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:	
	Participant 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?	
	\bigcirc Both in person and by phone	
	O Don't know O Other (Please specify:)	
	○ Refused	
()		

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

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

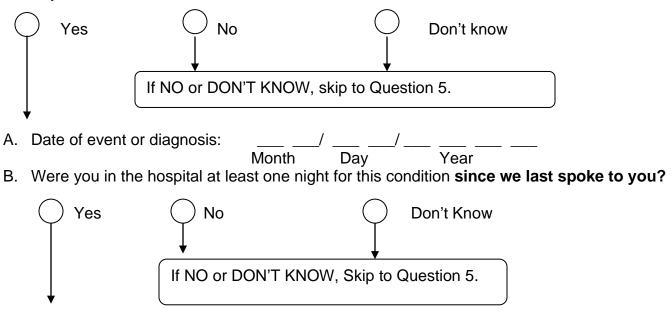
\bigcirc	Excellent
\bigcirc	Very Good
\bigcirc	Good
\bigcirc	Fair
\bigcirc	Poor
\bigcirc	Don't Know
\bigcirc	Refused

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 (Don't Know	Refused
--	--------	------------	---------

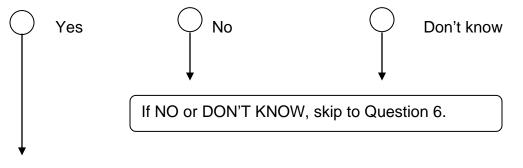
Answer "0" if you haven't spent any days in bed in the last two weeks.

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?

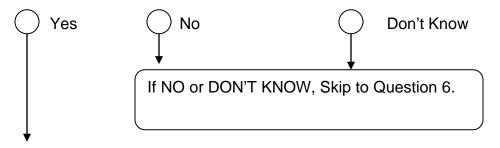


	Date	/ Month	// Day	Year	
Name:					
Address:					
City			State:	Zip	

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?



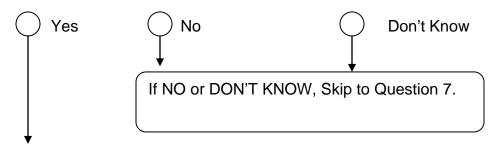
- B. Were you in the hospital at least one night for this condition since we last spoke to you?



	Date	1	/		
		Month	Day	Year	
Name:					
Address:					
City			State:	Zip	

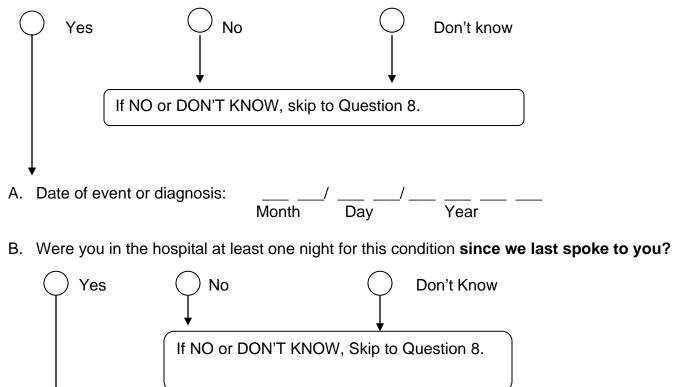
- 6 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time?
 Yes
 Yes
 If NO or DON'T KNOW, skip to Question 7.

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



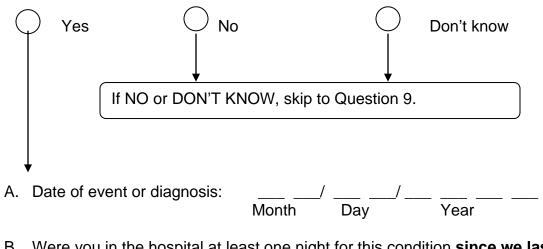
	Date		//		
		Month	Day	Year	
Name:					
Address:					
City			State:	Zip	

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?

