \ \bigcirc Ves \ \bigcirc Ves \ @ Ve$
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

25Because of health or physical problems, do you have any difficulty or are you unable to use the toilet, including getting to the toilet?

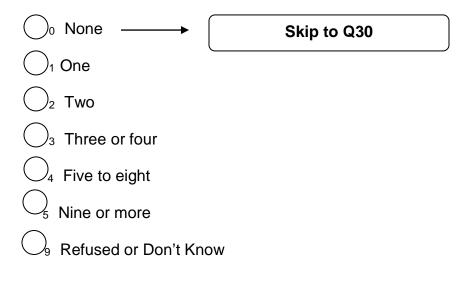


26 Do you have any difficulty lifting or carrying something as heavy as 10 pounds, such as a bag of groceries?



Now I would like to ask you some questions about your family and friends.

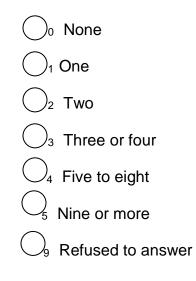
27 How many different relatives do you see or hear from at least once a month? Please include your spouse and in-laws.



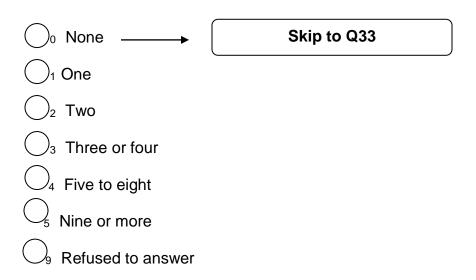
28 Tell me about the relative with whom you have the most contact. How often do you see or hear from that person? Please include your spouse.

\bigcirc_0 Less than once a month
O1 Once a month
\bigcirc_2 A few times a month
O ₃ Weekly
O ₄ A few times a week
⊖ ₅ Daily
O ₉ Refused to answer

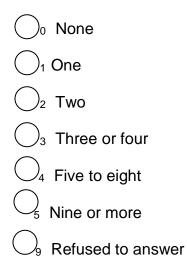
29 How many relatives do you feel close to? That is, how many of them do you feel at ease with, can you talk to about private matters, or can you call on for help? Please include your spouse.



30 How many close friends do you have? That is, friends with whom you feel at ease, can talk to about private matters, or can call on for help?



31 How many of these friends do you see or hear from at least once a month?



32 Tell me about the friend with whom you have the most contact. How often do you see or hear from that person?



33 When you have an important decision to make, do you have someone you can talk to about it?

O ₁ Yes	🔵 ₀ No	O 9 Refused to	answer
•			
When you have a often do you have			
Rea	ad Responses		
O₅ Always	?		
O ₄ Very oft	en?		
O₃ Often?			
O ₂ Someti	mes?		
O1 Seldom	?		
O ₉ Refuse	d or Don't Know		

34 When other people you know have an important decision to make, do they talk to you about it?

O ₁ Yes	🔘 ₀ No	9	Refused to answ	er
When other people make, how often d	-	-		
Rea	d Responses			
◯₅ Always′	?			
O ₄ Very ofte	en?			
⊖ ₃ Often?				
O ₂ Sometir	nes?			
O1 Seldom	?			
O ₉ Refused	d or Don't Know			

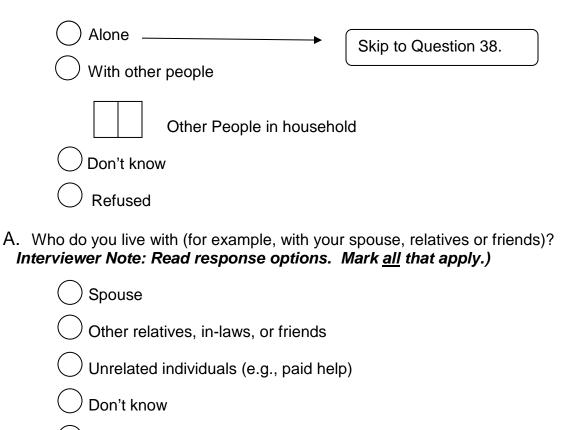
35 Does anybody rely on you to do something for them each day? For example: shopping, cooking dinner, doing repairs, cleaning house, providing child care, etc.?

◯₁ Yes	🔘 ₀ No	9 Refused to answer
Skip to Q37		

36 Do you help anybody with things like shopping, filling out forms, doing repairs, providing childcare, etc.?

1 Yes	🔘 ₀ No	9 Refused to a	answer
V			
How often do you	help someone w	ith these kinds of activit	ies?
Rea	d Responses		
O4 Very ofte	en?		
◯ ₃ Often?			
O ₂ Sometir	nes?		
O1 Seldom	?		
O ₉ Refused	d or Don't Know		

37 Do 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

I am going to read you some questions about the state of your health today. Each question has a choice of three answers. Please tell me which answer best describes your own health state today.

(Note for administrator: it may be necessary to remind the respondent regularly that the timeframe is today.)

39 First I'd like to ask you about mobility. Would you say you have:

Read Responses

) No problems in walking about?

) Some problems in walking about?

) Are you confined to bed?

So, would you say you have no problems in walking about, some problems in walking about or are you confined to bed?

40 Now I'd like to ask you about self-care. Would you say that you have:

 Read Responses

 No problems in with self-care?

 Some problems washing or dressing myself?

) Are you unable to wash or dress myself?

So, would you say you have no problems with self-care, some problems washing or dressing yourself or are you unable to wash or dress yourself?

41 Now I'd like to ask you about usual activities, for example work, study, housework, family or leisure activities. Would you say you have:

 Read Responses

 No problems with performing your usual activities?

