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?



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



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 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?
	Married
	Widowed
	Divorced
	Separated
	Never Married
	Other
	Don't Know
	Refused
them again is to fine 2 Would you say	you some questions that we also asked you 6 months ago. The reason for asking not out how you've been over the last six months. In general, your health is: Excellent Very Good Good Fair Poor Don't Know Refused
because of ill	st two weeks, how many days have you stayed in bed all or most of the day ness or injury? (Do not include days in a hospital or nursing home. If you do not exact number of days, please estimate as closely as possible.)
Da	ays On't Know Refused
Answer "0" if ye	ou haven't spent any days in bed in the last two weeks.

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

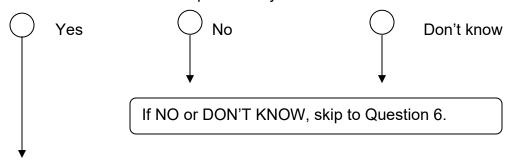
Don't Know

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

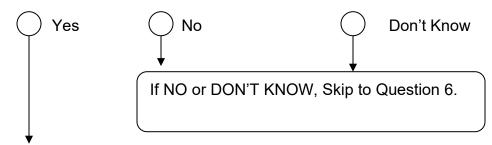
C. Please record the admission date of each hospitalization and the name and location of the

hospital.

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?

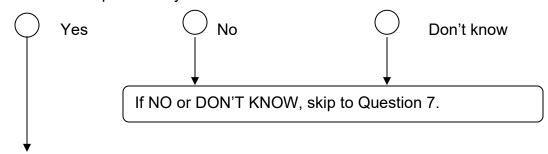


B. Were you in the hospital at least one night for this condition since we last spoke to you?

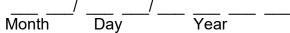


C. Please record the admission date of each hospitalization and the name and location of the hospital.

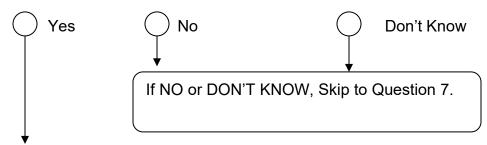
6 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time?



A. Date of event or diagnosis:

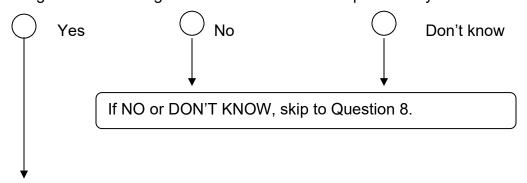


B. Were you in the hospital at least one night for this condition since we last spoke to you?

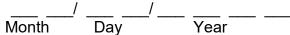


	Date	Month /	/	Year	
Name:					
Address:					
City			State:	Zip	

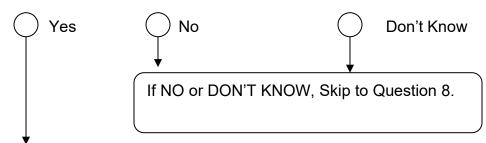
7 Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time?



A. Date of event or diagnosis:

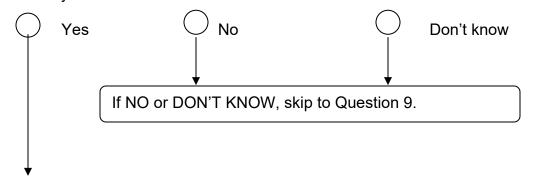


B. Were you in the hospital at least one night for this condition since we last spoke to you?

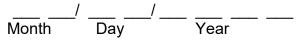


	Date	Month	/	Year	
Name:					
Address:					
City			State:	Zip	

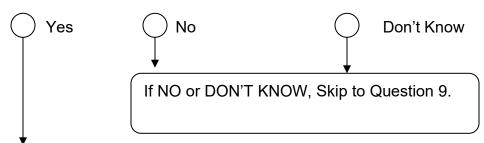
8 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?



