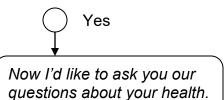
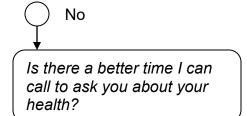
Using clinic and events records, please investigate whether participant is not currently married or recently widowed. If the participant's marital status is known, you may fill in Question 1.

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?





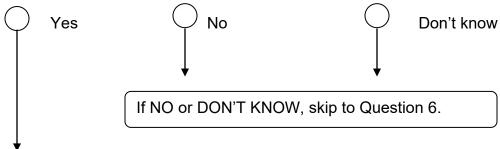
/ If interview is not completed (e.g. participant refuses), do not complete this form;
record result on Contact Log.
Interview completed by:
Participant Proxy
a. If by proxy, reason:
│ │
Other Illness Other (specify)
_ cure miles
b. What is your relationship to (name of CHS participant)?
Spouse or partner Child
Family member (other than spouse or child) (Please specify:)
Other (Please specify:) Refused
c. How often do you have contact with (him/her)?
Live together Daily (but does <u>not</u> live together)
3 or more times a week Less than 3 times a week
O Don't know Refused
- Dentiment - Neideed
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
O Don't Know
Refused
would like to ask you some questions that we also asked you 6 months ago. The reason for asking hem again is to find out how you've been over the last six months. 2 Would you say, in general, your health is:
Excellent
Very Good
Good
Fair
Poor
Don't Know
Refused
3 During the past two weeks, how many days have you stayed in bed all or most of the day because of illness or injury? (Do not include days in a hospital or nursing home. If you do not remember the exact number of days, please estimate as closely as possible.)
Days On't Know Refused
Answer "0" if you haven't spent any days in bed in the last two weeks.

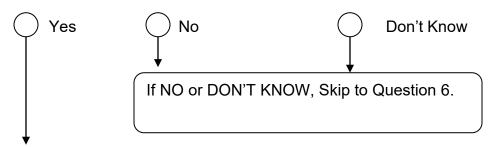
4 Has a doctor tol- with you last time		<u>/</u> myocardial in	farction or heart attack since we spok	((
Yes	No		Don't know	
	If NO or DON'T KNOW	, skip to Quest	tion 5.	
A. Date of event of B. Were you in the	Month	_// Day	Year dition since we last spoke to you?	
Yes	If NO or DON'T KN		Don't Know	
C. Please record hospital.	the admission date of ea	ch hospitalizati	ion and the name and location of the	
	Date/ _ Month	/	 Year	
Name: Address:	 :			
City		State:	Zip	

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?

Don't know

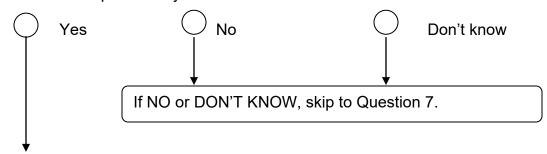


B. Were you in the hospital at least one night for this condition since we last spoke to you?

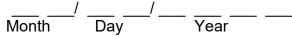


	Date	Month	// Day	Year	
Name:					
Address:					
City			State:_	Zip	

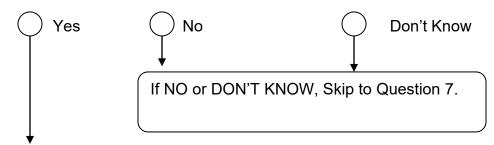
6 Has a doctor told you that you had a <u>new</u> incident of heart failure or congestive heart failure since we spoke with you last time?



A. Date of event or diagnosis:

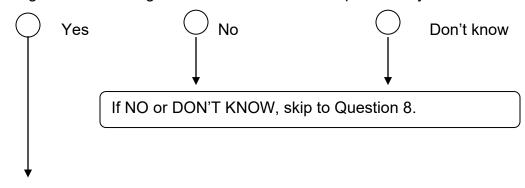


B. Were you in the hospital at least one night for this condition since we last spoke to you?

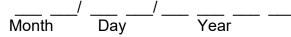


	Date	Month	// /	Year	
Name:					
Address:					
City			State:_	Zip	

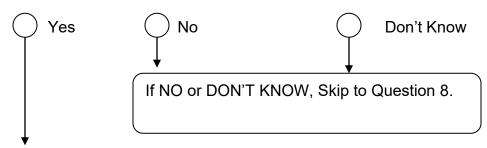
7 Has a doctor told you that you had a <u>new</u> incident of intermittent claudication or pain in your legs from a blockage of the arteries since we spoke with you last time?



