

## CHS Year 35 Annual 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?*

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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

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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.*

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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

A flowchart with three starting points: 'Yes', 'No', and 'Don't know'. Each has a radio button and an arrow pointing down. The 'No' and 'Don't know' arrows point to a rounded rectangular box containing the text 'If NO or DON'T KNOW, skip to Question 5.' The 'Yes' arrow points down and to the right, bypassing the box.

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

A flowchart with three starting points: 'Yes', 'No', and 'Don't Know'. Each has a radio button and an arrow pointing down. The 'No' and 'Don't Know' arrows point to a rounded rectangular box containing the text 'If NO or DON'T KNOW, Skip to Question 5.' The 'Yes' arrow points down and to the right, bypassing the box.

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 \_\_\_\_\_

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

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- 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 \_\_\_\_\_

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

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



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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 \_\_\_\_\_

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**10** Have you stayed overnight as a patient in a hospital for any other reasons not reported in Questions 7 through 12 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

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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 \_\_\_\_\_

Nursing home name \_\_\_\_\_

Address \_\_\_\_\_ City/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       No       Don't Know

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**12** 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  
↓

**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 → Skip to Question 12d.

Don't Know /Refused → 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 Easy

Don't Know /Refused /Don't do

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**13** 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 14.

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

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

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**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 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

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

Yes  
↓

No  
↓

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

Don't Know  
/ Refused  
↓

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

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

**15** 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

**15c** 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 16.
- No → Skip to Question 15d.
- Don't Know /Refused → Skip to Question 15d.

**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 Easy
- Don't Know /Refused /Don't do

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**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    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 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



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**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

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**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?

- 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

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**26** 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



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

Some

A lot

Unable to do

Don't Know

**26b** 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

**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 /Refused → 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.)*

Very Easy

Not that easy

Somewhat Easy

Don't Know  
/Refused  
/Don't do

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**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.*

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**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

- 0 Rarely or none of the time (less than 1 day)
  - 1 Some or a little of the time (1 to 2 days)
  - 2 A moderate amount of time (3 to 4 days)
  - 3 Most of the time
  - 9 Refused or Don't Know
- 

**28** I had trouble keeping my mind on what I was doing:

- 0 Rarely or none of the time (less than 1 day)
  - 1 Some or a little of the time (1 to 2 days)
  - 2 A moderate amount of time (3 to 4 days)
  - 3 Most of the time
  - 9 Refused or Don't Know
- 

**29** I felt that everything I did was an effort:

- 0 Rarely or none of the time (less than 1 day)
- 1 Some or a little of the time (1 to 2 days)
- 2 A moderate amount of time (3 to 4 days)
- 3 Most of the time
- 9 Refused or Don't Know

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**30** I felt depressed:

- <sub>0</sub> Rarely or none of the time (less than 1 day)
  - <sub>1</sub> Some or a little of the time (1 to 2 days)
  - <sub>2</sub> A moderate amount of time (3 to 4 days)
  - <sub>3</sub> Most of the time
  - <sub>9</sub> Refused or Don't Know
- 

**31** I felt hopeful about the future:

- <sub>3</sub> Rarely or none of the time (less than 1 day)
  - <sub>2</sub> Some or a little of the time (1 to 2 days)
  - <sub>1</sub> A moderate amount of time (3 to 4 days)
  - <sub>0</sub> Most of the time
  - <sub>9</sub> Refused or Don't Know
- 

**32** I felt fearful:

- <sub>0</sub> Rarely or none of the time (less than 1 day)
  - <sub>1</sub> Some or a little of the time (1 to 2 days)
  - <sub>2</sub> A moderate amount of time (3 to 4 days)
  - <sub>3</sub> Most of the time
  - <sub>9</sub> Refused or Don't Know
- 

**33** My sleep was restless:

- <sub>0</sub> Rarely or none of the time (less than 1 day)
- <sub>1</sub> Some or a little of the time (1 to 2 days)
- <sub>2</sub> A moderate amount of time (3 to 4 days)
- <sub>3</sub> Most of the time
- <sub>9</sub> Refused or Don't Know

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**34** I was happy:

- <sub>3</sub> Rarely or none of the time (less than 1 day)
  - <sub>2</sub> Some or a little of the time (1 to 2 days)
  - <sub>1</sub> A moderate amount of time (3 to 4 days)
  - <sub>0</sub> Most of the time
  - <sub>9</sub> Refused or Don't Know
- 

**35** I felt lonely:

- <sub>0</sub> Rarely or none of the time (less than 1 day)
  - <sub>1</sub> Some or a little of the time (1 to 2 days)
  - <sub>2</sub> A moderate amount of time (3 to 4 days)
  - <sub>3</sub> Most of the time
  - <sub>9</sub> Refused or Don't Know
- 

**36** I could not get going:

- <sub>0</sub> Rarely or none of the time (less than 1 day)
- <sub>1</sub> Some or a little of the time (1 to 2 days)
- <sub>2</sub> A moderate amount of time (3 to 4 days)
- <sub>3</sub> Most of the time
- <sub>9</sub> Refused or Don't Know

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

- Alone → Skip to Question 38.
- 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 all that apply.)**

- Spouse
- Other relatives, in-laws, or friends
- Unrelated individuals (e.g., paid help)
- Don't know
- Refused

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**38** 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

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**39** 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

( \_\_\_\_ - \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Telephone Number

ii.  Temporarily Out of the Area (vacation, business, etc)

When will you return?

\_\_\_\_ / \_\_\_\_

Month                      Year

When you come back, please call us.



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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.

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

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*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.*

## **CHS Year 35 Annual Surveillance Call**

*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.*