A. Date of event or diagnosis:

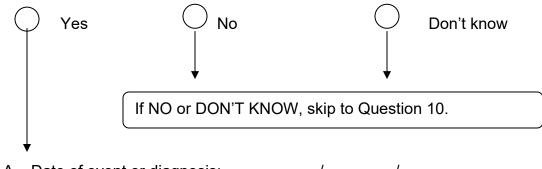


B. Were you in the hospital at least one night for this condition since we last spoke to you?

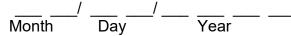


	Date	Month /	/	Year	
Name:			· · · · · · · · · · · · · · · · · · ·		
Address:	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
Citv			State:	Zip	

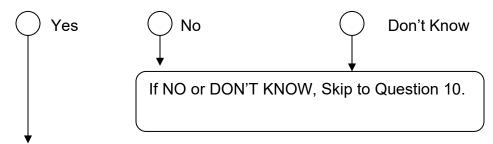
9 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time?



A. Date of event or diagnosis:

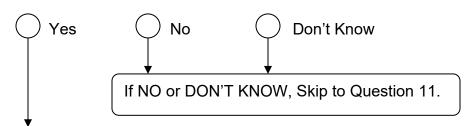


B. Were you in the hospital at least one night for this condition since we last spoke to you?



Date	//	/	—— 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 4 through 9 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 Year	Length of stay:days
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 home or rehabilitation center since we spoke to you last time?
Yes No Don't Know
If NO or DON'T KNOW, Skip to Question 12.
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
Date of admission: / Month Day Year
2) Are you currently staying in a nursing home or rehabilitation center?

Don't Know

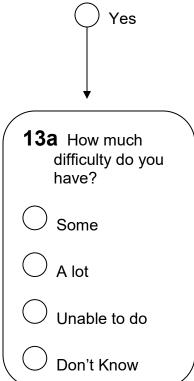
Yes

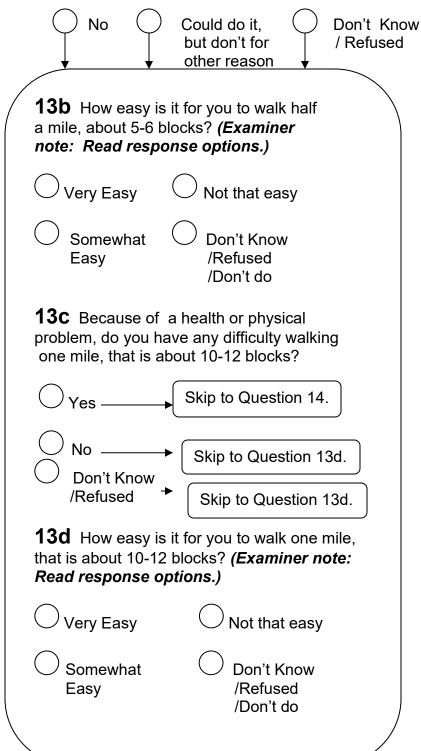
No

12"I'm going to read to you a list of conditions. Please respond 'yes' or 'no' if you have been told by a doctor that you any of these conditions FOR THE FIRST TIME DURING THE LAST YEAR."

	No	Yes	Don't Know	Refused	
A High Blood Pressure					
B Atrial Fibrillation					
C Deep Vein Thrombosis (blood clots in legs)					
D Pulmonary embolism (blood clots in lungs)					
E High lipids or cholesterol					
F Diabetes					
		—	<u> </u>	<u></u>	
How are y Insulin Other:		ted for diabe Oral Hypogl		igent	

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





14 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 15.
14a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
15Do 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 16.
15a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

Yes	No Could do it, Don't ke but don't for other reason
16a How much difficulty do you have?	16b How easy is it for you to walk up 10 steps without resting? (Examiner note: Read response options.)
Some	Overy Easy Onot that easy
A lot Unable to do	Somewhat Don't Know Easy /Refused /Don't do
Don't Know	16c 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 17. No Skip to Question 16d. Don't Know /Refused Skip to Question 16d.
	16d 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 Not that easy
	Somewhat Don't Know Easy /Refused /Don't do

