

## CHS Year 34 6-Month Surveillance Call

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*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?*

## CHS Year 34 6-Month Surveillance Call

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

## CHS Year 34 6-Month Surveillance Call

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

- Married
- Widowed
- Divorced
- Separated
- Never Married
- Other
- Don't Know
- Refused

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*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

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**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.*

## CHS Year 34 6-Month Surveillance Call

**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 \_\_\_\_\_

## CHS Year 34 6-Month Surveillance Call

- 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 \_\_\_\_\_

# CHS Year 34 6-Month Surveillance Call

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 \_\_\_\_\_

## CHS Year 34 6-Month Surveillance Call

- 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 \_\_\_\_\_

## CHS Year 34 6-Month Surveillance Call

- 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 \_\_\_\_\_



## CHS Year 34 6-Month Surveillance Call

- 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 \_\_\_\_\_

## CHS Year 34 6-Month Surveillance Call

**10** Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 4 through 9 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

## CHS Year 34 6-Month Surveillance Call

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**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?

Yes       No       Don't Know

## CHS Year 34 6-Month Surveillance Call

**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				



How are you treated for diabetes?

Insulin       Oral Hypoglycemic Agent  
 Other: \_\_\_\_\_

# CHS Year 34 6-Month Surveillance Call

**13** 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  
↓

**13a** How much difficulty do you have?

Some

A lot

Unable to do

Don't Know

**13b** 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

**13c** 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 14.

No → Skip to Question 13d.

Don't Know /Refused → Skip to Question 13d.

**13d** 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

## CHS Year 34 6-Month Surveillance Call

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**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
- 

**15** 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 16.

**15a** How much difficulty do you have?

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

# CHS Year 34 6-Month Surveillance Call

**16** Do you have any difficulty walking up 10 steps?

Yes  
↓

No  
↓

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

Don't Know  
/ Refused  
↓

**16a** How much difficulty do you have?

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

**16b** 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

**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.**)

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

## CHS Year 34 6-Month Surveillance Call

---

**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

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**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

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**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



## CHS Year 34 6-Month Surveillance Call

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**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.

**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 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

## CHS Year 34 6-Month Surveillance Call

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**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

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**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

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**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

## CHS Year 34 6-Month Surveillance Call

**26** 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 27.

**26a** How much difficulty do you have?

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

## CHS Year 34 6-Month Surveillance Call

**27** 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

**27a** How much difficulty do you have?

Some

A lot

Unable to do

Don't Know

**27b** 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

**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.)**

Very Easy

Not that easy

Somewhat Easy

Don't Know  
/Refused  
/Don't do

## CHS Year 34 6-Month Surveillance Call

**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.*

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**28** Please tell me your full name:

A. Provides First Name:

<sub>1</sub> Correct      <sub>0</sub> Cannot Do/Refused

B. Provides Last Name:

<sub>1</sub> Correct      <sub>0</sub> Cannot Do/Refused

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**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

**29b** What is the day of the week? *Record answer in error. Enter "X" if no response.*

\_\_\_\_\_ Day of the week

- <sub>1</sub> Correct  
<sub>0</sub> Error/Refused  
<sub>9</sub> Not Attempted/Disabled

**29c** What season of the year is it? *Record answer in error. Enter "X" if no response.*

\_\_\_\_\_ Season

- <sub>1</sub> Correct  
<sub>0</sub> Error/Refused  
<sub>9</sub> Not Attempted/Disabled

## CHS Year 34 6-Month Surveillance Call

**30** What is your home address? *If incomplete, ask specifics, e.g., "What is your zip code?"*

C. Provides House Number:

<sub>1</sub> Correct      <sub>0</sub> Cannot Do/Refused

D. Provides Street:

<sub>1</sub> Correct      <sub>0</sub> Cannot Do/Refused

E. Provides City:

<sub>1</sub> Correct      <sub>0</sub> Cannot Do/Refused

F. Provides State:

<sub>1</sub> Correct      <sub>0</sub> Cannot Do/Refused

G. Provides Zip Code:

<sub>1</sub> Correct      <sub>0</sub> Cannot Do/Refused

**31** Count backwards from 20 to 1.

<sub>2</sub> Completely Correct on First Trial

<sub>1</sub> Completely Correct on Second Trial

<sub>0</sub> 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

## CHS Year 34 6-Month Surveillance Call

**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	100-7= (93)	<input type="text"/> (record response)	1 <input type="text"/>	0 <input type="text"/> 9
B	93-7= (86)	<input type="text"/> (record response)	1 <input type="text"/>	0 <input type="text"/> 9
C	86-7= (79)	<input type="text"/> (record response)	1 <input type="text"/>	0 <input type="text"/> 9
D	79-7= (72)	<input type="text"/> (record response)	1 <input type="text"/>	0 <input type="text"/> 9
E	72-7= (65)	<input type="text"/> (record response)	1 <input type="text"/>	0 <input type="text"/> 9

**34a** What do people usually use to cut paper? Accept "scissors" or "shears" only as a correct response.

1 Correct       0 Error/Refused       9 Not Attempted/Disabled

**34b** How many things are in a dozen?

1 Correct       0 Error/Refused       9 Not Attempted/Disabled

**34c** What do you call the prickly green plant that lives in the desert? Accept "cactus" only as a correct response.

1 Correct       0 Error/Refused       9 Not Attempted/Disabled

**34d** What animal does wool come from? Accept "sheep" or "lamb" only as a correct response.

1 Correct       0 Error/Refused       9 Not Attempted/Disabled

## CHS Year 34 6-Month Surveillance Call

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**35a** Say “No ifs, ands or buts.” *Pronounce the individual words clearly, but at a normal tempo of a spoken sentence. Give no credit if the participant gives an incorrect response. Repeat only if you make a mistake. Speak distinctly.*