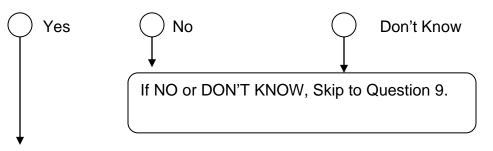


	Date	/ Month	// Day	Year	
Name:					
Address:					
City			State:	Zip	

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

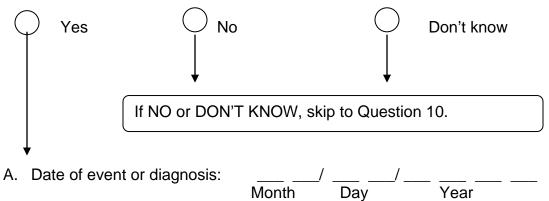


B. Were you in the hospital at least one night for this condition since we last spoke to you?

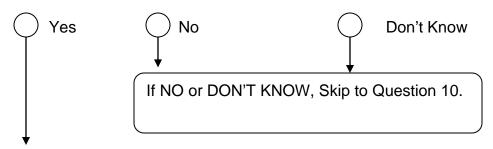


	Date	/ Month	// Day	Year	
Name:					
Address:					
City			State:	Zip	

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?

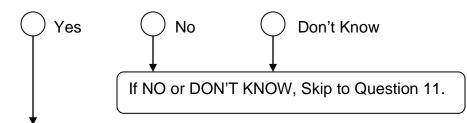


B. Were you in the hospital at least one night for this condition since we last spoke to you?



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

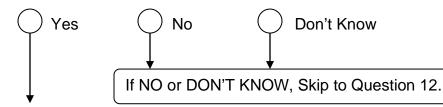
10 Have you stayed overnight as a patient in a hospital for <u>any other reasons</u> not reported in Questions 7 through 12 since we spoke to you last time?



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

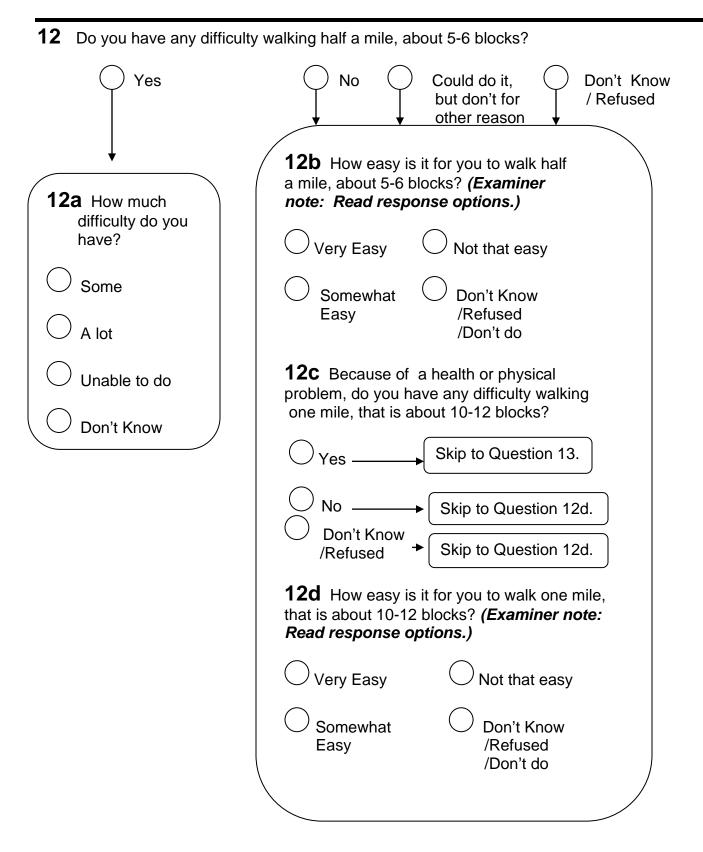
1)	Reason for admission	
	Hospital Name	
	Address	City/State
	Date of hospitalization:// Month Day	Length of stay:days Year
2)	Reason for admission	
	Hospital Name	
	Address	City/State
	Date of hospitalization: / //	Length of stay:days Year