17 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 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 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 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 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 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 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 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 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 22.
10 10 10 10 10 10 10 10
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 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 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 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 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 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 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 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 26.
▼ 25a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

26				cal problems, do the toilet?	o you have	any difficul	ty or are you	unable to use
) Yes	→ No	Co	ould do it, but d	on't for othe	er reason	Don't k	(now/Refused
				IT, BUT DON ⁷ , Skip to Questi		IER REAS(ON or DON'T	
7	26a ∺⊲	ow much di	fficulty do	you have?				
	Soi	me 🔘	A lot	Unable to do	O Dor	n't Know/Re	efused	

Yes	No Could do it, Don't Know but don't for other reason / Refused
27a How much difficulty do you have?	27b How easy is it for you to lift or carry something as heavy as a bag of groceries? (Examiner note: Read response options.)
Some	Overy Easy Onot that easy
○ A lot	Somewhat Don't Know Easy /Refused /Don't do
Unable to do Don't Know	27c 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 28. No — Skip to Question 27d. Don't Know /Refused Skip to Question 27d.
	27d How easy is it for you to lift or carry something as heavy as 20 pounds? (Examiner note: Read response options.)
	Overy Easy Onot that easy
	Somewhat Don't Know Easy /Refused /Don't do

Directions: To be administered to participant only! If interview is with a proxy, proceed to **question 40.** Make sure that you have available the participant's home address (you can find it on the Tracking Form).

Script: I would like to ask you a few questions that require concentration and memory. Some are a bit more difficult than others. Please answer the best you can.

28	Please tell me your full name: A. Provides First Name:
	O ₁ Correct O ₀ Cannot Do/Refused
	B. Provides Last Name:
	O ₁ Correct O ₀ Cannot Do/Refused
29	a What is today's date? Probe for the month, day, or year if not volunteered. For each box, enter "9" if no response. (9999 for year)
	Date in numerals: Month Day Year
29 b	What is the day of the week? Record answer in error. Enter "X" if no response.
_	Day of the week
(O ₁ Correct
1	O ₀ Error/Refused
(O ₉ Not Attempted/Disabled
29c	What season of the year is it? Record answer in error. Enter "X" if no response.
_	Season
	O ₁ Correct
(O ₀ Error/Refused
	O ₉ Not Attempted/Disabled

What is your home address? <i>If incomplete, ask specifics, e.g., "What is your zip code?"</i> C. Provides House Number:
O ₁ Correct O ₀ Cannot Do/Refused
D. Provides Street:
O₁ Correct O₀ Cannot Do/Refused
E. Provides City:
Cannot Do/Refused F. Provides State:
O ₁ Correct O ₀ Cannot Do/Refused
G. Provides Zip Code:
O ₁ Correct O ₀ Cannot Do/Refused
Count backwards from 20 to 1.
Completely Correct on First Trial
1 Completely Correct on Second Trial
O Any Other Response

32 I'm going to read you a list of 10 words. Please listen carefully and try to remember them. When I am done, tell me as many words as you can, in any order. Ready? The words are: cabin, pipe, chest, silk, theatre, watch, whip, elephant, pillow, giant. Now tell me all the words you remember.

	Named		Not Named	
Cabin		1		0
Pipe		1		0
Chest		1		0
Silk		1		0
Theatre		1		0
Watch		1		0
Whip		1		0
Elephant		1		0
Pillow		1		0
Giant		1		0

33 One hundred minus seven equals what? (etc.) Stop at five subtractions. Record answer given, whether correct or incorrect. Do not tell the participant whether the answer is correct.