 Some problems with performing your usual activities?

 Are you unable to perform my usual activities?

So, would you say you have no problems performing your usual activities, some problems performing your usual activities or are you unable to perform your usual activities?

42 Next I'd like to ask you about pain or discomfort. Would you say that you have:

Read Responses

) No pain or discomfort?

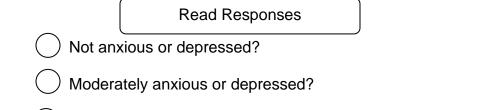


) Moderate pain or discomfort?

Extreme pain or discomfort?

So, would you say you have no pain or discomfort, moderate pain or discomfort or extreme pain or discomfort?

43 Finally I'd like to ask you about anxiety and depression. Would you say that you are:



) Extremely anxious or depressed?

So, would you are not anxious or depressed, moderately anxious or depressed or extremely anxious or depressed?

44 I would now like to ask you to do a rather different task.

To help you say how good or bad your health state is, I'd like you to try to picture in your mind a scale that looks a bit like a thermometer. Can you do that? The best health state you can imagine is marked 100 (one hundred) at the top of the scale and the worst state you can imagine is marked 0 (zero) at the bottom. I would now like you to tell me the point on this scale where you would put your own health state today



Health state today (number from 0-100)

- I am going to read you a list of ways you might have felt or behaved during the last week.
- **45** During the past week, I was bothered by things that usually don't bother me. How often did you feel this way?
 - **Read Responses** \sim 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) Most of the time Refused or Don't Know

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

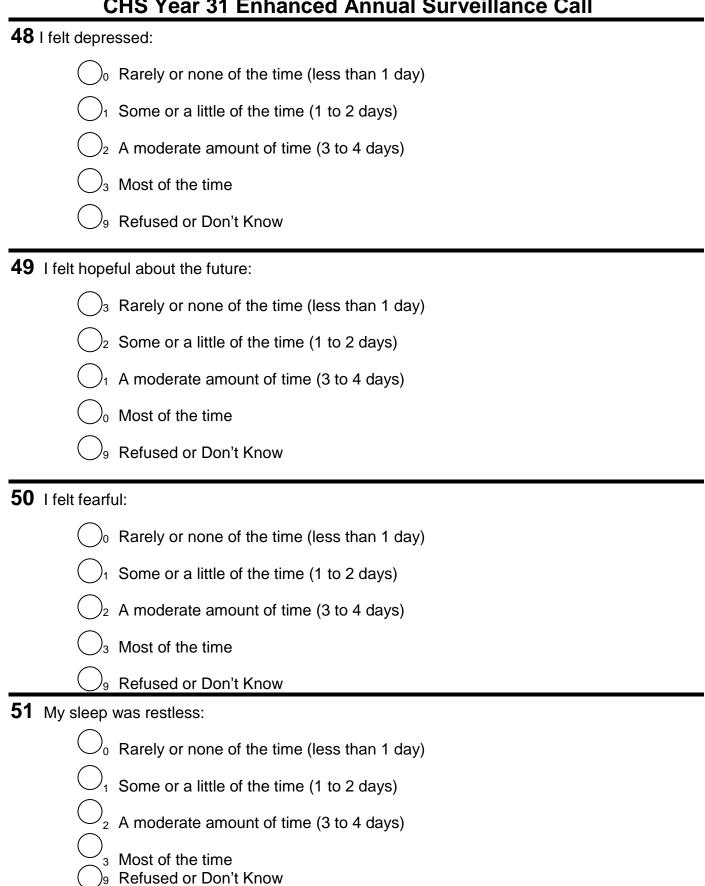
- Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1 to 2 days)
- $^{\circ}_{2}$ A moderate amount of time (3 to 4 days)
- Most of the time
- 9 Refused or Don't Know

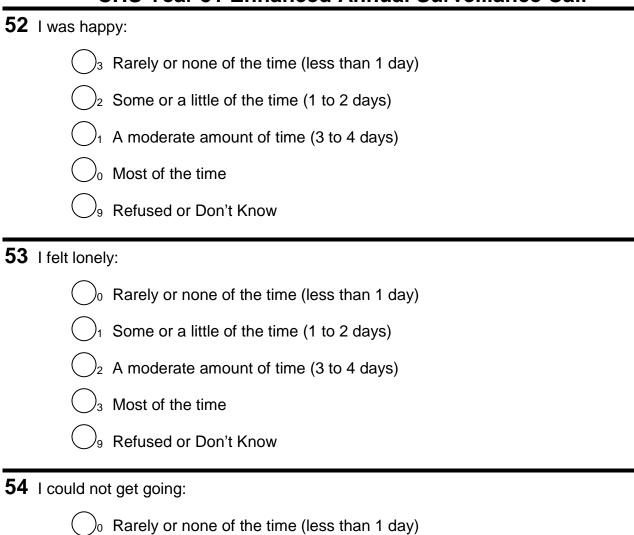
47 I felt that everything I did was an effort:

- \sim 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



9 Refused or Don't Know





- \bigcirc_1 Some or a little of the time (1 to 2 days)
- \bigcirc_2 A moderate amount of time (3 to 4 days)
- \mathcal{J}_3 Most of the time
- \bigcirc_9 Refused or Don't Know

55 Do you plan to be out of the area 6 months from now? Refused Yes Don't Know No 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 Zip Code State Telephone Number ii. Temporarily Out of the Area (vacation, business, etc) When will you return? Year Month 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.

56	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 so we can update your address and phone number.

Please use this space to record any additional information reported by the participant 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.