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

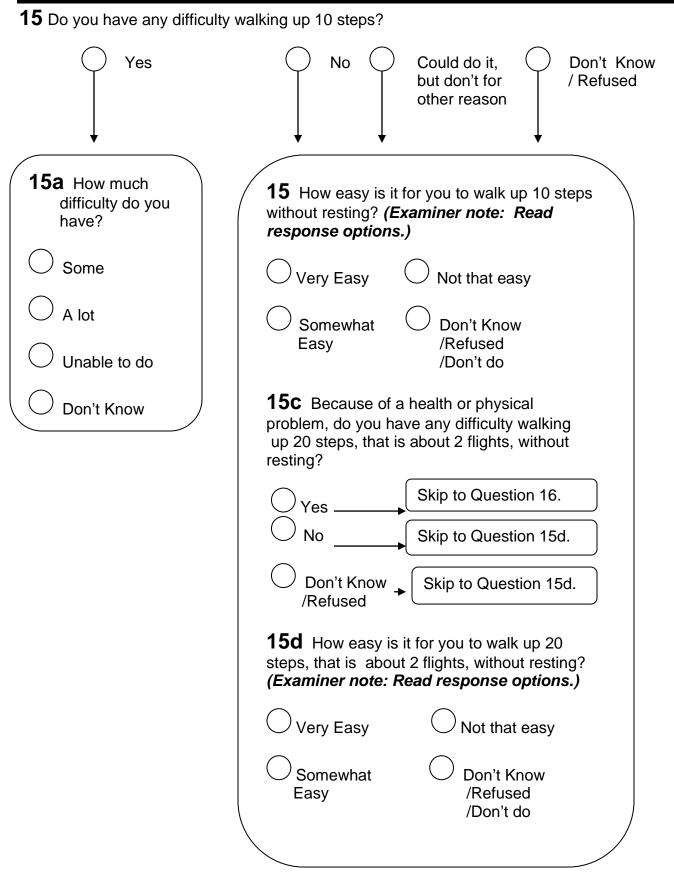


Now, I would like to ask you for more information about each of your overnight stays at a nursing home or rehabilitation center.

1)	Reason for admission			
	Nursing home name			
	Address		_City/State	
	Date of admission:/ Month		Length of stay:days _ ear	yrs
2)	Are you currently staying in a n	ursing home or re	habilitation center?	
	○ Yes ○ No	O Don't Know	I	



13 Do you have any difficulty walking around your home?					
Yes Ves Volume V					
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 Vould do it, but don't for other reason On the 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					



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 Ves Volume 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 O Don't Know/Refused						

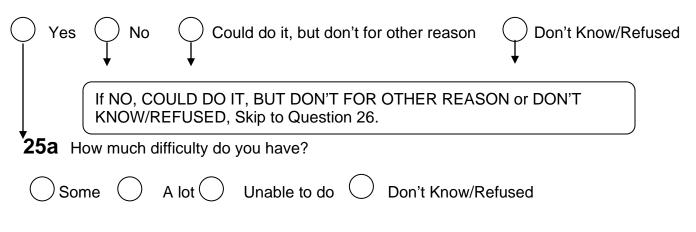
19 Because of health or physical problems, do you have any difficulty or are you unable to prepare your own meals?
Yes
No
Could do it, but don't for other reason
Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T
KNOW/REFUSED, Skip to Question 20.