			Response Given	Refused		Don't Know	
A	A 100-7=		1		0	TUIOW	9
	(93)	(record response)					-
E	3 93-7=		1		0		9
	(86)	(record response)					_
(86-7=		1		0		9
	(79)	(record response)			1 -		7
	79-7=		1		0		9
	(72)	(record response)	,				-
E	72-7=		1		0		9
	(65)	(record response)					
34a Wh	nat do people usu nse.	ally use to cut	paper? <i>Accep</i> i	t "scissors"	or "	shears" o	nly <i>as a correct</i>
<u></u> 1	Correct	0 Error	/Refused	9 Not	Atte	empted/D	isabled
34b Ho	w many things ar	e in a dozen?					
\bigcirc 1	Correct	0 Error	/Refused	9 Not	Atte	empted/D	isabled
	nat do you call the ect response.	prickly green	plant that lives	in the dese	rt?	Accept "c	cactus" only as
\bigcirc 1	Correct	O Error	/Refused	9 Not	Atte	empted/D	isabled
34d Wi	nat animal does w se.	ool come from	n? Accept "she	ep" or "laml	o" o	nly <i>as a c</i>	correct
\bigcirc_1 (Correct	○ Error/R	efused	O _a Not A	tten	npted/Disa	ahlad

35a Say "No ifs, ands or buts." *Pronounce the individual words clearly, but at a normal tempo of*

	sentence. Give no a mistake. Speak	credit if the participant gives and distinctly.	incorrect response. Repeat only if
* no ifs	1 Correct	○ Error/Refused	9 Not Attempted/Disabled
* ands	O ₁ Correct	0 Error/Refused	9 Not Attempted/Disabled
* or buts	1 Correct	○ ₀ Error/Refused	9 Not Attempted/Disabled
35b Say	/ this: "Methodist E∣	piscopal."	
<u> </u>	Correct	0 Error/Refused	9 Not Attempted/Disabled
			Accept "Joseph R. Biden" or "Joe , probe for the first name and vice
\bigcirc 1	Correct	0 Error/Refused	₉ Not Attempted/Disabled
		dent right now? Accept "Kamala crobe for the first name and vice	Harris" as the correct response. If versa.
<u> </u>	Correct	0 Error/Refused	9 Not Attempted/Disabled
37 With yo	ur finger, tap five ti	mes on the part of the phone you	ı speak into.
<u></u>	5 Taps Heard	1 Fewer or More Than 5 T	
	5 Taps Heard Refused	1 Fewer or More Than 5 T	aps
I am goir	Refused		aps
I am goir opposite o	Refused	9 Not Attempted/Disabled	aps
I am goir opposite o	Refused ng to give you a wo of "hot" is "cold".	9 Not Attempted/Disabled rd, and I want you to give me it's west"?	aps
I am goir opposite of 38 What 38a Wh	Refused og to give you a wo of "hot" is "cold". is the opposite of " Correct at is the opposite o "stingy," "tight," "che	9 Not Attempted/Disabled rd, and I want you to give me it's west"? 0 Error/Refused f "generous"? Accept the following	opposite. For example, the 9 Not Attempted/Disabled

39Special Problems? (Interviewer Note: If any question is marked as "Not Attempted/Disabled", the following portion must be completed. You may also mark this if no other questions have been answered).

1 Yes 0 No	
₩	
1 Hearing Problems	
2 Language (difficulty speaking or understanding English)	
3 Other (Specify:)

Secondary Problem (Specify:_____

Administer IQCODE if interview is being conducted with the proxy. Once there is evidence of participant's cognitive impairment by either the IQCODE score ≥3.6 or the proxy reporting the reason the participant is not completing the interview is due to cognitive impairment, the IQCODE will not be administered in the future.

INSTRUCTIONS: We want you to remember what your friend or relative was like 10 years ago. We'd like you to compare him/her to what he/she is like now. Below are situations in which this person has to use his/her memory or intelligence. We want you to tell us whether this has improved, stayed the same, or become worse in the following situations during the past 10 years. It is important to compare his/her present performance with 10 years ago. So, if 10 years ago this person always forgot where he/she left things, and he/she still does, you would mark, "not much change." Please check the appropriate answer for each item to the best of the proxy's knowledge.