A. Date of event or diagnosis:

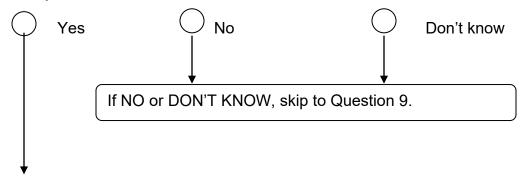


B. Were you in the hospital at least one night for this condition since we last spoke to you?

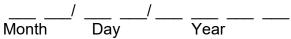


	Date	Month	/ Day	Year	
Name:				· · · · · · · · · · · · · · · · · · ·	
Address:					
City			State:	Zip	

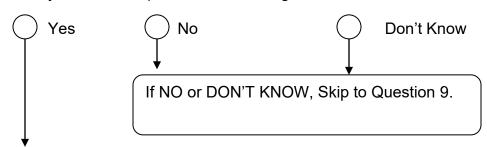
8 Has a doctor told you that you had a <u>new</u> stroke or cerebrovascular accident since we spoke with you last time?



A. Date of event or diagnosis:

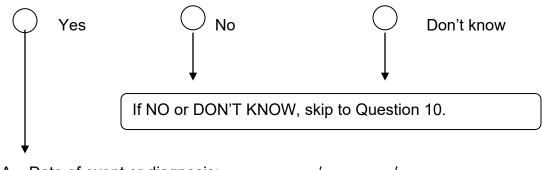


B. Were you in the hospital at least one night for this condition since we last spoke to you?

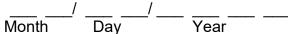


	Date	Month	/	Year	
Name:					
Address:					
City			State:_	Zip	

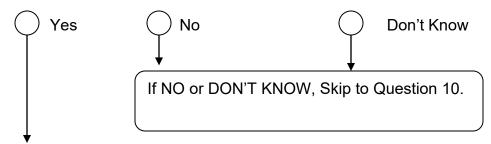
9 Has a doctor told you that you had a <u>new</u> transient ischemic attack <u>or</u> TIA <u>or</u> mini stroke since we spoke with you last time?



A. Date of event or diagnosis:

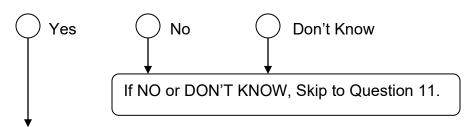


B. Were you in the hospital at least one night for this condition since we last spoke to you?



Date	/	/	- 	
Name:	Month	Day	Year	
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	/Y	Length of stay: ear	_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						
Nursing home name						
AddressCity/State						
Date of admission: / / Length of stay:days yrs Month Day Year						
2) Are you currently staying in a nursing home or rehabilitation center?						
Yes Don't Know						

12 Do you have any difficulty w	alking half a mile, about 5-6 blocks?
Yes	No Could do it, Don't Know but don't for other reason / Refused
12a How much difficulty do you have? Some A lot Unable to do Don't Know	12b 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 12c 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 13. No No Skip to Question 12d. Don't Know /Refused Skip to Question 12d. Skip to Question 12d. 12d How easy is it for you to walk one mile, that is about 10-12 blocks? (Examiner note: Read response options.) Very Easy Not that easy
	Somewhat Don't Know Easy /Refused /Don't do

13 Do you have any difficulty walking around your home?	
Yes No Could do it, but don't for other reason Don't Kr	now/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 14.	
13a How much difficulty do you have?	
Some A lot Unable to do Don't Know/Refused	
14 Do you have any difficulty getting out of bed or a chair?	
Yes No Could do it, but don't for other reason Don't Kn	ow/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 walking up 10 steps? No Don't Know Yes Could do it. but don't for / Refused other reason **15a** How much **15** How easy is it for you to walk up 10 steps difficulty do you without resting? (Examiner note: Read have? response options.) Some Very Easy Not that easy A lot Somewhat Don't Know Easy /Refused Unable to do /Don't do **15C** Because of a health or physical Don't Know problem, do you have any difficulty walking up 20 steps, that is about 2 flights, without resting? Skip to Question 16. Yes. Skip to Question 15d. No Don't Know Skip to Question 15d. /Refused **15d** 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 Don't Know /Refused Easy /Don't 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 show for personal items?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 19.
↓ 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?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 21.
20a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
21 Because of health or physical problems, do you have any difficulty or are you unable to use the telephone?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 22.
↓ 21a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

22 Because of health or physical problems, do you have any difficulty or are you unable to eat, including feeding yourself?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 23.
22a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
23 Because of health or physical problems, do you have any difficulty or are you unable to dress yourself?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 24.
23a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused
24 Because of health or physical problems, do you have any difficulty or are you unable to bathe or shower?
Yes No Could do it, but don't for other reason Don't Know/Refused
If NO, COULD DO IT, BUT DON'T FOR OTHER REASON or DON'T KNOW/REFUSED, Skip to Question 25.
24a How much difficulty do you have?
Some A lot Unable to do Don't Know/Refused