↓ 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 Volume 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				

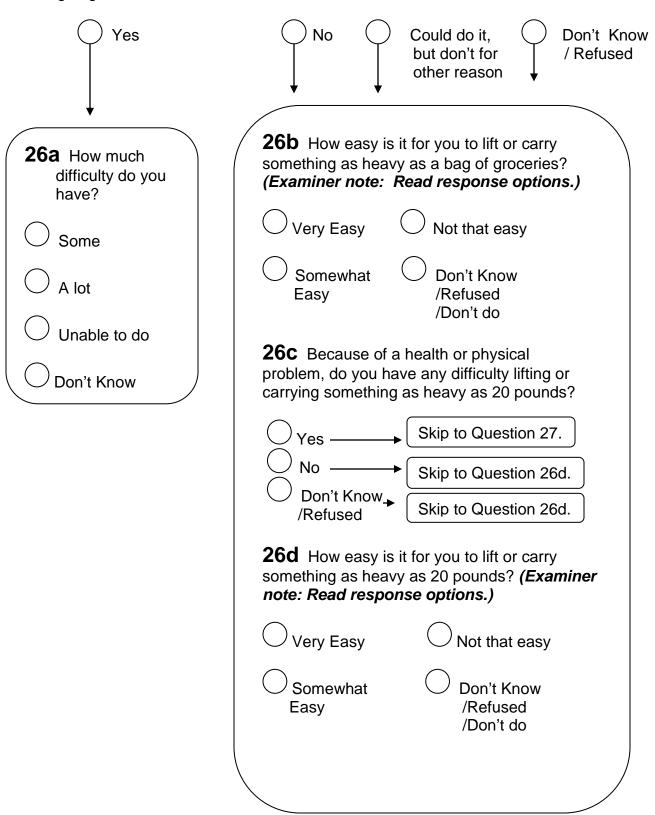
22 Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?

\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 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 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?



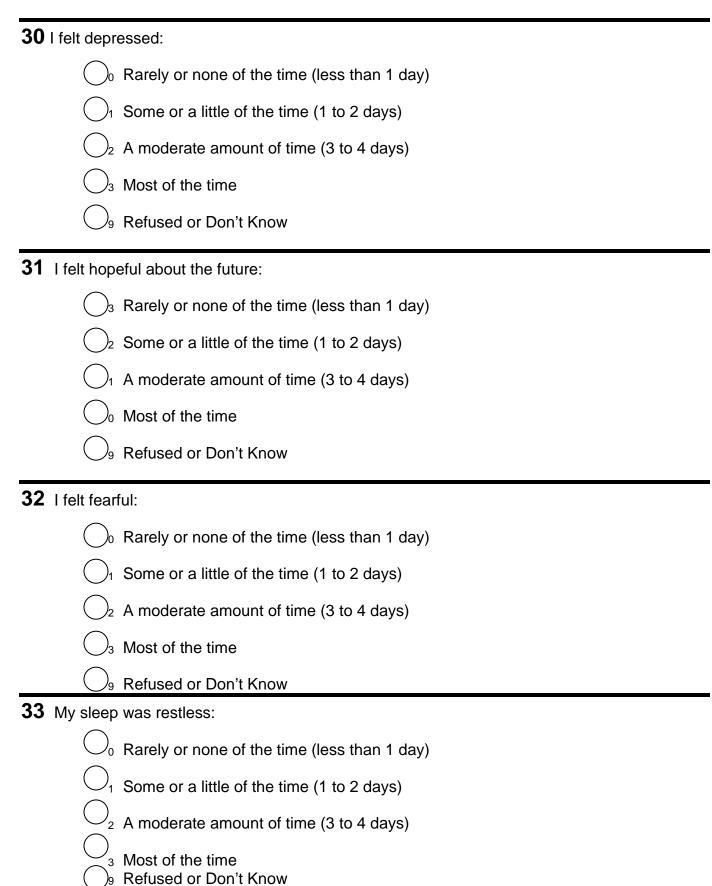
26 Do you have any difficulty lifting or carrying something as heavy as 10 pounds, such as a bag of groceries?