	Compared with 10 years ago, how is this person at:
40 Remembering t addresses.	hings about family and friends, such as their occupations, birthdays and
	luch Improved
	Bit Improved
3 N	ot Much Change
4 A	Bit Worse
○ 5 M	luch Worse
9 D	on't Know
4.4	
41 Rememberii	ng things that happened recently.
○ ₁ N	luch Improved
O 2 A	Bit Improved
○3 N	ot Much Change
4 A	Bit Worse
5 N	luch Worse
O 9 D	on't Know

42 Recalling	g conversations a few days later.
) ₁ Much Improved
) ₂ A Bit Improved
	⁾ ₃ Not Much Change
\subset	₄ A Bit Worse
\subset) ₅ Much Worse
\subset) ₉ Don't Know
43 Remem	bering his/her address and phone number.
) ₁ Much Improved
) ₂ A Bit Improved
)₃ Not Much Change
) ₄ A Bit Worse
) ₅ Much Worse
\subset	9 Don't Know
44.5	
44 Remem	nbering the month and day.
) ₁ Much Improved
\subset) ₂ A Bit Improved
\subset)₃ Not Much Change
	⁾ ₄ A Bit Worse
) ₅ Much Worse
\subset) ₉ Don't Know

45 Remembering where things are usually kept.
1 Much Improved
2 A Bit Improved
◯₃ Not Much Change
4 A Bit Worse
◯ 5 Much Worse
O 9 Don't Know
46 Remembering where to find things that have been put in a different place than usual.
46 Remembering where to find things that have been put in a different place than usual. 1 Much Improved
1 Much Improved
1 Much Improved 2 A Bit Improved
1 Much Improved 2 A Bit Improved 3 Not Much Change
1 Much Improved 2 A Bit Improved 3 Not Much Change 4 A Bit Worse

50 Following a story in a book or on TV.				
1 Much Improved				
2 A Bit Improved				
◯₃ Not Much Change				
4 A Bit Worse				
∫ 5 Much Worse				
9 Don't Know				
51 Making decisions about everyday matters.				
1 Much Improved				
2 A Bit Improved				
◯₃ Not Much Change				
4 A Bit Worse				
∫ 5 Much Worse				
9 Don't Know				
52 Hamalling manney for abouting				
52 Handling money for shopping.				
1 Much Improved				
2 A Bit Improved				
◯₃ Not Much Change				
☐ 4 A Bit Worse				
◯ 5 Much Worse				
O 9 Don't Know				

53 Handling financial matters such as pensions, dealing with banks.			
1 Much Improved			
2 A Bit Improved			
◯ ₃ Not Much Change			
4 A Bit Worse			
5 Much Worse			
O 9 Don't Know			
54 Handling everyday arithmetic problems (knowing how much food to buy, how long between visits from family or friends).			
1 Much Improved			
2 A Bit Improved			
◯ ₃ Not Much Change			
4 A Bit Worse			
5 Much Worse			
9 Don't Know			
55 Using his/her intelligence to understand what's going on and to reason things through.			
1 Much Improved			
2 A Bit Improved			
◯ ₃ Not Much Change			
4 A Bit Worse			
∫ 5 Much Worse			
9 Don't Know			

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				
Other (Specify:)				
57 Do you live alone or with other people?				
Alone Skip to Question 58. 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 <u>all</u> that apply.)				
Spouse				
Other relatives, in-laws, or friends				
Unrelated individuals (e.g., paid help)				
On't know				
Refused				

58	In wha	t type of home or residence do you live?
	\bigcirc	¹ Community-dwelling single family home or apartment
		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.
		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)
		⁹ Don't know/refused

59 Do you plan to be out of the area 6 months from now? Don't Know Refused Yes No If NO, DON'T KNOW or REFUSED, Skip to Question 59 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 Zip Code City State _____ Telephone Number ii. Temporarily Out of the Area (vacation, business, etc) When will you return? 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.

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.
Thank you very much for answering these questions. I enjoyed talking to you.