\* no ifs    <sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled

\* ands    <sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled

\* or buts    <sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled

**35b** Say this: “Methodist Episcopal.”

<sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled

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**36a** Who is the President of the United States right now? *Accept “Joseph R. Biden” or “Joe Biden” as the correct response. If only the last name is given, probe for the first name and vice versa.*

<sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled

**36b** Who is the Vice President right now? *Accept “Kamala Harris” as the correct response. If only the last name is given, probe for the first name and vice versa.*

<sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled

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**37** With your finger, tap five times on the part of the phone you speak into.

<sub>2</sub> 5 Taps Heard                      <sub>1</sub> Fewer or More Than 5 Taps

<sub>0</sub> Refused                      <sub>9</sub> Not Attempted/Disabled

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*I am going to give you a word, and I want you to give me its opposite. For example, the opposite of “hot” is “cold”.*

**38** What is the opposite of “west”?

<sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled

**38a** What is the opposite of “generous”? *Accept the following words as correct: “selfish,” “greedy,” “stingy,” “tight,” “cheap,” “mean,” “meager,” “skimpy,” or other antonyms you feel are appropriate.*

<sub>1</sub> Correct                      <sub>0</sub> Error/Refused                      <sub>9</sub> Not Attempted/Disabled



## CHS Year 34 6-Month Surveillance Call

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**39** Special 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: \_\_\_\_\_)**

## CHS Year 34 6-Month Surveillance Call

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Administer IQCODE if interview is being conducted with the proxy. Once there is evidence of participant's cognitive impairment by either the IQCODE score  $\geq 3.6$  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 things about family and friends, such as their occupations, birthdays and addresses.

- <sub>1</sub> Much Improved
- <sub>2</sub> A Bit Improved
- <sub>3</sub> Not Much Change
- <sub>4</sub> A Bit Worse
- <sub>5</sub> Much Worse
- <sub>9</sub> Don't Know

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**41** Remembering things that happened recently.

- <sub>1</sub> Much Improved
- <sub>2</sub> A Bit Improved
- <sub>3</sub> Not Much Change
- <sub>4</sub> A Bit Worse
- <sub>5</sub> Much Worse
- <sub>9</sub> Don't Know

## CHS Year 34 6-Month Surveillance Call

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**42** Recalling conversations a few days later.

- 1 Much Improved
- 2 A Bit Improved
- 3 Not Much Change
- 4 A Bit Worse
- 5 Much Worse
- 9 Don't Know

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**43** Remembering his/her address and phone number.

- 1 Much Improved
- 2 A Bit Improved
- 3 Not Much Change
- 4 A Bit Worse
- 5 Much Worse
- 9 Don't Know

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**44** Remembering the month and day.

- 1 Much Improved
- 2 A Bit Improved
- 3 Not Much Change
- 4 A Bit Worse
- 5 Much Worse
- 9 Don't Know

## CHS Year 34 6-Month Surveillance Call

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**45** Remembering where things are usually kept.

- <sub>1</sub> Much Improved
- <sub>2</sub> A Bit Improved
- <sub>3</sub> Not Much Change
- <sub>4</sub> A Bit Worse
- <sub>5</sub> Much Worse
- <sub>9</sub> Don't Know

---

**46** Remembering where to find things that have been put in a different place than usual.

- <sub>1</sub> Much Improved
- <sub>2</sub> A Bit Improved
- <sub>3</sub> Not Much Change
- <sub>4</sub> A Bit Worse
- <sub>5</sub> Much Worse
- <sub>9</sub> Don't Know

## CHS Year 34 6-Month Surveillance Call

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**47** Knowing how to work familiar machines around the house.

- 1 Much Improved
- 2 A Bit Improved
- 3 Not Much Change
- 4 A Bit Worse
- 5 Much Worse
- 9 Don't Know

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**48** Learning to use a new gadget or machine around the house.

- 1 Much Improved
- 2 A Bit Improved
- 3 Not Much Change
- 4 A Bit Worse
- 5 Much Worse
- 9 Don't Know

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**49** Learning new things in general.

- 1 Much Improved
- 2 A Bit Improved
- 3 Not Much Change
- 4 A Bit Worse
- 5 Much Worse
- 9 Don't Know

## CHS Year 34 6-Month Surveillance Call

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**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

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**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** Handling money for shopping.

- 1 Much Improved
- 2 A Bit Improved
- 3 Not Much Change
- 4 A Bit Worse
- 5 Much Worse
- 9 Don't Know

## CHS Year 34 6-Month Surveillance Call

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**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
- 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

## CHS Year 34 6-Month Surveillance Call

**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: \_\_\_\_\_)

**57** Do you live alone or with other people?

Alone → Skip to Question 58.

With other people

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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



## CHS Year 34 6-Month Surveillance Call

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**58** In what type of home or residence do you live?

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

# CHS Year 34 6-Month Surveillance Call

**59** 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 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

\_\_\_\_\_

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.

## CHS Year 34 6-Month Surveillance Call

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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.

## CHS Year 34 6-Month Surveillance Call

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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.*

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

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