IF ADMINISTERING TO PROXY, SKIP TO QUESTION 37.

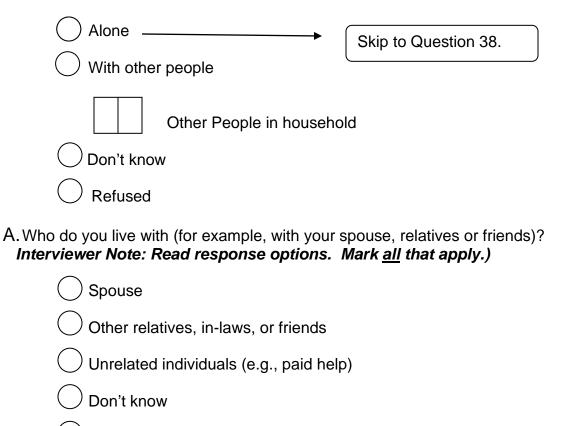
I am going to read you a list of ways you might have felt or behaved during the last week.

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					
\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					
28 I had trouble keeping my mind on what I was doing:					
\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					
29 I felt that everything I did was an effort:					
\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					



- **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) A moderate amount of time (3 to 4 days) Most of the time 9 Refused or Don't Know 35 I felt lonely: 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) \mathcal{I}_3 Most of the time 9 Refused or Don't Know **36** I could not get going: Rarely or none of the time (less than 1 day) Some or a little of the time (1 to 2 days) 1 λ_2 A moderate amount of time (3 to 4 days) 3 Most of the time
 -)9 Refused or Don't Know

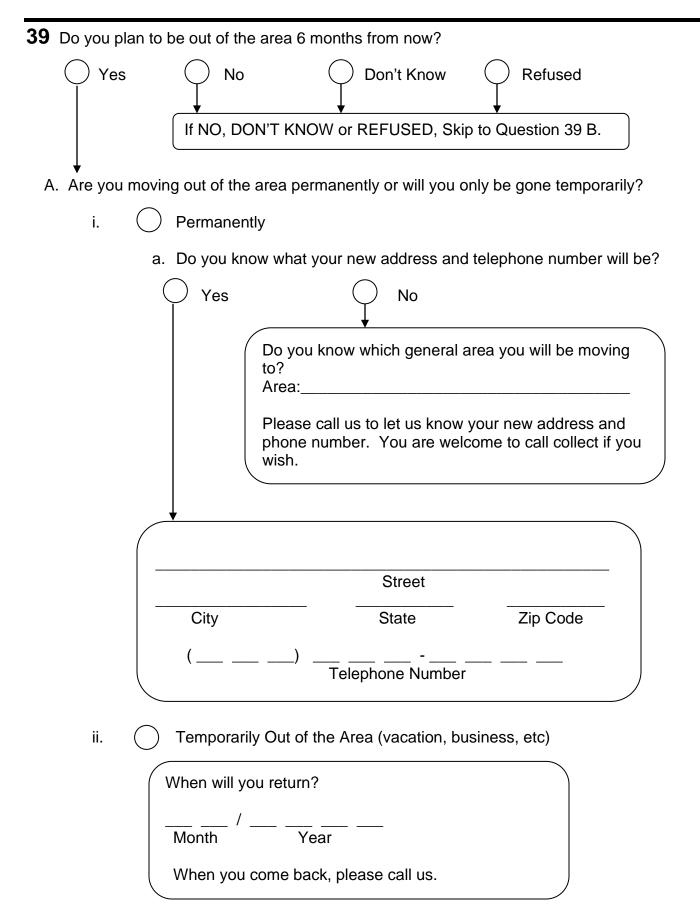
37Do you live alone or with other people?



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?					
	↓ Yes	O NO				
	1 Hearing Proble	ems				
	◯ ₂ Language (diffi	iculty speaking or understanding English)				
	3 Cognition of p	гоху				
	O 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 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.