25		use of heal et, including		•	o you have any d	ifficulty or are	you unable to	o use
\bigcap) Yes	→ No	Co	uld do it, but dor	n't for other reasc	on Opor	n't Know/Refu	sed
		· ·		IT, BUT DON'T I Skip to Question	FOR OTHER RE n 26.	ASON or DO	N'T	
2	:5a ⊢	ow much di	fficulty do	you have?				
(Sor	me 🔘	A lot	Unable to do	O Don't Know	v/Refused		

Yes	No Could do it, but don't for other reason / Don't Know / Refused
26a How much difficulty do you have?	26b How easy is it for you to lift or carry something as heavy as a bag of groceries? (Examiner note: Read response options.)
Some	Very Easy Onot that easy
A lot	Somewhat Don't Know Easy /Refused /Don't do
Unable to do Don't Know	26c Because of a health or physical problem, do you have any difficulty lifting or carrying something as heavy as 20 pounds?
	Yes Skip to Question 27. No Skip to Question 26d. Don't Know Skip to Question 26d. Skip to Question 26d.
	26d How easy is it for you to lift or carry something as heavy as 20 pounds? (Examiner note: Read response options.)
	Overy Easy Onot that easy
	Somewhat Don't Know Easy /Refused /Don't do

IF ADMINISTERING TO PROXY, SKIP TO QUESTION 37.

I am going to read you a list of ways you might have felt or behaved 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							
Rarely or none of the time (less than 1 day)							
O ₁ Some or a little of the time (1 to 2 days)							
2 A moderate amount of time (3 to 4 days)							
3 Most of the time							
O ₉ Refused or Don't Know							
28 I had trouble keeping my mind on what I was doing:							
On Rarely or none of the time (less than 1 day)							
O ₁ Some or a little of the time (1 to 2 days)							
O ₂ A moderate amount of time (3 to 4 days)							
O ₃ Most of the time							
O ₉ Refused or Don't Know							
29 I felt that everything I did was an effort:							
On Rarely or none of the time (less than 1 day)							
Some or a little of the time (1 to 2 days)							
2 A moderate amount of time (3 to 4 days)							
O₃ Most of the time							
9 Refused or Don't Know							

30	30 I felt depressed:							
	On Rarely or none of the time (less than 1 day)							
	Some or a little of the time (1 to 2 days)							
	O ₂ A moderate amount of time (3 to 4 days)							
	O ₃ Most of the time							
	O ₉ Refused or Don't Know							
31	t hopeful about the future:							
	3 Rarely or none of the time (less than 1 day)							
	O ₂ Some or a little of the time (1 to 2 days)							
	1 A moderate amount of time (3 to 4 days)							
	O ₀ Most of the time							
	O ₉ Refused or Don't Know							
32	t fearful:							
	On Rarely or none of the time (less than 1 day)							
	O ₁ Some or a little of the time (1 to 2 days)							
	O ₂ A moderate amount of time (3 to 4 days)							
	O ₃ Most of the time							
	O ₉ Refused or Don't Know							
33	sleep was restless:							
	Rarely or none of the time (less than 1 day)							
	Some or a little of the time (1 to 2 days)							
	A moderate amount of time (3 to 4 days)							
	Most of the time Refused or Don't Know							

34 I was happy:								
Rarely or none of the time (less than 1 day)								
Some or a little of the time (1 to 2 days)								
A moderate amount of time (3 to 4 days)								
On Most of the time								
9 Refused or Don't Know								
35 I felt lonely:								
On Rarely or none of the time (less than 1 day)								
O ₁ Some or a little of the time (1 to 2 days)								
O ₂ A moderate amount of time (3 to 4 days)								
O₃ 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)								
O ₁ Some or a little of the time (1 to 2 days)								
2 A moderate amount of time (3 to 4 days)								
O ₃ Most of the time								
Refused or Don't Know								

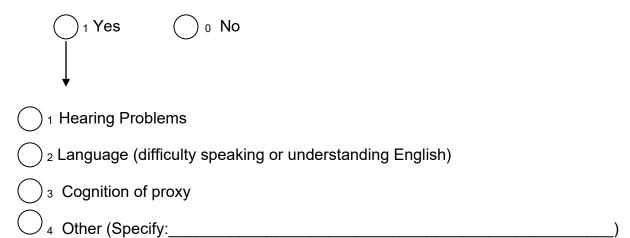
37 Do you live alone or with other people?								
Alone — Skip to Question 38.								
With other people								
Other People in household								
On't know								
Refused								
A. Who do you live with (for example, with your spouse, relatives or friends)? Interviewer Note: Read response options. Mark all that apply.)								
Spouse								
Other relatives, in-laws, or friends								
Unrelated individuals (e.g., paid help)								
On't know								
Refused								
38 In what type of home or residence do you live?								
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.								
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.								
Other (specify)								
⁹ Don't know/refused								

Do you plan to be out of the area 6 months from now?	
Yes No Don't Know Refused	
If NO, DON'T KNOW or REFUSED, Skip to Question 39 B.	
A. Are you 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	
()	
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 1or 2 people who do not live with the participant.

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



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.